



Aetna Medicare (HMO),
Aetna Medicare (PPO)

2025 Formulary (List of Covered Drugs or “Drug List”) 4T Classic Plus

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

Formulary ID Number: 25110 Version Number 9

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact Aetna Medicare (HMO), Aetna Medicare (PPO) Member Services at **1-866-241-0357 (TTY users should call 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)** and choose “Manage your prescription drugs.”

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

When this drug list (Formulary) refers to “we,” “us,” or “our,” it means Aetna. When it refers to “plan” or “our plan,” it means Aetna Medicare.

This document includes a Drugs List (formulary) for our plan which is current as of 10/01/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

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What is the Aetna Medicare (HMO), Aetna Medicare (PPO) formulary?

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

Can the formulary change?

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

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear 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 “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?”

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.
 - If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug for you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below titled “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?”

Changes that will not affect you if you are currently taking the drug

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year.

You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of 10/01/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

How do I use the formulary?

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

Medical condition

The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular. If you know what your drug is used for, look for the category name in the list that begins on page 10. Then look under the category name for your drug.

Alphabetical listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 101. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior authorization:** Our plan requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don’t get approval, we may not cover the drug.
- **Quantity limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.
- **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 that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 10. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)’s formulary?” on page 6 for information about how to request an exception.

What if my drug is not on the formulary?

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

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

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

How do I request an exception to the Aetna Medicare (HMO), Aetna Medicare (PPO)'s Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at a lower cost-sharing level unless the drug is on the specialty tier. If approved this would lower the amount you must pay for your drug.

Generally, we will only approve your request for an exception if the alternative 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.

You or your prescriber should contact us to ask us for a initial coverage decision for a *tiering* or formulary exception, including an exception to a coverage restriction. **When you request an formulary, exception, your prescriber will need to explain the medical reasons why you need the exception.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

If you experience a change in your level of care (such as a move from a home to a long-term care setting), we may cover a one-time temporary supply from a network pharmacy for up to 31-days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

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

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

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

Mail-order pharmacy

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 **1-800-594-9390 (TTY: 711)** 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this time frame. Members may have the option to sign up for automated mail-order delivery.

Aetna® Medicare Formulary

The formulary that begins on page 10 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 101.

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

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

QL **Quantity limits**

For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per 30 days per prescription of *atorvastatin*.

PA **Prior authorization**

Our plan requires you or your provider to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.

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 that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

LD **Limited distribution**

The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication. *

MO **Mail order**

For certain kinds of drugs, you can use CVS Caremark® Mail Service Pharmacy. Generally, the drugs available through mail order are drugs that you take on a regular basis, for a chronic or long-term medical condition. Drugs available through mail-order are marked as "MO" in our Drug List. *

B/D **Part B versus Part D**

This prescription drug has a Part B versus Part D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

ACS Available at 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 or other specialty pharmacies in the network. You may not be able to get them at your local pharmacy. **

HRM High Risk Medication

According to medical experts, these drugs may cause more side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.

*For more Information, consult your Pharmacy Directory or call Aetna Member Services at **1-866-241-0357 (TTY: 711)**, 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)**

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

Drug tier copay levels

This 2025 formulary is a listing of brand-name and generic drugs. The Aetna® Medicare 2025 formulary covers most drugs identified by Medicare as Part D drugs, and your copay may differ depending upon the tier at which the drug resides.

The copay tiers for covered prescription medications are listed below. Copay amounts and coinsurance percentages for each tier vary by Aetna Medicare plan. Look in the 2025 Prescription Drug Benefits Chart (The Prescription Drug Schedule of Cost-Sharing) that was included in your Evidence of Coverage (EOC) packet.

Copay tier	Type of drug
Tier 1	Generic drugs
Tier 2	Preferred brand drugs
Tier 3	Non-preferred brand drugs
Tier 4	Specialty drugs

Key*

Drug name	Drug tier	Requirements/Limits
UPPERCASE = Brand-name prescription drugs	1, 2, 3, 4 =	QL = Quantity Limits
<i>Lowercase italics</i> = Generic medications	Copay tier level	PA = Prior Authorization
		ST = Step Therapy
		LA = Limited Access
		MO = Mail-order Delivery
		B/D = Part B vs. Part D
		ACS = Available from CVS
		Specialty Pharmacy
		HRM = High Risk Medication

Drug name	Drug tier	Requirements/Limits
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ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	1	QL (120 EA per 30 days) MO
<i>febuxostat</i>	1	ST MO
<i>probenecid</i>	1	MO
<i>probenecid/colchicine</i>	1	MO
MISCELLANEOUS		
<i>lidocaine hcl injection 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
<i>lidocaine hydrochloride injection 0.5%, 1%, 1.5%, 2%, 4%</i>	1	
NSAIDS		
<i>celecoxib capsule 400mg</i>	1	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	1	MO
<i>diclofenac sodium er</i>	1	QL (60 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	1	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	1	QL (90 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>diflunisal</i>	1	QL (90 EA per 30 days) MO
<i>ec-naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	1	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	1	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	1	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	1	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	1	QL (90 EA per 30 days) MO
FENOPROFEN CALCIUM CAPSULE 400MG	3	QL (240 EA per 30 days) MO
<i>fenoprofen calcium tablet 600mg</i>	1	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	1	QL (90 EA per 30 days) MO
<i>ibu</i>	1	MO
<i>ibuprofen</i>	1	MO
<i>ketoprofen er</i>	1	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	1	QL (20 EA per 30 days) PA MO
<i>meclofenamate sodium</i>	1	QL (120 EA per 30 days) MO
<i>meloxicam tablet</i>	1	MO
<i>nabumetone</i>	1	MO
<i>naproxen dr tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) MO
<i>naproxen dr tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO
<i>naproxen sodium</i>	1	MO
NAPROXEN SODIUM CR	3	QL (120 EA per 30 days) MO
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 375MG	3	QL (120 EA per 30 days) MO
NAPROXEN SODIUM ER TABLET EXTENDED RELEASE 24 HOUR 750MG	3	QL (60 EA per 30 days) MO
<i>naproxen sodium er tablet extended release 24 hour 500mg</i>	1	QL (90 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>naproxen tablet</i>	1	MO
<i>naproxen tablet delayed release</i>	1	QL (90 EA per 30 days) MO
<i>naproxen suspension</i>	4	QL (1800 ML per 30 days) PA MO
<i>oxaprozin</i>	1	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	1	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	1	QL (60 EA per 30 days) MO
<i>sulindac</i>	1	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>buprenorphine transdermal patch</i>	1	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	1	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet er 24 hour abuse-deterrent (generic Hysingla ER)</i>	1	QL (30 EA per 30 days) PA MO
METHADONE HCL INJECTION	4	PA
<i>methadone hcl oral solution</i>	1	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	1	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	1	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	1	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	1	QL (90 EA per 30 days) MO
MORPHINE SULFATE/SODIUM CHLORIDE	3	B/D
<i>tramadol hcl er tablet extended release 24 hour</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tramadol hydrochloride er tablet extended release 24 hour</i>	1	QL (30 EA per 30 days) MO; HRM
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tablet</i>	1	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	1	QL (2700 ML per 30 days) MO
<i>butorphanol tartrate nasal solution</i>	1	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>butorphanol tartrate injection 2mg/ml</i>	1	MO
CODEINE SULFATE TABLET	3	QL (180 EA per 30 days) MO
<i>endocet</i>	1	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	1	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	4	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	1	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	1	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen</i>	1	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	1	QL (180 EA per 30 days) MO
<i>hydromorphone hcl liquid</i>	1	QL (600 ML per 30 days) MO
HYDROMORPHONE	3	B/D
HYDROCHLORIDE INJECTION 0.25MG/0.5ML		
<i>morphine sulfate tablet</i>	1	QL (180 EA per 30 days) MO
MORPHINE SULFATE INJECTION 10MG/ML (IV VIAL AND IV PF CARPUJECT), 2MG/ML (IM OR IV PF CARPUJECT, IM OR IV PF VIAL, AND IM OR IV PREFILLED SYRINGE), 4MG/ML (IV VIAL AND IV PF CARPUJECT), 50MG/ML (IV OR IM PF VIAL), 5MG/ML (IV OR IM PF VIAL), 8MG/ML (IV VIAL AND IV PF CARPUJECT)	3	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml im or iv pf vial, 4mg/ml im or iv pf vial and im or iv pf prefilled syringe, 50mg/ml iv vial, 8mg/ml im or iv pf vial</i>	1	B/D
<i>morphine sulfate injection 1mg/ml</i>	1	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>morphine sulfate oral solution 100mg/5ml</i>	1	QL (180 ML per 30 days) MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>oxycodone hcl</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	1	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution</i>	1	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	1	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	1	QL (180 EA per 30 days) MO
<i>oxymorphone hydrochloride</i>	1	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride/acetaminophen</i>	1	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 100mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>tramadol hydrochloride tablet 50mg</i>	1	QL (240 EA per 30 days) MO; HRM

