

SilverScript Choice (PDP)

an Aetna® Medicare prescription drug plan

2027 A1 Formulary

(List of Covered Drugs or "Drug List")

PLEASE READ:
THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN
For more recent information or other questions, please contact SilverScript Choice (PDP) Customer Care at **1-866-235-5660**, 24 hours a day, 7 days a week (**TTY: 711**), or visit **aetna.com/medicare**.

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This document includes a list of the covered drugs (formulary) for our plan which is current as of October 1, 2026.

When this Drug List (formulary) refers to “we,” “us”, or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript Choice (PDP).

For an updated formulary, please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

To view the most recent document including any changes that have been made visit **Aetna-PDP.MemberDoc.com**.

Please review this document to make sure that it still contains the drugs you take.

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Check the formulary each year for changes to the drugs you take.

The SilverScript Choice (PDP)® formulary



In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected in consultation with a team of health care providers. It represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed on our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Save with generic drugs

SilverScript Choice (PDP) covers both brand name drugs and generic drugs. A brand drug is made by a drug company holding a patent on the unique chemicals used to make the drug. When a drug patent expires, other companies can seek approval to produce a generic equivalent. A generic equivalent must have the exact same active ingredients as the brand name drug.

Generic drugs are often less expensive than brand drugs because the brand manufacturer has already proven the drug a success.

Not all brand drugs have a generic equivalent. But if you're taking a generic drug, just know that you are getting the same active drug ingredient in the same dose and quantity, often at a much lower cost. Speak with your doctor or prescriber to see if generic drugs are right for you.

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

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars.

Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

Insulin and vaccine information

Insulin	You won't pay more than $35 for a one month-supply of each insulin product covered by our plan, no matter what cost sharing tier it's on or which Part D phase you are in. Once in the Catastrophic coverage phase the plan will pick up the cost of your insulins – you pay $0.
Vaccine	Your prescription drug coverage includes $0 cost-sharing for preventative adult (age limits may apply) vaccines. A full list of covered vaccines can be found on the below drug list under ***VACCINES.*** ***The shingles vaccine (Shingrix) is an example of a $0 Part D vaccine because it is preventive against shingles.*** Your Medical coverage also includes vaccines, when coverage is mandated by Medicare rules to cover under Medical such as your flu vaccine, Covid boosters, or pneumonia vaccine. Other vaccines are sometimes covered by Medical such as the tetanus-diphtheria vaccine example below. Please see your *Evidence of Coverage* (EOC) for more details about your medical benefits. *Tetanus-Diphtheria is an example of a medical coverage vaccine if it is related to an injury.* For additional information on recommended vaccines and age limitations, go to **www.cdc.gov/vaccines/schedules/easy-to-read/adult-easyread.html**.

Potential changes to your formulary

Generally, if you are taking a drug on our 2027 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 coverage year. There are some exceptions. We describe them here.

In the below cases, you may be affected by coverage changes during the year

Immediate substitutions of certain new versions of brand name drugs and original biological products	We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription). If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made. If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “Requesting an exception” on page 12. **Please note:** For changes that are immediate-substitution, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.
Drugs removed from the market	If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

Other drug changes	We may make other changes that affect members currently taking a drug. For example, we may: • Replace a brand name drug with an existing generic drug that is not currently on our formulary • Remove an original biological product when adding an existing biosimilar • Add new restrictions to a drug or biological product • Prior authorization, step therapy or a quantity limit • Move a drug to a different cost-sharing tier • Make changes based on new clinical guidelines If we make any of these changes, we must notify affected members of the change at least 30 days before the change becomes effective, or when the member requests a refill of the drug. At that point, the member will receive a 30-day supply of the drug. 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.

Using the formulary

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

Alphabetical order	Find your drug in the index that begins on page 86. Both brand name drugs and generic drugs are listed in alphabetical order. **Step 1** Look in the index and find your drug. **Step 2** Look at the page number where you can find coverage information. **Step 3** Turn to the page listed to find coverage information about your drug. This will include the tier and any restrictions. **Step 4** View the cost-sharing chart on page 15 to find the cost for the tier your drug is on.
Medical condition	The formulary begins on page 17 with drugs grouped into categories based on the type of medical conditions they treat. Medical conditions are listed in alphabetical order on the formulary. **Step 1** Look for your medical condition. **Step 2** Look under the medical condition header for your drug. **Step 3** Find coverage information about your drug. This will include the tier and any restrictions. **Step 4** View the cost-sharing chart on page 15 to find the cost for the tier your drug is on.

Your plan's formulary includes both brand name and generic drugs. It gives you the information you need to determine your cost-share and any restrictions on your medicines.

Lower case italics:
generic drugs

All uppercase:
BRAND NAME DRUGS

Drug Name (The drug(s) covered by your plan)	Drug Tier (The "tier" level or pricing category)	Requirements/Limits (The coverage rules for a drug)
sample generic drug	1	PA
SAMPLE BRAND DRUG	4	QL (30 ea per 30 days)

Requirements or limitations

PA	**Prior Authorization** Some drugs require you or your prescriber to get prior authorization. You must get approval from us based on specific criteria before you can get your prescription filled.	There are two ways you, or your doctor or prescriber, can ask us to make a Prior Authorization, Quantity Limit, or Step Therapy determination to one of these requirements. • Request an exception online at **aetna.com/medicare**. • Call Customer Care at the number on your member ID card. Standard requests are processed within 72 hours of getting your prescriber's supporting statement. Expedited (fast) requests must be processed no later than 24 hours after getting your prescriber's supporting statement. See the section titled "Requesting an exception" for additional details.
QL	**Quantity Limit** For certain drugs, there is a quantity limit on the amount of the drug that we will cover. Quantity limits are based on the manufacturer's and FDA's recommended dosage. If you take more than the recommended amount, you will need to request an exception. For example, our plan provides up to 30 tablets per 30-day prescription for *atorvastatin.*	
ST	**Step Therapy** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for your 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, SilverScript Choice (PDP) will then cover drug B.	
LD	**Limited Distribution** The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication. For more information consult your Pharmacy Directory, online pharmacy finder tool, or call Customer Care at **1-866-235-5660**, 24 hours a day, 7 days a week (**TTY: 711**).	
MO	**Mail-Order** Drugs that are typically available through mail-order. Please contact your mail-order pharmacy at **1-866-235-5660**, 24 hours a day, 7 days a week (**TTY: 711**), to make sure your drug is available.	

B/D	**Medicare Part B or Part D** Medicare determines when a drug is covered under medical or prescription coverage. There are a number of cases that can alter how a drug or supply is covered, such as how the drug is administered and the setting of care. It is not unusual to require more information for drugs and supplies that can be covered under medical or prescription coverage to make a determination of coverage and applicable cost-sharing. In these instances, know that we are following the rules set by Medicare to provide you with appropriate coverage. Your pharmacy may need to submit more information describing the use and setting of the drug to help make the determination between medical and prescription coverage.
HRM	**High Risk Medication** According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor or prescriber if there are safer options available.
ACS	**Available from CVS Specialty® Pharmacy** These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services and may be available at other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.

My drug is not on the formulary or has restrictions



Review the formulary with your prescriber to find a drug that works for you. There could be a prescription drug that you and your prescriber think you should take that is not on our formulary or is on our formulary with restrictions. You and your prescriber can ask the plan to make an exception for you and cover the drug.

Talk with your doctor or prescriber	Access your formulary online, or request a paper copy, to show to your prescriber for help finding a similar drug that is covered. In the medical condition section of the formulary, you will often find alternative drugs in the same therapeutic class used to treat your condition.
Ask us to cover a non-formulary drug	If we make a **formulary exception** to cover a drug not on our formulary, you will need to pay the cost-share that applies to drugs in Tier 4 (Non-preferred drug).
Ask us to lower a cost-sharing tier	If we approve your request to cover your drug at a lower cost-sharing level (**a tiering exception**), and there is more than one lower cost-sharing tier with alternative drugs you can't take, you will usually pay the lowest amount. *Please note: We cannot change the cost-sharing tier for any drug in Tier 5 (Specialty) or for a drug in which you have received a formulary exception.*

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

Requesting an exception

When you request an exception, we will require a statement from your prescriber supporting your exception request. You can also get more information in Chapter 7 of your *Evidence of Coverage*.

There are multiple ways to request an initial coverage decision for a formulary, tier or a coverage restriction including prior authorization, step therapy of quantity limit.

- Ask your prescriber to call Customer Care at **1-866-235-5660**, 24 hours a day, 7 days a week (**TTY: 711**).
- Ask your prescriber to complete the form and fax it to us at 1-855-633-7673.
- Complete the form yourself. Include a statement from your prescriber to support your request. Mail or fax your request to us.
- Complete the online form. Provide your prescriber's information so we know who to contact for a supporting statement.



Follow these steps to find the form on our website.

1. Visit **aetna.com/medicare**, scroll down to the bottom of the page, and click on "Get a form."
2. On the next page find the section entitled "File a coverage decision, appeal or grievance (complaint)" and click on the link "Learn more about coverage decisions, appeals and grievances."
3. Look for the section called "Medicare coverage decisions" and click on the link "Learn how to request a coverage decision." Select the option for "Prescription drug coverage only (PDP)."
4. Fill out the form on your computer or print a paper copy.

Mail or fax us your completed form:

SilverScript® Insurance Company, Prescription Drug Plans
Coverage Decisions and Appeals Department
P.O. Box 52000, MC 109
Phoenix, AZ 85072-2000

Fax: 1-855-633-7673

Generally, we will make our decision within 72 hours of getting your prescriber's supporting statement. If you or your prescriber believe that your health could be seriously harmed by waiting up to 72 hours for a decision, you can request a quicker review.

If you request a quicker review, we must give you a decision no later than 24 hours after we get a supporting statement from your prescriber.

Transition of coverage	Talk to your prescriber. We may cover your drug in certain instances during the first 90 days of the plan year. Drugs not on our formulary may be covered temporarily for up to a 30-day supply, or 31-day supply for long-term care facility residents. The temporary supply will give you time to speak to your doctor or prescriber about transition to a formulary drug. *Refer to your plan Evidence of Coverage (EOC), chapter 3, section 5*

Finding a network pharmacy

We have a large national pharmacy network consisting of chains and local pharmacies. Visit our online pharmacy finder tool, at **AetnaMedicare.com/PharmacyHelp**, to locate your closest pharmacy.

Here's what you need to do:

1. Go to **AetnaMedicare.com/PharmacyHelp**.
2. Enter your ZIP code and click "Next."
3. Select SilverScript Choice (PDP) from the "Select a plan" drop down box and click "Search."
4. The tool will then show all in-network pharmacies in the area.

Important notes

- **If you refill a prescription too soon, we may not cover the cost.** There are limitations around how soon you can refill your prescription. As a general rule you should not try to fill a prescription more than a week before the current prescription fill runs out. If you need a refill early due to vacation or travel plans, call the number on your member ID card.

- **Specialty drugs** are used to treat complex, chronic conditions, such as rheumatoid arthritis, multiple sclerosis and cancer. Specialty drugs often require special handling and can be very expensive. Their costs are rising 15 to 20 percent or more each year. Our plan has a separate tier (Tier 5) reserved for specialty drugs. This requires members to pay a percentage of the drug cost. Specialty drugs may be available at some retail pharmacies, but often these drugs are only available at a specialty pharmacy. Drug pricing tools do not know whether a specific pharmacy stocks a given drug. You should calculate your cost-share using a specialty pharmacy.

Drug phases and costs

$700	**Deductible phase** The amount you pay before you begin to receive benefits from the plan. You'll pay the discounted cost of the drug.
Up to $2,400	**Initial coverage phase** During this phase, you pay a copayment or coinsurance (your share of the cost) for the discounted price of each prescription.
Through the end of the year	**Catastrophic coverage phase** You pay $0 for Part D covered drugs during this phase. You'll stay in this phase through the end of the year.

The tables below tell you the copayment or coinsurance amount you will pay during the initial coverage phase. You will pay a yearly deductible of $700 for your drugs until you reach the plan's deductible amount.

Initial coverage phase copayment/coinsurance levels

Your retail/mail-order cost-sharing (in-network)

	30-day supply	90-day supply
Tier 1 Preferred generic	$0	$0
Tier 2 Generic	$7	$21
Tier 3 Preferred brand	23%	
Tier 4 Non-preferred drug	32%-35%*	
Tier 5 Specialty	25%	N/A

*Please see below for the exact cost-sharing amount for Tier 4 in your state

Tier 4 (Non-Preferred Drug)

Your share of the cost during the Initial Coverage Stage for a one month supply of drugs on Tier 4 (Non Preferred Drug), at standard pharmacies, by state:

State	Tier 4 (Non-preferred drug)
Alabama	34%
Alaska	34%
Arizona	35%
Arkansas	34%
Delaware	34%
District of Columbia	34%
Florida	34%
Georgia	34%
Illinois	35%
Kansas	34%
Maryland	34%
Michigan	34%

State	Tier 4 (Non-preferred drug)
Mississippi	35%
Missouri	33%
Nevada	35%
New Jersey	33%
New Mexico	35%
New York	32%
North Carolina	34%
Ohio	35%
Tennessee	34%
Texas	35%
Virginia	35%

Long-term care pharmacies offer up to a 31-day supply, at the network pharmacy pricing. You can find complete cost-sharing and days' supply information, including costs for long-term supplies, long-term care and out-of-network pharmacy pricing, in your ***Evidence of Coverage***.

Get more information

For more detailed information about your SilverScript Choice (PDP) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials at **Aetna-PDP.MemberDoc.com**.

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

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

Formulary key

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand name prescription drugs *lowercase italics* = Generic prescription drugs	1, 2, 3, 4, 5: The number in this column tells you what drug tier your drug is on. The amount you pay for a drug depends on what tier it is on.	PA = Prior Authorization QL = Quantity Limit ST = Step Therapy MO = Mail-order Delivery LD = Limited Distribution B/D = Part B vs. Part D HRM = High Risk Medication ACS = Available from CVS Specialty Pharmacy *See page 9 for details about these abbreviations.*

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol tablet 100mg, 300mg	2	MO
colchicine tablet 0.6mg	4	QL (120 EA per 30 days) MO
probenecid/colchicine tablet 0.5mg; 500mg	3	MO
probenecid tablet 500mg	4	MO
MISCELLANEOUS		
JOURNAVX TABLET 50MG	3	QL (29 EA per 14 days) PA
NSAIDS		
celecoxib capsule 400mg	3	QL (30 EA per 30 days) MO
celecoxib capsule 100mg, 200mg, 50mg	3	QL (60 EA per 30 days) MO
diclofenac potassium tablet 50mg	4	QL (120 EA per 30 days) MO
diclofenac sodium dr tablet delayed release 25mg, 50mg, 75mg	2	MO
diclofenac sodium er tablet extended release 24 hour 100mg	2	QL (60 EA per 30 days) MO
diflunisal tablet 500mg	4	QL (90 EA per 30 days) MO
etodolac er tablet extended release 24 hour 600mg	4	QL (30 EA per 30 days) MO
etodolac er tablet extended release 24 hour 400mg, 500mg	4	QL (60 EA per 30 days) MO
etodolac capsule 300mg	3	QL (120 EA per 30 days) MO
etodolac capsule 200mg	3	QL (90 EA per 30 days) MO
etodolac tablet 500mg	3	QL (60 EA per 30 days) MO
etodolac tablet 400mg	3	QL (90 EA per 30 days) MO
flurbiprofen tablet 100mg	2	QL (90 EA per 30 days) MO
ibuprofen suspension 100mg/5ml	2	MO
ibuprofen tablet 400mg, 600mg, 800mg	2	MO
ibu tablet 400mg, 600mg, 800mg	2	MO
ketorolac tromethamine tablet 10mg	2	QL (20 EA per 30 days) PA MO
meloxicam tablet 15mg, 7.5mg	1	MO
nabumetone tablet 500mg, 750mg	2	MO
naproxen dr tablet delayed release 375mg	2	QL (120 EA per 30 days) MO
naproxen dr tablet delayed release 500mg	2	QL (90 EA per 30 days) MO
naproxen sodium tablet 275mg, 550mg	2	MO
naproxen suspension 125mg/5ml	4	QL (1800 ML per 30 days) PA MO
naproxen tablet 250mg, 375mg, 500mg	1	MO
oxaprozin tablet 600mg	4	QL (90 EA per 30 days) MO
piroxicam capsule 20mg	3	QL (30 EA per 30 days) MO
piroxicam capsule 10mg	3	QL (60 EA per 30 days) MO
sulindac tablet 150mg, 200mg	2	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
fentanyl patch 72 hour 100mcg/hr, 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr	4	QL (10 EA per 30 days) PA MO
methadone hcl solution 5mg/5ml	3	QL (450 ML per 30 days) PA MO
methadone hcl tablet 10mg, 5mg	3	QL (90 EA per 30 days) PA MO
methadone hydrochloride concentrate 10mg/ml	3	QL (90 ML per 30 days) PA MO

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

Drug Name	Drug Tier	Requirements/Limits
methadone hydrochloride solution 10mg/5ml	3	QL (450 ML per 30 days) PA MO
morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg	3	QL (60 EA per 30 days) MO
morphine sulfate er tablet extended release (generic MS Contin) 100mg	3	QL (60 EA per 30 days) PA MO
morphine sulfate er tablet extended (generic MS Contin) release 15mg	3	QL (90 EA per 30 days) MO
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen/codeine solution 120mg/5ml; 12mg/5ml	3	QL (2700 ML per 30 days) MO
acetaminophen/codeine tablet 300mg; 15mg, 300mg; 30mg, 300mg; 60mg	3	QL (180 EA per 30 days) MO
endocet tablet 325mg; 10mg, 325mg; 7.5mg	4	QL (180 EA per 30 days)
hydrocodone bitartrate/acetaminophen solution 300mg/15ml; 10mg/15ml, 325mg/15ml; 10mg/15ml, 325mg/15ml; 7.5mg/15ml	4	QL (2700 ML per 30 days) MO
hydrocodone bitartrate/acetaminophen tablet 300mg; 10mg, 300mg; 5mg, 300mg; 7.5mg, 325mg; 10mg, 325mg; 5mg	4	QL (180 EA per 30 days) MO
hydrocodone bitartrate/acetaminophen tablet 325mg; 2.5mg	4	QL (240 EA per 30 days) MO
hydrocodone/acetaminophen tablet 325mg; 7.5mg	4	QL (180 EA per 30 days) MO
hydrocodone/ibuprofen tablet 7.5mg; 200mg	3	QL (150 EA per 30 days) MO
hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg	4	QL (150 EA per 30 days) MO
hydromorphone hcl tablet 2mg, 4mg, 8mg	3	QL (180 EA per 30 days) MO
morphine sulfate solution 10mg/5ml, 20mg/5ml	3	QL (900 ML per 30 days) MO
morphine sulfate solution 100mg/5ml	4	QL (180 ML per 30 days) MO
morphine sulfate tablet 15mg, 30mg	3	QL (180 EA per 30 days) MO
oxycodone hcl capsule 5mg	4	QL (180 EA per 30 days) MO
oxycodone hydrochloride capsule 5mg	4	QL (180 EA per 30 days) MO
oxycodone hydrochloride concentrate 100mg/5ml	4	QL (180 ML per 30 days) MO
oxycodone hydrochloride solution 5mg/5ml	4	QL (900 ML per 30 days) MO
oxycodone hydrochloride tablet 30mg	3	QL (120 EA per 30 days) MO
oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg	3	QL (180 EA per 30 days) MO
oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg	4	QL (180 EA per 30 days) MO
tramadol hydrochloride/acetaminophen tablet 325mg; 37.5mg	4	QL (240 EA per 30 days) MO; HRM
tramadol hydrochloride tablet 50mg	2	QL (240 EA per 30 days) MO; HRM
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole tablet 200mg	4	MO
amikacin sulfate injection 500mg/2ml	4	MO
ARIKAYCE SUSPENSION 590MG/8.4ML	5	PA; LD
atovaquone suspension 750mg/5ml	4	PA MO
aztreonam injection 1gm	4	MO
BLUJEPA TABLET 750MG	3	
CAYSTON SOLUTION RECONSTITUTED 75MG	5	PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
clindamycin hcl capsule 300mg	2	MO
clindamycin hydrochloride capsule 150mg, 75mg	2	MO
clindamycin palmitate hydrochloride solution reconstituted 75mg/5ml	4	MO
clindamycin phosphate/dextrose injection 300mg/50ml; 5%, 600mg/50ml; 5%, 900mg/50ml; 5%	4	
clindamycin phosphate injection 300mg/2ml, 900mg/6ml	4	
clindamycin phosphate injection 600mg/4ml	4	MO
colistimethate sodium injection 150mg	4	MO
dapsone tablet 100mg, 25mg	3	MO
daptomycin injection 350mg, 500mg	4	
ertapenem sodium injection 1gm	3	MO
fosfomycin tromethamine packet 3gm	4	MO
gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%	4	
gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%	4	MO
gentamicin sulfate injection 40mg/ml	4	MO
imipenem/cilastatin injection 250mg; 250mg, 500mg; 500mg	3	MO
isotonic gentamicin injection 0.8mg/ml; 0.9%	4	
ivermectin tablet 6mg	3	QL (10 EA per 90 days) PA MO
ivermectin tablet 3mg	3	QL (12 EA per 90 days) PA MO
linezolid injection 600mg/300ml	4	PA
linezolid suspension reconstituted 100mg/5ml	4	QL (1800 ML per 30 days) PA MO
linezolid tablet 600mg	4	QL (56 EA per 28 days) PA MO
meropenem injection 2gm	4	
meropenem injection 1gm, 500mg	4	MO
methenamine hippurate tablet 1gm	4	MO
methenamine mandelate tablet 0.5gm, 1gm	4	MO
metronidazole injection 500mg/100ml	4	
metronidazole tablet 250mg, 500mg	3	MO
neomycin sulfate tablet 500mg	2	MO
nitazoxanide tablet 500mg	5	QL (6 EA per 30 days) MO
nitrofurantoin macrocrystals capsule 100mg, 50mg	3	MO
nitrofurantoin macrocrystals capsule 25mg	4	MO
nitrofurantoin monohydrate/macrocrystals capsule 100mg	3	MO
pentamidine isethionate injection 300mg	4	MO
pentamidine isethionate inhalation solution reconstituted 300mg	4	B/D MO
praziquantel tablet 600mg	4	MO
pyrimethamine tablet 25mg	5	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION 200MG	5	
SIVEXTRO TABLET 200MG	5	MO
streptomycin sulfate injection 1gm	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
sulfadiazine tablet 500mg	5	MO
sulfamethoxazole/trimethoprim ds tablet 800mg; 160mg	2	MO
sulfamethoxazole/trimethoprim suspension 200mg/5ml; 40mg/5ml	4	MO
sulfamethoxazole/trimethoprim tablet 400mg; 80mg	2	MO
tinidazole tablet 250mg, 500mg	4	MO
TOBI PODHALER CAPSULE 28MG	5	QL (224 EA per 28 days) PA; ACS LD
tobramycin sulfate injection 10mg/ml	4	
tobramycin sulfate injection 80mg/2ml	4	MO
tobramycin nebulization solution 300mg/5ml	5	QL (280 ML per 56 days) PA; ACS
trimethoprim tablet 100mg	2	MO
vancomycin hcl injection 100gm, 10gm	4	
vancomycin hydrochloride capsule 125mg	4	QL (120 EA per 30 days) MO
vancomycin hydrochloride capsule 250mg	4	QL (240 EA per 30 days) MO
vancomycin hydrochloride injection 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 500mg, 5gm, 750mg	4	
XIFAXAN TABLET 200MG	3	QL (9 EA per 30 days) PA MO
ANTIFUNGALS		
amphotericin b liposome injection 50mg	5	B/D MO
amphotericin b injection 50mg	4	B/D MO
caspofungin acetate injection 50mg, 70mg	4	
CRESEMBA CAPSULE 74.5MG	5	QL (175 EA per 30 days) MO
CRESEMBA CAPSULE 186MG	5	QL (70 EA per 30 days) MO
fluconazole in sodium chloride injection 200mg/100ml; 0.9%, 400mg/200ml; 0.9%	4	
fluconazole suspension reconstituted 10mg/ml, 40mg/ml	3	MO
fluconazole tablet 100mg, 150mg, 200mg, 50mg	2	MO
flucytosine capsule 250mg, 500mg	5	PA MO
griseofulvin microsize suspension 125mg/5ml	4	MO
griseofulvin microsize tablet 500mg	4	MO
griseofulvin ultramicrosize tablet 125mg, 250mg	4	MO
itraconazole capsule 100mg	4	PA MO
ketoconazole tablet 200mg	2	PA MO
micafungin injection 100mg, 50mg	4	
nystatin tablet 500000unit	4	MO
posaconazole dr tablet delayed release 100mg	4	QL (93 EA per 30 days) PA MO
terbinafine hcl tablet 250mg	2	QL (90 EA per 365 days) MO
VORICONAZOLE INJECTION 200MG/20ML	4	PA
voriconazole injection 200mg	4	PA
voriconazole suspension reconstituted 40mg/ml	5	PA MO
voriconazole tablet 200mg	4	QL (120 EA per 30 days) MO
voriconazole tablet 50mg	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		