ANTI-INFECTIVES**ANTI-INFECTIVES - MISCELLANEOUS**

<i>albendazole</i>	4	MO
<i>amikacin sulfate</i>	1	MO
ARIKAYCE	4	PA; LD
<i>atovaquone</i>	1	PA MO
<i>aztreonam</i>	1	MO
CAYSTON	4	PA; ACS LD
<i>chloramphenicol sodium succinate</i>	1	
<i>clindamycin hcl</i>	1	MO
<i>clindamycin hydrochloride</i>	1	MO
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	1	MO
<i>clindamycin phosphate/dextrose</i>	1	
<i>clindamycin phosphate injection 9000mg/60ml, 900mg/6ml</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>clindamycin phosphate injection 600mg/4ml</i>	1	MO
CLINDAMYCIN/SODIUM CHLORIDE	3	
<i>colistimethate sodium</i>	4	PA MO
<i>dapsone tablet 100mg, 25mg</i>	1	MO
DAPTOMYCIN/SODIUM CHLORIDE	3	
DAPTOMYCIN INJECTION 350MG	4	
<i>daptomycin injection 500mg</i>	4	
EMVERM	4	QL (12 EA per 365 days) MO
<i>ertapenem</i>	1	MO
<i>ertapenem sodium</i>	1	MO
<i>gentamicin sulfate pediatric injection 10mg/ml</i>	1	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	1	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	1	MO
<i>gentamicin sulfate injection 40mg/ml</i>	1	MO
<i>imipenem/cilastatin</i>	1	MO
IMPAVIDO	4	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin</i>	1	
<i>ivermectin tablet 3mg</i>	1	QL (12 EA per 90 days) PA MO
<i>linezolid tablet</i>	1	QL (56 EA per 28 days) PA MO
<i>linezolid suspension reconstituted</i>	4	QL (1800 ML per 30 days) PA MO
LINEZOLID IN SODIUM CHLORIDE INJECTION 600MG/300ML; 0.9%	3	PA
<i>linezolid injection 600mg/300ml</i>	1	PA
<i>meropenem</i>	1	MO
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>metronidazole capsule 375mg</i>	1	MO
<i>metronidazole injection 500mg/100ml</i>	1	
<i>metronidazole tablet 250mg, 500mg</i>	1	MO
<i>neomycin sulfate</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>nitazoxanide</i>	4	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals</i>	1	MO
<i>nitrofurantoin monohydrate/ macrocrystals capsule 100mg</i>	1	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	1	B/D MO
<i>pentamidine isethionate injection</i>	1	MO
<i>praziquantel</i>	1	MO
<i>pyrimethamine</i>	4	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION	4	
SIVEXTRO TABLET	4	MO
<i>streptomycin sulfate</i>	4	MO
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole/trimethoprim</i>	1	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO
<i>tinidazole</i>	1	MO
TOBI PODHALER	4	QL (224 EA per 56 days) PA; ACS LD
<i>tobramycin sulfate injection 10mg/ ml, 40mg/ml</i>	1	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	1	MO
<i>tobramycin sulfate injection 1.2gm</i>	4	
<i>tobramycin nebulization solution 300mg/5ml</i>	4	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	1	MO
VANCOMYCIN	3	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	3	
<i>vancomycin hcl injection 100gm, 10gm</i>	1	
<i>vancomycin hydrochloride capsule 125mg</i>	1	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	1	QL (240 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE INJECTION 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML, 500MG/100ML, 750MG/150ML	3	
<i>vancomycin hydrochloride injection</i> 1.25gm, 1.5gm, 1.75gm, 1gm, 2gm, 5gm, 750mg	1	
<i>vancomycin hydrochloride injection</i> 500mg	1	MO
ANTIFUNGALS		
ABELCET	3	B/D
<i>amphotericin b</i>	1	B/D MO
<i>amphotericin b liposome</i>	4	B/D MO
<i>caspofungin acetate</i>	1	
<i>fluconazole</i>	1	MO
<i>fluconazole in sodium chloride injection</i> 200mg; 100ml, 400mg; 100ml	1	
<i>fluconazole/sodium chloride injection</i> 100mg/50ml	1	
<i>flucytosine</i>	4	PA MO
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole capsule</i>	1	PA MO
<i>ketoconazole tablet</i> 200mg	1	PA MO
<i>miconazole</i>	1	
<i>mycamine injection</i> 50mg	1	MO
<i>nystatin tablet</i> 500000unit	1	MO
<i>posaconazole suspension</i>	4	QL (630 ML per 30 days) PA MO
<i>posaconazole dr</i>	4	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet</i> 250mg	1	QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	1	PA
<i>voriconazole suspension reconstituted</i>	4	PA MO
<i>voriconazole tablet</i> 200mg	1	QL (120 EA per 30 days) MO
<i>voriconazole tablet</i> 50mg	1	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>chloroquine phosphate</i>	1	MO
COARTEM	3	MO
<i>mefloquine hcl</i>	1	MO
<i>primaquine phosphate</i>	1	
<i>quinine sulfate</i>	1	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	1	MO
APTIVUS	4	MO
<i>atazanavir</i>	1	MO
<i>atazanavir sulfate</i>	1	MO
<i>darunavir tablet 800mg</i>	4	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	4	QL (60 EA per 30 days) MO
EDURANT	4	MO
<i>efavirenz tablet 600mg</i>	1	MO
<i>emtricitabine</i>	1	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>etravirine</i>	4	MO
<i>fosamprenavir calcium</i>	4	MO
FUZEON	4	MO; LD
INTELENCE TABLET 25MG	3	
ISENTRESS HD	4	MO
ISENTRESS PACKET, TABLET	4	MO
ISENTRESS TABLET CHEWABLE 25MG	3	MO
ISENTRESS TABLET CHEWABLE 100MG	4	MO
<i>lamivudine solution 10mg/ml</i>	1	MO
<i>lamivudine tablet 150mg, 300mg</i>	1	MO
<i>maraviroc</i>	4	MO
<i>nevirapine</i>	1	MO
<i>nevirapine er</i>	1	MO
NORVIR PACKET	3	MO
PIFELTRO	4	MO
PREZISTA SUSPENSION	4	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	3	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	4	QL (240 EA per 30 days) MO
REYATAZ PACKET	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

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

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL (30 EA per 30 days) MO
EVOTAZ	4	MO
GENVOYA	4	MO
JULUCA	4	MO
<i>lamivudine/zidovudine</i>	1	MO
<i>lopinavir/ritonavir</i>	1	MO
ODEFSEY	4	MO
PREZCOBIX	4	MO
STRIBILD	4	MO
SYMTUZA	4	MO
TRIUMEQ	4	MO
TRIUMEQ PD	3	MO
ANTITUBERCULAR AGENTS		
<i>cycloserine</i>	4	MO
<i>ethambutol hydrochloride</i>	1	MO
<i>isoniazid injection</i>	1	
<i>isoniazid syrup, tablet</i>	1	MO
PRETOMANID	3	QL (30 EA per 30 days) PA
PRIFTIN	3	MO
<i>pyrazinamide</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin injection</i>	1	
<i>rifampin capsule</i>	1	MO
SIRTURO	4	PA; ACS LD
TRECTOR	3	MO
ANTIVIRALS		
<i>acyclovir sodium injection</i>	1	B/D
<i>acyclovir capsule 200mg</i>	1	MO
<i>acyclovir suspension 200mg/5ml</i>	1	MO
<i>acyclovir tablet 400mg, 800mg</i>	1	MO
<i>adefovir dipivoxil</i>	1	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	4	QL (630 ML per 30 days) MO
<i>entecavir</i>	1	QL (30 EA per 30 days) MO
EPCLUSA	4	PA; ACS
<i>famciclovir tablet 500mg</i>	1	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	1	QL (60 EA per 30 days) MO

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Drug name	Drug tier	Requirements/Limits
<i>ganciclovir</i>	1	B/D
HARVONI	4	PA; ACS
<i>lamivudine tablet 100mg</i>	1	MO
LIVTENCITY	4	QL (336 EA per 28 days) PA; LD
MAVYRET	4	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	1	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	1	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	1	QL (1080 ML per 365 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	4	QL (40 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	4	QL (60 EA per 180 days)
PEGASYS	4	PA; ACS
PREVYMIS TABLET	4	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	2	QL (120 EA per 365 days) MO
<i>ribavirin</i>	1	ACS
<i>rimantadine hydrochloride</i>	1	MO
<i>valacyclovir hydrochloride</i>	1	MO
<i>valganciclovir hydrochloride oral solution</i>	4	MO
<i>valganciclovir tablet 450mg</i>	1	MO
VOSEVI	4	PA; ACS
CEPHALOSPORINS		
CEFACLOR ER	3	MO
<i>cefaclor suspension reconstituted</i>	1	
<i>cefaclor capsule</i>	1	MO
<i>cefadroxil</i>	1	MO
CEFAZOLIN SODIUM INJECTION 1GM/50ML; 4%	2	
CEFAZOLIN SODIUM INJECTION 100GM, 300GM	3	
<i>cefazolin sodium intravenous injection 1gm</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>cefazolin sodium injection</i>	1	MO
<i>10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>		
CEFAZOLIN INJECTION	2	
2GM/100ML; 4%		
CEFAZOLIN INTRAVENOUS SINGLE DOSE VIAL INJECTION 2GM, 3GM	3	
<i>cefazolin intramuscular or intravenous injection 3gm</i>	1	
<i>cefazolin intramuscular or intravenous injection 2gm</i>	1	MO
<i>cefdinir</i>	1	MO
<i>cefepime injection 1gm, 2gm</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	1	
<i>cefoxitin sodium injection 1gm, 10gm, 2gm</i>	1	
<i>cefpodoxime proxetil</i>	1	MO
<i>cefprozil</i>	1	MO
<i>ceftazidime injection 6gm</i>	1	
<i>ceftazidime injection 1gm, 2gm</i>	1	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	1	
CEFTRIAZONE SODIUM INJECTION 100GM	3	
<i>ceftriaxone sodium intravenous injection 1gm</i>	1	
<i>ceftriaxone sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	1	MO
<i>cefuroxime axetil tablet</i>	1	MO
<i>cefuroxime sodium injection 1.5gm</i>	1	
<i>cefuroxime sodium injection 750mg</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>cephalexin</i>	1	MO
<i>tazicef</i>	1	
TEFLARO	4	
ERYTHROMYCINS/MACROLIDES		
AZITHROMYCIN PACKET	2	MO
<i>azithromycin injection, suspension</i>	1	MO
<i>reconstituted, tablet</i>		
<i>clarithromycin</i>	1	MO
<i>clarithromycin er</i>	1	MO
DIFICID SUSPENSION	4	
RECONSTITUTED		
DIFICID TABLET	4	MO
<i>erythromycin base</i>	1	MO
<i>erythromycin dr</i>	1	MO
<i>erythromycin ethylsuccinate tablet</i>	1	MO
<i>erythromycin lactobionate</i>	4	
<i>erythromycin capsule delayed</i>	1	MO
<i>release particles 250mg</i>		
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg,</i>	1	MO
<i>750mg</i>		
<i>ciprofloxacin hydrochloride tablet</i>	1	MO
<i>250mg, 500mg</i>		
<i>ciprofloxacin i.v.-in d5w injection</i>	1	
<i>200mg/100ml; 5%</i>		
<i>ciprofloxacin i.v.-in d5w injection</i>	1	MO
<i>400mg/200ml; 5%</i>		
<i>levofloxacin in d5w</i>	1	
<i>levofloxacin injection 25mg/ml</i>	1	
<i>levofloxacin oral solution 25mg/ml</i>	1	MO
<i>levofloxacin tablet 250mg, 500mg,</i>	1	MO
<i>750mg</i>		
<i>moxifloxacin hydrochloride/sodium</i>	1	
<i>hydrochloride</i>		
<i>moxifloxacin hydrochloride injection</i>	1	
<i>400mg/250ml</i>		
<i>moxifloxacin hydrochloride tablet</i>	1	MO
<i>400mg</i>		

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
PENICILLINS		
<i>amoxicillin</i>	1	MO
<i>amoxicillin/clavulanate potassium</i>	1	MO
<i>amoxicillin/clavulanate potassium er</i>	1	MO
<i>ampicillin capsule</i>	1	MO
<i>ampicillin sodium injection 10gm, 125mg, 1gm i.v., 250mg, 2gm i.v.</i>	1	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	1	MO
<i>ampicillin-sulbactam</i>	1	
<i>ampicillin/sulbactam</i>	1	
BICILLIN L-A	3	MO
<i>dicloxacillin sodium</i>	1	MO
EXTENCILLINE	3	
LENTOCILIN	3	
<i>nafcillin sodium injection 1gm</i>	1	
<i>nafcillin sodium injection 2gm</i>	1	MO
<i>nafcillin sodium injection 10gm</i>	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	1	
<i>penicillin g potassium</i>	1	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	3	
<i>penicillin g sodium</i>	1	
<i>penicillin v potassium</i>	1	MO
<i>piperacillin sodium/tazobactam sodium</i>	1	
TETRACYCLINES		
<i>doxy 100 injection</i>	1	MO
<i>doxycycline hyclate</i>	1	MO
<i>doxycycline monohydrate</i>	1	MO
<i>doxycycline suspension reconstituted 25mg/5ml</i>	1	MO
<i>minocycline hcl capsule</i>	1	MO
<i>minocycline hcl tablet</i>	1	ST MO
<i>minocycline hydrochloride capsule</i>	1	MO
<i>mondoxyne nl</i>	1	
NUZYRA	4	ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>tetracycline hydrochloride capsule</i>	1	MO
<i>tigecycline</i>	4	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABLET	2	PA
<i>cyclophosphamide capsule</i>	1	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	3	ACS
GLEOSTINE CAPSULE 100MG	4	ACS
LEUKERAN	4	MO
ANTIMETABOLITES		
INQOVI	4	QL (5 EA per 28 days) PA; ACS LD
LONSURF	4	PA; ACS LD
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	1	MO
<i>methotrexate sodium injection 1gm/40ml, 1gm</i>	1	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	1	MO
ONUREG	4	QL (14 EA per 28 days) PA; ACS LD
PURIXAN	4	ACS LD
TABLOID	4	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	4	PA; ACS
AKEEGA	4	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	1	MO
<i>bicalutamide</i>	1	MO
ELIGARD	3	PA; ACS
EMCYT	4	MO
ERLEADA	4	PA; ACS LD
<i>exemestane</i>	1	MO
FIRMAGON INJECTION 80MG	3	PA; ACS
FIRMAGON INJECTION 120MG/ VIAL	4	PA; ACS
<i>letrozole</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>leuprolide acetate injection 1mg/0.2ml</i>	1	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	4	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	4	PA; ACS
LYSODREN	4	LD
<i>megestrol acetate tablet 20mg, 40mg</i>	1	MO
<i>nilutamide</i>	4	MO
NUBEQA	4	PA; ACS LD
ORGOVYX	4	PA; LD
ORSERDU TABLET 345MG	4	QL (30 EA per 30 days) PA; LD
ORSERDU TABLET 86MG	4	QL (90 EA per 30 days) PA; LD
SOLTAMOX	4	MO
<i>tamoxifen citrate</i>	1	MO
<i>toremifene citrate</i>	4	PA MO
XTANDI	4	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	4	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	4	QL (28 EA per 28 days) PA; ACS LD
POMALYST	4	QL (21 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 100MG	4	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	4	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	4	QL (56 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
<i>arsenic trioxide injection 12mg/6ml</i>	4	
ASPARLAS	4	PA; ACS LD
BESREMI	4	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	4	PA; ACS
<i>hydroxyurea</i>	1	MO
IWILFIN	4	QL (240 EA per 30 days) PA; LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MATULANE	4	LD
ONCASPAR	4	PA; LD
<i>tretinoin capsule 10mg</i>	4	MO
WELIREG	4	QL (90 EA per 30 days) PA; LD
MOLECULAR TARGET AGENTS		
ALECENSA	4	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK	4	PA; LD
ALUNBRIG TABLET 30MG	4	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	4	QL (30 EA per 30 days) PA; LD
AUGTYRO	4	QL (240 EA per 30 days) PA; ACS LD
AYVAKIT	4	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	4	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	4	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	4	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	4	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	4	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	4	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	4	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	4	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA	4	QL (120 EA per 30 days) PA; LD
CABOMETYX	4	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE	4	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	4	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	4	QL (60 EA per 30 days) PA; LD
COMETRIQ KIT 140MG DAILY	4	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	4	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	4	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA	4	QL (56 EA per 28 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
COTELLIC	4	QL (63 EA per 28 days) PA; ACS LD
DAURISMO TABLET 100MG	4	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	4	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE	4	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	4	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	4	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	4	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	4	QL (30 EA per 30 days) PA; ACS
EXKIVITY	4	QL (120 EA per 30 days) PA; LD
FOTIVDA	4	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	4	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	4	QL (84 EA per 28 days) PA; LD
GAVRETO	4	QL (120 EA per 30 days) PA; ACS LD
<i>gefitinib</i>	4	QL (60 EA per 30 days) PA; ACS
GILOTRIF	4	QL (30 EA per 30 days) PA; LD
IBRANCE	4	QL (21 EA per 28 days) PA; ACS LD
ICLUSIG TABLET 10MG, 30MG	4	PA; LD
ICLUSIG TABLET 15MG, 45MG	4	QL (30 EA per 30 days) PA; LD
IDHIFA	4	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	4	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	4	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	4	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 70MG	4	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	4	QL (90 EA per 30 days) PA; LD
INLYTA TABLET 5MG	4	QL (120 EA per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
INLYTA TABLET 1MG	4	QL (180 EA per 30 days) PA; ACS LD
INREBIC	4	QL (120 EA per 30 days) PA; ACS LD
JAKAFI	4	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	4	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	4	QL (60 EA per 30 days) PA; ACS LD
KISQALI	4	PA; ACS
KISQALI FEMARA 200 DOSE	4	PA; ACS
KISQALI FEMARA 400 DOSE	4	PA; ACS
KISQALI FEMARA 600 DOSE	4	PA; ACS
KOSELUGO	4	PA; LD
KRAZATI	4	QL (180 EA per 30 days) PA; LD
<i>lapatinib ditosylate</i>	4	QL (180 EA per 30 days) PA; ACS LD
LENVIMA 10 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 12MG DAILY DOSE	4	PA; ACS LD
LENVIMA 14 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 24 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	4	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	4	PA; ACS LD
LORBRENA TABLET 100MG	4	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	4	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	4	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	4	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA	4	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	4	QL (112 EA per 28 days) PA; LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
LYTGOBI TABLET THERAPY PACK 20MG	4	QL (140 EA per 28 days) PA; LD
LYTGOBI TABLET THERAPY PACK 12MG	4	QL (84 EA per 28 days) PA; LD
MEKINIST SOLUTION RECONSTITUTED	4	QL (1260 ML per 30 days) PA; ACS LD
MEKINIST TABLET 2MG	4	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	4	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI	4	QL (180 EA per 30 days) PA; ACS LD
NERLYNX	4	QL (180 EA per 30 days) PA; ACS LD
NEXAVAR	4	QL (120 EA per 30 days) PA; ACS LD
NINLARO	4	PA; ACS
ODOMZO	4	PA; ACS LD
OGSIVEO TABLET 50MG	4	QL (180 EA per 30 days) PA; LD
OGSIVEO TABLET 100MG, 150MG	4	QL (56 EA per 28 days) PA; LD
OJEMDA TABLET	4	QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	4	QL (96 ML per 28 days) PA; LD
OJJAARA	4	QL (30 EA per 30 days) PA; LD
<i>pazopanib hydrochloride</i>	4	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	4	QL (28 EA per 28 days) PA; LD
PIQRAY 200MG DAILY DOSE	4	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	4	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	4	QL (56 EA per 28 days) PA; ACS
QINLOCK	4	QL (90 EA per 30 days) PA; LD
RETEVMO CAPSULE 80MG	4	QL (120 EA per 30 days) PA; ACS LD
RETEVMO CAPSULE 40MG	4	QL (180 EA per 30 days) PA; ACS LD
RETEVMO TABLET 120MG, 160MG, 80MG	4	QL (60 EA per 30 days) PA; ACS LD
RETEVMO TABLET 40MG	4	QL (90 EA per 30 days) PA; ACS LD
REZLIDHIA	4	QL (60 EA per 30 days) PA; LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>romidepsin</i>	4	ACS