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

Drug Name	Drug Tier	Requirements/Limits
atovaquone/proguanil hcl tablet 62.5mg; 25mg	4	MO
atovaquone/proguanil hydrochloride tablet 250mg; 100mg	4	MO
chloroquine phosphate tablet 250mg, 500mg	4	MO
COARTEM TABLET 20MG; 120MG	4	MO
mefloquine hydrochloride tablet 250mg	3	MO
primaquine phosphate tablet 26.3mg	3	
quinine sulfate capsule 324mg	4	PA MO
ANTIRETROVIRAL AGENTS		
abacavir solution 20mg/ml	4	MO
abacavir tablet 300mg	4	MO
APTIVUS CAPSULE 250MG	5	MO
atazanavir sulfate capsule 300mg	4	MO
atazanavir capsule 150mg, 200mg	4	MO
darunavir tablet 800mg	4	QL (30 EA per 30 days) MO
darunavir tablet 600mg	4	QL (60 EA per 30 days) MO
EDURANT PED TABLET SOLUBLE 2.5MG	5	MO
efavirenz tablet 600mg	4	MO
emtricitabine capsule 200mg	4	MO
EMTRIVA SOLUTION 10MG/ML	4	MO
etravirine tablet 100mg, 200mg	4	MO
fosamprenavir calcium tablet 700mg	4	MO
INTELENCE TABLET 25MG	4	
ISENTRESS HD TABLET 600MG	5	MO
ISENTRESS PACKET 100MG	5	MO
ISENTRESS TABLET CHEWABLE 100MG, 25MG	4	MO
ISENTRESS TABLET 400MG	5	MO
lamivudine solution 10mg/ml	3	MO
lamivudine tablet 150mg, 300mg	3	MO
maraviroc tablet 150mg, 300mg	5	MO
nevirapine er tablet extended release 24 hour 400mg	4	MO
nevirapine suspension 50mg/5ml	4	MO
nevirapine tablet 200mg	3	MO
NORVIR PACKET 100MG	4	MO
PIFELTRO TABLET 100MG	5	MO
PREZISTA SUSPENSION 100MG/ML	5	QL (400 ML per 30 days) MO
PREZISTA TABLET 150MG	4	QL (240 EA per 30 days) MO
PREZISTA TABLET 75MG	4	QL (480 EA per 30 days) MO
REYATAZ PACKET 50MG	4	MO
rilpivirine hydrochloride tablet 25mg	5	MO
ritonavir tablet 100mg	3	MO
RUKOBIA TABLET EXTENDED RELEASE 12 HOUR 600MG	5	MO
SELZENTRY SOLUTION 20MG/ML	5	MO
SUNLENCA INJECTION 463.5MG/1.5ML	5	QL (3 ML per 180 days) MO; LD

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

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA TABLET THERAPY PACK 300MG	5	MO; LD
SUNLENCA TABLET 300MG	5	MO; LD
tenofovir disoproxil fumarate tablet 300mg	4	MO
TIVICAY PD TABLET SOLUBLE 5MG	5	MO
TIVICAY TABLET 50MG	5	MO
TROGARZO INJECTION 200MG/1.33ML	5	MO; LD
TYBOST TABLET 150MG	3	MO
VIRACEPT TABLET 250MG	4	MO
VIRACEPT TABLET 625MG	5	MO
VIREAD POWDER 40MG/GM	5	MO
VIREAD TABLET 150MG, 200MG, 250MG	5	MO
zidovudine capsule 100mg	3	MO
zidovudine syrup 50mg/5ml	3	MO
zidovudine tablet 300mg	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate/lamivudine tablet 600mg; 300mg	4	MO
BIKTARVY TABLET 30MG; 120MG; 15MG, 50MG; 200MG; 25MG	5	MO
CIMDUO TABLET 300MG; 300MG	5	MO
DELSTRIGO TABLET 100MG; 300MG; 300MG	5	MO
DESCOVY TABLET 120MG; 15MG, 200MG; 25MG	5	MO
DOVATO TABLET 50MG; 300MG	5	MO
efavirenz/emtricitabine/tenofovir disoproxil fumarate tablet 600mg; 200mg; 300mg	4	MO
efavirenz/lamivudine/tenofovir disoproxil fumarate tablet 400mg; 300mg; 300mg, 600mg; 300mg; 300mg	5	MO
emtricitabine/rilpivirine/tenofovir disoproxil fumarate tablet 200mg; 25mg; 300mg	5	MO
emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg, 200mg; 300mg	4	QL (30 EA per 30 days) MO
emtricitabine/tenofovir disoproxil tablet 167mg; 250mg	4	QL (30 EA per 30 days) MO
EVOTAZ TABLET 300MG; 150MG	5	MO
GENVOYA TABLET 150MG; 150MG; 200MG; 10MG	5	MO
IDVYNSO TABLET 100MG; 0.25MG	5	MO
JULUCA TABLET 50MG; 25MG	5	MO
KALETRA SOLUTION 400MG/5ML; 100MG/5ML	4	MO
lamivudine/zidovudine tablet 150mg; 300mg	4	MO
lopinavir/ritonavir tablet 100mg; 25mg, 200mg; 50mg	4	MO
ODEFSEY TABLET 200MG; 25MG; 25MG	5	MO
PREZCOBIX TABLET 150MG; 675MG, 150MG; 800MG	5	MO
STRIBILD TABLET 150MG; 150MG; 200MG; 300MG	5	MO
SYMTUZA TABLET 150MG; 800MG; 200MG; 10MG	5	MO
TRIUMEQ PD TABLET SOLUBLE 60MG; 5MG; 30MG	5	MO
TRIUMEQ TABLET 600MG; 50MG; 300MG	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
ANTITUBERCULAR AGENTS		
ethambutol hydrochloride tablet 100mg, 400mg	4	MO
isoniazid syrup 50mg/5ml	4	MO
isoniazid tablet 100mg, 300mg	1	MO
PRETOMANID TABLET 200MG	4	QL (30 EA per 30 days) PA MO
pyrazinamide tablet 500mg	4	MO
rifabutin capsule 150mg	4	MO
rifampin capsule 150mg, 300mg	3	MO
rifampin injection 600mg	4	
rifapentine tablet 150mg	4	
SIRTURO TABLET 100MG, 20MG	5	PA; ACS LD
ANTIVIRALS		
acyclovir sodium injection 50mg/ml	4	B/D
acyclovir capsule 200mg	3	MO
acyclovir tablet 400mg, 800mg	3	MO
adefovir dipivoxil tablet 10mg	4	QL (30 EA per 30 days) MO
BARACLUDE SOLUTION 0.05MG/ML	4	QL (630 ML per 30 days) MO
entecavir tablet 0.5mg, 1mg	4	QL (30 EA per 30 days) MO
famciclovir tablet 500mg	3	QL (21 EA per 30 days) MO
famciclovir tablet 125mg, 250mg	3	QL (60 EA per 30 days) MO
lamivudine tablet 100mg	3	MO
LIVTENCITY TABLET 200MG	5	QL (336 EA per 28 days) PA; LD
MAVYRET PACKET 50MG; 20MG	5	PA; ACS
MAVYRET TABLET 100MG; 40MG	5	PA; ACS
oseltamivir phosphate capsule 30mg	3	QL (168 EA per 365 days) MO
oseltamivir phosphate capsule 45mg, 75mg	3	QL (84 EA per 365 days) MO
oseltamivir phosphate suspension reconstituted 6mg/ml	3	QL (1080 ML per 365 days) MO
PAXLOVID TABLET 5 DAY THERAPY PACK 150MG; 100MG AND 300MG; 100MG	2	QL (22 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	2	QL (40 EA per 180 days) MO
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	2	QL (60 EA per 180 days) MO
PEGASYS INJECTION 180MCG/0.5ML, 180MCG/ML	5	PA; ACS LD
PREVYMIS PACKET 120MG, 20MG	5	QL (120 EA per 30 days) PA MO
PREVYMIS TABLET 240MG, 480MG	5	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER AEROSOL POWDER BREATH ACTIVATED 5MG/BLISTER	3	QL (120 EA per 365 days) MO
ribavirin capsule 200mg	3	ACS
ribavirin tablet 200mg	4	ACS
rimantadine hydrochloride tablet 100mg	4	MO
valacyclovir hydrochloride tablet 1gm, 500mg	3	MO
valganciclovir hydrochloride solution reconstituted 50mg/ml	5	MO
valganciclovir tablet 450mg	3	MO
VOSEVI TABLET 400MG; 100MG; 100MG	5	QL (28 EA per 28 days) PA; ACS
CEPHALOSPORINS		

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

Drug Name	Drug Tier	Requirements/Limits
cefaclor capsule 250mg, 500mg	2	MO
cefaclor suspension reconstituted 250mg/5ml	2	
cefadroxil capsule 500mg	2	MO
cefadroxil suspension reconstituted 250mg/5ml, 500mg/5ml	2	MO
cefadroxil tablet 1gm	2	MO
cefazolin sodium injection 10gm i.v., 1gm i.m. or i.v., 500mg i.m. or i.v.	4	MO
cefazolin i.m. or i.v. injection 3gm	4	
cefazolin i.m. or i.v. injection 2gm	4	MO
cefdinir capsule 300mg	2	MO
cefdinir suspension reconstituted 125mg/5ml, 250mg/5ml	3	MO
cefepime injection 1gm, 2gm	4	MO
cefixime capsule 400mg	4	MO
cefixime suspension reconstituted 100mg/5ml, 200mg/5ml	4	MO
cefotetan injection 1gm, 2gm	4	
cefoxitin sodium injection 10gm, 1gm, 2gm	4	
cefpodoxime proxetil suspension reconstituted 100mg/5ml, 50mg/5ml	4	MO
cefpodoxime proxetil tablet 100mg, 200mg	4	MO
cefprozil suspension reconstituted 125mg/5ml, 250mg/5ml	3	MO
cefprozil tablet 250mg, 500mg	3	MO
ceftaroline fosamil injection 400mg, 600mg	5	
ceftazidime injection 2gm, 6gm	4	
ceftazidime injection 1gm	4	MO
ceftriaxone sodium injection 10gm, 1gm im or iv, 250mg, 2gm im or iv, 500mg	4	MO
cefuroxime axetil tablet 250mg, 500mg	3	MO
cefuroxime sodium injection 1.5gm	4	
cefuroxime sodium injection 750mg	4	MO
cephalexin capsule 250mg, 500mg	2	MO
cephalexin capsule 750mg	4	MO
cephalexin suspension reconstituted 125mg/5ml, 250mg/5ml	2	MO
ERYTHROMYCINS/MACROLIDES		
azithromycin injection 500mg	4	MO
azithromycin suspension reconstituted 100mg/5ml, 200mg/5ml	2	MO
azithromycin tablet 250mg, 500mg, 600mg	2	MO
clarithromycin er tablet extended release 24 hour 500mg	4	MO
clarithromycin suspension reconstituted 125mg/5ml, 250mg/5ml	4	MO
clarithromycin tablet 250mg, 500mg	3	MO
erythromycin base tablet 250mg, 500mg	4	MO
erythromycin dr tablet delayed release 250mg, 333mg, 500mg	4	MO
erythromycin ethylsuccinate suspension reconstituted 200mg/5ml, 400mg/5ml	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
fidaxomicin tablet 200mg	5	MO
FLUOROQUINOLONES		
ciprofloxacin hcl tablet 750mg	3	MO
ciprofloxacin hydrochloride tablet 250mg, 500mg, 750mg	3	MO
ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%	4	
levofloxacin in d5w injection 5%; 500mg/100ml, 5%; 750mg/150ml	4	
levofloxacin injection 25mg/ml	4	
levofloxacin oral solution 25mg/ml	4	MO
levofloxacin tablet 250mg, 500mg, 750mg	2	MO
moxifloxacin hydrochloride/sodium hydrochloride injection 400mg/250ml; 0.8%	4	
MOXIFLOXACIN HYDROCHLORIDE INJECTION 400MG/250ML	4	
moxifloxacin hydrochloride tablet 400mg	4	MO
PENICILLINS		
amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml	2	MO
amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml	4	MO
amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg	2	MO
amoxicillin/clavulanate potassium tablet 250mg; 125mg	4	MO
amoxicillin capsule 250mg, 500mg	1	MO
amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml	1	MO
amoxicillin suspension reconstituted 400mg/5ml	2	MO
amoxicillin tablet chewable 125mg, 250mg	1	MO
amoxicillin tablet 500mg, 875mg	1	MO
ampicillin sodium injection 10gm	4	
ampicillin sodium injection 1gm, 2gm	4	MO
ampicillin-sulbactam injection 10gm; 5gm	4	
ampicillin/sulbactam injection 1gm; 0.5gm, 2gm; 1gm	4	
ampicillin capsule 500mg	2	MO
BICILLIN L-A INJECTION 1200000UNIT/2ML, 2400000UNIT/4ML, 600000UNIT/ML	4	MO
dicloxacillin sodium capsule 250mg, 500mg	3	MO
LENTOCILIN INJECTION 1200000UNIT	4	
oxacillin sodium injection 10gm, 1gm, 2gm	4	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 40000UNIT/ML, 60000UNIT/ML	4	
penicillin g potassium injection 20000000unit	4	MO
penicillin g sodium injection 5000000unit	4	

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Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium solution reconstituted 125mg/5ml, 250mg/5ml	2	MO
penicillin v potassium tablet 250mg, 500mg	2	MO
piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 36gm; 4.5gm, 3gm; 0.375gm, 4gm; 0.5gm	4	
TETRACYCLINES		
doxy 100 injection 100mg	4	MO
doxycycline hyclate capsule 100mg, 50mg	2	MO
doxycycline hyclate tablet 100mg	2	MO
doxycycline hyclate tablet 20mg	3	MO
doxycycline monohydrate capsule 100mg, 50mg	4	MO
doxycycline monohydrate tablet 100mg, 50mg, 75mg	2	MO
doxycycline monohydrate tablet 150mg	4	MO
minocycline hcl capsule 75mg	2	MO
minocycline hcl tablet 75mg	4	ST MO
minocycline hydrochloride capsule 100mg, 50mg	2	MO
minocycline hydrochloride tablet 50mg	4	ST MO
mondoxyne nl capsule 100mg	4	
tetracycline hydrochloride capsule 250mg, 500mg	4	MO
tigecycline injection 50mg	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
cyclophosphamide capsule 25mg, 50mg	3	PA MO
CYCLOPHOSPHAMIDE TABLET 50MG	3	PA
LEUKERAN TABLET 2MG	5	MO
lomustine capsule 10mg, 40mg	4	ACS
lomustine capsule 100mg	5	ACS
ANTIMETABOLITES		
INQOVI TABLET 100MG; 35MG	5	QL (5 EA per 28 days) PA; ACS LD
LONSURF TABLET 6.14MG; 15MG, 8.19MG; 20MG	5	PA; ACS LD
mercaptopurine suspension 2000mg/100ml	4	ACS
mercaptopurine tablet 50mg	3	MO
methotrexate sodium injection 1gm/40ml	3	
methotrexate sodium injection 250mg/10ml, 50mg/2ml	3	MO
methotrexate sodium injection 1gm	4	
methotrexate injection 50mg/2ml	3	MO
ONUREG TABLET 200MG, 300MG	5	QL (14 EA per 28 days) PA; ACS LD
TABLOID TABLET 40MG	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate tablet 250mg, 500mg	5	PA; ACS
abirtega tablet 250mg	4	PA; ACS
AKEEGA TABLET 500MG; 100MG, 500MG; 50MG	5	QL (60 EA per 30 days) PA; LD
anastrozole tablet 1mg	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
bicalutamide tablet 50mg	3	MO
ELIGARD INJECTION 22.5MG, 30MG, 45MG, 7.5MG	4	PA; ACS
ERLEADA TABLET 240MG, 60MG	5	PA; ACS LD
EULEXIN CAPSULE 125MG	5	
exemestane tablet 25mg	4	MO
FIRMAGON INJECTION 80MG	4	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	5	PA; ACS
INLURIYO TABLET 200MG	5	QL (56 EA per 28 days) PA; LD
letrozole tablet 2.5mg	2	MO
leuprolide acetate injection 1mg/0.2ml	5	PA; ACS
LIFYORLI CAPSULE THERAPY SUPPLY 125MG 1 DOSE SUPPLY AND 3 DOSE SUPPLY	5	QL (18 EA per 28 days) PA; LD
LIFYORLI CAPSULE THERAPY SUPPLY 150MG 1 DOSE SUPPLY AND 3 DOSE SUPPLY	5	QL (27 EA per 28 days) PA; LD
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	PA; ACS
LYSODREN TABLET 500MG	5	LD
megestrol acetate tablet 20mg, 40mg	3	MO
nilutamide tablet 150mg	5	MO
NUBEQA TABLET 300MG	5	PA; ACS LD
ORGOVYX TABLET 120MG	5	PA; LD
ORSERDU TABLET 345MG	5	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	5	QL (90 EA per 30 days) PA; LD
SOLTAMOX SOLUTION 10MG/5ML	5	MO
tamoxifen citrate tablet 10mg, 20mg	2	MO
toremifene citrate tablet 60mg	4	PA MO
VEPPANU TABLET 200MG	5	QL (30 EA per 30 days) PA; LD
VEPPANU TABLET 100MG	5	QL (90 EA per 30 days) PA; LD
XTANDI CAPSULE 40MG	5	PA; ACS LD
XTANDI TABLET 40MG, 80MG	5	PA; ACS LD
YONSA TABLET 125MG	5	QL (120 EA per 30 days) PA; ACS LD
IMMUNOMODULATORS		
lenalidomide capsule 20mg, 25mg	5	QL (21 EA per 28 days) PA; ACS LD
lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg	5	QL (28 EA per 28 days) PA; ACS LD
pomalidomide capsule 1mg, 2mg, 3mg, 4mg	5	QL (21 EA per 28 days) PA; ACS LD
POMALYST CAPSULE 1MG, 2MG, 3MG, 4MG	5	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	5	QL (112 EA per 28 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPSULE 50MG	5	QL (224 EA per 28 days) PA; ACS LD
ZENBEXUS CAPSULE 0.75MG, 1MG	5	QL (21 EA per 28 days) PA
MISCELLANEOUS		
ASPARLAS INJECTION 3750UNIT/5ML	5	PA; LD
BESREMI PEN INJECTION 500MCG/0.5ML	5	QL (1 ML per 28 days) PA
BESREMI INJECTION 500MCG/ML	5	QL (2 ML per 28 days) PA; LD
bexarotene capsule 75mg	5	PA; ACS
hydroxyurea capsule 500mg	2	MO
IWILFIN TABLET 192MG	5	QL (240 EA per 30 days) PA; LD
leucovorin calcium tablet 10mg, 15mg, 25mg, 5mg	3	MO
MATULANE CAPSULE 50MG	5	LD
mesna tablet 400mg	4	MO
MODEYSO CAPSULE 125MG	5	QL (20 EA per 28 days) PA; LD
ONCASPAR INJECTION 750UNIT/ML	5	PA; LD
tretinoin capsule 10mg	5	MO
WELIREG TABLET 40MG	5	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA CAPSULE 150MG	5	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK 90MG; 180MG	5	PA; LD
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA; LD
AUGTYRO CAPSULE 40MG	5	QL (240 EA per 30 days) PA; LD
AUGTYRO CAPSULE 160MG	5	QL (60 EA per 30 days) PA; LD
AVMAPKI FAKZYNJA CO-PACK THERAPY PACK 0.8MG; 200MG	5	QL (66 EA per 28 days) PA; LD
AYVAKIT TABLET 100MG, 200MG, 25MG, 300MG, 50MG	5	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	5	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	5	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	5	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	5	QL (150 EA per 25 days) PA; ACS LD
BOSULIF CAPSULE 50MG	5	QL (360 EA per 30 days) PA; ACS LD
BOSULIF TABLET 100MG	5	QL (180 EA per 30 days) PA; ACS LD
BOSULIF TABLET 500MG	5	QL (30 EA per 30 days) PA; ACS LD
bosutinib tablet 100mg	5	QL (180 EA per 30 days) PA; ACS