ROZLYTREK PACKET	4	QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	4	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	4	QL (90 EA per 30 days) PA; ACS LD
RUBRACA	4	PA; ACS LD
RYDAPT	4	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	4	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	4	QL (300 EA per 30 days) PA; ACS
SCEMBLIX TABLET 20MG	4	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	4	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	4	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	4	QL (90 EA per 30 days) PA; ACS
STIVARGA	4	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	4	QL (30 EA per 30 days) PA; ACS
TABRECTA	4	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	4	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	4	QL (900 EA per 30 days) PA; ACS LD
TAGRISSO	4	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	4	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	4	QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	4	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	4	QL (120 EA per 30 days) PA; ACS
TAZVERIK	4	QL (240 EA per 30 days) PA; LD
TECVAYLI	4	PA; LD
TEPMETKO	4	QL (60 EA per 30 days) PA; LD
TIBSOVO	4	PA; LD
<i>torpenz</i>	4	QL (30 EA per 30 days) PA
TRUQAP	4	QL (64 EA per 28 days) PA; LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
TRUXIMA	4	PA; ACS
TUKYSA TABLET 150MG	4	QL (120 EA per 30 days) PA; LD
TUKYSA TABLET 50MG	4	QL (240 EA per 30 days) PA; LD
TURALIO	4	QL (120 EA per 30 days) PA; LD
VANFLYTA	4	QL (56 EA per 28 days) PA; LD
VENCLEXTA STARTING PACK	4	QL (42 EA per 28 days) PA; LD
VENCLEXTA TABLET 10MG	2	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 50MG	4	QL (120 EA per 30 days) PA; LD
VENCLEXTA TABLET 100MG	4	QL (180 EA per 30 days) PA; LD
VERZENIO	4	PA; ACS LD
VITRAKVI SOLUTION	4	QL (300 ML per 30 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	4	QL (180 EA per 30 days) PA; ACS LD
VITRAKVI CAPSULE 100MG	4	QL (60 EA per 30 days) PA; ACS LD
VIZIMPRO	4	QL (30 EA per 30 days) PA; ACS LD
VONJO	4	QL (120 EA per 30 days) PA; LD
XALKORI CAPSULE	4	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	4	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	4	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	4	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	4	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY	4	QL (24 EA per 28 days) PA; LD
XPOVIO 80 MG TWICE WEEKLY	4	QL (32 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	4	QL (4 EA per 28 days) PA; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	4	QL (8 EA per 28 days) PA; LD
ZEJULA TABLET	4	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	4	QL (240 EA per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZIRABEV	4	PA; ACS LD
ZOLINZA	4	PA; ACS
ZYDELIG	4	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	4	QL (84 EA per 28 days) PA; ACS LD
PROTECTIVE AGENTS		
<i>leucovorin calcium tablet</i>	1	MO
MESNEX TABLET	4	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>benazepril hydrochloride/hydrochlorothiazide</i>	1	MO
<i>captopril/hydrochlorothiazide</i>	1	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO
<i>fosinopril sodium/hydrochlorothiazide</i>	1	MO
<i>lisinopril/hydrochlorothiazide</i>	1	MO
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 10mg</i>	1	
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	1	MO
<i>trandolapril/verapamil hcl er</i>	1	MO
ACE INHIBITORS		
<i>benazepril hcl</i>	1	MO
<i>benazepril hydrochloride</i>	1	MO
<i>captopril</i>	1	MO
<i>enalapril maleate tablet</i>	1	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	1	MO
KERENDIA	2	QL (30 EA per 30 days) MO
<i>spironolactone tablet</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	1	MO
<i>prazosin hydrochloride</i>	1	MO
<i>terazosin hcl</i>	1	MO
<i>terazosin hydrochloride</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	1	QL (30 EA per 30 days) MO
<i>amlodipine/valsartan/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/ hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/ hydrochlorothiazide tablet 16mg; 12.5mg</i>	1	QL (60 EA per 30 days) MO
EDARBYCLOR	3	QL (30 EA per 30 days) MO
ENTRESTO CAPSULE SPRINKLE	2	
ENTRESTO TABLET	2	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO
<i>losartan potassium/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/ hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	1	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	1	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	1	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	1	QL (60 EA per 30 days) MO
EDARBI	3	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO
<i>telmisartan</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	1	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	1	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hcl injection</i>	1	
<i>amiodarone hydrochloride injection</i>	1	
<i>amiodarone hydrochloride tablet</i>	1	MO
<i>disopyramide phosphate</i>	1	PA MO
<i>dofetilide</i>	1	ACS
<i>flecainide acetate</i>	1	MO
LIDOCAINE HCL IN D5W	3	
LIDOCAINE HCL INJECTION 100MG/5ML	3	
<i>lidocaine hcl injection 100mg/5ml, 50mg/5ml</i>	1	
MULTAQ	3	MO
NORPACE CR	3	MO
<i>pacerone</i>	1	
<i>propafenone hcl</i>	1	MO
<i>propafenone hydrochloride</i>	1	MO
<i>propafenone hydrochloride er</i>	1	MO
<i>quinidine sulfate</i>	1	MO
<i>sorine tablet 160mg, 80mg</i>	1	
<i>sorine tablet 120mg</i>	1	MO
<i>sotalol hcl</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>sotalol hydrochloride (af)</i>	1	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate</i>	1	MO
<i>fenofibrate micronized</i>	1	MO
<i>fenofibric acid dr</i>	1	MO
<i>gemfibrozil</i>	1	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>fluvastatin</i>	1	QL (60 EA per 30 days) MO
<i>fluvastatin sodium er</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine</i>	1	MO
<i>cholestyramine light</i>	1	MO
<i>colesevelam hydrochloride</i>	1	MO
<i>colestipol hcl</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe/simvastatin</i>	1	QL (30 EA per 30 days) MO
NEXLETOL	2	QL (30 EA per 30 days) MO
NEXLIZET	2	QL (30 EA per 30 days) MO
<i>niacin immediate release tablet 500mg</i>	1	MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	1	MO
<i>niacin er tablet extended release 500mg</i>	1	QL (60 EA per 30 days) MO
<i>niacor</i>	1	MO
<i>omega-3-acid ethyl esters</i>	1	QL (120 EA per 30 days) PA MO
<i>prevalite</i>	1	
REPATHA	2	PA
REPATHA PUSHTRONEX SYSTEM	2	PA
REPATHA SURECLICK	2	PA
VASCEPA	3	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>bisoprolol</i>	1	MO
<i>fumarate/hydrochlorothiazide</i>		
<i>metoprolol/hydrochlorothiazide</i>	1	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	1	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>carvedilol phosphate er capsule</i>	1	QL (30 EA per 30 days) MO
<i>extended release 24 hour</i>		
<i>carvedilol tablet</i>	1	MO
<i>labetalol hydrochloride injection</i>	1	MO
<i>5mg/ml</i>		
<i>metoprolol succinate er</i>	1	MO
<i>metoprolol tartrate injection</i>	1	
<i>metoprolol tartrate tablet</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	1	QL (60 EA per 30 days) MO
<i>pindolol</i>	1	MO
<i>propranolol hcl er</i>	1	MO
<i>propranolol hcl injection</i>	1	
<i>propranolol hcl oral solution, tablet</i>	1	MO
<i>propranolol hydrochloride er</i>	1	MO
<i>propranolol hydrochloride oral solution, tablet</i>	1	MO
<i>timolol maleate tablet 10mg, 20mg, 5mg</i>	1	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	1	
<i>dilt-xr</i>	1	MO
<i>diltiazem hcl cd capsule extended release 24 hour 360mg</i>	1	MO
<i>diltiazem hcl er</i>	1	MO
<i>diltiazem hcl tablet</i>	1	MO
DILTIAZEM HCL INJECTION 100MG	3	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	1	
<i>diltiazem hydrochloride er</i>	1	MO
<i>diltiazem hydrochloride injection</i>	1	
<i>diltiazem hydrochloride tablet</i>	1	MO
<i>felodipine er</i>	1	MO
<i>isradipine</i>	1	MO
<i>matzim la</i>	1	MO
<i>nicardipine hcl capsule 20mg, 30mg</i>	1	MO
<i>nifedipine er</i>	1	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine er</i>	1	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	1	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	1	MO
<i>verapamil hcl</i>	1	MO
<i>verapamil hcl er</i>	1	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	2	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	1	MO
<i>verapamil hcl sr tablet extended release</i>	1	MO
<i>verapamil hydrochloride</i>	1	MO
<i>verapamil hydrochloride er</i>	1	MO
DIURETICS		
<i>acetazolamide er capsule extended release</i>	1	MO
<i>acetazolamide tablet</i>	1	MO
<i>amiloride hcl</i>	1	MO
<i>amiloride/hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	1	MO
<i>chlorthalidone</i>	1	MO
<i>furosemide</i>	1	MO

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Drug name	Drug tier	Requirements/Limits
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>methazolamide</i>	1	MO
<i>metolazone</i>	1	MO
<i>spironolactone/hydrochlorothiazide</i>	1	MO
<i>torsemide</i>	1	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	1	MO
<i>clonidine</i>	1	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride tablet</i>	1	MO
CORLANOR SOLUTION	3	
CORLANOR TABLET	3	MO
<i>digox tablet 250mcg, 125mcg</i>	1	QL (30 EA per 30 days)
<i>digoxin injection, oral solution</i>	1	MO
<i>digoxin tablet 125mcg, 250mcg</i>	1	QL (30 EA per 30 days) MO
<i>digoxin tablet 62.5mcg</i>	1	QL (90 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	1	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	4	QL (180 EA per 30 days) PA; ACS
<i>epinephrine injection 30mg/30ml</i>	1	
<i>guanfacine hydrochloride</i>	1	PA MO
<i>hydralazine hcl</i>	1	MO
<i>hydralazine hydrochloride</i>	1	MO
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	1	MO
<i>ivabradine hydrochloride</i>	1	
<i>metyrosine</i>	4	PA
<i>midodrine hcl</i>	1	MO
<i>minoxidil</i>	1	MO
<i>ranolazine er</i>	1	MO
VERQUVO	2	PA MO
NITRATES		
<i>isosorbide dinitrate</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>isosorbide mononitrate er</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NITRO-BID	2	MO
<i>nitroglycerin transdermal</i>	1	MO
NITROGLYCERIN INJECTION 5MG/ML	3	
<i>nitroglycerin translingual solution 0.4mg/spray</i>	1	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	1	MO
PULMONARY ARTERIAL HYPERTENSION		
<i>ambrisentan</i>	4	QL (30 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	4	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	4	QL (60 EA per 30 days) PA; ACS LD
<i>epoprostenol sodium</i>	1	B/D; ACS LD
OPSUMIT	4	QL (30 EA per 30 days) PA; ACS LD
<i>sildenafil injection</i>	4	QL (1125 ML per 30 days) PA; ACS
<i>sildenafil citrate tablet (generic Revatio)</i>	1	QL (360 EA per 30 days) PA; ACS
<i>tadalafil tablet (generic Adcirca) 20mg</i>	4	PA; ACS
<i>treprostinil</i>	4	PA; ACS LD
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
<i>alprazolam er tablet extended release 24 hour 0.5mg</i>	1	QL (150 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 1mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>alprazolam er tablet extended release 24 hour 2mg</i>	1	QL (90 EA per 30 days) MO; HRM
ALPRAZOLAM INTENSOL	3	QL (300 ML per 30 days) MO; HRM
<i>alprazolam tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>alprazolam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
<i>buspirone hcl</i>	1	MO
<i>buspirone hydrochloride</i>	1	MO
<i>chlordiazepoxide hcl</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate</i>	1	MO; HRM
<i>fluvoxamine maleate er</i>	1	QL (60 EA per 30 days) MO; HRM
<i>lorazepam intensol</i>	1	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	1	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM
<i>meprobamate</i>	1	PA MO
<i>oxazepam</i>	1	QL (120 EA per 30 days) PA MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl</i>	1	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	1	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	1	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	1	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	1	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	1	PA MO
<i>memantine hydrochloride solution</i>	1	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	1	QL (60 EA per 30 days) PA MO
NAMZARIC	3	MO
<i>rivastigmine tartrate capsule</i>	1	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	1	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	1	PA MO; HRM
<i>amitriptyline hydrochloride</i>	1	PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>amoxapine</i>	1	MO; HRM
AUVELITY	4	QL (60 EA per 30 days) PA MO
<i>bupropion hcl</i>	1	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride</i>	1	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	1	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	1	QL (30 EA per 30 days) MO
<i>chlordiazepoxide/amitriptyline</i>	1	PA MO; HRM
<i>citalopram hydrobromide solution</i>	1	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	1	PA MO; HRM
<i>desipramine hydrochloride</i>	1	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	1	PA MO; HRM
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	1	PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	3	QL (60 EA per 30 days) PA MO
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	3	QL (90 EA per 30 days) PA MO
<i>duloxetine hydrochloride (generic Cymbalta) capsule 20mg, 30mg, 60mg</i>	1	QL (60 EA per 30 days) MO; HRM
EMSAM	4	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	1	QL (600 ML per 30 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>escitalopram oxalate tablet 20mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	1	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	3	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	3	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	3	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	1	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i>	1	MO; HRM
<i>imipramine hcl</i>	1	PA MO; HRM
<i>imipramine hydrochloride</i>	1	PA MO; HRM
<i>imipramine pamoate</i>	1	PA MO; HRM
MARPLAN	3	QL (180 EA per 30 days) MO
<i>mirtazapine</i>	1	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	1	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	1	MO
<i>nortriptyline hcl</i>	1	MO; HRM
<i>nortriptyline hydrochloride</i>	1	MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride tablet</i>	1	QL (30 EA per 30 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>paroxetine hydrochloride suspension</i>	1	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	1	PA MO; HRM
<i>phenelzine sulfate</i>	1	MO
<i>protriptyline hcl</i>	1	PA MO; HRM
<i>sertraline hcl concentrate</i>	1	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	1	MO
<i>trazodone hydrochloride</i>	1	MO
<i>trimipramine maleate capsule 50mg</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	1	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	3	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	3	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hcl er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	1	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 225mg, 37.5mg, 75mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er tablet extended release 24 hour 150mg</i>	1	QL (60 EA per 30 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>vilazodone hydrochloride</i>	1	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	4	QL (14 EA per 14 days) PA; ACS
ZURZUVAE CAPSULE 20MG, 25MG	4	QL (28 EA per 14 days) PA; ACS
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl solution, tablet</i>	1	MO
<i>amantadine hcl capsule</i>	1	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	1	MO
<i>benztropine mesylate tablet</i>	1	PA MO; HRM
<i>bromocriptine mesylate</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa/levodopa</i>	1	MO
<i>carbidopa/levodopa er</i>	1	MO
<i>carbidopa/levodopa odt</i>	1	MO
CARBIDOPA/LEVODOPA/ ENTACAPONE	3	MO
<i>entacapone</i>	1	MO
INBRIJA	4	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride</i>	1	MO
<i>pramipexole dihydrochloride er</i>	1	QL (30 EA per 30 days) MO
<i>rasagiline mesylate</i>	1	MO
<i>ropinirole er tablet extended release</i> 24 hour 6mg	1	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release</i> 24 hour 4mg	1	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release</i> 24 hour 2mg	1	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release</i> 24 hour 12mg	1	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release</i> 24 hour 8mg	1	QL (90 EA per 30 days) MO
<i>ropinirole hcl</i>	1	MO
<i>ropinirole hydrochloride</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl hcl</i>	1	PA MO; HRM
<i>trihexyphenidyl hydrochloride</i>	1	PA MO; HRM
ANTIPSYCHOTICS		
ABILIFY MAINTENA	4	QL (1 EA per 28 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>aripiprazole odt</i>	1	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	1	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	1	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	4	HRM
ARISTADA INJECTION 441MG/1.6ML	4	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	4	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	4	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	4	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	1	QL (60 EA per 30 days) MO; HRM
CAPLYTA	4	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	1	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	1	HRM
<i>chlorpromazine hcl injection 25mg/ ml</i>	1	MO; HRM
<i>chlorpromazine hydrochloride concentrate</i>	1	HRM
<i>chlorpromazine hydrochloride tablet</i>	1	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	3	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	3	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	1	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	1	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	1	HRM
<i>clozapine tablet 200mg</i>	1	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	1	QL (270 EA per 30 days); HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FANAPT	4	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	3	PA MO; HRM
<i>fluphenazine decanoate</i>	1	MO; HRM
<i>fluphenazine hcl</i>	1	MO; HRM
<i>fluphenazine hydrochloride</i>	1	MO; HRM
<i>haloperidol</i>	1	MO; HRM
<i>haloperidol decanoate</i>	1	MO; HRM
<i>haloperidol lactate</i>	1	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	4	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	4	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	3	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	4	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	4	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	4	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	4	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	4	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	4	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	4	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	4	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	1	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride</i>	1	HRM
NUPLAZID	4	QL (30 EA per 30 days) PA; ACS HRM LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>olanzapine odt</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	1	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	1	MO; HRM
<i>pimozide</i>	1	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	1	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	1	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	4	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	4	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	1	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	1	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	4	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	1	QL (60 EA per 30 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	1	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	1	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO; HRM
SECUADO	4	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl</i>	1	PA MO; HRM
<i>thiothixene</i>	1	MO; HRM
<i>trifluoperazine hcl</i>	1	MO; HRM
<i>trifluoperazine hydrochloride</i>	1	MO; HRM
VERSACLOZ	4	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	3	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	1	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	1	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 210MG	3	QL (2 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	4	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	4	QL (2 EA per 28 days) PA; ACS HRM
ANTISEIZURE AGENTS		
APTOM TABLET 200MG, 400MG	4	QL (30 EA per 30 days) MO
APTOM TABLET 600MG, 800MG	4	QL (60 EA per 30 days) MO