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

Drug Name	Drug Tier	Requirements/Limits
bosutinib tablet 400mg, 500mg	5	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	5	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA CAPSULE 80MG	5	QL (120 EA per 30 days) PA; LD
BRUKINSA TABLET 160MG	5	QL (60 EA per 30 days) PA; LD
CABOMETYX TABLET 20MG, 40MG, 60MG	5	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE TABLET 100MG	5	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	5	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA; LD
CAVHANZA TABLET DISINTEGRATING 60MG, 80MG	5	QL (112 EA per 28 days) PA
COMETRIQ KIT 140MG DAILY	5	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	5	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	5	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA CAPSULE 15MG, 25MG	5	QL (56 EA per 28 days) PA; ACS LD
COTELLIC TABLET 20MG	5	QL (63 EA per 28 days) PA; ACS LD
DANZITEN TABLET 71MG, 95MG	5	QL (112 EA per 28 days) PA; LD
dasatinib tablet 100mg, 140mg, 50mg, 70mg, 80mg	5	QL (30 EA per 30 days) PA; ACS
dasatinib tablet 20mg	5	QL (90 EA per 30 days) PA; ACS
DAURISMO TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	5	QL (60 EA per 30 days) PA; ACS LD
ENSACOVE CAPSULE 25MG	5	QL (270 EA per 30 days) PA; LD
ENSACOVE CAPSULE 100MG	5	QL (60 EA per 30 days) PA; LD
ERIVEDGE CAPSULE 150MG	5	PA; ACS LD
erlotinib hydrochloride tablet 150mg	4	QL (30 EA per 30 days) PA; ACS
erlotinib hydrochloride tablet 100mg	5	QL (30 EA per 30 days) PA; ACS
erlotinib hydrochloride tablet 25mg	5	QL (90 EA per 30 days) PA; ACS
everolimus tablet soluble 2mg	5	QL (150 EA per 30 days) PA; ACS
everolimus tablet soluble 5mg	5	QL (60 EA per 30 days) PA; ACS
everolimus tablet soluble 3mg	5	QL (90 EA per 30 days) PA; ACS
everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg	5	QL (30 EA per 30 days) PA; ACS
FOTIVDA CAPSULE 0.89MG, 1.34MG	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	5	QL (84 EA per 28 days) PA; LD
GAVRETO CAPSULE 100MG	5	QL (120 EA per 30 days) PA; LD
gefitinib tablet 250mg	5	QL (60 EA per 30 days) PA; ACS
GILOTRIF TABLET 20MG, 30MG, 40MG	5	QL (30 EA per 30 days) PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
GOMEKLI CAPSULE 1MG	5	QL (168 EA per 28 days) PA; LD
GOMEKLI CAPSULE 2MG	5	QL (84 EA per 28 days) PA; LD
GOMEKLI TABLET SOLUBLE 1MG	5	QL (168 EA per 28 days) PA; LD
HERNEXEOS TABLET 60MG	5	QL (120 EA per 30 days) PA; LD
HYRNUO TABLET 10MG	5	QL (120 EA per 30 days) PA; LD
IBRANCE CAPSULE 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA; ACS LD
IBRANCE TABLET 100MG, 125MG, 75MG	5	QL (21 EA per 28 days) PA; ACS LD
IBTROZI CAPSULE 200MG	5	QL (90 EA per 30 days) PA; LD
ICLUSIG TABLET 10MG, 30MG	5	PA; LD
ICLUSIG TABLET 15MG, 45MG	5	QL (30 EA per 30 days) PA; LD
IDHIFA TABLET 100MG, 50MG	5	QL (30 EA per 30 days) PA; ACS LD
imatinib mesylate tablet 100mg	3	QL (90 EA per 30 days) PA; ACS
imatinib mesylate tablet 400mg	5	QL (60 EA per 30 days) PA; ACS
IMBRUVICA CAPSULE 70MG	5	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	5	QL (90 EA per 30 days) PA; LD
IMBRUVICA SUSPENSION 70MG/ML	5	QL (216 ML per 30 days) PA; LD
IMBRUVICA TABLET 140MG, 280MG, 420MG	5	QL (30 EA per 30 days) PA; LD
IMKELDI SOLUTION 80MG/ML	5	QL (280 ML per 28 days) PA; LD
INLYTA TABLET 5MG	5	QL (120 EA per 30 days) PA; ACS LD
INLYTA TABLET 1MG	5	QL (180 EA per 30 days) PA; ACS LD
INREBIC CAPSULE 100MG	5	QL (120 EA per 30 days) PA; ACS LD
ITOVEBI TABLET 9MG	5	QL (28 EA per 28 days) PA; ACS LD
ITOVEBI TABLET 3MG	5	QL (56 EA per 28 days) PA; ACS LD
JAKAFI XR TABLET EXTENDED RELEASE 24 HOUR 11MG, 22MG, 33MG, 44MG, 55MG	5	QL (30 EA per 30 days) PA; ACS LD
JAKAFI TABLET 10MG, 15MG, 20MG, 25MG, 5MG	5	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	5	QL (30 EA per 30 days) PA; LD
JAYPIRCA TABLET 100MG	5	QL (60 EA per 30 days) PA; LD
JIDEYTRO TABLET 100MG	5	QL (30 EA per 30 days) PA
JIDEYTRO TABLET 25MG	5	QL (90 EA per 30 days) PA
KISQALI TABLET THERAPY PACK 200MG	5	PA; ACS LD
KOMZIFTI CAPSULE 200MG	5	QL (90 EA per 30 days) PA; LD
KOSELUGO CAPSULE SPRINKLE 5MG, 7.5MG	5	PA; LD
KOSELUGO CAPSULE 10MG, 25MG	5	PA; LD
KRAZATI TABLET 200MG	5	QL (180 EA per 30 days) PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
lapatinib ditosylate tablet 250mg	5	QL (180 EA per 30 days) PA; ACS
LAZCLUZE TABLET 240MG	5	QL (30 EA per 30 days) PA; LD
LAZCLUZE TABLET 80MG	5	QL (60 EA per 30 days) PA; LD
LENVIMA 10 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; ACS LD
LENVIMA 12MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LENVIMA 14 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 18 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 20 MG DAILY DOSE CAPSULE THERAPY PACK 10MG	5	PA; ACS LD
LENVIMA 24 MG DAILY DOSE CAPSULE THERAPY PACK	5	PA; ACS LD
LENVIMA 4 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LENVIMA 8 MG DAILY DOSE CAPSULE THERAPY PACK 4MG	5	PA; ACS LD
LORBRENA TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	5	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 240MG	5	QL (120 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	5	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	5	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA TABLET 100MG, 150MG	5	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	5	QL (112 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 20MG	5	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	5	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED 0.05MG/ML	5	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	5	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	5	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI TABLET 15MG	5	QL (180 EA per 30 days) PA; ACS LD
NERLYNX TABLET 40MG	5	QL (180 EA per 30 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
NILOTINIB D-TARTRATE CAPSULE 150MG, 200MG	5	QL (112 EA per 28 days) PA; LD
NILOTINIB D-TARTRATE CAPSULE 50MG	5	QL (120 EA per 30 days) PA; LD
nilotinib hydrochloride capsule 150mg, 200mg	5	QL (112 EA per 28 days) PA; ACS
nilotinib hydrochloride capsule 50mg	5	QL (120 EA per 30 days) PA; ACS
NINLARO CAPSULE 2.3MG, 3MG, 4MG	5	PA; ACS LD
ODOMZO CAPSULE 200MG	5	PA; ACS LD
OGSIVEO TABLET 100MG, 150MG	5	QL (56 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED 25MG/ML	5	QL (96 ML per 28 days) PA; LD
OJEMDA TABLET 100MG	5	QL (24 EA per 28 days) PA; LD
OJJAARA TABLET 100MG, 150MG, 200MG	5	QL (30 EA per 30 days) PA; LD
pazopanib hydrochloride tablet 200mg	5	QL (120 EA per 30 days) PA; ACS
pazopanib hydrochloride tablet 400mg	5	QL (60 EA per 30 days) PA; ACS
PEMAZYRE TABLET 13.5MG, 4.5MG, 9MG	5	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE TABLET THERAPY PACK 200MG	5	QL (28 EA per 28 days) PA; LD
PIQRAY 250MG DAILY DOSE TABLET THERAPY PACK	5	QL (56 EA per 28 days) PA; LD
PIQRAY 300MG DAILY DOSE TABLET THERAPY PACK 150MG	5	QL (56 EA per 28 days) PA; LD
QINLOCK TABLET 50MG	5	QL (90 EA per 30 days) PA; LD
RETEVMO TABLET 120MG, 160MG, 80MG	5	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	5	QL (90 EA per 30 days) PA; ACS LD
REVUFORJ TABLET 110MG	5	QL (120 EA per 30 days) PA; LD
REVUFORJ TABLET 25MG	5	QL (240 EA per 30 days) PA; LD
REVUFORJ TABLET 160MG	5	QL (60 EA per 30 days) PA; LD
REZLIDHIA CAPSULE 150MG	5	QL (60 EA per 30 days) PA; LD
ROMIDEPSIN INJECTION 27.5MG/5.5ML	5	ACS
romidepsin injection 10mg	5	ACS
ROMVIMZA CAPSULE 14MG, 20MG, 30MG	5	QL (8 EA per 28 days) PA; LD
ROZLYTREK CAPSULE 100MG	5	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	5	QL (90 EA per 30 days) PA; ACS LD
ROZLYTREK PACKET 50MG	5	QL (336 EA per 28 days) PA; ACS LD
RUBRACA TABLET 200MG, 250MG, 300MG	5	PA; ACS LD
RYDAPT CAPSULE 25MG	5	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	5	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	5	QL (300 EA per 30 days) PA; LD
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA; LD
sorafenib tosylate tablet 200mg	5	QL (120 EA per 30 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
STIVARGA TABLET 40MG	5	QL (84 EA per 28 days) PA; ACS LD
sunitinib malate capsule 12.5mg, 25mg, 37.5mg, 50mg	5	QL (30 EA per 30 days) PA; ACS
TABRECTA TABLET 150MG, 200MG	5	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE 50MG, 75MG	5	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE 10MG	5	QL (840 EA per 28 days) PA; ACS LD
TAGRISSO TABLET 40MG, 80MG	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	5	QL (90 EA per 30 days) PA; ACS LD
TECVAYLI INJECTION 153MG/1.7ML, 30MG/3ML	5	PA; LD
TEPMETKO TABLET 225MG	5	QL (60 EA per 30 days) PA; LD
TIBSOVO TABLET 250MG	5	PA; LD
torpenz tablet 10mg, 2.5mg, 5mg, 7.5mg	5	QL (30 EA per 30 days) PA; LD
TRUQAP TABLET THERAPY PACK 160MG, 200MG	5	QL (64 EA per 28 days) PA; LD
TRUQAP TABLET 200MG	5	QL (64 EA per 28 days) PA; LD
TRUXIMA INJECTION 100MG/10ML, 500MG/50ML	5	PA; ACS
TUKYSA TABLET 150MG	5	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	5	QL (240 EA per 30 days) PA; LD
TURALIO CAPSULE 125MG	5	QL (120 EA per 30 days) PA; LD
VANFLYTA TABLET 17.7MG, 26.5MG	5	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK TABLET THERAPY PACK 10MG; 100MG; 50MG	5	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	3	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	5	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	5	QL (180 EA per 30 days) PA; LD
VERZENIO TABLET 100MG, 150MG, 200MG, 50MG	5	PA; ACS LD
VITRAKVI CAPSULE 25MG	5	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	5	QL (60 EA per 30 days) PA; ACS LD
VITRAKVI SOLUTION 20MG/ML	5	QL (300 ML per 30 days) PA; ACS LD
VIZIMPRO TABLET 15MG, 30MG, 45MG	5	QL (30 EA per 30 days) PA; ACS LD
VONJO CAPSULE 100MG	5	QL (120 EA per 30 days) PA; LD
VORANIGO TABLET 40MG	5	QL (30 EA per 30 days) PA; LD
VORANIGO TABLET 10MG	5	QL (60 EA per 30 days) PA; LD
XALKORI CAPSULE SPRINKLE 50MG	5	QL (120 EA per 30 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
XALKORI CAPSULE SPRINKLE 150MG	5	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	5	QL (240 EA per 30 days) PA; ACS LD
XALKORI CAPSULE 200MG, 250MG	5	QL (120 EA per 30 days) PA; ACS LD
XOSPATA TABLET 40MG	5	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY TABLET THERAPY PACK 20MG	5	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY (16 TABLET PACK)	5	QL (16 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 60MG, 80MG	5	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 80MG ONCE WEEKLY, 40MG TWICE WEEKLY	5	QL (8 EA per 28 days) PA; LD
yulithira tablet 10mg, 2.5mg, 5mg, 7.5mg	4	QL (30 EA per 30 days) PA; ACS
ZEJULA TABLET 100MG, 200MG, 300MG	5	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF TABLET 240MG	5	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV INJECTION 100MG/4ML, 400MG/16ML	5	PA; ACS LD
ZOLINZA CAPSULE 100MG	5	PA; ACS
ZYDELIG TABLET 100MG, 150MG	5	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA TABLET 150MG	5	QL (84 EA per 28 days) PA; ACS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate/benazepril hydrochloride capsule 10mg; 20mg, 10mg; 40mg, 2.5mg; 10mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg	1	QL (30 EA per 30 days) MO
benazepril hydrochloride/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg, 5mg; 6.25mg	1	MO
captopril/hydrochlorothiazide tablet 25mg; 15mg, 25mg; 25mg, 50mg; 15mg, 50mg; 25mg	1	MO
enalapril maleate/hydrochlorothiazide tablet 10mg; 25mg, 5mg; 12.5mg	1	MO
fosinopril sodium/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg	1	MO
lisinopril/hydrochlorothiazide tablet 12.5mg; 10mg, 12.5mg; 20mg, 25mg; 20mg	1	MO
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg	1	

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

Drug Name	Drug Tier	Requirements/Limits
quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg	1	MO
ACE INHIBITORS		
benazepril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	MO
captopril tablet 100mg, 12.5mg, 25mg, 50mg	1	MO
enalapril maleate tablet 10mg, 2.5mg, 20mg, 5mg	1	MO
fosinopril sodium tablet 10mg, 20mg, 40mg	1	MO
lisinopril tablet 10mg, 2.5mg, 20mg, 30mg, 40mg, 5mg	1	MO
moexipril hydrochloride tablet 15mg, 7.5mg	1	MO
perindopril erbumine tablet 2mg, 4mg, 8mg	1	MO
quinapril hydrochloride tablet 10mg, 20mg, 40mg, 5mg	1	MO
ramipril capsule 1.25mg, 10mg, 2.5mg, 5mg	1	MO
trandolapril tablet 1mg, 2mg, 4mg	1	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
eplerenone tablet 25mg, 50mg	4	MO
KERENDIA TABLET 10MG, 20MG, 40MG	3	QL (30 EA per 30 days) MO
spironolactone tablet 100mg, 25mg, 50mg	2	MO
ALPHA BLOCKERS		
doxazosin mesylate tablet 1mg, 2mg, 4mg, 8mg	2	MO
prazosin hydrochloride capsule 1mg, 2mg, 5mg	3	MO
terazosin hcl capsule 10mg, 1mg, 5mg	1	MO
terazosin hydrochloride capsule 2mg	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate/valsartan tablet 10mg; 160mg, 10mg; 320mg, 5mg; 160mg, 5mg; 320mg	1	QL (30 EA per 30 days) MO
amlodipine/olmesartan medoxomil tablet 10mg; 20mg, 10mg; 40mg, 5mg; 20mg, 5mg; 40mg	1	QL (30 EA per 30 days) MO
amlodipine/valsartan/hydrochlorothiazide tablet 10mg; 12.5mg; 160mg, 10mg; 25mg; 160mg, 10mg; 25mg; 320mg, 5mg; 12.5mg; 160mg, 5mg; 25mg; 160mg	1	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg	1	QL (30 EA per 30 days) MO
candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg	1	QL (60 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE 15MG; 16MG, 6MG; 6MG	3	MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg	1	QL (30 EA per 30 days) MO
irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg	1	QL (60 EA per 30 days) MO
losartan potassium/hydrochlorothiazide tablet 12.5mg; 100mg, 12.5mg; 50mg, 25mg; 100mg	1	QL (30 EA per 30 days) MO
olmesartan medoxomil/amlodipine/hydrochlorothiazide tablet 10mg; 12.5mg; 40mg, 10mg; 25mg; 40mg, 5mg; 12.5mg; 20mg, 5mg; 12.5mg; 40mg, 5mg; 25mg; 40mg	1	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
olmesartan medoxomil/hydrochlorothiazide tablet 12.5mg; 20mg, 12.5mg; 40mg, 25mg; 40mg	1	QL (30 EA per 30 days) MO
sacubitril/valsartan tablet 24mg; 26mg, 49mg; 51mg, 97mg; 103mg	3	MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg	1	QL (30 EA per 30 days) MO
telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg	1	QL (60 EA per 30 days) MO
valsartan/hydrochlorothiazide tablet 12.5mg; 160mg, 12.5mg; 320mg, 12.5mg; 80mg, 25mg; 160mg, 25mg; 320mg	1	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
candesartan cilexetil tablet 32mg	1	QL (30 EA per 30 days) MO
candesartan cilexetil tablet 16mg, 4mg, 8mg	1	QL (60 EA per 30 days) MO
irbesartan tablet 150mg, 300mg, 75mg	1	QL (30 EA per 30 days) MO
losartan potassium tablet 100mg	1	QL (30 EA per 30 days) MO
losartan potassium tablet 25mg, 50mg	1	QL (60 EA per 30 days) MO
olmesartan medoxomil tablet 20mg, 40mg	1	QL (30 EA per 30 days) MO
olmesartan medoxomil tablet 5mg	1	QL (60 EA per 30 days) MO
telmisartan tablet 20mg, 40mg, 80mg	1	QL (30 EA per 30 days) MO
valsartan tablet 320mg	1	QL (30 EA per 30 days) MO
valsartan tablet 160mg, 40mg, 80mg	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
amiodarone hydrochloride tablet 100mg, 200mg	2	MO
amiodarone hydrochloride tablet 400mg	4	MO
dofetilide capsule 125mcg, 250mcg, 500mcg	4	ACS
flecainide acetate tablet 100mg, 150mg, 50mg	3	MO
MULTAQ TABLET 400MG	4	MO
pacerone tablet 100mg, 200mg	2	
propafenone hcl tablet 150mg, 225mg, 300mg	3	MO
propafenone hydrochloride er capsule extended release 12 hour 225mg, 325mg, 425mg	4	MO
propafenone hydrochloride tablet 150mg, 225mg, 300mg	3	MO
quinidine sulfate tablet 200mg, 300mg	4	MO
sotalol hcl tablet 120mg, 160mg, 240mg	2	MO
sotalol hydrochloride (af) tablet 120mg, 160mg, 80mg	2	MO
sotalol hydrochloride tablet 80mg	2	MO
ANTILIPEMICS, FIBRATES		
fenofibrate micronized capsule 134mg, 200mg, 67mg	3	MO
fenofibrate capsule 130mg, 43mg	3	MO
fenofibrate tablet 145mg, 160mg, 48mg, 54mg	3	MO
fenofibric acid dr capsule delayed release 135mg, 45mg	4	MO
gemfibrozil tablet 600mg	2	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
atorvastatin calcium tablet 10mg, 20mg, 40mg, 80mg	1	QL (30 EA per 30 days) MO
fluvastatin sodium er tablet extended release 24 hour 80mg	1	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
fluvastatin capsule 20mg, 40mg	1	QL (60 EA per 30 days) MO
lovastatin tablet 10mg, 20mg, 40mg	1	MO
pravastatin sodium tablet 10mg, 20mg, 40mg, 80mg	1	QL (30 EA per 30 days) MO
rosuvastatin calcium tablet 10mg, 20mg, 40mg, 5mg	1	QL (30 EA per 30 days) MO
simvastatin tablet 10mg, 20mg, 40mg, 5mg, 80mg	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine light packet 4gm	4	MO
cholestyramine packet 4gm	4	MO
colesevelam hydrochloride packet 3.75gm	3	MO
colesevelam hydrochloride tablet 625mg	3	MO
colestipol hydrochloride packet 5gm	4	MO
colestipol hydrochloride tablet 1gm	4	MO
ezetimibe/simvastatin tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg	1	QL (30 EA per 30 days) MO
ezetimibe tablet 10mg	4	MO
NEXLETOL TABLET 180MG	3	QL (30 EA per 30 days) MO
NEXLIZET TABLET 180MG; 10MG	3	QL (30 EA per 30 days) MO
niacin er tablet extended release 1000mg, 750mg	4	MO
niacin er tablet extended release 500mg	4	QL (60 EA per 30 days) MO
omega-3-acid ethyl esters capsule 375mg; 465mg; 1gm	4	QL (120 EA per 30 days) MO
REDEMPLO INJECTION 25MG/0.5ML	5	QL (0.5 ML per 90 days) PA; ACS LD
REPATHA SURECLICK INJECTION 140MG/ML	3	PA
REPATHA INJECTION 140MG/ML	3	PA
VASCEPA CAPSULE 0.5GM, 1GM	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol/chlorthalidone tablet 100mg; 25mg, 50mg; 25mg	1	MO
bisoprolol fumarate/hydrochlorothiazide tablet 10mg; 6.25mg, 2.5mg; 6.25mg, 5mg; 6.25mg	2	MO
metoprolol/hydrochlorothiazide tablet 25mg; 100mg, 25mg; 50mg, 50mg; 100mg	3	MO
BETA-BLOCKERS		
acebutolol hydrochloride capsule 200mg, 400mg	2	MO
atenolol tablet 100mg, 25mg, 50mg	1	MO
betaxolol hcl tablet 10mg, 20mg	3	MO
bisoprolol fumarate tablet 10mg, 5mg	2	MO
bisoprolol fumarate tablet 2.5mg	4	MO
carvedilol tablet 12.5mg, 25mg, 3.125mg, 6.25mg	1	MO
labetalol hydrochloride tablet 100mg, 200mg, 300mg, 400mg	3	MO
metoprolol succinate er tablet extended release 24 hour 100mg, 200mg, 25mg, 50mg	2	MO
metoprolol tartrate tablet 100mg, 25mg, 50mg	1	MO
metoprolol tartrate tablet 37.5mg, 75mg	2	MO
nadolol tablet 20mg, 40mg, 80mg	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg	3	QL (30 EA per 30 days) MO
nebivolol hydrochloride tablet 20mg	3	QL (60 EA per 30 days) MO
pindolol tablet 10mg, 5mg	3	MO
propranolol hcl solution 40mg/5ml	3	MO
propranolol hcl tablet 40mg	3	MO
propranolol hydrochloride er capsule extended release 24 hour 120mg, 160mg, 60mg, 80mg	4	MO
propranolol hydrochloride solution 20mg/5ml	3	MO
propranolol hydrochloride tablet 10mg, 20mg, 60mg, 80mg	3	MO
timolol maleate tablet 20mg	1	MO
timolol maleate tablet 10mg, 5mg	2	MO
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate tablet 10mg, 2.5mg, 5mg	1	MO
cartia xt capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg	2	
dilt-xr capsule extended release 24 hour 120mg, 180mg, 240mg	2	MO
diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 60mg, 90mg	4	MO
diltiazem hcl er (generic Tiazac) capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	2	MO
diltiazem hcl er (generic Cardizem LA) tablet extended release 24 hour 240mg, 300mg, 360mg, 420mg	2	MO
diltiazem hcl tablet 30mg, 60mg	2	MO
diltiazem hydrochloride er (generic Cardizem CD) capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	2	MO
diltiazem hydrochloride er tablet extended release 24 hour (generic Cardizem LA) 120mg, 180mg, 240mg, 300mg, 360mg	2	MO
diltiazem hydrochloride tablet 120mg, 90mg	2	MO
felodipine er tablet extended release 24 hour 10mg, 2.5mg, 5mg	2	MO
isradipine capsule 2.5mg, 5mg	2	MO
matzim la tablet extended release 24 hour 420mg	4	
matzim la tablet extended release 24 hour 180mg, 240mg, 300mg, 360mg	4	MO
nifedipine er tablet extended release 24 hour 30mg (generic Procardia XL), 60mg (generic Procardia XL), 90mg (generic Adalat CC and Procardia XL)	2	MO
tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg	2	
tiadylt er capsule extended release 24 hour 420mg	2	MO
verapamil hcl er capsule extended release 24 hour 100mg, 120mg, 180mg, 240mg, 300mg	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl er tablet extended release 120mg	2	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	MO
verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg	2	MO
verapamil hydrochloride er capsule extended release 24 hour 100mg, 300mg	2	MO
verapamil hydrochloride er capsule extended release 24 hour 200mg	4	MO
verapamil hydrochloride er tablet extended release 180mg, 240mg	2	MO
VERAPAMIL HYDROCHLORIDE SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	MO
verapamil hydrochloride sr capsule extended release 24 hour 240mg	2	MO
verapamil hydrochloride tablet 120mg, 40mg, 80mg	1	MO
DIURETICS		
acetazolamide er capsule extended release 12 hour 500mg	4	MO
acetazolamide tablet 125mg, 250mg	4	MO
amiloride hcl tablet 5mg	3	MO
amiloride/hydrochlorothiazide tablet 5mg; 50mg	2	MO
bumetanide injection 0.25mg/ml	4	MO
bumetanide tablet 0.5mg, 1mg, 2mg	3	MO
chlorthalidone tablet 25mg, 50mg	2	MO
furosemide injection 10mg/ml	4	MO
furosemide oral solution 10mg/ml, 40mg/5ml	1	MO
furosemide tablet 20mg, 40mg, 80mg	1	MO
hydrochlorothiazide capsule 12.5mg	1	MO
hydrochlorothiazide tablet 12.5mg, 25mg, 50mg	1	MO
indapamide tablet 1.25mg, 2.5mg	2	MO
methazolamide tablet 25mg, 50mg	4	MO
metolazone tablet 10mg, 2.5mg, 5mg	4	MO
spironolactone/hydrochlorothiazide tablet 25mg; 25mg	3	MO
torsemide tablet 100mg, 10mg, 20mg, 5mg	3	MO
triamterene/hydrochlorothiazide capsule 25mg; 37.5mg	1	MO
triamterene/hydrochlorothiazide tablet 25mg; 37.5mg, 50mg; 75mg	1	MO
MISCELLANEOUS		
aliskiren tablet 150mg, 300mg	1	MO
amlodipine besylate/atorvastatin calcium tablet 10mg; 10mg, 10mg; 20mg, 10mg; 40mg, 10mg; 80mg, 2.5mg; 10mg, 2.5mg; 20mg, 2.5mg; 40mg, 5mg; 10mg, 5mg; 20mg, 5mg; 40mg, 5mg; 80mg	1	MO
clonidine hydrochloride tablet 0.1mg, 0.2mg, 0.3mg	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
clonidine patch weekly 0.1mg/24hr	3	QL (8 EA per 28 days) MO
clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr	4	QL (8 EA per 28 days) MO
CORLANOR SOLUTION 5MG/5ML	4	
digoxin solution 0.05mg/ml	3	MO
digoxin tablet 125mcg, 250mcg	3	QL (30 EA per 30 days) MO
digox tablet 125mcg, 250mcg	3	QL (30 EA per 30 days)
droxidopa capsule 200mg	4	QL (180 EA per 30 days) PA; ACS
droxidopa capsule 100mg	4	QL (90 EA per 30 days) PA; ACS
droxidopa capsule 300mg	5	QL (180 EA per 30 days) PA; ACS
hydralazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	2	MO
ivabradine hydrochloride tablet 5mg, 7.5mg	4	MO
metyrosine capsule 250mg	5	PA; ACS
midodrine hydrochloride tablet 10mg, 2.5mg, 5mg	4	MO
minoxidil tablet 10mg, 2.5mg	2	MO
ranolazine er tablet extended release 12 hour 1000mg, 500mg	4	MO
VERQUVO TABLET 10MG, 2.5MG, 5MG	3	MO
NITRATES		
isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg	3	MO
isosorbide mononitrate er tablet extended release 24 hour 120mg, 30mg, 60mg	2	MO
nitro-bid ointment 2%	3	
nitroglycerin transdermal patch 24 hour 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	3	MO
nitroglycerin transdermal ointment 2%	3	
nitroglycerin solution 0.4mg/spray	4	MO
nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg	3	MO
PULMONARY ARTERIAL HYPERTENSION		
ADEMPAS TABLET 0.5MG, 1.5MG, 1MG, 2.5MG, 2MG	5	QL (90 EA per 30 days) PA; ACS LD
ambrisentan tablet 10mg, 5mg	5	QL (30 EA per 30 days) PA; ACS
bosentan tablet soluble 32mg	5	QL (120 EA per 30 days) PA; ACS LD
bosentan tablet 62.5mg	5	QL (120 EA per 30 days) PA; ACS LD
bosentan tablet 125mg	5	QL (60 EA per 30 days) PA; ACS LD
macitentan tablet 10mg	4	QL (30 EA per 30 days) PA; ACS
sildenafil citrate (generic Revatio) tablet 20mg	3	QL (360 EA per 30 days) PA; ACS
TYVASO REFILL KIT SOLUTION 0.6MG/ML	5	PA; ACS LD
TYVASO STARTER KIT SOLUTION 0.6MG/ML	5	PA; ACS LD
TYVASO SOLUTION 0.6MG/ML	5	PA; ACS LD
UPTRAVI TITRATION PACK TABLET THERAPY PACK 200MCG; 800MCG	5	QL (200 EA per 28 days) PA; ACS LD
UPTRAVI INJECTION 1800MCG	5	QL (60 EA per 30 days) PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TABLET 200MCG	5	QL (140 EA per 28 days) PA; ACS LD
UPTRAVI TABLET 100MCG, 150MCG	5	QL (280 EA per 28 days) PA
UPTRAVI TABLET 1000MCG, 1200MCG, 1400MCG, 1600MCG, 400MCG, 600MCG, 800MCG	5	QL (60 EA per 30 days) PA; ACS LD
WINREVAIR INJECTION (2 VIAL KIT) 45MG, 60MG	5	QL (1 EA per 21 days) PA; ACS LD
WINREVAIR INJECTION (1 VIAL KIT) 45MG, 60MG	5	QL (2 EA per 21 days) PA; ACS LD
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam tablet 0.25mg, 0.5mg	3	QL (120 EA per 30 days) PA MO; HRM
alprazolam tablet 1mg, 2mg	3	QL (150 EA per 30 days) PA MO; HRM
buspirone hcl tablet 15mg	2	MO
buspirone hydrochloride tablet 10mg, 30mg, 5mg, 7.5mg	2	MO
fluvoxamine maleate tablet 100mg, 25mg, 50mg	4	MO; HRM
lorazepam intensol concentrate 2mg/ml	2	QL (150 ML per 30 days) PA; HRM
lorazepam injection 2mg/ml, 4mg/ml	4	QL (150 ML per 30 days) PA MO; HRM
lorazepam tablet 0.5mg	2	QL (120 EA per 30 days) PA MO; HRM
lorazepam tablet 1mg, 2mg	2	QL (150 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
donepezil hcl tablet disintegrating 10mg, 5mg	2	QL (30 EA per 30 days) MO
donepezil hcl tablet 10mg, 23mg	2	QL (30 EA per 30 days) MO
donepezil hydrochloride tablet 5mg	2	QL (30 EA per 30 days) MO
galantamine hydrobromide er capsule extended release 24 hour 16mg, 24mg, 8mg	4	QL (30 EA per 30 days) MO
galantamine hydrobromide solution 4mg/ml	4	QL (200 ML per 30 days) MO
galantamine hydrobromide tablet 12mg, 4mg, 8mg	4	QL (60 EA per 30 days) MO
LEQEMBI IQLIK INJECTION 250MG/1.25ML	5	QL (10 ML per 28 days) PA
LEQEMBI IQLIK INJECTION 360MG/1.8ML	5	QL (7.2 ML per 28 days) PA; LD
memantine hcl titration pak tablet 10mg; 5mg	3	QL (98 EA per 365 days) PA
memantine hydrochloride er capsule extended release 24 hour 14mg, 21mg, 28mg, 7mg	4	PA MO
memantine hydrochloride solution 2mg/ml	3	QL (360 ML per 30 days) PA MO
memantine hydrochloride tablet 10mg, 5mg	3	QL (60 EA per 30 days) PA MO
memantine/donepezil hydrochloride er capsule extended release 24 hour 10mg; 14mg, 10mg; 21mg, 10mg; 28mg	4	MO
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 10MG; 7MG	4	MO
rivastigmine tartrate capsule 1.5mg, 3mg, 4.5mg, 6mg	4	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
rivastigmine transdermal system patch 24 hour 13.3mg/24hr, 4.6mg/24hr, 9.5mg/24hr	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
amitriptyline hcl tablet 100mg, 150mg, 25mg, 75mg	3	PA MO; HRM
amitriptyline hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	3	PA MO; HRM
amoxapine tablet 100mg, 150mg, 25mg, 50mg	3	MO; HRM
AUVELITY TITRATION PACK TABLET EXTENDED RELEASE THERAPY PACK 30MG/105MG; 45MG/105MG	5	QL (102 EA per 365 days) MO
AUVELITY TABLET EXTENDED RELEASE 105MG; 45MG	5	QL (60 EA per 30 days) MO
bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg	3	QL (60 EA per 30 days) MO
BUPROPION HYDROCHLORIDE ER (XL) TABLET EXTENDED RELEASE 24 HOUR 450MG	4	QL (30 EA per 30 days) MO
bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg	3	QL (30 EA per 30 days) MO
bupropion hydrochloride tablet 100mg	3	QL (120 EA per 30 days) MO
bupropion hydrochloride tablet 75mg	3	QL (180 EA per 30 days) MO
citalopram hydrobromide solution 10mg/5ml	3	QL (600 ML per 30 days) MO; HRM
citalopram hydrobromide tablet 10mg	1	QL (120 EA per 30 days) MO; HRM
citalopram hydrobromide tablet 40mg	1	QL (30 EA per 30 days) MO; HRM
citalopram hydrobromide tablet 20mg	1	QL (60 EA per 30 days) MO; HRM
clomipramine hydrochloride capsule 25mg, 50mg, 75mg	4	PA MO; HRM
desipramine hydrochloride tablet 100mg, 10mg, 150mg, 25mg, 50mg, 75mg	4	PA MO; HRM
desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg	3	QL (30 EA per 30 days) MO; HRM
doxepin hcl capsule 75mg	4	PA MO; HRM
doxepin hcl concentrate 10mg/ml	4	PA MO; HRM
doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg	4	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL (90 EA per 30 days) PA MO
DULOXETINE HYDROCHLORIDE DR CAPSULE DELAYED RELEASE PARTICLES 120MG, 80MG, 90MG	4	QL (30 EA per 30 days) PA
duloxetine hydrochloride dr (generic Cymbalta) capsule delayed release particles 20mg, 30mg, 60mg	3	QL (60 EA per 30 days) MO; HRM
EMSAM PATCH 24 HOUR 12MG/24HR, 6MG/24HR, 9MG/24HR	5	QL (30 EA per 30 days) PA MO
ESCITALOPRAM OXALATE CAPSULE 15MG	4	QL (30 EA per 30 days) PA MO