BRIVIACT TABLET	4	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	4	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	4	QL (600 ML per 30 days) PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>carbamazepine</i>	1	MO; HRM
<i>carbamazepine er</i>	1	MO; HRM
<i>clobazam suspension</i>	1	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	1	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	1	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	1	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	4	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	4	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	4	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	4	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	1	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	3	QL (5 EA per 30 days) MO; HRM
<i>diazepam tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	1	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam concentrate, injection</i>	1	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	3	MO
DILANTIN INFATABS	3	MO
DILANTIN-125	3	MO
<i>divalproex sodium capsule delayed release sprinkle</i>	1	MO
<i>divalproex sodium dr</i>	1	MO
<i>divalproex sodium er</i>	1	MO
EPIDIOLEX	4	QL (600 ML per 30 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>epitol</i>	1	HRM
EPRONTIA	3	QL (480 ML per 30 days) PA MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO
FINTEPLA	4	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection</i> <i>100mg pe/2ml</i>	1	
<i>fosphenytoin sodium injection</i> <i>500mg pe/10ml</i>	1	MO
FYCOMPA SUSPENSION	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	3	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin)</i> <i>capsule 100mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>capsule 400mg</i>	1	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>capsule 300mg</i>	1	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>solution</i>	1	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>tablet 600mg</i>	1	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin)</i> <i>tablet 800mg</i>	1	QL (90 EA per 30 days) MO
<i>lacosamide oral solution</i>	1	QL (1200 ML per 30 days) MO
<i>lacosamide injection</i>	4	
<i>lacosamide tablet 50mg</i>	1	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg,</i> <i>200mg</i>	1	QL (60 EA per 30 days) MO
<i>lamotrigine</i>	1	MO
<i>lamotrigine er</i>	1	MO
<i>lamotrigine odt</i>	1	MO
<i>lamotrigine starter kit/blue</i>	1	MO
<i>lamotrigine starter kit/green</i>	4	MO
<i>lamotrigine starter kit/orange</i>	1	MO
<i>levetiracetam er</i>	1	MO
<i>levetiracetam/sodium chloride</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>levetiracetam injection</i>	1	
<i>levetiracetam oral solution, tablet</i>	1	MO
LIBERVANT	4	QL (10 EA per 30 days) PA
<i>methsuximide</i>	1	MO
NAYZILAM	3	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine</i>	1	MO; HRM
<i>phenobarbital sodium injection</i>	1	PA; HRM
<i>phenobarbital tablet</i>	1	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	1	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	1	
<i>phenytoin oral suspension, tablet chewable</i>	1	MO
<i>phenytoin sodium extended release capsule</i>	1	MO
<i>phenytoin sodium injection</i>	1	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	1	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	1	QL (900 ML per 30 days) PA MO
<i>primidone</i>	1	MO
<i>roweepra</i>	1	
<i>rufinamide suspension</i>	4	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	1	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	4	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	3	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	3	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	3	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	3	QL (90 EA per 30 days) MO
<i>subvenite</i>	1	
<i>subvenite starter kit/blue</i>	1	
<i>subvenite starter kit/green</i>	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>subvenite starter kit/orange</i>	1	
SYMPAZAN FILM 5MG	3	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	4	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	1	MO
<i>topiramate er</i>	1	MO
<i>topiramate capsule sprinkle</i>	1	MO
<i>topiramate tablet 100mg</i>	1	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	1	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	1	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	1	
<i>valproic acid capsule, oral solution</i>	1	MO
VALTOCO 10 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	3	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	3	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	4	QL (180 EA per 30 days) PA; ACS LD
<i>vigadrone</i>	4	QL (180 EA per 30 days) PA; LD
VIGAFYDE	4	QL (750 ML per 30 days) PA; LD
<i>vigpoder</i>	4	QL (180 EA per 30 days) PA; LD
XCOPRI TITRATION PACK 12.5MG; 25MG	3	QL (28 EA per 28 days) MO
XCOPRI TITRATION PACK 150MG; 200MG, 50MG; 100MG	4	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	4	QL (56 EA per 28 days) MO
XCOPRI TABLET 25MG	4	QL (30 EA per 30 days)
XCOPRI TABLET 100MG, 50MG	4	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	4	QL (60 EA per 30 days) MO
ZONISADE	4	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	1	MO
<i>zonisamide capsule 50mg</i>	1	MO; HRM
ZTALMY	4	QL (1100 ML per 30 days) PA; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	1	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	1	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	1	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	1	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl</i>	1	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride capsule extended release 24 hour</i>	1	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet</i>	1	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er</i>	1	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	1	QL (1800 ML per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	1	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	1	QL (60 EA per 30 days) PA MO
<i>lisdexamfetamine dimesylate</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride cd</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 60mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 10mg, 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 24 hour (generic Ritalin LA) 30mg</i>	1	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>methylphenidate hydrochloride er tablet extended release 24 hour 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er capsule extended release (generic Metadate CD) 40mg</i>	1	QL (30 EA per 30 days) MO
METHYLPHENIDATE HYDROCHLORIDE ER TABLET EXTENDED RELEASE (GENERIC RELEXXII) 45MG, 63MG, 72MG	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta and Relexxii) 18mg, 27mg, 36mg, 54mg</i>	1	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR) 10mg, 20mg</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet chewable</i>	1	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride tablet</i>	1	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	1	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	1	QL (900 ML per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	1	QL (180 EA per 30 days)
HYPNOTICS		
DAYVIGO	2	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>eszopiclone</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>tasimelteon</i>	4	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	1	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	1	QL (30 EA per 30 days) PA MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>zaleplon capsule 10mg</i>	1	QL (60 EA per 30 days) PA MO; HRM
<i>zolpidem tartrate tablet</i>	1	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	2	QL (1 ML per 30 days) PA; ACS
<i>almotriptan</i>	1	QL (8 EA per 30 days) MO
<i>almotriptan malate</i>	1	QL (8 EA per 30 days) MO
<i>dihydroergotamine mesylate injection</i>	4	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	4	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	1	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/cafeine</i>	1	QL (40 EA per 28 days) PA MO
<i>frovatriptan succinate</i>	1	QL (12 EA per 30 days) MO
<i>naratriptan hcl</i>	1	QL (9 EA per 30 days) MO
NURTEC	2	QL (16 EA per 30 days) PA MO
QULIPTA	2	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	1	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate refill</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	1	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	1	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	1	QL (9 EA per 30 days) MO
<i>sumatriptan/naproxen sodium</i>	1	QL (9 EA per 30 days) MO
UBRELVY	2	QL (16 EA per 30 days) PA MO
<i>zolmitriptan tablet</i>	1	QL (6 EA per 30 days) MO
<i>zolmitriptan odt</i>	1	QL (6 EA per 30 days) MO
<i>zomig</i>	1	QL (6 EA per 30 days)
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 12MG; 18MG; 24MG; 30MG	4	QL (56 EA per 365 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
AUSTEDO XR PATIENT TITRATION KIT TABLET EXTENDED RELEASE THERAPY PACK 6MG; 12MG; 24MG	4	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	4	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 18MG, 30MG, 36MG, 42MG, 48MG	4	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	4	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	4	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	4	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 6MG	4	QL (60 EA per 30 days) PA; ACS LD
<i>lithium</i>	1	MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	1	MO
NUEDEXTA	4	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	1	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	1	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet</i>	1	MO
<i>pyridostigmine bromide er</i>	1	MO
<i>riluzole</i>	1	MO
<i>tetrabenazine tablet 25mg</i>	4	QL (120 EA per 30 days) PA; ACS LD
<i>tetrabenazine tablet 12.5mg</i>	4	QL (90 EA per 30 days) PA; ACS LD
MULTIPLE SCLEROSIS AGENTS		
BAFIERTAM	4	QL (120 EA per 30 days) PA; ACS LD
BETASERON	4	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er</i>	1	PA; ACS
<i>fingolimod hydrochloride</i>	4	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	4	QL (12 ML per 28 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>glatiramer acetate injection 20mg/ml</i>	4	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	4	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	4	QL (30 ML per 30 days) PA; ACS
KESIMPTA	4	QL (6.4 ML per 365 days) PA; ACS LD
<i>teriflunomide</i>	4	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet</i>	1	MO
<i>chlorzoxazone tablet 500mg</i>	1	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	1	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	1	MO
<i>tizanidine hcl</i>	1	MO
<i>tizanidine hydrochloride</i>	1	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	1	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	1	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	1	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	1	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	4	QL (540 ML per 30 days) PA; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	1	MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	1	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	1	QL (90 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 12mg; 3mg</i>	1	QL (60 EA per 30 days) MO
<i>buprenorphine hydrochloride/naloxone hydrochloride film 2mg; 0.5mg, 4mg; 1mg, 8mg; 2mg</i>	1	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	1	QL (60 EA per 30 days) MO
<i>disulfiram</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>naloxone hcl</i>	1	MO
<i>naloxone hydrochloride nasal spray</i>	1	MO
<i>naloxone hydrochloride injection</i>	1	
<i>0.4mg/ml cartridge and prefilled syringe, 2mg/2ml prefilled syringe</i>		
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	1	MO
<i>naltrexone hcl</i>	1	MO
NICOTROL INHALER	3	MO
NICOTROL NS	3	QL (360 ML per 365 days) MO
<i>varenicline starting month box</i>	1	PA MO
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	1	PA MO
VIVITROL	4	ACS