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

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate solution 5mg/5ml	4	QL (600 ML per 30 days) MO; HRM
escitalopram oxalate tablet 20mg	3	QL (30 EA per 30 days) MO; HRM
escitalopram oxalate tablet 10mg, 5mg	3	QL (45 EA per 30 days) MO; HRM
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	QL (64 EA per 365 days) PA MO
EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2MG	5	QL (30 EA per 30 days) PA
EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3MG, 54.5MG, 72.6MG	5	QL (30 EA per 30 days) PA MO
FETZIMA TITRATION PACK CAPSULE ER 24 HOUR THERAPY PACK 20MG; 40MG	4	PA; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL (60 EA per 30 days) PA MO; HRM
fluoxetine dr capsule delayed release 90mg	4	QL (4 EA per 28 days) MO; HRM
fluoxetine hydrochloride capsule 20mg	1	QL (120 EA per 30 days) MO; HRM
fluoxetine hydrochloride capsule 10mg	1	QL (30 EA per 30 days) MO; HRM
fluoxetine hydrochloride capsule 40mg	1	QL (60 EA per 30 days) MO; HRM
fluoxetine hydrochloride solution 20mg/5ml	2	MO; HRM
fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg	2	MO; HRM
imipramine hcl tablet 25mg, 50mg	3	PA MO; HRM
imipramine hydrochloride tablet 10mg	3	PA MO; HRM
MARPLAN TABLET 10MG	4	QL (180 EA per 30 days) MO
mirtazapine odt tablet disintegrating 15mg, 30mg, 45mg	3	QL (30 EA per 30 days) MO
mirtazapine tablet 15mg, 30mg, 45mg, 7.5mg	2	QL (30 EA per 30 days) MO
nefazodone hydrochloride tablet 100mg, 150mg, 200mg, 250mg, 50mg	4	MO
nortriptyline hcl capsule 25mg, 75mg	3	MO; HRM
nortriptyline hcl solution 10mg/5ml	3	MO; HRM
nortriptyline hydrochloride capsule 10mg, 50mg	3	MO; HRM
paroxetine hcl tablet 40mg	2	QL (30 EA per 30 days) PA MO; HRM
paroxetine hcl tablet 30mg	2	QL (60 EA per 30 days) PA MO; HRM
paroxetine hydrochloride suspension 10mg/5ml	4	QL (900 ML per 30 days) PA MO; HRM
paroxetine hydrochloride tablet 10mg, 20mg	2	QL (30 EA per 30 days) PA MO; HRM
perphenazine/amitriptyline tablet 10mg; 2mg, 10mg; 4mg, 25mg; 2mg, 25mg; 4mg, 50mg; 4mg	4	PA MO; HRM
phenelzine sulfate tablet 15mg	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
protriptyline hcl tablet 10mg, 5mg	4	PA MO; HRM
RALDESY SOLUTION 10MG/ML	4	QL (1800 ML per 30 days) PA MO
sertraline hcl concentrate 20mg/ml	4	QL (300 ML per 30 days) MO; HRM
sertraline hcl tablet 50mg	1	QL (60 EA per 30 days) MO; HRM
sertraline hydrochloride tablet 25mg	1	QL (30 EA per 30 days) MO; HRM
sertraline hydrochloride tablet 100mg	1	QL (60 EA per 30 days) MO; HRM
tranylcypromine sulfate tablet 10mg	4	MO
trazodone hydrochloride tablet 100mg, 150mg, 50mg	2	MO
trazodone hydrochloride tablet 300mg	4	MO
trimipramine maleate capsule 50mg	4	QL (120 EA per 30 days) PA MO; HRM
trimipramine maleate capsule 25mg	4	QL (240 EA per 30 days) PA MO; HRM
trimipramine maleate capsule 100mg	4	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX TABLET 10MG, 20MG, 5MG	4	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	QL (60 EA per 30 days) MO; HRM
venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg	3	QL (30 EA per 30 days) MO; HRM
venlafaxine hydrochloride er capsule extended release 24 hour 150mg	3	QL (60 EA per 30 days) MO; HRM
venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg	3	MO; HRM
vilazodone hydrochloride tablet 10mg, 20mg, 40mg	4	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	5	QL (14 EA per 14 days) PA; ACS LD
ZURZUVAE CAPSULE 20MG, 25MG	5	QL (28 EA per 14 days) PA; ACS LD
ANTIPARKINSONIAN AGENTS		
amantadine hcl capsule 100mg	4	QL (120 EA per 30 days) MO
amantadine hcl solution 50mg/5ml	4	MO
amantadine hcl tablet 100mg	3	MO
amantadine hydrochloride tablet 100mg	3	MO
benztropine mesylate injection 1mg/ml	2	MO
benztropine mesylate tablet 0.5mg, 1mg, 2mg	3	PA MO; HRM
bromocriptine mesylate capsule 5mg	4	MO
bromocriptine mesylate tablet 2.5mg	4	MO
carbidopa/levodopa er tablet extended release 25mg; 100mg, 50mg; 200mg	4	MO
carbidopa/levodopa odt tablet disintegrating 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
carbidopa/levodopa tablet 10mg; 100mg, 25mg; 100mg, 25mg; 250mg	2	MO
entacapone tablet 200mg	4	MO
INBRIJA CAPSULE 42MG	5	QL (300 EA per 30 days) PA; LD
pramipexole dihydrochloride tablet 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1.5mg, 1mg	2	MO
rasagiline mesylate tablet 0.5mg, 1mg	3	MO
ropinirole hcl tablet 0.5mg, 1mg, 2mg, 4mg, 5mg	2	MO
ropinirole hydrochloride tablet 0.25mg, 3mg	2	MO
selegiline hcl capsule 5mg	4	MO
selegiline hcl tablet 5mg	4	MO
trihexyphenidyl hydrochloride solution 0.4mg/ml	4	MO; HRM
trihexyphenidyl hydrochloride tablet 2mg, 5mg	3	MO; HRM
ANTIPSYCHOTICS		
ABILIFY ASIMTUFII INJECTION 720MG/2.4ML	5	QL (2.4 ML per 56 days) MO
ABILIFY ASIMTUFII INJECTION 960MG/3.2ML	5	QL (3.2 ML per 56 days) MO
ABILIFY MAINTENA INJECTION 300MG, 400MG	5	QL (1 EA per 28 days) MO; HRM
aripiprazole odt tablet disintegrating 10mg, 15mg	4	QL (60 EA per 30 days) MO; HRM
aripiprazole solution 1mg/ml	4	QL (900 ML per 30 days) MO; HRM
aripiprazole tablet 10mg, 15mg, 20mg, 2mg, 30mg, 5mg	4	QL (30 EA per 30 days) MO; HRM
ARISTADA INITIO INJECTION 675MG/2.4ML	5	HRM
ARISTADA INJECTION 441MG/1.6ML	5	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	5	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	5	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	5	QL (3.9 ML per 56 days); HRM
asenapine maleate sl tablet sublingual 10mg, 2.5mg, 5mg	4	QL (60 EA per 30 days) MO; HRM
BYSANTI TITRATION PACK A TABLET THERAPY PACK 1MG; 2MG; 4MG; 6MG	4	QL (16 EA per 365 days) PA
BYSANTI TITRATION PACK B TABLET THERAPY PACK 1MG; 2MG; 6MG; 8MG	4	QL (24 EA per 365 days) PA
BYSANTI TITRATION PACK C TABLET THERAPY PACK 1MG; 2MG; 6MG	4	QL (16 EA per 365 days) PA
BYSANTI TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA
CAPLYTA CAPSULE 10.5MG, 21MG, 42MG	5	QL (30 EA per 30 days) MO; HRM
chlorpromazine hcl injection 50mg/2ml	4	HRM
chlorpromazine hcl injection 25mg/ml	4	MO; HRM
chlorpromazine hcl tablet 100mg, 10mg, 200mg, 25mg, 50mg	4	MO; HRM
chlorpromazine hydrochloride concentrate 100mg/ml, 30mg/ml	4	MO; HRM
chlorpromazine hydrochloride tablet 100mg, 10mg, 200mg, 25mg, 50mg	4	MO; HRM
clozapine odt tablet disintegrating 12.5mg, 25mg	4	PA; HRM

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

Drug Name	Drug Tier	Requirements/Limits
clozapine odt tablet disintegrating 200mg	4	QL (120 EA per 30 days) PA; HRM
clozapine odt tablet disintegrating 150mg	4	QL (180 EA per 30 days) PA; HRM
clozapine odt tablet disintegrating 100mg	4	QL (270 EA per 30 days) PA; HRM
clozapine tablet 25mg, 50mg	3	HRM
clozapine tablet 200mg	3	QL (120 EA per 30 days); HRM
clozapine tablet 100mg	3	QL (270 EA per 30 days); HRM
COBENFY STARTER PACK CAPSULE THERAPY PACK 50MG; 20MG & 100MG; 20MG	5	QL (112 EA per 365 days) MO
COBENFY CAPSULE 20MG; 100MG, 20MG; 50MG, 30MG; 125MG	5	QL (60 EA per 30 days) MO
ERZOFRI INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO
ERZOFRI INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO
ERZOFRI INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO
ERZOFRI INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO
ERZOFRI INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO
ERZOFRI INJECTION 351MG/2.25ML	5	QL (4.5 ML per 365 days)
FANAPT TITRATION PACK A TABLET 1MG; 2MG; 4MG; 6MG	4	PA; HRM
FANAPT TITRATION PACK B TABLET 1MG; 2MG; 6MG; 8MG	4	PA
FANAPT TITRATION PACK C TABLET 1MG; 3MG; 6MG	4	PA
FANAPT TABLET 10MG, 12MG, 1MG, 2MG, 4MG, 6MG, 8MG	5	QL (60 EA per 30 days) PA MO; HRM
fluphenazine decanoate injection 25mg/ml	4	MO; HRM
fluphenazine hcl concentrate 5mg/ml	2	MO; HRM
fluphenazine hydrochloride elixir 2.5mg/5ml	2	MO; HRM
fluphenazine hydrochloride injection 2.5mg/ml	4	MO; HRM
fluphenazine hydrochloride tablet 10mg, 1mg, 2.5mg, 5mg	2	MO; HRM
haloperidol decanoate injection 100mg/ml, 50mg/ml	4	MO; HRM
haloperidol lactate injection 5mg/ml	4	MO; HRM
haloperidol concentrate 2mg/ml	4	MO; HRM
haloperidol tablet 0.5mg, 10mg, 1mg, 20mg, 2mg, 5mg	3	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL (1.75 ML per 90 days); HRM