ENDOCRINE AND METABOLIC

ANDROGENS

<i>danazol</i>	1	MO
<i>methyltestosterone</i>	4	PA MO
<i>testosterone cypionate</i>	1	MO
<i>testosterone enanthate</i>	1	PA MO
<i>testosterone pump gel 1%</i>	1	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	1	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	1	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	1	QL (180 ML per 30 days) MO

ANTIDIABETICS, INSULINS

ADMELOG	2	MO
ADMELOG SOLOSTAR	2	MO
BD ALCOHOL SWABS	2	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	2	PA MO
BASAGLAR KWIKPEN	2	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	2	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	2	PA MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	2	PA MO
BD PEN	2	
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	2	PA MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	2	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY	2	PA MO
FIASP	2	MO
FIASP FLEXTOUCH	2	MO
FIASP PENFILL	2	MO
FIASP PUMPCART	2	B/D MO
HUMULIN R U-500 (CONCENTRATED)	4	B/D MO
HUMULIN R U-500 KWIKPEN	4	MO
LANTUS	2	MO
LANTUS SOLOSTAR	2	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N (BRAND RELION NOT COVERED)	2	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R (BRAND RELION NOT COVERED)	2	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG (BRAND RELION NOT COVERED)	2	MO
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	2	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	2	MO
NOVOLOG PENFILL	2	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SOLIQUA 100/33	2	QL (15 ML per 25 days) MO
TOUJEO MAX SOLOSTAR	2	MO
TOUJEO SOLOSTAR	2	MO
TRESIBA	2	MO
TRESIBA FLEXTOUCH	2	MO
XULTOPHY 100/3.6	2	QL (15 ML per 30 days) MO
ANTIDIABETICS		
acarbose	1	QL (90 EA per 30 days) MO
BYDUREON BCISE	2	QL (3.4 ML per 28 days) PA MO
FARXIGA	2	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 xl tablet extended release 24 hour 10mg	1	QL (60 EA per 30 days) MO
glipizide xl 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	2	QL (30 EA per 30 days) MO
JANUMET	2	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	2	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	2	QL (60 EA per 30 days) MO
JANUVIA	2	QL (30 EA per 30 days) MO
JARDIANCE	2	QL (30 EA per 30 days) MO
JENTADUETO	2	QL (60 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	2	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er (generic Glucophage XR) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) MO
<i>metformin hydrochloride er (generic Fortamet and Glumetza) tablet extended release 24 hour 500mg</i>	1	QL (120 EA per 30 days) PA MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO
<i>miglitol</i>	1	QL (90 EA per 30 days) MO
MOUNJARO INJECTION 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML	2	QL (2 ML per 28 days) PA
MOUNJARO INJECTION 2.5MG/0.5ML	2	QL (4 ML per 365 days) PA
<i>nateglinide</i>	1	QL (90 EA per 30 days) MO
OZEMPIC	2	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl-glimepiride</i>	1	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	1	QL (90 EA per 30 days) MO
<i>pioglitazone hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>repaglinide tablet 0.5mg, 1mg</i>	1	QL (120 EA per 30 days) MO
<i>repaglinide tablet 2mg</i>	1	QL (240 EA per 30 days) MO
RYBELSUS	2	QL (30 EA per 30 days) PA MO
SYMLINPEN 120	4	QL (10.8 ML per 30 days) PA MO
SYMLINPEN 60	4	QL (6 ML per 30 days) PA MO

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Drug name	Drug tier	Requirements/Limits
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	2	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	2	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRADJENTA	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	2	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	2	QL (60 EA per 30 days) MO
TRULICITY	2	QL (2 ML per 28 days) PA
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	2	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	2	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	1	MO
<i>ibandronate sodium tablet</i>	1	QL (1 EA per 30 days) MO
<i>ibandronate sodium injection</i>	1	QL (3 ML per 90 days) MO
PAMIDRONATE DISODIUM INJECTION 6MG/ML	3	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	1	
PROLIA	3	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	1	QL (4 EA per 28 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>risedronate sodium tablet 150mg</i>	1	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	1	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	1	QL (4 EA per 28 days) MO
TERIPARATIDE INJECTION 620 MCG/2.48 ML (BRAND BY ALVOGEN)	4	PA; ACS
XGEVA	4	PA; ACS
ZOLEDRONIC ACID INJECTION 4MG/100ML	3	ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	1	ACS
CHELATING AGENTS		
CHEMET	4	MO
<i>deferasirox tablet</i>	1	PA; ACS
<i>deferasirox packet</i>	4	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	1	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	4	PA; ACS
KIONEX	1	
LOKELMA PACKET 10GM	2	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	2	QL (96 EA per 30 days) MO
<i>penicillamine tablet</i>	4	ACS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps</i>	1	MO
<i>trientine hydrochloride capsule 500mg</i>	4	PA
<i>trientine hydrochloride capsule 250mg</i>	4	PA; ACS
CONTRACEPTIVES		
<i>afirmelle</i>	1	
<i>altavera</i>	1	
<i>alyacen 1/35</i>	1	MO
<i>alyacen 7/7/7</i>	1	
<i>amethia</i>	1	
<i>amethyst</i>	1	
<i>apri</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>aranelle</i>	1	MO
<i>ashlyna</i>	1	
<i>aubra eq</i>	1	
<i>aurovela 1.5/30</i>	1	
<i>aurovela 1/20</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30</i>	1	
<i>aurovela fe 1/20</i>	1	MO
<i>aviane</i>	1	
<i>ayuna</i>	1	
<i>azurette</i>	1	
<i>balziva</i>	1	
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30</i>	1	MO
<i>blisovi fe 1/20</i>	1	
<i>briellyn</i>	1	
<i>camila</i>	1	MO
CAMRESE	2	
CAMRESE LO	2	
<i>charlotte 24 fe</i>	1	
<i>chateal eq</i>	1	
<i>cryselle-28</i>	1	MO
<i>cyred eq</i>	1	
<i>dasetta 1/35</i>	1	
<i>dasetta 7/7/7</i>	1	
<i>daysee</i>	1	
<i>deblitane</i>	1	
<i>delyla</i>	1	
DEPO-SUBQ PROVERA 104	2	MO
<i>desogestrel/ethinyl estradiol</i>	1	MO
<i>dolishale</i>	1	
<i>drospirenone/ethinyl estradiol</i>	1	MO
<i>drospirenone/ethinyl</i>	1	MO
<i>estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg</i>		
<i>elinest</i>	1	
<i>eluryng</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>emzahh</i>	1	
<i>enilloring</i>	1	
<i>enpresse-28</i>	1	
<i>enskyce</i>	1	MO
<i>errin</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	1	MO
<i>etonogestrel/ethinyl estradiol</i>	1	MO
<i>falmina</i>	1	
<i>finzala</i>	1	
<i>hailey 1.5/30</i>	1	MO
<i>hailey 24 fe</i>	1	
<i>hailey fe 1.5/30</i>	1	
<i>hailey fe 1/20</i>	1	
<i>haloette</i>	1	
<i>heather</i>	1	
<i>iclevia</i>	1	
<i>incassia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	
<i>jaimiess</i>	1	
<i>jasmiel</i>	1	
<i>jencycla</i>	1	
<i>JOLESSA</i>	2	
<i>juleber</i>	1	
<i>junel 1.5/30</i>	1	
<i>junel 1/20</i>	1	
<i>junel fe 1.5/30</i>	1	MO
<i>junel fe 1/20</i>	1	
<i>junel fe 24</i>	1	
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva</i>	1	
<i>kelnor 1/35</i>	1	MO
<i>kelnor 1/50</i>	1	MO
<i>kurvelo</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>larin 1.5/30</i>	1	
<i>larin 1/20</i>	1	
<i>larin 24 fe</i>	1	
<i>larin fe 1.5/30</i>	1	
<i>larin fe 1/20</i>	1	
LEENA	2	
<i>lessina</i>	1	
<i>levonest</i>	1	
<i>levonorgestrel and ethinyl estradiol</i>	1	MO
<i>levonorgestrel/ethinyl estradiol</i>	1	MO
<i>levora 0.15/30-28</i>	1	
LILETTA	2	ACS
<i>lo-zumandimine</i>	1	MO
<i>loestrin 1.5/30-21</i>	1	
<i>loestrin 1/20-21</i>	1	
<i>loestrin fe 1.5/30</i>	1	
<i>loestrin fe 1/20</i>	1	
<i>lojaimiess</i>	1	MO
<i>loryna</i>	1	
<i>low-ogestrel</i>	1	
<i>lutra</i>	1	MO
<i>lyleq</i>	1	
<i>lyza</i>	1	
<i>marlissa</i>	1	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	1	MO
<i>mibelas 24 fe</i>	1	
MICROGESTIN 1.5/30	2	
MICROGESTIN 1/20	2	
<i>microgestin 24 fe</i>	1	
MICROGESTIN FE 1.5/30	2	
MICROGESTIN FE 1/20	2	
<i>mili</i>	1	
<i>mono-lynyah</i>	1	
<i>necon 0.5/35-28</i>	1	
NEXPLANON	2	ACS
<i>nikki</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
NORA-BE	2	
norelgestromin/ethinyl estradiol	1	MO
norethindrone & ethinyl estradiol ferrous fumarate	1	MO
norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet, tablet chewable	1	MO
norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg	1	MO
norethindrone tablet 0.35mg	1	MO
norethindrone/ethinyl estradiol/ ferrous fumarate	1	MO
norgestimate/ethinyl estradiol	1	MO
norlyda	1	
norlyroc	1	
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 28-day regimen	1	
nortrel 1/35 21-day regimen	1	MO
nortrel 7/7/7	1	
nylia 1/35	1	
nylia 7/7/7	1	MO
nymyo	1	
OCELLA	2	
orsythia	1	
philith	1	
pimtrea	1	
portia-28	1	
reclipsen	1	
RIVELSA	2	
setlakin	1	
sharobel	1	
simliya	1	
simpesse	1	MO
sprintec 28	1	
sronyx	1	MO
syeda	1	
tarina 24 fe	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>tarina fe 1/20 eq</i>	1	
TILIA FE	2	
<i>tri femynor</i>	1	
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-lynyah</i>	1	
<i>tri-lo-estarylla</i>	1	
<i>tri-lo-marzia</i>	1	
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	
<i>tri-sprintec</i>	1	
<i>tri-vylibra</i>	1	
<i>tri-vylibra lo</i>	1	
<i>trivora-28</i>	1	MO
<i>turqoz</i>	1	
<i>tydemy</i>	1	
<i>velivet</i>	1	MO
<i>vestura</i>	1	
<i>vienva</i>	1	
<i>viorele</i>	1	MO
<i>volnea</i>	1	
<i>vyfemla</i>	1	MO
<i>vylibra</i>	1	
<i>wera</i>	1	
<i>wymzya fe</i>	1	
<i>xulane</i>	1	
<i>zafemy</i>	1	
<i>zovia 1/35</i>	1	
<i>zumandimine</i>	1	
ESTROGENS		
<i>amabelz</i>	1	MO
<i>dotti patch twice weekly</i>	1	QL (8 EA per 28 days)
<i>0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr</i>		
<i>dotti patch twice weekly 0.1mg/24hr</i>	1	QL (8 EA per 28 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DUAVEE	3	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	1	MO
<i>estradiol vaginal cream, oral tablet, vaginal tablet</i>	1	MO
<i>estradiol patch weekly</i>	1	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	1	QL (8 EA per 28 days) MO
ESTRING	3	QL (1 EA per 90 days) MO
<i>fyavolv</i>	1	MO
<i>jinteli</i>	1	
<i>lyllana</i>	1	QL (8 EA per 28 days)
<i>mimvey</i>	1	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	1	MO
PREMARIN	3	MO
PREMPRO	3	MO
<i>yuvaferm</i>	1	
GLUCOCORTICOIDS		
<i>dexamethasone</i>	1	MO
DEXAMETHASONE INTENSOL	3	MO
<i>dexamethasone sodium phosphate injection 10mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection 100mg/10ml, 10mg/ml, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	1	MO
<i>fludrocortisone acetate</i>	1	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	1	MO
<i>methylprednisolone tablet</i>	1	B/D MO
<i>methylprednisolone acetate injection</i>	1	B/D MO
<i>methylprednisolone dose pack</i>	1	MO
<i>methylprednisolone sodium succinate injection 40mg</i>	1	B/D MO
<i>methylprednisolone sodium succinate injection 500mg</i>	1	B/D