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL (2.63 ML per 90 days); HRM
loxapine capsule 10mg, 25mg, 50mg, 5mg	3	MO; HRM
lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg	4	QL (30 EA per 30 days) MO; HRM
lurasidone hydrochloride tablet 80mg	4	QL (60 EA per 30 days) MO; HRM
LYBALVI TABLET 10MG; 10MG, 15MG; 10MG, 20MG; 10MG, 5MG; 10MG	5	QL (30 EA per 30 days) MO; HRM
molindone hydrochloride tablet 10mg, 5mg	3	HRM
molindone hydrochloride tablet 25mg	4	HRM
NUPLAZID CAPSULE 34MG	5	QL (30 EA per 30 days) PA; ACS HRM LD
NUPLAZID TABLET 10MG	5	QL (30 EA per 30 days) PA; ACS HRM LD
olanzapine odt tablet disintegrating 10mg, 15mg, 20mg, 5mg	4	QL (30 EA per 30 days) MO; HRM
olanzapine injection 10mg	4	QL (3 EA per 1 days) MO; HRM
olanzapine tablet 10mg, 15mg, 20mg, 7.5mg	4	QL (30 EA per 30 days) MO; HRM
olanzapine tablet 2.5mg, 5mg	4	QL (60 EA per 30 days) MO; HRM
OPIPZA FILM 2MG, 5MG	5	QL (30 EA per 30 days) PA MO
OPIPZA FILM 10MG	5	QL (90 EA per 30 days) PA MO
paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg	4	QL (30 EA per 30 days) MO; HRM
paliperidone er tablet extended release 24 hour 6mg	4	QL (60 EA per 30 days) MO; HRM
perphenazine tablet 16mg, 2mg, 4mg, 8mg	4	MO; HRM
pimozide tablet 1mg, 2mg	4	MO
quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg	4	QL (30 EA per 30 days) PA MO; HRM
quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg	4	QL (60 EA per 30 days) PA MO; HRM
quetiapine fumarate tablet 200mg	3	QL (120 EA per 30 days) MO; HRM
quetiapine fumarate tablet 25mg	3	QL (180 EA per 30 days) MO; HRM
quetiapine fumarate tablet 300mg, 400mg	3	QL (60 EA per 30 days) MO; HRM
quetiapine fumarate tablet 100mg, 150mg, 50mg	3	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	5	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO; HRM
risperidone er injection 25mg	4	QL (2 EA per 28 days) MO
risperidone er injection 12.5mg	4	QL (2 EA per 28 days) MO; HRM
risperidone er injection 37.5mg, 50mg	5	QL (2 EA per 28 days) MO
risperidone odt tablet disintegrating 4mg	4	QL (120 EA per 30 days) MO; HRM
risperidone odt tablet disintegrating 1mg, 2mg, 3mg	4	QL (60 EA per 30 days) MO; HRM
risperidone odt tablet disintegrating 0.25mg, 0.5mg	4	QL (90 EA per 30 days) MO; HRM
risperidone solution 1mg/ml	3	QL (480 ML per 30 days) MO; HRM
risperidone tablet 4mg	3	QL (120 EA per 30 days) MO; HRM
risperidone tablet 1mg, 2mg	3	QL (60 EA per 30 days) MO; HRM
risperidone tablet 0.25mg, 0.5mg, 3mg	3	QL (90 EA per 30 days) MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
SECUADO PATCH 24 HOUR 3.8MG/24HR, 5.7MG/24HR, 7.6MG/24HR	5	QL (30 EA per 30 days) MO; HRM
thioridazine hydrochloride tablet 100mg, 10mg, 25mg, 50mg	3	PA MO; HRM
thiothixene capsule 10mg, 1mg, 2mg, 5mg	4	MO; HRM
trifluoperazine hcl tablet 10mg, 2mg, 5mg	4	MO; HRM
trifluoperazine hydrochloride tablet 1mg	4	MO; HRM
VERSACLOZ SUSPENSION 50MG/ML	5	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE 0.5MG, 0.75MG	3	QL (30 EA per 30 days) MO
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	3	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	3	QL (60 EA per 30 days) MO; HRM
ziprasidone hcl capsule 20mg, 40mg, 60mg, 80mg	3	QL (60 EA per 30 days) MO; HRM
ziprasidone mesylate injection 20mg	4	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	4	QL (2 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 405MG	5	QL (1 EA per 28 days) PA; ACS
ZYPREXA RELPREVV INJECTION 300MG	5	QL (2 EA per 28 days) PA; ACS
ANTISEIZURE AGENTS		
brivaracetam injection 50mg/5ml	4	QL (600 ML per 30 days)
brivaracetam oral solution 10mg/ml	4	QL (600 ML per 30 days) MO
brivaracetam tablet 100mg, 10mg, 25mg, 50mg, 75mg	4	QL (60 EA per 30 days) MO
carbamazepine er capsule extended release 12 hour 100mg, 200mg, 300mg	4	MO; HRM
carbamazepine er tablet extended release 12 hour 100mg, 200mg, 400mg	4	MO; HRM
carbamazepine suspension 100mg/5ml	4	MO; HRM
carbamazepine tablet chewable 200mg	2	MO
carbamazepine tablet chewable 100mg	2	MO; HRM
carbamazepine tablet 200mg	2	MO; HRM
clobazam suspension 2.5mg/ml	4	QL (480 ML per 30 days) PA MO; HRM
clobazam tablet 10mg, 20mg	4	QL (60 EA per 30 days) PA MO; HRM
clonazepam odt tablet disintegrating 2mg	4	QL (300 EA per 30 days) MO
clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg	4	QL (90 EA per 30 days) MO
clonazepam tablet 2mg	3	QL (300 EA per 30 days) MO
clonazepam tablet 0.5mg, 1mg	3	QL (90 EA per 30 days) MO
clorazepate dipotassium tablet 15mg	4	QL (180 EA per 30 days) PA MO; HRM
clorazepate dipotassium tablet 3.75mg, 7.5mg	4	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	5	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	5	QL (360 EA per 30 days) PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
diazepam intensol concentrate 5mg/ml	3	QL (240 ML per 30 days) PA MO; HRM
diazepam concentrate 5mg/ml	3	QL (240 ML per 30 days) PA MO; HRM
diazepam gel 10mg, 2.5mg, 20mg	4	QL (5 EA per 30 days) MO; HRM
diazepam injection 5mg/ml	4	QL (240 ML per 30 days) PA MO; HRM
diazepam oral solution 5mg/5ml	4	QL (1200 ML per 30 days) PA MO; HRM
diazepam tablet 10mg, 2mg, 5mg	3	QL (120 EA per 30 days) PA MO; HRM
DILANTIN CAPSULE 30MG	4	MO
divalproex sodium dr capsule delayed release sprinkle 125mg	3	MO
divalproex sodium dr tablet delayed release 125mg, 250mg, 500mg	3	MO
divalproex sodium er tablet extended release 24 hour 250mg, 500mg	4	MO
EPIDIOLEX SOLUTION 100MG/ML	5	QL (600 ML per 30 days) PA; ACS LD
eslicarbazepine acetate tablet 200mg, 400mg	4	QL (30 EA per 30 days) MO
eslicarbazepine acetate tablet 600mg, 800mg	4	QL (60 EA per 30 days) MO
ethosuximide capsule 250mg	3	MO
ethosuximide solution 250mg/5ml	4	MO
felbamate suspension 600mg/5ml	4	MO
felbamate tablet 400mg, 600mg	4	MO
FINTEPLA SOLUTION 2.2MG/ML	5	QL (360 ML per 30 days) PA; LD
fosphenytoin sodium injection 100mg pe/2ml	4	
fosphenytoin sodium injection 500mg pe/10ml	4	MO
gabapentin (generic Neurontin) capsule 100mg	3	QL (180 EA per 30 days) MO
gabapentin (generic Neurontin) capsule 400mg	3	QL (270 EA per 30 days) MO
gabapentin (generic Neurontin) capsule 300mg	3	QL (360 EA per 30 days) MO
gabapentin (generic Neurontin) solution 250mg/5ml	3	QL (2160 ML per 30 days) MO
gabapentin (generic Neurontin) tablet 600mg	3	QL (180 EA per 30 days) MO
gabapentin (generic Neurontin) tablet 800mg	3	QL (90 EA per 30 days) MO
lacosamide injection 200mg/20ml	4	
lacosamide oral solution 10mg/ml	4	QL (1200 ML per 30 days) MO
lacosamide tablet 50mg	4	QL (120 EA per 30 days) MO
lacosamide tablet 100mg, 150mg, 200mg	4	QL (60 EA per 30 days) MO
lamotrigine starter kit/blue kit 25mg	2	
lamotrigine starter kit/orange kit 100mg; 25mg	2	
lamotrigine tablet chewable 25mg, 5mg	2	MO
lamotrigine tablet 100mg, 150mg, 200mg, 25mg	2	MO
levetiracetam er tablet extended release 24 hour 500mg, 750mg	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
levetiracetam/sodium chloride injection 1000mg/100ml; 750mg/100ml, 1500mg/100ml; 540mg/100ml, 500mg/100ml; 820mg/100ml	4	
levetiracetam injection 500mg/5ml	4	
levetiracetam oral solution 100mg/ml	2	MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL (180 EA per 30 days) MO
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL (360 EA per 30 days) MO
levetiracetam tablet 1000mg, 250mg, 500mg, 750mg	2	MO
methsuximide capsule 300mg	4	MO
NAYZILAM SOLUTION 5MG/0.1ML	4	QL (10 EA per 30 days) PA MO
oxcarbazepine suspension 300mg/5ml	4	MO; HRM
oxcarbazepine tablet 150mg, 300mg, 600mg	3	MO; HRM
perampanel suspension 0.5mg/ml	5	QL (680 ML per 28 days) PA MO
perampanel tablet 10mg, 12mg, 4mg, 6mg, 8mg	4	QL (30 EA per 30 days) PA MO
perampanel tablet 2mg	4	QL (60 EA per 30 days) PA MO
phenobarbital sodium injection 130mg/ml, 65mg/ml	4	PA; HRM
phenobarbital elixir 20mg/5ml	4	QL (1500 ML per 30 days) PA MO; HRM
phenobarbital tablet 100mg, 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg	4	QL (120 EA per 30 days) PA MO; HRM
phenytek capsule 200mg, 300mg	3	MO
phenytoin sodium extended capsule 100mg, 200mg, 300mg	3	MO
phenytoin sodium injection 50mg/ml	4	
phenytoin suspension 125mg/5ml	3	MO
phenytoin tablet chewable 50mg	3	MO
pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg	3	QL (120 EA per 30 days) PA MO
pregabalin capsule 225mg, 300mg	3	QL (60 EA per 30 days) PA MO
pregabalin capsule 200mg	3	QL (90 EA per 30 days) PA MO
pregabalin solution 20mg/ml	3	QL (900 ML per 30 days) PA MO
primidone tablet 125mg, 250mg, 50mg	2	MO
roweepra tablet 500mg	2	
rufinamide suspension 40mg/ml	5	QL (2760 ML per 30 days) PA MO
rufinamide tablet 400mg	4	QL (240 EA per 30 days) PA MO
rufinamide tablet 200mg	4	QL (480 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL (360 EA per 30 days) MO
subvenite starter kit/blue kit 25mg	2	
subvenite starter kit/orange kit 100mg; 25mg	2	
SUBVENITE SUSPENSION 10MG/ML	4	PA MO
subvenite tablet 100mg, 150mg, 200mg, 25mg	2	
SYMPAZAN FILM 5MG	4	QL (60 EA per 30 days) PA MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA MO; HRM
tiagabine hydrochloride tablet 12mg, 16mg, 2mg, 4mg	4	MO
topiramate capsule sprinkle 15mg, 25mg, 50mg	2	MO
topiramate solution 25mg/ml	4	QL (480 ML per 30 days) PA MO
topiramate tablet 100mg	2	QL (120 EA per 30 days) MO
topiramate tablet 200mg	2	QL (60 EA per 30 days) MO
topiramate tablet 25mg, 50mg	2	QL (90 EA per 30 days) MO
valproate sodium injection 100mg/ml	4	
valproic acid capsule 250mg	2	MO
valproic acid solution 250mg/5ml	2	MO
VALTOCO 10 MG DOSE LIQUID 10MG/0.1ML	5	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE LIQUID THERAPY PACK 7.5MG/0.1ML	5	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE LIQUID THERAPY PACK 10MG/0.1ML	5	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE LIQUID 5MG/0.1ML	5	QL (10 EA per 30 days) PA MO
vigabatrin packet 500mg	5	QL (180 EA per 30 days) PA; ACS
vigabatrin tablet 500mg	5	QL (180 EA per 30 days) PA; ACS
vigadrone packet 500mg	5	QL (180 EA per 30 days) PA; LD
vigadrone tablet 500mg	5	QL (180 EA per 30 days) PA; LD
VIGAFYDE SOLUTION 100MG/ML	5	QL (750 ML per 30 days) PA; LD
XCOPRI TABLET TITRATION THERAPY PACK 12.5MG; 25MG	4	QL (28 EA per 28 days)
XCOPRI TABLET TITRATION THERAPY PACK 150MG; 200MG, 50MG; 100MG	5	QL (28 EA per 28 days)
XCOPRI TABLET MAINTENANCE THERAPY PACK 150MG; 100MG, 200MG; 150MG	5	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 25MG, 50MG	5	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	5	QL (60 EA per 30 days) MO
ZONISADE SUSPENSION 100MG/5ML	5	QL (900 ML per 30 days) PA MO
zonisamide capsule 100mg, 25mg	3	MO
zonisamide capsule 50mg	3	MO; HRM
ZTALMY SUSPENSION 50MG/ML	5	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg	3	QL (60 EA per 30 days) MO
amphetamine/dextroamphetamine tablet 20mg	3	QL (90 EA per 30 days) MO
atomoxetine hydrochloride capsule 10mg, 25mg	4	QL (120 EA per 30 days) MO
atomoxetine capsule 10mg, 18mg, 25mg	4	QL (120 EA per 30 days) MO
atomoxetine capsule 100mg, 60mg, 80mg	4	QL (30 EA per 30 days) MO
atomoxetine capsule 40mg	4	QL (60 EA per 30 days) MO
dextroamphetamine sulfate tablet 10mg, 5mg	4	QL (180 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg	3	QL (30 EA per 30 days) PA MO
guanfacine hydrochloride er tablet extended release 24 hour 3mg	3	QL (60 EA per 30 days) PA MO
methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg	4	QL (90 EA per 30 days) MO
methylphenidate hydrochloride tablet 10mg, 20mg, 5mg	3	QL (90 EA per 30 days) MO
HYPNOTICS		
DAYVIGO TABLET 10MG, 5MG	3	QL (30 EA per 30 days) MO
doxepin hydrochloride tablet 3mg, 6mg	3	QL (30 EA per 30 days) MO; HRM
tasimelteon capsule 20mg	5	QL (30 EA per 30 days) PA; ACS
temazepam capsule 15mg, 30mg	4	QL (30 EA per 30 days) PA MO; HRM
zaleplon capsule 5mg	3	QL (30 EA per 30 days) PA MO; HRM
zaleplon capsule 10mg	3	QL (60 EA per 30 days) PA MO; HRM
zolpidem tartrate tablet 10mg, 5mg	2	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG INJECTION 140MG/ML, 70MG/ML	3	QL (1 ML per 30 days) PA; ACS
dihydroergotamine mesylate solution 4mg/ml	4	QL (8 ML per 30 days) PA MO
EMGALITY INJECTION 120MG/ML	3	QL (2 ML per 30 days) PA; ACS
EMGALITY INJECTION 100MG/ML	3	QL (3 ML per 30 days) PA; ACS
ergotamine tartrate/caffeine tablet 100mg; 1mg	3	QL (40 EA per 28 days) PA MO
naratriptan hcl tablet 1mg, 2.5mg	3	QL (9 EA per 30 days) MO
NURTEC TABLET DISINTEGRATING 75MG	3	QL (16 EA per 30 days) PA MO
QULIPTA TABLET 10MG, 30MG, 60MG	3	QL (30 EA per 30 days) PA MO
rizatriptan benzoate odt tablet disintegrating 10mg, 5mg	3	QL (12 EA per 30 days) MO
rizatriptan benzoate tablet 10mg, 5mg	3	QL (12 EA per 30 days) MO
sumatriptan succinate injection 6mg/0.5ml	4	QL (4 ML per 30 days) MO
sumatriptan succinate tablet 100mg	2	QL (12 EA per 30 days) MO
sumatriptan succinate tablet 25mg, 50mg	2	QL (9 EA per 30 days) MO
sumatriptan solution 20mg/act, 5mg/act	4	QL (12 EA per 30 days) MO
UBRELVY TABLET 100MG, 50MG	3	QL (16 EA per 30 days) PA MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	5	QL (56 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	5	QL (30 EA per 30 days) PA; ACS

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

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO TABLET 6MG	5	QL (60 EA per 30 days) PA; ACS
dextromethorphan hydrobromide/quinidine sulfate capsule 20mg; 10mg	4	QL (60 EA per 30 days) PA
lithium carbonate er tablet extended release 300mg, 450mg	2	MO
lithium carbonate capsule 150mg, 300mg, 600mg	1	MO
lithium carbonate tablet 300mg	1	MO
lithium solution 8meq/5ml	4	MO
NUEDEXTA CAPSULE 20MG; 10MG	5	QL (60 EA per 30 days) PA MO
paroxetine capsule 7.5mg	4	PA MO; HRM
pregabalin er tablet extended release 24 hour 330mg	3	QL (60 EA per 30 days) PA MO
pregabalin er tablet extended release 24 hour 165mg, 82.5mg	3	QL (90 EA per 30 days) PA MO
pyridostigmine bromide tablet 60mg	3	MO
riluzole tablet 50mg	4	MO
tetrabenazine tablet 12.5mg	4	QL (90 EA per 30 days) PA; ACS
tetrabenazine tablet 25mg	5	QL (120 EA per 30 days) PA; ACS
UPLIZNA INJECTION 100MG/10ML	5	PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM CAPSULE DELAYED RELEASE 95MG	5	QL (120 EA per 30 days) PA; ACS LD
BETASERON INJECTION 0.3MG	5	QL (14 EA per 28 days) PA; ACS
dalfampridine er tablet extended release 12 hour 10mg	3	PA; ACS
fingolimod hydrochloride capsule 0.5mg	5	QL (30 EA per 30 days) PA; ACS
glatiramer acetate injection 40mg/ml	5	QL (12 ML per 28 days) PA; ACS
glatiramer acetate injection 20mg/ml	5	QL (30 ML per 30 days) PA; ACS
glatopa injection 40mg/ml	5	QL (12 ML per 28 days) PA; ACS
glatopa injection 20mg/ml	5	QL (30 ML per 30 days) PA; ACS
OCREVUS ZUNOVO INJECTION 23000UNIT/23ML; 920MG/23ML	5	QL (23 ML per 180 days) PA; ACS LD
OCREVUS INJECTION 300MG/10ML	5	QL (20 ML per 180 days) PA; ACS LD
teriflunomide tablet 14mg, 7mg	5	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
baclofen tablet 10mg, 20mg, 5mg	3	MO
chlorzoxazone tablet 500mg	2	QL (180 EA per 30 days) PA MO; HRM
cyclobenzaprine hydrochloride tablet 10mg, 5mg	3	QL (90 EA per 30 days) PA MO; HRM
dantrolene sodium capsule 100mg, 25mg, 50mg	4	MO
tizanidine hcl tablet 2mg	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
tizanidine hydrochloride tablet 4mg	2	MO
NARCOLEPSY/CATAPLEXY		
armodafinil tablet 150mg, 200mg, 250mg	4	QL (30 EA per 30 days) PA MO
armodafinil tablet 50mg	4	QL (60 EA per 30 days) PA MO
modafinil tablet 100mg	3	QL (30 EA per 30 days) PA MO
modafinil tablet 200mg	3	QL (60 EA per 30 days) PA MO
sodium oxybate solution 500mg/ml	5	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium dr tablet delayed release 333mg	4	MO
buprenorphine hcl/naloxone hcl tablet sublingual 8mg; 2mg	2	QL (120 EA per 30 days) MO
buprenorphine hcl/naloxone hcl tablet sublingual 2mg; 0.5mg	2	QL (180 EA per 30 days) MO
buprenorphine hcl tablet sublingual 8mg	2	QL (120 EA per 30 days) MO
buprenorphine hcl tablet sublingual 2mg	2	QL (180 EA per 30 days) MO
buprenorphine hydrochloride/naloxone hydrochloride film 8mg; 2mg	4	QL (120 EA per 30 days) MO
buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg	4	QL (180 EA per 30 days) MO
buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg, 4mg; 1mg	4	QL (90 EA per 30 days) MO
bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg	3	QL (60 EA per 30 days) MO
disulfiram tablet 250mg, 500mg	4	MO
KLOXXADO LIQUID 8MG/0.1ML	4	MO
naloxone hcl injection 4mg/10ml	2	MO
naloxone hydrochloride cartridge injection 0.4mg/ml	2	
naloxone hydrochloride vial injection 0.4mg/ml	2	MO
naloxone hydrochloride injection 2mg/2ml	3	
naloxone hydrochloride injection 0.4mg/ml	3	MO
naltrexone hydrochloride tablet 50mg	3	MO
NICOTROL NS SOLUTION 10MG/ML	4	QL (360 ML per 365 days) MO
REXTOVY LIQUID 4MG/0.25ML	4	MO
varenicline starting month tablet therapy pack 0.5mg; 1mg	4	
varenicline tartrate continuing month tablet 1mg	4	MO
varenicline tartrate tablet 0.5mg, 1mg	4	MO
ENDOCRINE AND METABOLIC		
ANDROGENS		
danazol capsule 100mg, 200mg, 50mg	4	MO
testosterone cypionate injection 100mg/ml, 200mg/ml	4	MO
testosterone enanthate injection 200mg/ml	4	PA MO
testosterone pump gel 12.5mg/act	4	QL (300 GM per 30 days) MO
testosterone gel 1% (25mg/2.5gm, 50mg/5gm)	4	QL (300 GM per 30 days) MO
testosterone solution 30mg/act	3	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
BD ALCOHOL SWABS	3	PA MO

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

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	PA MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	3	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	3	PA MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	3	PA MO
BD PEN	3	MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 6MM	3	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY PAD	3	PA MO
FIASP FLEXTOUCH INJECTION 100UNIT/ML	3	MO
FIASP PENFILL INJECTION 100UNIT/ML	3	MO
FIASP PUMPCART INJECTION 100UNIT/ML	3	B/D MO
FIASP INJECTION 100UNIT/ML	3	B/D MO
HUMULIN R U-500 KWIKPEN INJECTION 500UNIT/ML	5	MO
LANTUS SOLOSTAR INJECTION 100UNIT/ML	3	MO
LANTUS INJECTION 100UNIT/ML	3	MO
NOVOLIN 70/30 FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R INJECTION 100UNIT/ML (BRAND RELION NOT COVERED)	3	B/D MO
NOVOLOG FLEXPEN INJECTION 100UNIT/ML	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 INJECTION 30UNIT/ML; 70UNIT/ML (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL INJECTION 100UNIT/ML	3	MO
NOVOLOG INJECTION 100UNIT/ML	3	B/D MO
ANTIDIABETICS		
acarbose tablet 100mg, 25mg, 50mg	2	QL (90 EA per 30 days) MO
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 10mg; 1000mg, 10mg; 500mg	3	QL (30 EA per 30 days)
dapagliflozin/metformin hydrochloride er tablet extended release 24 hour 5mg; 1000mg, 5mg; 500mg	3	QL (60 EA per 30 days)
dapagliflozin tablet 10mg, 5mg	3	QL (30 EA per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FARXIGA TABLET 10MG, 5MG	3	QL (30 EA per 30 days) MO
glimepiride tablet 4mg	1	QL (60 EA per 30 days) MO
glimepiride tablet 1mg, 2mg	1	QL (90 EA per 30 days) MO
glipizide er tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide er tablet extended release 24 hour 2.5mg, 5mg	1	QL (90 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg	1	QL (120 EA per 30 days) MO
glipizide/metformin hydrochloride tablet 2.5mg; 250mg	1	QL (240 EA per 30 days) MO
glipizide tablet 10mg	1	QL (120 EA per 30 days) MO
glipizide tablet 2.5mg, 5mg	1	QL (240 EA per 30 days) MO
GLYXAMBI TABLET 10MG; 5MG, 25MG; 5MG	3	QL (30 EA per 30 days) MO
JARDIANCE TABLET 10MG, 25MG	3	QL (30 EA per 30 days) MO
metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg	1	QL (120 EA per 30 days) MO
metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 750mg	1	QL (60 EA per 30 days) MO
metformin hydrochloride tablet 500mg	1	QL (150 EA per 30 days) MO
metformin hydrochloride tablet 1000mg	1	QL (75 EA per 30 days) MO
metformin hydrochloride tablet 850mg	1	QL (90 EA per 30 days) MO
miglitol tablet 100mg, 25mg, 50mg	4	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
MOUNJARO INJECTION 2.5MG/0.5ML	3	QL (4 ML per 365 days) PA
nateglinide tablet 120mg, 60mg	1	QL (90 EA per 30 days) MO
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA MO
OZEMPIC TABLET 1.5MG	3	QL (30 EA per 30 days) PA
OZEMPIC TABLET 4MG, 9MG	3	QL (30 EA per 30 days) PA MO
pioglitazone hcl-glimepiride tablet 2mg; 30mg, 4mg; 30mg	1	QL (30 EA per 30 days) MO
pioglitazone hcl/metformin hcl tablet 500mg; 15mg, 850mg; 15mg	1	QL (90 EA per 30 days) MO
pioglitazone hcl tablet 45mg	1	QL (30 EA per 30 days) MO
pioglitazone hydrochloride tablet 15mg, 30mg	1	QL (30 EA per 30 days) MO
repaglinide tablet 0.5mg, 1mg	1	QL (120 EA per 30 days) MO
repaglinide tablet 2mg	1	QL (240 EA per 30 days) MO
RYBELSUS TABLET 3MG	3	QL (30 EA per 30 days) PA
RYBELSUS TABLET 14MG, 7MG	3	QL (30 EA per 30 days) PA MO
sitagliptin phosphate/metformin hydrochloride er tablet extended release 24 hour 1000mg; 100mg	1	QL (30 EA per 30 days)
sitagliptin phosphate/metformin hydrochloride er tablet extended release 24 hour 1000mg; 50mg, 500mg; 50mg	1	QL (60 EA per 30 days)
sitagliptin phosphate/metformin hydrochloride tablet 1000mg; 50mg, 500mg; 50mg	1	QL (60 EA per 30 days) MO
sitagliptin phosphate tablet 100mg, 25mg	1	QL (30 EA per 30 days)
sitagliptin phosphate tablet 50mg	1	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA TABLET 5MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY INJECTION 0.75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	3	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
alendronate sodium solution 70mg/75ml	1	MO
alendronate sodium tablet 10mg	1	QL (120 EA per 30 days) MO
alendronate sodium tablet 35mg, 70mg	1	QL (4 EA per 28 days) MO
BILDYOS INJECTION 60MG/ML	4	QL (1 ML per 180 days); ACS
BILPREVDA INJECTION 120MG/1.7ML	5	PA; ACS
calcitonin-salmon solution 200unit/act	3	MO
ibandronate sodium tablet 150mg	4	QL (1 EA per 30 days) MO
OSPOMYV INJECTION 60MG/ML	4	QL (1 ML per 180 days); ACS
risedronate sodium dr tablet delayed release 35mg	4	QL (4 EA per 28 days) MO
risedronate sodium tablet 150mg	4	QL (1 EA per 28 days) MO
risedronate sodium tablet 30mg, 5mg	4	QL (30 EA per 30 days) MO
risedronate sodium tablet 35mg	4	QL (4 EA per 28 days) MO
TYMLOS INJECTION 3120MCG/1.56ML	5	PA; ACS LD
WYOST INJECTION 120MG/1.7ML	5	PA; ACS LD
zoledronic acid injection 5mg/100ml	4	ACS
CHELATING AGENTS		
CHEMET CAPSULE 100MG	5	MO
deferasirox tablet soluble 125mg	4	PA; ACS
deferasirox tablet soluble 250mg, 500mg	5	PA; ACS
deferasirox tablet 90mg	3	PA; ACS
deferasirox tablet 180mg, 360mg	4	PA; ACS
kionex suspension 15gm/60ml	3	
LOKELMA PACKET 10GM	3	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	3	QL (96 EA per 30 days) MO
penicillamine tablet 250mg	5	ACS
sodium polystyrene sulfonate powder	3	MO
sodium polystyrene sulfonate suspension 15gm/60ml	3	MO
sps multiple routes suspension 15gm/60ml, 15gm/60ml	3	MO
trientine hydrochloride capsule 250mg, 500mg	5	PA; ACS
CONTRACEPTIVES		
afirmelle tablet 20mcg; 0.1mg	3	
altavera tablet 30mcg; 0.15mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
alyacen 1/35 tablet 35mcg; 1mg	3	MO
alyacen 7/7/7 tablet 0.5mg; 075mg; 1mg; 0.035mg	3	
amethyst tablet 20mcg; 90mcg	3	
apri tablet 0.15mg; 30mcg	3	
aranelle tablet 0.5mg; 1mg; 0.035mg	3	MO
ashlyna tablet 0.15mg; 0.01mg; 0.03mg	3	
aubra eq tablet 20mcg; 0.1mg	3	
aurovela 1.5/30 tablet 30mcg; 1.5mg	3	
aurovela 1/20 tablet 20mcg; 1mg	3	
aurovela 24 fe tablet 20mcg; 75mg; 1mg	3	
aurovela fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
aurovela fe 1/20 tablet 20mcg; 75mg; 1mg	3	MO
aviane tablet 20mcg; 0.1mg	3	MO
ayuna tablet 0.03mg; 0.15mg	3	
azurette tablet 0.15mg; 0.02mg; 0.01mg	3	MO
balziva tablet 35mcg; 0.4mg	3	
blisovi 24 fe tablet 20mcg; 75mg; 1mg	3	MO
blisovi fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
blisovi fe 1/20 tablet 20mcg; 75mg; 1mg	3	
briellyn tablet 35mcg; 0.4mg	3	
camila tablet 0.35mg	3	
charlotte 24 fe tablet chewable 20mcg; 75mg; 1mg	3	
chateal eq tablet 30mcg; 0.15mg	3	
cryselle-28 tablet 30mcg; 0.3mg	3	
cryselle tablet 30mcg; 0.3mg	3	MO
cyred eq tablet 0.15mg; 30mcg	3	
dasetta 1/35 tablet 35mcg; 1mg	3	
dasetta 7/7/7 tablet 0.5mg; 0.75mg; 1mg; 0.035mg	3	
daysee tablet 0.15mg; 0.03mg; 0.01mg	3	
deblitane tablet 0.35mg	3	
delyla tablet 20mcg; 0.1mg	3	
DEPO-SUBQ PROVERA 104 INJECTION 104MG/0.65ML	3	MO
desogestrel/ethinyl estradiol tablet 0.15mg; 0.02mg	3	MO
dolishale tablet 20mcg; 90mcg	3	MO
drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.02mg; 0.451mg, 3mg; 0.03mg; 0.451mg	3	MO
drospirenone/ethinyl estradiol tablet 3mg; 0.02mg, 3mg; 0.03mg	3	MO
elinest tablet 30mcg; 0.3mg	3	
eluryng ring 0.015mg/24hr; 0.12mg/24hr	3	
emzahh tablet 0.35mg	3	MO
enilloring ring 0.015mg/24hr; 0.12mg/24hr	3	MO
enskyce tablet 0.15mg; 0.03mg	3	MO
errin tablet 0.35mg	3	

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

Drug Name	Drug Tier	Requirements/Limits
estarylla tablet 35mcg; 0.25mg	3	
ethynodiol diacetate/ethinyl estradiol tablet 35mcg; 1mg, 50mcg; 1mg	3	MO
etonogestrel/ethinyl estradiol ring 0.015mg/24hr; 0.12mg/24hr	3	MO
falmina tablet 20mcg; 0.1mg	3	
feirza 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
feirza 1/20 tablet 20mcg; 75mg; 1mg	3	
finzala tablet chewable 20mcg; 75mg; 1mg	3	
galbriela tablet chewable 25mcg; 75mg; 0.8mg	3	
hailey 1.5/30 tablet 30mcg; 1.5mg	3	MO
hailey 24 fe tablet 20mcg; 75mg; 1mg	3	
hailey fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
hailey fe 1/20 tablet 20mcg; 75mg; 1mg	3	
heather tablet 0.35mg	3	
iclevia tablet 0.03mg; 0.15mg	3	
incassia tablet 0.35mg	3	
introvale tablet 0.03mg; 0.15mg	3	
isibloom tablet 0.15mg; 30mcg	3	
jaimiess tablet 0.15mg; 0.03mg; 0.01mg	3	
jasmiel tablet 3mg; 0.02mg	3	
jencycla tablet 0.35mg	3	
juleber tablet 0.15mg; 30mcg	3	
junel 1.5/30 tablet 30mcg; 1.5mg	3	
junel 1/20 tablet 20mcg; 1mg	3	
junel fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	MO
junel fe 1/20 tablet 20mcg; 75mg; 1mg	3	
junel fe 24 tablet 20mcg; 75mg; 1mg	3	
kaitlib fe tablet chewable 25mcg; 75mg; 0.8mg	3	MO
kalliga tablet 0.15mg; 30mcg	3	
kariva tablet 0.15mg; 0.02mg; 0.01mg	3	
kelnor 1/35 tablet 35mcg; 1mg	3	MO
kurvelo tablet 0.03mg; 0.15mg	3	
larin 1.5/30 tablet 30mcg; 1.5mg	3	
larin 1/20 tablet 20mcg; 1mg	3	
larin 24 fe tablet 20mcg; 75mg; 1mg	3	
larin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
larin fe 1/20 tablet 20mcg; 75mg; 1mg	3	
lessina tablet 20mcg; 0.1mg	3	MO
levonest tablet 0.05mg; 0.075mg; 0.125mg; 0.03mg; 0.04mg	3	
levonorgestrel and ethinyl estradiol tablet 0.1mg; 0.02mg; 0.01mg; 20mcg; 90mcg	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel/ethinyl estradiol tablet 0.03mg; 0.15mg, 0.15mg; 0.03mg; 0.01mg, 0.15mg; 0.02mg; 0.15mg; 0.02mg, 0.15mg; 0.03mg; 0.01mg, 0.05mg; 0.03mg; 0.075mg; 0.04mg, 0.125mg; 0.03mg, 20mcg; 0.1mg	3	MO
levora 0.15/30-28 tablet 0.03mg; 0.15mg	3	
LILETTA INTRAUTERINE DEVICE 20.1MCG/DAY	3	ACS LD
lo-zumandimine tablet 3mg; 0.02mg	3	MO
loestrin 1.5/30-21 tablet 30mcg; 1.5mg	3	
loestrin 1/20-21 tablet 20mcg; 1mg	3	
loestrin fe 1.5/30 tablet 30mcg; 75mg; 1.5mg	3	
loestrin fe 1/20 tablet 20mcg; 75mg; 1mg	3	
lojaimiess tablet 0.1mg; 0.02mg; 0.01mg	3	MO
loryna tablet 3mg; 0.02mg	3	
luizza 1.5/30 tablet 30mcg; 1.5mg	3	
luizza 1/20 tablet 20mcg; 1mg	3	
lutera tablet 20mcg; 0.1mg	3	
lyleq tablet 0.35mg	3	
lyza tablet 0.35mg	3	
marlissa tablet 0.03mg; 0.15mg	3	MO
medroxyprogesterone acetate injection 150mg/ml	3	MO
meleya tablet 0.35mg	3	
mibelas 24 fe tablet chewable 20mcg; 75mg; 1mg	3	MO
mili tablet 35mcg; 0.25mg	3	
MIUDELLA COPPER INTRAUTERINE DEVICE	4	
mono-linyah tablet 35mcg; 0.25mg	3	
necon 0.5/35-28 tablet 35mcg; 0.5mg	3	
NEXPLANON INJECTION 68MG	3	ACS LD
nikki tablet 3mg; 0.02mg	3	
norelgestromin/ethinyl estradiol patch weekly 35mcg/24hr; 150mcg/24hr	3	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable 20mcg; 75mg; 1mg	3	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet 30mcg; 75mg; 1.5mg	3	MO
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	3	MO
norethindrone/ethinyl estradiol/ferrous fumarate tablet chewable 35mcg; 0.4mg	3	MO
norethindrone tablet 0.35mg	3	MO
norgestimate/ethinyl estradiol tablet 0.18mg; 0.215mg; ; 0.25mg; 0.025mg, 0.25mg; 0.035mg	3	MO
norlyroc tablet 0.35mg	3	
nortrel 0.5/35 (28) tablet 35mcg; 0.5mg	3	MO
nortrel 1/35 28-day regimen	3	

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

Drug Name	Drug Tier	Requirements/Limits
nortrel 1/35 21-day regimen	3	MO
nortrel 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg	3	
nylia 1/35 tablet 35mcg; 1mg	3	
nylia 7/7/7 tablet 35mcg; 0.5mg; 0.75mg; 1mg	3	MO
orquidea tablet 0.35mg	3	MO
orsythia tablet 20mcg; 0.1mg	3	
philith tablet 35mcg; 0.4mg	3	
pimtrea tablet 0.15mg; 0.02mg; 0.01mg	3	
portia-28 tablet 0.03mg; 0.15mg	3	
reclipsen tablet 0.15mg; 0.03mg	3	
rosyrah tablet 0.15mg; 0.02mg; 0.025mg; 0.03mg; 0.01mg	3	MO
setlakin tablet 0.03mg; 0.15mg	3	
sharobel tablet 0.35mg	3	
simliya tablet 0.15mg; 0.02mg; 0.01mg	3	
simpesse tablet 0.1mg; 0.03mg; 0.01mg	3	MO
sprintec 28 tablet 35mcg; 0.25mg	3	MO
sronyx tablet 20mcg; 0.1mg	3	
syeda tablet 3mg; 0.03mg	3	
tarina 24 fe tablet 20mcg; 75mg; 1mg	3	
tarina fe 1/20 eq tablet 20mcg; 75mg; 1mg	3	
tilia fe tablet 0.02mg; 0.03mg; 0.35mg; 75mg; 1mg	3	
tri-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	3	MO
tri-legest fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg	3	MO
tri-linyah tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	3	
tri-lo-estarylla tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	3	
tri-lo-marzia tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	3	
tri-lo-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.025mg	3	MO
tri-lo-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.25mg	3	
tri-mili tablet 0.180mg; 0.215mg; 0.250mg; 0.035mg	3	
tri-sprintec tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	3	
tri-vylibra lo tablet 0.18mg; 0.215mg; 0.25mg; 0.025mg	3	
tri-vylibra tablet 0.18mg; 0.215mg; 0.25mg; 0.035mg	3	
trivora-28 tablet 0.05mg; 0.03mg; 0.075mg; 0.04mg; 0.125mg; 0.03mg	3	
turqoz tablet 30mcg; 0.3mg	3	
tydemy tablet 3mg; 0.03mg; 0.451mg	3	
valtya 1/35 tablet 35mcg; 1mg	3	
valtya 1/50 tablet 50mcg; 1mg	3	MO
velivet tablet 0.1mg; 0.125mg; 0.15mg; 0.025mg	3	MO
vestura tablet 3mg; 0.02mg	3	
vienva tablet 20mcg; 0.1mg	3	
viorele tablet 0.15mg; 0.02mg; 0.01mg	3	
volnea tablet 0.15mg; 0.02mg; 0.01mg	3	
vyfemla tablet 35mcg; 0.4mg	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
vylibra tablet 35mcg; 0.25mg	3	
wera tablet 35mcg; 0.5mg	3	
wymzya fe tablet chewable 35mcg; 0.4mg; 75mg	3	
xarah fe tablet 20mcg; 30mcg; 35mcg; 75mg; 1mg	3	
xelria fe tablet chewable 35mcg; 75mg; 0.4mg	3	MO
xulane patch weekly 35mcg/24hr; 150mcg/24hr	3	
zafemy patch weekly 35mcg/24hr; 150mcg/24hr	3	
zovia 1/35 tablet 35mcg; 1mg	3	
zumandimine tablet 3mg; 0.03mg	3	
ESTROGENS		
abigale lo tablet 0.5mg; 0.1mg	4	
abigale tablet 1mg; 0.5mg	4	
dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	3	QL (8 EA per 28 days)
DUAVEE TABLET 20MG; 0.45MG	4	MO
estradiol/norethindrone acetate tablet 0.5mg; 0.1mg, 1mg; 0.5mg	4	MO
estradiol cream 0.1mg/gm	3	MO
estradiol patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	3	QL (8 EA per 28 days) MO
estradiol patch weekly 0.025mg/24hr, 0.05mg/24hr, 0.06mg/24hr, 0.075mg/24hr, 0.1mg/24hr, 37.5mcg/24hr	3	QL (4 EA per 28 days) MO
estradiol oral tablet 0.5mg, 1mg, 2mg, 10mcg	3	MO
fyavolv tablet 2.5mcg; 0.5mg	2	MO
fyavolv tablet 5mcg; 1mg	3	MO
jinteli tablet 5mcg; 1mg	3	
lyllana patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr, 0.1mg/24hr	3	QL (8 EA per 28 days)
mimvey tablet 1mg; 0.5mg	4	
norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg	2	MO
norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg	3	MO
yuvafem tablet 10mcg	3	
GLUCOCORTICOIDS		
dexamethasone solution 0.5mg/5ml	4	MO
dexamethasone tablet 0.5mg, 0.75mg, 1.5mg, 1mg, 2mg, 4mg, 6mg	4	MO
fludrocortisone acetate tablet 0.1mg	2	MO
hydrocortisone sodium succinate injection 100mg	4	MO
hydrocortisone tablet 10mg, 20mg, 5mg	3	MO
methylprednisolone dose pack tablet therapy pack 4mg	2	MO
methylprednisolone tablet 16mg, 32mg, 4mg, 8mg	2	B/D MO
prednisolone sodium phosphate solution 10mg/5ml, 15mg/5ml, 20mg/5ml	2	B/D MO
prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml	4	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
prednisolone solution 15mg/5ml	2	B/D MO
PREDNISONE INTENSOL CONCENTRATE 5MG/ML	4	B/D MO
prednisone solution 5mg/5ml	4	B/D MO
prednisone tablet therapy pack 10mg, 5mg	2	MO
prednisone tablet 10mg, 1mg, 2.5mg, 20mg, 50mg, 5mg	2	B/D MO
GLUCOSE ELEVATING AGENTS		
diazoxide suspension 50mg/ml	4	MO
GVOKE HYPOPEN 1-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	MO
GVOKE HYPOPEN 2-PACK INJECTION 0.5MG/0.1ML, 1MG/0.2ML	3	MO
GVOKE KIT INJECTION 1MG/0.2ML	3	MO
GVOKE PFS INJECTION 1MG/0.2ML	3	MO
MISCELLANEOUS		
betaine anhydrous powder 1gm	4	ACS
cabergoline tablet 0.5mg	3	MO
carglumic acid tablet soluble 200mg	5	PA; LD
CERDELGA CAPSULE 84MG	5	PA; ACS LD
cinacalcet hydrochloride tablet 90mg	4	QL (120 EA per 30 days); ACS
cinacalcet hydrochloride tablet 30mg, 60mg	4	QL (60 EA per 30 days); ACS
CYSTAGON CAPSULE 150MG, 50MG	4	PA; ACS LD
desmopressin acetate tablet 0.1mg, 0.2mg	3	MO
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; ACS
GENOTROPIN INJECTION 12MG, 5MG	5	PA; ACS
INCRELEX INJECTION 40MG/4ML	5	PA; LD
ISTURISA TABLET 1MG	5	QL (240 EA per 30 days) PA; LD
ISTURISA TABLET 5MG	5	QL (360 EA per 30 days) PA; LD
javygtor packet 100mg	4	PA; LD
javygtor packet 500mg	5	PA; LD
javygtor tablet 100mg	5	PA; LD
levocarnitine injection 200mg/ml	4	
levocarnitine oral solution 1gm/10ml	4	MO
mifepristone tablet 300mg	5	PA; ACS
nitisinone capsule 2mg	4	PA; ACS
nitisinone capsule 10mg, 20mg, 5mg	5	PA; ACS
octreotide acetate vial injection 100mcg/ml, 200mcg/ml, 50mcg/ml	4	PA; ACS
octreotide acetate vial injection 1000mcg/ml, 500mcg/ml	5	PA; ACS
raloxifene hydrochloride tablet 60mg	3	MO
REVCOVI INJECTION 2.4MG/1.5ML	5	PA; LD
REZDIFFRA TABLET 100MG, 60MG, 80MG	5	QL (30 EA per 30 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
sapropterin dihydrochloride packet 100mg, 500mg	5	PA; ACS
sapropterin dihydrochloride tablet 100mg	5	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA; LD
sodium phenylbutyrate powder 3gm/tsp	5	PA; ACS
sodium phenylbutyrate tablet 500mg	5	PA; ACS
SOMATULINE DEPOT INJECTION 120MG/0.5ML, 60MG/0.2ML, 90MG/0.3ML	5	PA; ACS LD
SOMAVERT INJECTION 10MG, 15MG, 20MG, 25MG, 30MG	5	PA; ACS LD
tolvaptan tablet therapy pack 15mg; 15mg, 30mg; 15mg, 45mg; 15mg, 60mg; 30mg, 90mg; 30mg	5	QL (56 EA per 28 days) PA; ACS LD
tolvaptan (generic Jynarque) tablet 15mg, 30mg	5	QL (120 EA per 30 days) PA; ACS LD
WEGOVY INJECTION 0.25MG/0.5ML, 0.5MG/0.5ML, 1MG/0.5ML	3	QL (2 ML per 28 days) PA
WEGOVY INJECTION 1.7MG/0.75ML, 2.4MG/0.75ML	3	QL (3 ML per 28 days) PA MO
WEGOVY TABLET 1.5MG, 25MG, 4MG, 9MG	3	QL (30 EA per 30 days) PA MO
zelvysia packet 100mg, 500mg	5	PA; LD
PHOSPHATE BINDER AGENTS		
calcium acetate capsule 667mg	3	QL (360 EA per 30 days) B/D MO
sevelamer carbonate tablet 800mg	4	QL (540 EA per 30 days) B/D MO
PROGESTINS		
gallifrey tablet 5mg	2	
medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg	2	MO
megestrol acetate suspension 40mg/ml	4	MO
norethindrone acetate tablet 5mg	2	MO
progesterone capsule 100mg, 200mg	3	MO
THYROID AGENTS		
levothyroxine sodium tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	MO
liomny tablet 25mcg, 50mcg, 5mcg	3	
liothyronine sodium tablet 25mcg, 50mcg, 5mcg	3	MO
methimazole tablet 10mg, 5mg	1	MO
propylthiouracil tablet 50mg	3	MO
SYNTHROID TABLET 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 25MCG, 300MCG, 50MCG, 75MCG, 88MCG	4	MO
unithroid tablet 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 25mcg, 300mcg, 50mcg, 75mcg, 88mcg	1	
VITAMIN D ANALOGS		
calcitriol capsule 0.25mcg, 0.5mcg	3	MO
calcitriol oral solution 1mcg/ml	4	MO
paricalcitol capsule 1mcg, 2mcg, 4mcg	4	MO

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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL		
ANTIEMETICS		
aprepitant capsule therapy pack	4	B/D MO
aprepitant capsule 40mg, 80mg	4	B/D MO
aprepitant capsule 125mg	5	B/D MO
compro suppository 25mg	4	MO; HRM
dronabinol capsule 10mg, 2.5mg, 5mg	4	QL (60 EA per 30 days) PA MO
granisetron hydrochloride tablet 1mg	3	QL (60 EA per 30 days) B/D MO
meclizine hcl tablet 12.5mg, 25mg	2	MO; HRM
meclizine hydrochloride tablet 50mg	2	MO
meclizine hydrochloride tablet 25mg	2	MO; HRM
metoclopramide hcl solution 5mg/5ml	4	MO
metoclopramide hydrochloride tablet 10mg, 5mg	2	MO
ondansetron hcl solution 4mg/5ml	3	QL (900 ML per 30 days) B/D MO
ondansetron hcl tablet 24mg	2	B/D
ondansetron hydrochloride tablet 4mg, 8mg	2	B/D MO
ondansetron odt tablet disintegrating 4mg, 8mg	3	B/D MO
prochlorperazine edisylate injection 10mg/2ml	4	MO; HRM
prochlorperazine maleate tablet 10mg, 5mg	2	MO; HRM
prochlorperazine suppository 25mg	4	MO; HRM
promethazine hydrochloride tablet 12.5mg, 25mg, 50mg	4	PA MO; HRM
scopolamine patch 72 hour 1mg/3days	4	QL (10 EA per 30 days) PA MO; HRM
ANTISPASMODICS		
dicyclomine hcl solution 10mg/5ml	4	PA MO; HRM
dicyclomine hydrochloride capsule 10mg	2	PA MO; HRM
dicyclomine hydrochloride tablet 20mg	2	PA MO; HRM
glycopyrrolate tablet 1mg, 2mg	3	MO
methscopolamine bromide tablet 2.5mg, 5mg	4	PA MO
H2-RECEPTOR ANTAGONISTS		
cimetidine tablet 200mg, 300mg, 400mg, 800mg	4	MO
famotidine suspension reconstituted 40mg/5ml	4	MO
famotidine tablet 20mg, 40mg	2	MO
nizatidine capsule 150mg, 300mg	2	MO
INFLAMMATORY BOWEL DISEASE		
balsalazide disodium capsule 750mg	4	MO
budesonide er tablet extended release 24 hour 9mg	4	MO
budesonide capsule delayed release particles 3mg	4	MO
hydrocortisone enema 100mg/60ml	2	MO
mesalamine dr capsule delayed release 400mg	4	MO
mesalamine enema 4gm	4	MO
mesalamine suppository 1000mg	4	MO
sulfasalazine tablet delayed release 500mg	2	MO
sulfasalazine tablet 500mg	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
LAXATIVES		
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	4	MO
constulose solution 10gm/15ml	2	
enulose solution 10gm/15ml	2	
gavilyte-c solution reconstituted 240gm; 2.98gm; 6.72gm; 5.84gm; 22.72gm	2	MO
gavilyte-g solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	MO
gavilyte-n/flavor pack solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	2	
generlac solution 10gm/15ml	2	
kristalose packet 10gm, 20gm	4	PA
lactulose packet 20gm	4	PA MO
lactulose packet 10gm	5	PA MO
lactulose solution 10gm/15ml	2	MO
peg-3350/electrolytes solution reconstituted 236gm; 2.97gm; 6.74gm; 5.86gm; 22.74gm	2	MO
peg-3350/nacl/na bicarbonate/kcl solution reconstituted 420gm; 1.48gm; 5.72gm; 11.2gm	2	MO
sodium sulfate/potassium sulfate/magnesium sulfate solution 1.6gm/177ml; 3.13gm/177ml; 17.5gm/177ml	4	MO
SUTAB TABLET 225MG; 188MG; 1479MG	4	MO
MISCELLANEOUS		
alosetron hydrochloride tablet 0.5mg, 1mg	4	QL (60 EA per 30 days) PA MO
bismuth subcitrate pot/metronidazole/tetracycline hydrochlo capsule 140mg; 125mg; 125mg	4	MO
CREON CAPSULE DELAYED RELEASE PARTICLES 120000UNIT; 24000UNIT; 76000UNIT, 15000UNIT; 3000UNIT; 9500UNIT, 180000UNIT; 36000UNIT; 114000UNIT, 30000UNIT; 6000UNIT; 19000UNIT, 60000UNIT; 12000UNIT; 38000UNIT	3	MO
cromolyn sodium concentrate 100mg/5ml	4	MO
diphenoxylate hydrochloride/atropine sulfate tablet 0.025mg; 2.5mg	3	MO; HRM
LINZESS CAPSULE 145MCG, 290MCG, 72MCG	3	QL (30 EA per 30 days) MO
loperamide hydrochloride capsule 2mg	3	MO
lubiprostone capsule 24mcg, 8mcg	3	QL (60 EA per 30 days) MO
misoprostol tablet 100mcg, 200mcg	3	MO
MOVANTIK TABLET 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	3	QL (60 EA per 30 days) MO
sucralfate tablet 1gm	2	MO
TALICIA CAPSULE DELAYED RELEASE 250MG; 10MG; 12.5MG	4	QL (336 EA per 365 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
ursodiol capsule 300mg	3	MO
ursodiol tablet 250mg, 500mg	4	MO
VOQUEZNA DUAL PAK THERAPY PACK 500MG; 20MG	4	QL (224 EA per 365 days) PA MO
VOQUEZNA TRIPLE PAK THERAPY PACK 500MG; 500MG; 20MG	4	QL (224 EA per 365 days) PA MO
VOWST CAPSULE	5	PA; LD
XERMELO TABLET 250MG	5	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	3	PA MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 14000UNIT; 3000UNIT; 10000UNIT, 24000UNIT; 5000UNIT; 17000UNIT, 42000UNIT; 10000UNIT; 32000UNIT, 63000UNIT; 15000UNIT; 47000UNIT	4	MO
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 105000UNIT; 25000UNIT; 79000UNIT, 168000UNIT; 40000UNIT; 126000UNIT, 252600UNIT; 60000UNIT; 189600UNIT, 84000UNIT; 20000UNIT; 63000UNIT	5	MO
PROTON PUMP INHIBITORS		
lansoprazole capsule delayed release 15mg	2	QL (30 EA per 30 days) MO
lansoprazole capsule delayed release 30mg	2	QL (42 EA per 30 days) MO
omeprazole dr capsule delayed release 10mg	2	QL (30 EA per 30 days) MO
omeprazole capsule delayed release 20mg, 40mg	2	QL (60 EA per 30 days) MO
pantoprazole sodium tablet delayed release 20mg	1	QL (30 EA per 30 days) MO
pantoprazole sodium tablet delayed release 40mg	1	QL (60 EA per 30 days) MO
rabeprazole sodium tablet delayed release 20mg	4	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl er tablet extended release 24 hour 10mg	2	QL (30 EA per 30 days) MO
dutasteride/tamsulosin hydrochloride capsule 0.5mg; 0.4mg	4	QL (30 EA per 30 days) MO
dutasteride capsule 0.5mg	4	QL (30 EA per 30 days) MO
finasteride tablet 5mg	1	QL (30 EA per 30 days) MO
silodosin capsule 8mg	4	QL (30 EA per 30 days) MO
tadalafil (generic Cialis) tablet 5mg	4	QL (30 EA per 30 days) PA MO
tamsulosin hydrochloride capsule 0.4mg	2	QL (60 EA per 30 days) MO
MISCELLANEOUS		
acetic acid 0.25% solution 0.25%	2	MO
bethanechol chloride tablet 10mg, 25mg, 50mg, 5mg	3	MO
FILSPARI TABLET 200MG	5	QL (30 EA per 30 days) PA; ACS LD
FILSPARI TABLET 400MG	5	QL (60 EA per 30 days) PA; ACS LD
potassium citrate er tablet extended release 1080mg, 15meq, 540mg	3	MO
TARPEYO CAPSULE DELAYED RELEASE 4MG	5	QL (120 EA per 30 days) PA; LD
URINARY ANTISPASMODICS		

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

Drug Name	Drug Tier	Requirements/Limits
fesoterodine fumarate er tablet extended release 24 hour 4mg, 8mg	4	QL (30 EA per 30 days) MO; HRM
GEMTESA TABLET 75MG	3	QL (30 EA per 30 days) MO
mirabegron er suspension reconstituted er 8mg/ml	3	QL (300 ML per 28 days)
mirabegron er tablet extended release 24 hour 25mg, 50mg	3	QL (30 EA per 30 days) MO
oxybutynin chloride er tablet extended release 24 hour 5mg	3	QL (30 EA per 30 days) MO; HRM
oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg	3	QL (60 EA per 30 days) MO; HRM
oxybutynin chloride solution 5mg/5ml	2	QL (600 ML per 30 days) MO; HRM
oxybutynin chloride tablet 5mg	2	QL (120 EA per 30 days) MO; HRM
solifenacin succinate tablet 10mg, 5mg	2	QL (30 EA per 30 days) MO; HRM
tolterodine tartrate tablet 1mg, 2mg	4	QL (60 EA per 30 days) MO; HRM
trospium chloride er capsule extended release 24 hour 60mg	4	QL (30 EA per 30 days) MO; HRM
trospium chloride tablet 20mg	2	QL (60 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate cream 2%	4	MO
metronidazole vaginal gel 0.75%	4	MO
miconazole 3 suppository 200mg	3	MO
terconazole cream 0.4%, 0.8%	3	MO
terconazole suppository 80mg	4	MO
HEMATOLOGIC		
ANTICOAGULANTS		
dabigatran etexilate capsule 110mg	4	QL (120 EA per 30 days) MO
dabigatran etexilate capsule 150mg, 75mg	4	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK TABLET THERAPY PACK 5MG	3	QL (74 EA per 30 days) MO
ELIQUIS CAPSULE SPRINKLE 0.15MG	3	QL (56 EA per 21 days)
ELIQUIS TABLET SOLUBLE 0.5MG	3	QL (588 EA per 29 days)
ELIQUIS TABLET SOLUBLE 1.5MG	3	QL (591 EA per 29 days)
ELIQUIS TABLET SOLUBLE 2MG	3	QL (592 EA per 30 days)
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	3	QL (74 EA per 30 days) MO
enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml	4	MO
fondaparinux sodium injection 2.5mg/0.5ml	4	MO
fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml	5	MO
heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml	3	MO
jantoven tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	
rivaroxaban suspension reconstituted 1mg/ml	4	QL (620 ML per 30 days) MO
rivaroxaban tablet 2.5mg	3	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tablet 10mg, 1mg, 2.5mg, 2mg, 3mg, 4mg, 5mg, 6mg, 7.5mg	1	MO
XARELTO STARTER PACK TABLET THERAPY PACK 15MG; 20MG	3	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED 1MG/ML	3	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
LEUKINE INJECTION 250MCG	5	PA; ACS
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA; ACS
ZARXIO INJECTION 300MCG/0.5ML, 480MCG/0.8ML	5	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	5	QL (60 EA per 30 days) PA; ACS
ALVAIZ TABLET 18MG, 36MG	5	QL (90 EA per 30 days) PA; ACS
anagrelide hydrochloride capsule 0.5mg, 1mg	4	MO
BERINERT INJECTION 500UNIT	5	QL (24 EA per 30 days) PA; ACS LD
cilostazol tablet 100mg, 50mg	2	MO
DOPTELET SPRINKLE CAPSULE SPRINKLE 10MG	5	QL (60 EA per 30 days) PA; ACS LD
DOPTELET TABLET 20MG	5	QL (60 EA per 30 days) PA; ACS LD
DROXIA CAPSULE 200MG, 300MG, 400MG	4	MO
HAEGARDA INJECTION 3000UNIT	5	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	5	QL (30 EA per 30 days) PA; ACS LD
icatibant acetate injection 30mg/3ml	5	QL (27 ML per 30 days) PA; ACS
l-glutamine packet 5gm	5	PA; ACS
pentoxifylline er tablet extended release 400mg	2	MO
SIKLOS TABLET 100MG	4	PA MO
SIKLOS TABLET 1000MG	5	PA MO
TAVNEOS CAPSULE 10MG	5	QL (180 EA per 30 days) PA; LD
tranexamic acid tablet 650mg	3	MO
PLATELET AGGREGATION INHIBITORS		
aspirin/dipyridamole er capsule extended release 12 hour 25mg; 200mg	4	QL (60 EA per 30 days) MO
clopidogrel tablet 75mg	1	QL (30 EA per 30 days) MO
clopidogrel tablet 300mg	2	QL (2 EA per 365 days) MO
prasugrel hydrochloride tablet 10mg, 5mg	4	MO
ticagrelor tablet 60mg, 90mg	4	MO
IMMUNOLOGIC AGENTS		

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

Drug Name	Drug Tier	Requirements/Limits
AUTOIMMUNE AGENTS		
ADALIMUMAB-BWWD INJECTION 40MG/0.4ML	5	QL (22.4 ML per 365 days) PA; ACS
BIMZELX INJECTION 160MG/ML, 320MG/2ML	5	QL (4 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA; ACS
EBGLYSS INJECTION 250MG/2ML	5	QL (40 ML per 365 days) PA; ACS LD
ENBREL MINI INJECTION 50MG/ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK INJECTION 50MG/ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL INJECTION 25MG/0.5ML, 50MG/ML	5	QL (8 ML per 28 days) PA; ACS
ENTYVIO PEN INJECTION 108MG/0.68ML	5	QL (1.36 ML per 28 days) PA; ACS LD
HADLIMA PUSHTOUCH INJECTION 40MG/0.4ML	5	QL (22.4 ML per 365 days) PA; ACS
HADLIMA PUSHTOUCH INJECTION 40MG/0.8ML	5	QL (44.8 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.4ML	5	QL (22.4 ML per 365 days) PA; ACS
HADLIMA INJECTION 40MG/0.8ML	5	QL (44.8 ML per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	5	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	5	QL (52 EA per 365 days) PA; ACS
KINERET INJECTION 100MG/0.67ML	5	QL (18.76 ML per 28 days) PA; LD
OTEZLA XR TABLET EXTENDED RELEASE 24 HOUR 75MG	5	QL (30 EA per 30 days) PA; ACS
OTEZLA/OTEZLA XR 28 DAY TREATMENT INITIATION PACK TABLET THERAPY PACK 10MG; 20MG; 30MG; 75MG	5	QL (82 EA per 365 days) PA; ACS
OTEZLA TABLET THERAPY PACK 10MG; 20MG; 30MG, 10MG; 20MG	5	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET 20MG, 30MG	5	QL (60 EA per 30 days) PA; ACS
PYZCHIVA INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
PYZCHIVA INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS
RINVOQ LQ SOLUTION 1MG/ML	5	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	5	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN INJECTION 150MG/ML	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJECTION 600MG/10ML	5	QL (120 ML per 365 days) PA; ACS
SKYRIZI INJECTION 55MG/0.37ML	5	QL (2.22 ML per 365 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	5	QL (6 ML per 365 days) PA; ACS
SOTYKTU TABLET 6MG	5	QL (30 EA per 30 days) PA; ACS LD
tofacitinib citrate er tablet extended release 24 hour 11mg, 22mg	5	QL (30 EA per 30 days) PA; ACS
tofacitinib citrate solution 1mg/ml	5	QL (480 ML per 24 days) PA; ACS
tofacitinib citrate tablet 10mg, 5mg	5	QL (60 EA per 30 days) PA; ACS
TREMFYA INDUCTION PACK FOR CROHNS DISEASE/ULCERATIVE COLITIS INJECTION 200MG/2ML	5	QL (4 ML per 28 days) PA; ACS
TREMFYA PEN INJECTION 100MG/ML	5	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 100MG/ML	5	QL (1 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/20ML	5	QL (20 ML per 28 days) PA; ACS
TREMFYA INJECTION 200MG/2ML	5	QL (4 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	5	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	5	QL (40 ML per 28 days) PA; ACS
VELSIPITY TABLET 2MG	5	QL (30 EA per 30 days) PA; ACS LD
YESINTEK INJECTION 45MG/0.5ML	3	QL (0.5 ML per 28 days) PA; ACS
YESINTEK INJECTION 130MG/26ML	3	QL (208 ML per 365 days) PA; ACS
YESINTEK INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
ZYMFENTRA 2-PEN INJECTION 120MG/ML	5	QL (2 EA per 28 days) PA; ACS
ZYMFENTRA 2-SYRINGE INJECTION 120MG/ML	5	QL (2 EA per 28 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate tablet 200mg	3	MO
JYLAMVO SOLUTION 2MG/ML	4	
leflunomide tablet 10mg, 20mg	3	QL (30 EA per 30 days) MO
methotrexate sodium tablet 2.5mg	2	MO
XATMEP SOLUTION 2.5MG/ML	4	MO
IMMUNOGLOBULINS		
GAMUNEX-C INJECTION 10GM/100ML, 1GM/10ML, 2.5GM/25ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; ACS LD
PRIVIGEN INJECTION 10GM/100ML, 20GM/200ML, 40GM/400ML, 5GM/50ML	5	PA; ACS LD
IMMUNOMODULATORS		
ACTIMMUNE INJECTION 100MCG/0.5ML	5	PA; ACS LD
ARCALYST INJECTION 220MG	5	PA; ACS LD
IMMUNOSUPPRESSANTS		

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

Drug Name	Drug Tier	Requirements/Limits
AZATHIOPRINE INJECTION 100MG	4	B/D
azathioprine tablet 50mg	3	B/D MO
BENLYSTA INJECTION 200MG/ML	5	PA; ACS LD
cyclosporine modified capsule 100mg, 25mg, 50mg	4	B/D MO
cyclosporine modified solution 100mg/ml	4	B/D MO
cyclosporine capsule 100mg, 25mg	4	B/D MO
ENVARSUS XR TABLET EXTENDED RELEASE 24 HOUR 0.75MG, 1MG, 4MG	4	B/D MO
everolimus tablet 0.25mg	4	B/D MO
everolimus tablet 0.5mg, 0.75mg, 1mg	5	B/D MO
gengraf capsule 100mg, 25mg	4	B/D
mycophenolate mofetil capsule 250mg	3	B/D MO
mycophenolate mofetil injection 500mg	4	B/D MO
mycophenolate mofetil suspension reconstituted 200mg/ml	5	B/D MO
mycophenolate mofetil tablet 500mg	3	B/D MO
mycophenolic acid dr tablet delayed release 180mg, 360mg	4	B/D MO
NULOJIX INJECTION 250MG	5	B/D
PROGRAF PACKET 0.2MG, 1MG	4	B/D MO
REZUROCK TABLET 200MG	5	QL (30 EA per 30 days) PA; LD
sirolimus solution 1mg/ml	4	B/D MO
sirolimus tablet 0.5mg, 1mg, 2mg	4	B/D MO
tacrolimus er capsule extended release 24 hour 5mg	3	B/D
tacrolimus er capsule extended release 24 hour 0.5mg, 1mg	4	B/D
tacrolimus capsule 0.5mg, 1mg, 5mg	4	B/D MO
VACCINES		
ABRYSVO INJECTION 120MCG/0.5ML	3	QL (1 EA per 999 days) PA
ACTHIB INJECTION 10MCG/0.5ML	3	
ADACEL INJECTION 2LF/0.5ML; 15.5MCG/0.5ML; 5LF/0.5ML	3	
AREXVY INJECTION 120MCG/0.5ML	3	QL (1 EA per 999 days) PA
BCG VACCINE INJECTION 50MG	3	
BEXSERO INJECTION 0.5ML	3	
BOOSTRIX INJECTION 2.5LF/0.5ML; 18.5MCG/0.5ML; 5LF/0.5ML	3	
DAPTACEL INJECTION 15LF/0.5ML; 23MCG/0.5ML; 5LF/0.5ML	3	
DENGVAXIA INJECTION	3	
ENGERIX-B INJECTION 10MCG/0.5ML, 20MCG/ML	3	B/D
GARDASIL 9 INJECTION 0.5ML	3	
HAVRIX INJECTION 1440UNIT/ML, 720ELU/0.5ML	3	
HEPLISAV-B INJECTION 20MCG/0.5ML	3	B/D
HIBERIX INJECTION 10MCG	3	
IMOVAX RABIES (H.D.C.V.) INJECTION 2.5UNIT/ML	3	B/D

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

Drug Name	Drug Tier	Requirements/Limits
INFANRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
IPOL INACTIVATED IPV INJECTION	3	
IXIARO INJECTION	3	
JYNNEOS INJECTION 0.5ML	3	B/D
KINRIX INJECTION 25LFU/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
M-M-R II INJECTION	3	
MENQUADFI INJECTION 0.5ML	3	
MENVEO INJECTION	3	
MRESVIA INJECTION 50MCG/0.5ML	3	QL (0.5 ML per 999 days) PA
PEDIARIX INJECTION 25LFU/0.5ML; 10MCG/0.5ML; 58MCG/0.5ML; 10LFU/0.5ML	3	
PEDVAXHIB INJECTION 7.5MCG/0.5ML	3	
PENBRAYA INJECTION	3	
PENMENVY INJECTION	3	
PENTACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	3	
PRIORIX INJECTION	3	
PROQUAD INJECTION	3	
QUADRACEL INJECTION 15LFU/0.5ML; 48MCG/0.5ML; 5LFU/0.5ML	3	
RABAVERT INJECTION	3	B/D
RECOMBIVAX HB INJECTION 10MCG/ML, 40MCG/ML, 5MCG/0.5ML	3	B/D
ROTARIX SUSPENSION	3	
ROTATEQ SOLUTION	3	
SHINGRIX PREFILLED SYRINGE INJECTION 50MCG/0.5ML	3	QL (1 ML per 999 days)
SHINGRIX VIAL INJECTION 50MCG/0.5ML	3	QL (2 EA per 999 days)
TENIVAC INJECTION 2LFU; 5LFU	3	
TICOVAC INJECTION 1.2MCG/0.25ML, 2.4MCG/0.5ML	3	
TRUMENBA INJECTION 0.5ML	3	
TWINRIX INJECTION 720ELU/ML; 20MCG/ML	3	
TYPHIM VI INJECTION 25MCG/0.5ML	3	
VAQTA INJECTION 25UNIT/0.5ML, 50UNIT/ML	3	
VARIVAX INJECTION 1350PFU/0.5ML	3	
VAXCHORA SUSPENSION RECONSTITUTED	3	
VIMKUNYA INJECTION 40MCG/0.8ML	3	
VIVOTIF CAPSULE DELAYED RELEASE	3	MO
YF-VAX INJECTION	3	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES/MINERALS, INJECTABLE		

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

Drug Name	Drug Tier	Requirements/Limits
DEXTROSE 10%/SODIUM CHLORIDE 0.2% INJECTION 10%; 0.2%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45% INJECTION 10%; 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45% INJECTION 2.5%; 0.45%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.2% INJECTION 5%; 0.2%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45% INJECTION 5%; 0.45%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.9% INJECTION 5%; 0.9%	4	
ISOLYTE-P/DEXTROSE 5% INJECTION 23MEQ/L; 23MEQ/L; 5%; 3MEQ/L; 3MEQ/L; 20MEQ/L; 25MEQ/L	4	
ISOLYTE-S PH 7.4 INJECTION 27MEQ/1000ML; 98MEQ/1000ML; 23MEQ/1000ML; 3MEQ/1000ML; 1MEQ/1000ML; 5MEQ/1000ML; 141MEQ/1000ML	4	B/D
kcl 0.075%/d5w/nacl 0.45% injection 5%; 10meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.2% injection 5%; 20meq/l; 0.2%	4	
kcl 0.15%/d5w/nacl 0.45% injection 5%; 20meq/l; 0.45%	4	
kcl 0.15%/d5w/nacl 0.9% injection 5%; 20meq/l; 0.9%	4	
kcl 0.3%/d5w/nacl 0.45% injection 5%; 40meq/l; 0.45%	4	
kcl 0.3%/d5w/nacl 0.9% injection 5%; 40meq/l; 0.9%	4	
magnesium sulfate injection 50%	4	
multiple electrolytes injection type 1 injection 27meq/l; 98meq/l; 23meq/l; 3meq/l; 5meq/l; 140meq/l	4	
potassium chloride/dextrose/sodium chloride injection 5%; 0.15%; 0.225%, 5%; 10meq/l; 0.45%, 5%; 20meq/l; 0.45%, 5%; 20meq/l; 0.9%, 5%; 30meq/l; 0.45%, 5%; 40meq/l; 0.45%, 5%; 40meq/l; 0.9%	4	
potassium chloride/dextrose injection 5%; 10meq/l, 5%; 20meq/l	4	
potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%, 40meq/l; 0.9%	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 20MEQ/100ML, 40MEQ/100ML	4	
potassium chloride injection 2meq/ml	4	MO
sodium chloride 0.45% injection 0.45%	4	
SODIUM CHLORIDE INJECTION 5%	4	MO
sodium chloride injection 0.9% bag, 3%	4	MO
TPN ELECTROLYTES INJECTION 29.5MEQ/20ML; 4.5MEQ/20ML; 35MEQ/20ML; 5MEQ/20ML; 20MEQ/20ML; 35MEQ/20ML	4	B/D

ELECTROLYTES/MINERALS/VITAMINS, ORAL

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

Drug Name	Drug Tier	Requirements/Limits
effer-k tablet effervescent 25meq	2	MO
klor-con 10 tablet extended release 10meq	2	
klor-con 8 tablet extended release 8meq	2	
klor-con m10 tablet extended release 10meq	3	MO
klor-con m15 tablet extended release 15meq	2	MO
klor-con m20 tablet extended release 20meq	3	MO
potassium chloride er capsule extended release 10meq, 8meq	2	MO
potassium chloride er tablet extended release 10meq, 15meq, 20meq, 8meq	2	MO
potassium chloride oral solution 10%, 20%	4	MO
PRENATAL TABLET 120MG; 200MG; 10MCG; 2MG; 12MCG; 27MG; 1MG; 20MG; 10MG; 1200MCG; 3MG; 1.84MG; 10MG; 25MG	3	MO
IV NUTRITION		
AMINOSYN II INJECTION 107.6MEQ/L; 1490MG/100ML; 1527MG/100ML; 1050MG/100ML; 1107MG/100ML; 750MG/100ML; 450MG/100ML; 990MG/100ML; 1500MG/100ML; 1575MG/100ML; 258MG/100ML; 405MG/100ML; 447MG/100ML; 1083MG/100ML; 795MG/100ML; 50MEQ/L; 600MG/100ML; 300MG/100ML; 750MG/100ML, 993MG/100ML; 1018MG/100ML; 700MG/100ML; 738MG/100ML; 500MG/100ML; 300MG/100ML; 660MG/100ML; 1000MG/100ML; 1050MG/100ML; 172MG/100ML; 270MG/100ML; 298MG/100ML; 722MG/100ML; 530MG/100ML; 400MG/100ML; 200MG/100ML; 500MG/100ML	4	B/D
AMINOSYN-PF 7% INJECTION 32.5MEQ/L; 490MG/100ML; 861MG/100ML; 370MG/100ML; 576MG/100ML; 270MG/100ML; 220MG/100ML; 534MG/100ML; 831MG/100ML; 475MG/100ML; 125MG/100ML; 300MG/100ML; 570MG/100ML; 347MG/100ML; 50MG/100ML; 360MG/100ML; 125MG/100ML; 44MG/100ML; 452MG/100ML	4	B/D
AMINOSYN-PF INJECTION 46MEQ/L; 698MG/100ML; 1227MG/100ML; 527MG/100ML; 820MG/100ML; 385MG/100ML; 312MG/100ML; 760MG/100ML; 1200MG/100ML; 677MG/100ML; 180MG/100ML; 427MG/100ML; 812MG/100ML; 495MG/100ML; 70MG/100ML; 512MG/100ML; 180MG/100ML; 44MG/100ML; 673MG/100ML	4	B/D

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 10% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 10GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 4.25%/DEXTROSE 5% INJECTION 37MEQ/L; 880MG/100ML; 489MG/100ML; 17MEQ/L; 5GM/100ML; 438MG/100ML; 204MG/100ML; 255MG/100ML; 311MG/100ML; 247MG/100ML; 170MG/100ML; 238MG/100ML; 289MG/100ML; 213MG/100ML; 179MG/100ML; 77MG/100ML; 17MG/100ML; 247MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 15% INJECTION 42MEQ/1000ML; 1035MG/100ML; 575MG/100ML; 20MEQ/1000ML; 15GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
CLINIMIX 5%/DEXTROSE 20% INJECTION 42MEQ/L; 1035MG/100ML; 575MG/100ML; 20MEQ/L; 20GM/100ML; 515MG/100ML; 240MG/100ML; 300MG/100ML; 365MG/100ML; 290MG/100ML; 200MG/100ML; 280MG/100ML; 340MG/100ML; 250MG/100ML; 210MG/100ML; 90MG/100ML; 20MG/100ML; 290MG/100ML	4	B/D
dextrose 10% injection 10%	3	
dextrose 5% injection 5%	3	MO
plenamine injection 147.4meq/l; 2.17gm/100ml; 1.47gm/100ml; 434mg/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 749mg/100ml; 1.04gm/100ml; 1.18gm/100ml; 749mg/100ml; 1.04gm/100ml; 894mg/100ml; 592mg/100ml; 749mg/100ml; 250mg/100ml; 39mg/100ml; 960mg/100ml	4	B/D
PREMASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	5	B/D

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

Drug Name	Drug Tier	Requirements/Limits
PROSOL INJECTION 140MEQ/100ML; 2.76GM/100ML; 1.96GM/100ML; 600MG/100ML; 1.02GM/100ML; 2.06GM/100ML; 1.18GM/100ML; 1.08GM/100ML; 1.08GM/100ML; 1.35GM/100ML; 760MG/100ML; 1GM/100ML; 1.34GM/100ML; 1.02GM/100ML; 980MG/100ML; 320MG/100ML; 50MG/100ML; 1.44GM/100ML	4	B/D
TRAVASOL INJECTION 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 500MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	4	B/D
TROPHAMINE INJECTION 10%	4	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
neomycin/polymyxin/bacitracin/hydrocortisone ointment 400unit/gm; 1%; 0.5%; 10000unit/gm	4	MO
neomycin/polymyxin/dexamethasone ointment 0.1%; 3.5mg/gm; 10000unit/gm	2	MO
neomycin/polymyxin/dexamethasone suspension 0.1%; 3.5mg/ml; 10000unit/ml	2	MO
neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml	4	MO
sulfacetamide sodium/prednisolone sodium phosphate solution 0.23%; 10%	2	MO
TOBRADEX OINTMENT 0.1%; 0.3%	4	MO
tobramycin/dexamethasone suspension 0.1%; 0.3%	3	MO
ANTI-INFECTIVES		
bacitracin/polymyxin b ointment 500unit/gm; 10000unit/gm	2	MO
bacitracin ointment 500unit/gm	4	MO
ciprofloxacin hydrochloride solution 0.3%	3	QL (30 ML per 30 days) MO
erythromycin ointment 5mg/gm	2	QL (42 GM per 30 days) MO
gatifloxacin solution 0.5%	2	QL (20 ML per 30 days) MO
gentamicin sulfate ophthalmic solution 0.3%	2	QL (30 ML per 30 days) MO
levofloxacin ophthalmic solution 1.5%	3	QL (20 ML per 30 days) MO
levofloxacin ophthalmic solution 0.5%	3	QL (30 ML per 30 days)
moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%	3	QL (12 ML per 30 days) MO
moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%	4	QL (12 ML per 30 days) MO
NATACYN SUSPENSION 5%	4	MO
neomycin/polymyxin/bacitracin ointment 400unit/gm; 5mg/gm; 10000unit/gm	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
neomycin/polymyxin/gramicidin solution 0.025mg/ml; 1.75mg/ml; 10000unit/ml	3	MO
ofloxacin ophthalmic solution 0.3%	3	QL (60 ML per 30 days) MO
polymyxin b sulfate/trimethoprim sulfate solution 10000unit/ml; 0.1%	2	MO
sulfacetamide sodium solution 10%	3	QL (90 ML per 30 days) MO
tobramycin solution 0.3%	2	QL (30 ML per 30 days) MO
trifluridine solution 1%	3	MO
XDEMVY SOLUTION 0.25%	5	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN GEL 0.15%	4	MO
ANTI-INFLAMMATORIES		
bromfenac solution 0.09%	4	MO
dexamethasone sodium phosphate solution 0.1%	2	MO
diclofenac sodium ophthalmic solution 0.1%	2	QL (10 ML per 30 days) MO
difluprednate emulsion 0.05%	4	MO
fluorometholone suspension 0.1%	3	MO
flurbiprofen sodium solution 0.03%	2	MO
ketorolac tromethamine ophthalmic solution 0.4%, 0.5%	2	MO
loteprednol etabonate gel 0.5%	3	MO
loteprednol etabonate suspension 0.5%	3	MO
prednisolone acetate suspension 1%	2	MO
ANTIALLERGICS		
azelastine hcl solution 0.05%	3	MO
cromolyn sodium solution 4%	4	MO
epinastine hcl solution 0.05%	3	MO
ANTIGLAUCOMA		
betaxolol hcl solution 0.5%	3	MO
brimonidine tartrate/timolol maleate solution 0.2%; 0.5%	3	MO
brimonidine tartrate solution 0.2%	1	MO
brimonidine tartrate solution 0.15%	3	MO
brinzolamide suspension 1%	4	MO
carteolol hcl solution 1%	2	MO
dorzolamide hcl/timolol maleate solution 22.3mg/ml; 6.8mg/ml	2	MO
dorzolamide hydrochloride/timolol maleate pf solution 2%; 0.5%	4	MO
dorzolamide hydrochloride solution 2%	2	MO
latanoprost solution 0.005%	1	MO
levobunolol hcl solution 0.5%	2	MO
LUMIGAN SOLUTION 0.01%	3	MO
pilocarpine hcl solution 1%, 2%, 4%	4	MO
pilocarpine hydrochloride solution 1%, 2%, 4%	4	MO
RHOPRESSA SOLUTION 0.02%	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
timolol maleate ophthalmic gel forming gel forming solution 0.25%, 0.5%	4	MO
timolol maleate (generic Timoptic) soln 0.25%, 0.5%	1	MO
timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%	4	MO
travoprost solution 0.004%	3	MO
MISCELLANEOUS		
atropine sulfate solution 1%	3	MO
cyclosporine emulsion 0.05%	3	QL (60 EA per 30 days) MO
CYSTARAN SOLUTION 0.44%	5	PA; LD
MIEBO SOLUTION 1.338GM/ML	3	QL (12 ML per 30 days) MO
proparacaine hcl solution 0.5%	2	MO
RESTASIS MULTIDOSE EMULSION 0.05%	3	QL (5.5 ML per 30 days) MO
RESTASIS EMULSION 0.05%	3	QL (60 EA per 30 days) MO
XIIDRA SOLUTION 5%	3	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
acetic acid solution 2%	3	MO
ciprofloxacin/dexamethasone suspension 0.3%; 0.1%	4	MO
hydrocortisone/acetic acid solution 2%; 1%	4	MO
neomycin/polymyxin/hc solution 1%; 3.5mg/ml; 10000unit/ml	4	MO
neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml	4	MO
ofloxacin otic solution 0.3%	3	MO
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/ACT; 25MCG/ACT	3	QL (60 EA per 30 days) MO
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 18MCG/ACT	3	QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE AEROSOL 160MCG/ACT; 4.8MCG/ACT; 9MCG/ACT	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT AEROSOL SOLUTION 100MCG/ACT; 20MCG/ACT	4	QL (8 GM per 30 days) MO
ipratropium bromide/albuterol sulfate solution 2.5mg/3ml; 0.5mg/3ml	2	B/D MO
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 62.5MCG/ACT; 25MCG/ACT, 200MCG/INH; 62.5MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA AEROSOL SOLUTION 17MCG/ACT	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5MCG/INH	3	QL (30 EA per 30 days) MO
ipratropium bromide inhalation solution 0.02%	2	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
ipratropium bromide nasal solution 0.03%	2	QL (30 ML per 28 days) MO
ipratropium bromide nasal solution 0.06%	2	QL (45 ML per 30 days) MO
SPIRIVA RESPIMAT AEROSOL SOLUTION 1.25MCG/ACT	4	QL (4 GM per 30 days) MO
ANTIHISTAMINES		
azelastine hydrochloride solution 0.1%	3	QL (30 ML per 25 days) MO
CARBINOXAMINE MALEATE ER SUSPENSION EXTENDED RELEASE 4MG/5ML	4	PA MO
cetirizine hydrochloride solution 5mg/5ml	2	QL (300 ML per 30 days) MO
clemastine fumarate tablet 2.68mg	2	PA MO
cyproheptadine hcl syrup 2mg/5ml	4	PA MO; HRM
cyproheptadine hydrochloride tablet 4mg	4	PA MO; HRM
desloratadine tablet 5mg	2	QL (30 EA per 30 days) MO
hydroxyzine hcl tablet 50mg	4	PA MO; HRM
hydroxyzine hydrochloride syrup 10mg/5ml	4	PA MO; HRM
hydroxyzine hydrochloride tablet 10mg, 25mg	4	PA MO; HRM
hydroxyzine pamoate capsule 100mg, 25mg, 50mg	4	PA MO; HRM
levocetirizine dihydrochloride tablet 5mg	2	QL (30 EA per 30 days) MO
BETA AGONISTS		
albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act	3	QL (13.4 GM per 30 days) MO
albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act	3	QL (17 GM per 30 days) MO
albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act	3	QL (36 GM per 30 days) MO
albuterol sulfate nebulization solution 0.083%, 0.63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	4	B/D MO
albuterol sulfate syrup 2mg/5ml	4	MO
albuterol sulfate tablet 2mg, 4mg	4	MO
levalbuterol hcl nebulization solution 0.31mg/3ml, 0.63mg/3ml, 1.25mg/3ml	4	B/D MO
levalbuterol hydrochloride nebulization solution 0.63mg/3ml	4	B/D MO
levalbuterol nebulization solution 1.25mg/0.5ml	4	B/D MO
SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50MCG/DOSE	3	QL (60 EA per 30 days) MO
terbutaline sulfate tablet 2.5mg, 5mg	4	MO
LEUKOTRIENE MODULATORS		
montelukast sodium packet 4mg	3	QL (30 EA per 30 days) MO
montelukast sodium tablet chewable 4mg, 5mg	2	QL (30 EA per 30 days) MO
montelukast sodium tablet 10mg	2	QL (30 EA per 30 days) MO
zafirlukast tablet 10mg, 20mg	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
acetylcysteine inhalation solution 10%, 20%	3	B/D MO
cromolyn sodium nebulization solution 20mg/2ml	3	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml	3	QL (2 EA per 30 days) MO
FASENRA PEN INJECTION 30MG/ML	5	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	5	QL (1 ML per 28 days) PA; ACS LD
nintedanib esylate capsule 100mg, 150mg	5	QL (60 EA per 30 days) PA; ACS
NUCALA INJECTION 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA; ACS LD
NUCALA INJECTION 100MG	5	QL (3 EA per 28 days) PA; ACS LD
NUCALA INJECTION 100MG/ML	5	QL (3 ML per 28 days) PA; ACS LD
OFEV CAPSULE 100MG, 150MG	5	QL (60 EA per 30 days) PA; ACS LD
pirfenidone capsule 267mg	5	QL (270 EA per 30 days) PA; ACS
pirfenidone tablet 267mg	5	QL (270 EA per 30 days) PA; ACS
pirfenidone tablet 534mg, 801mg	5	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG/20ML	5	PA; LD
PULMOZYME SOLUTION 2.5MG/2.5ML	5	PA; ACS LD
roflumilast tablet 250mcg, 500mcg	4	MO
theophylline er tablet extended release 12 hour 100mg, 200mg	4	
theophylline er tablet extended release 12 hour 300mg, 450mg	4	MO
theophylline er tablet extended release 24 hour 400mg, 600mg	3	MO
theophylline solution 80mg/15ml	2	MO
TRIKAFTA TABLET THERAPY PACK 100MG; 75MG; 50MG, 50MG; 37.5MG; 25MG	5	QL (84 EA per 28 days) PA; ACS LD
TRIKAFTA THERAPY PACK 100MG; 75MG; 50MG, 80MG; 60MG; 40MG	5	QL (56 EA per 28 days) PA; ACS LD
XOLAIR INJECTION 150MG/ML, 150MG, 300MG/2ML, 75MG/0.5ML	5	PA; ACS LD
NASAL STEROIDS		
flunisolide solution 0.025%	3	QL (75 ML per 30 days) MO
fluticasone propionate suspension 50mcg/act	2	QL (16 GM per 30 days) MO
mometasone furoate suspension 50mcg/act	3	QL (34 GM per 30 days) MO
XHANCE EXHALER SUSPENSION 93MCG/ACT	4	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO AEROSOL SOLUTION 160MCG/ACT, 80MCG/ACT	4	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT, 200MCG/ACT, 50MCG/ACT	3	QL (30 EA per 30 days) MO
budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml	4	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
AIRSUPRA AEROSOL 90MCG/ACT; 80MCG/ACT	3	QL (32.1 GM per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/ACT; 25MCG/ACT, 200MCG/INH; 25MCG/INH, 50MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
budesonide/formoterol fumarate dihydrate aerosol 160mcg/act; 4.5mcg/act, 80mcg/act; 4.5mcg/act	3	QL (10.2 GM per 30 days) MO
DULERA AEROSOL 5MCG/ACT; 100MCG/ACT, 5MCG/ACT; 200MCG/ACT, 5MCG/ACT; 50MCG/ACT	4	QL (13 GM per 30 days) MO
FLUTICASONE FUROATE/VILANTEROL ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100MCG/INH; 25MCG/INH, 200MCG/INH; 25MCG/INH	3	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol diskus (generic Advair Diskus) aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
FLUTICASONE PROPIONATE/SALMETEROL HFA (GENERIC ADVAIR HFA) AEROSOL 115MCG/ACT; 21MCG/ACT, 230MCG/ACT; 21MCG/ACT, 45MCG/ACT; 21MCG/ACT	4	QL (12 GM per 30 days) MO
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	2	QL (60 EA per 30 days) MO
wixela inhub aerosol powder breath activated 100mcg/act; 50mcg/act, 250mcg/act; 50mcg/act, 500mcg/act; 50mcg/act	3	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
accutane capsule 10mg, 20mg, 30mg, 40mg	4	PA
amnesteem capsule 10mg, 20mg, 30mg, 40mg	4	PA
claravis capsule 10mg, 20mg, 30mg, 40mg	4	PA
clindamycin phosphate (once-daily) gel bottle 1%	3	QL (75 ML per 30 days) MO
clindamycin phosphate (twice-daily) gel tube 1%	3	QL (60 GM per 30 days) MO
clindamycin phosphate lotion 1%	4	QL (60 ML per 30 days) MO
clindamycin phosphate topical solution 1%	3	QL (60 ML per 30 days) MO
ery pad 2%	4	MO
erythromycin/benzoyl peroxide gel 5%; 3%	4	MO
erythromycin gel 2%	4	QL (60 GM per 30 days) MO
erythromycin solution 2%	4	QL (60 ML per 30 days) MO
isotretinoin capsule 10mg, 20mg, 30mg, 40mg	4	PA
sulfacetamide sodium lotion 10%	4	MO
tretinoin cream 0.025%, 0.05%, 0.1%	4	QL (45 GM per 30 days) PA MO
tretinoin gel 0.01%, 0.025%, 0.05%	4	QL (45 GM per 30 days) PA MO
zenatane capsule 10mg, 20mg, 30mg, 40mg	4	PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate cream 0.1%	3	QL (30 GM per 30 days) MO
gentamicin sulfate ointment 0.1%	3	QL (30 GM per 30 days) MO
mupirocin ointment 2%	2	QL (22 GM per 30 days) MO
silver sulfadiazine cream 1%	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, ANTIFUNGALS		
ciclopirox nail lacquer solution 8%	2	QL (6.6 ML per 30 days) MO
ciclopirox olamine cream 0.77%	3	QL (90 GM per 30 days) MO
ciclopirox gel 0.77%	3	QL (100 GM per 30 days) MO
ciclopirox shampoo 1%	2	QL (120 ML per 30 days) MO
ciclopirox suspension 0.77%	3	QL (60 ML per 30 days) MO
clotrimazole/betamethasone dipropionate cream 0.05%; 1%	3	QL (45 GM per 30 days) MO
clotrimazole cream 1%	3	QL (45 GM per 30 days) MO
clotrimazole solution 1%	3	QL (30 ML per 30 days) MO
econazole nitrate cream 1%	4	QL (85 GM per 30 days) MO
ketoconazole cream 2%	3	QL (60 GM per 30 days) MO
ketoconazole shampoo 2%	2	QL (120 ML per 30 days) MO
klayesta powder 100000unit/gm	3	QL (60 GM per 30 days)
nyamyc powder 100000unit/gm	3	QL (60 GM per 30 days)
nystatin cream 100000unit/gm	2	QL (30 GM per 30 days) MO
nystatin ointment 100000unit/gm	4	QL (30 GM per 30 days) MO
nystatin powder 100000unit/gm	3	QL (60 GM per 30 days) MO
nystop powder 100000unit/gm	3	QL (60 GM per 30 days)
selenium sulfide lotion 2.5%	2	MO
DERMATOLOGY, ANTIPSORIATICS		
acitretin capsule 10mg, 17.5mg, 25mg	4	PA MO
calcipotriene cream 0.005%	4	QL (120 GM per 30 days) PA MO
calcipotriene solution 0.005%	3	QL (60 ML per 30 days) PA MO
methoxsalen capsule 10mg	5	MO
tazarotene cream 0.1%	3	QL (60 GM per 30 days) PA MO
tazarotene gel 0.05%, 0.1%	3	QL (100 GM per 30 days) PA MO
trilitas gel 0.1%	3	QL (100 GM per 30 days) PA
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort cream 1%	2	
alclometasone dipropionate cream 0.05%	4	QL (60 GM per 30 days) MO
alclometasone dipropionate ointment 0.05%	4	QL (60 GM per 30 days) MO
betamethasone dipropionate augmented cream 0.05%	3	QL (120 GM per 30 days) MO
betamethasone dipropionate augmented gel 0.05%	4	QL (120 GM per 30 days) MO
betamethasone dipropionate augmented lotion 0.05%	4	QL (120 ML per 30 days) MO
betamethasone dipropionate augmented ointment 0.05%	4	QL (120 GM per 30 days) MO
betamethasone dipropionate cream 0.05%	4	QL (120 GM per 30 days) MO
betamethasone dipropionate lotion 0.05%	3	QL (120 ML per 30 days) MO
betamethasone dipropionate ointment 0.05%	4	QL (120 GM per 30 days) MO
betamethasone valerate cream 0.1%	3	QL (120 GM per 30 days) MO
betamethasone valerate lotion 0.1%	3	QL (120 ML per 30 days) MO
betamethasone valerate ointment 0.1%	3	QL (120 GM per 30 days) MO
clobetasol propionate e cream 0.05%	4	QL (60 GM per 30 days) MO
clobetasol propionate cream 0.05%	4	QL (60 GM per 30 days) MO
clobetasol propionate gel 0.05%	4	QL (60 GM per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate ointment 0.05%	4	QL (60 GM per 30 days) MO
clobetasol propionate shampoo 0.05%	4	QL (118 ML per 30 days) MO
clobetasol propionate solution 0.05%	4	QL (50 ML per 30 days) MO
desonide cream 0.05%	4	QL (60 GM per 30 days) MO
desonide ointment 0.05%	4	QL (60 GM per 30 days) MO
desoximetasone cream 0.25%	4	QL (100 GM per 30 days) MO
desoximetasone ointment 0.25%	4	QL (100 GM per 30 days) MO
fluocinolone acetonide scalp oil 0.01%	4	QL (118.28 ML per 30 days) MO
fluocinolone acetonide cream 0.025%	4	QL (120 GM per 30 days) MO
fluocinolone acetonide cream 0.01%	4	QL (60 GM per 30 days) MO
fluocinolone acetonide ointment 0.025%	4	QL (120 GM per 30 days) MO
fluocinolone acetonide solution 0.01%	4	QL (60 ML per 30 days) MO
fluocinonide emulsified base cream 0.05%	4	QL (120 GM per 30 days) MO
fluocinonide gel 0.05%	4	QL (60 GM per 30 days) MO
fluocinonide ointment 0.05%	4	QL (60 GM per 30 days) MO
fluocinonide solution 0.05%	4	QL (60 ML per 30 days) MO
fluticasone propionate cream 0.05%	3	QL (60 GM per 30 days) MO
fluticasone propionate ointment 0.005%	3	QL (60 GM per 30 days) MO
halobetasol propionate cream 0.05%	4	QL (50 GM per 30 days) MO
halobetasol propionate ointment 0.05%	4	QL (50 GM per 30 days) MO
hydrocortisone valerate ointment 0.2%	4	QL (60 GM per 30 days) MO
hydrocortisone cream 1%	2	MO
hydrocortisone cream 2.5%	2	QL (30 GM per 30 days) MO
hydrocortisone lotion 2.5%	2	QL (118 ML per 30 days) MO
hydrocortisone ointment 2.5%	2	MO
hydrocortisone ointment 1%	2	QL (30 GM per 30 days) MO
mometasone furoate cream 0.1%	3	QL (45 GM per 30 days) MO
mometasone furoate ointment 0.1%	3	QL (45 GM per 30 days) MO
mometasone furoate solution 0.1%	3	QL (60 ML per 30 days) MO
triamcinolone acetonide cream 0.025%, 0.5%	2	MO
triamcinolone acetonide cream 0.1%	2	QL (454 GM per 30 days) MO
triamcinolone acetonide lotion 0.025%, 0.1%	3	QL (60 ML per 30 days) MO
triamcinolone acetonide ointment 0.025%, 0.1%	2	MO
triamcinolone acetonide ointment 0.5%	2	QL (15 GM per 30 days) MO
DERMATOLOGY, LOCAL ANESTHETICS		
lidocaine/prilocaine cream 2.5%; 2.5%	3	QL (30 GM per 30 days) MO
lidocaine patch 5%	4	QL (90 EA per 30 days) PA MO
lidocan patch 5%	4	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
ammonium lactate cream 12%	3	MO
ammonium lactate lotion 12%	3	MO
bexarotene gel 1%	5	QL (60 GM per 30 days) PA; ACS
diclofenac sodium topical solution 1.5%	3	QL (300 ML per 28 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
EUCRISA OINTMENT 2%	4	QL (120 GM per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	5	QL (30 GM per 30 days) PA MO
fluorouracil cream 5%	4	QL (40 GM per 30 days) MO
fluorouracil solution 2%, 5%	4	QL (10 ML per 30 days) MO
hydrocortisone perianal cream 1%	2	MO
hydrocortisone perianal cream 2.5%	2	QL (30 GM per 30 days) MO
imiquimod cream 5%	3	QL (24 EA per 30 days) MO
metronidazole cream 0.75%	4	MO
metronidazole gel 0.75%, 1%	4	MO
metronidazole lotion 0.75%	4	MO
nitroglycerin rectal ointment 0.4%	4	QL (30 GM per 30 days) MO
PANRETIN GEL 0.1%	5	QL (60 GM per 30 days) PA
pimecrolimus cream 1%	4	QL (100 GM per 30 days) MO
podofilox solution 0.5%	4	MO
procto-med hc cream 2.5%	2	QL (30 GM per 30 days)
proctocort cream 1%	2	
proctosol hc cream 2.5%	4	QL (30 GM per 30 days)
proctozone-hc cream 2.5%	4	QL (30 GM per 30 days)
tacrolimus ointment 0.03%, 0.1%	4	QL (60 GM per 30 days) MO
VALCHLOR GEL 0.016%	5	QL (60 GM per 30 days) PA; LD
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion lotion 0.5%	4	MO
permethrin cream 5%	3	MO
DERMATOLOGY, WOUND CARE AGENTS		
SANTYL OINTMENT 250UNIT/GM	4	QL (180 GM per 30 days) PA MO
sodium chloride 0.9% solution 0.9%	2	MO
sterile water for irrigation solution	2	MO
MOUTH/THROAT/DENTAL AGENTS		
chlorhexidine gluconate solution 0.12%	1	MO
clotrimazole troche 10mg	3	MO
kourzeq paste 0.1%	2	
lidocaine hydrochloride viscous solution 2%	4	MO
lidocaine viscous solution 2%	4	MO
nystatin suspension 100000unit/ml	4	MO
oralone dental paste paste 0.1%	2	
periogard solution 0.12%	1	
pilocarpine hydrochloride tablet 5mg, 7.5mg	4	MO
triamcinolone acetonide dental paste paste 0.1%	4	MO

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You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2028, and from time to time during the year.

See the *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Other Pharmacies are available in our network. Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call **1-866-235-5660**, 24 hours a day, 7 days a week, TTY users call **711**, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

When this formulary refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript Choice (PDP).

This formulary was updated on October 1, 2026. For more recent information or other questions, please contact SilverScript Choice (PDP) Customer Care at **1-866-235-5660**, 24 hours a day, 7 days a week (**TTY: 711**), or visit **aetna.com/medicare**.

Contract/PBP: S5601- 006, 008, 010, 014, 016, 020, 022, 024, 026, 028, 034, 036, 038, 040, 044, 048, 052, 056, 058, 068