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>methylprednisolone sodium succinate injection 1000mg, 125mg</i>	1	B/D MO
<i>prednisolone solution</i>	1	B/D MO
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml, 5mg/5ml</i>	1	B/D MO
PREDNISON INTENSOL	3	B/D MO
<i>prednisone solution, tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	1	MO
SOLU-CORTEF	3	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	1	MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i>	4	MO
ZEGALOGUE	2	MO
MISCELLANEOUS		
<i>acetylcysteine injection 200mg/ml</i>	1	
<i>betaine anhydrous</i>	4	LD
<i>cabergoline</i>	1	MO
<i>carglumic acid</i>	4	PA; LD
CERDELGA	4	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	1	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	4	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	4	QL (60 EA per 30 days); ACS
CYSTAGON	3	PA; ACS LD
<i>desmopressin acetate nasal solution, tablet</i>	1	MO
<i>desmopressin acetate pf injection 4mcg/ml</i>	1	MO
<i>desmopressin acetate injection 4mcg/ml</i>	4	MO
<i>fomepizole</i>	4	
GENOTROPIN	4	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	2	PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	4	PA; ACS
INCRELEX	4	PA; ACS LD
<i>javygtor</i>	4	PA; LD
LEVOCARNITINE TABLET	3	MO
<i>levocarnitine injection</i>	1	
<i>levocarnitine oral solution</i>	1	MO
LUPRON DEPOT-PED (1-MONTH) INJECTION 11.25MG, 15MG, 7.5MG	4	PA; ACS
LUPRON DEPOT-PED (3-MONTH) INJECTION 11.25MG, 30MG	4	PA; ACS
LUPRON DEPOT-PED (6-MONTH) INJECTION 45MG	4	PA; ACS
<i>methergine</i>	1	
<i>methylergonovine maleate tablet</i>	4	MO
<i>mifepristone</i>	4	PA
<i>nitisinone</i>	4	PA; ACS
<i>octreotide acetate injection</i> 100mcg/ml, 200mcg/ml, 50mcg/ml	1	PA; ACS
<i>octreotide acetate injection</i> 1000mcg/ml, 500mcg/ml	4	PA; ACS
<i>raloxifene hydrochloride</i>	1	MO
<i>sapropterin dihydrochloride</i>	4	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	4	PA; LD
<i>sodium phenylbutyrate</i>	4	PA; ACS
SOMATULINE DEPOT	4	PA; ACS LD
SOMAVERT	4	PA; ACS LD
SYNAREL	4	MO
VEOZAH	3	QL (30 EA per 30 days) PA MO
PROGESTINS		
<i>medroxyprogesterone acetate</i> tablet 10mg, 2.5mg, 5mg	1	MO
<i>megestrol acetate suspension</i> 40mg/ml, 625mg/5ml	1	MO
<i>norethindrone acetate tablet 5mg</i>	1	MO
<i>progesterone</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
THYROID AGENTS		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine sodium tablet</i>	1	MO
LEVOTHYROXINE SODIUM INJECTION 100MCG/ML, 500MCG/5ML	3	
LEVOTHYROXINE SODIUM INJECTION 100MCG/5ML, 200MCG/5ML	4	
<i>levothyroxine sodium injection 100mcg</i>	4	
<i>levothyroxine sodium injection 200mcg, 500mcg</i>	4	MO
<i>levoxyl</i>	1	MO
<i>liothyronine sodium tablet</i>	1	MO
<i>liothyronine sodium injection</i>	4	
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	1	MO
SYNTHROID	3	MO
<i>unithroid</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	1	MO
<i>calcitriol injection 1mcg/ml</i>	1	
<i>calcitriol oral solution 1mcg/ml</i>	1	MO
<i>doxercalciferol injection</i>	1	
<i>paricalcitol</i>	1	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	1	B/D MO
<i>aprepitant capsule 125mg</i>	4	B/D MO
<i>compro</i>	1	MO; HRM
DIMENHYDRINATE	3	
<i>dronabinol</i>	1	QL (60 EA per 30 days) PA MO
EMEND SUSPENSION RECONSTITUTED	3	B/D
<i>granisetron hydrochloride tablet</i>	1	QL (60 EA per 30 days) B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>meclizine hcl</i>	1	MO; HRM
<i>meclizine hydrochloride</i>	1	MO
<i>metoclopramide hcl</i>	1	MO
<i>metoclopramide hydrochloride</i>	1	MO
<i>metoclopramide odt</i>	1	MO
<i>ondansetron hcl tablet</i>	1	B/D
<i>ondansetron hcl solution</i>	1	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	1	B/D MO
<i>ondansetron hydrochloride injection</i>	1	MO
<i>ondansetron odt tablet</i>	1	B/D
<i>disintegrating 16mg</i>		
<i>ondansetron odt tablet</i>	1	B/D MO
<i>disintegrating 4mg, 8mg</i>		
<i>prochlorperazine edisylate injection</i>	1	MO; HRM
<i>prochlorperazine maleate</i>	1	MO; HRM
<i>prochlorperazine rectal suppository</i>	1	MO; HRM
<i>promethazine hcl</i>	1	PA MO; HRM
<i>promethazine hydrochloride</i>	1	PA MO; HRM
<i>promethazine hydrochloride plain</i>	1	PA MO; HRM
<i>promethegan suppository 50mg</i>	1	PA MO; HRM
<i>promethegan suppository 12.5mg, 25mg</i>	1	PA; HRM
<i>scopolamine</i>	1	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride</i>	1	PA MO
ANTISPASMODICS		
<i>dicyclomine hcl</i>	1	PA MO; HRM
<i>dicyclomine hydrochloride</i>	1	PA MO; HRM
<i>glycopyrrolate oral solution, tablet 1mg, 2mg</i>	1	MO
GLYCOPYRROLATE INJECTION 0.6MG/3ML	3	
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	1	
<i>glycopyrrolate injection 0.2mg/ml, 1mg/5ml, 4mg/20ml</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>methscopolamine bromide</i>	1	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	1	MO
<i>famotidine premixed</i>	1	
<i>famotidine injection</i>	1	
<i>famotidine suspension</i>	1	MO
<i>reconstituted, tablet</i>		
<i>nizatidine</i>	1	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	1	MO
<i>budesonide er tablet extended</i>	4	MO
<i>release 24 hour 9mg</i>		
<i>budesonide capsule delayed</i>	1	MO
<i>release particles 3mg</i>		
<i>hydrocortisone enema 100mg/60ml</i>	1	MO
<i>mesalamine</i>	1	MO
<i>mesalamine dr</i>	1	MO
<i>sulfasalazine</i>	1	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	3	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	3	MO
<i>constulose</i>	1	
<i>enulose</i>	1	MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n/flavor pack</i>	1	
<i>generlac</i>	1	
GOLYTELY	2	MO
KRISTALOSE	3	PA MO
<i>lactulose solution</i>	1	MO
<i>peg-3350/electrolytes</i>	1	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	1	MO
PLENVU	3	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	3	MO
SUPREP BOWEL PREP KIT	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SUTAB	3	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	1	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	4	QL (60 EA per 30 days) PA MO
CREON	2	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	1	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	1	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	1	MO; HRM
GATTEX	4	PA; ACS LD
<i>lansoprazole/amoxicillin/clarithromycin</i>	1	QL (224 EA per 365 days) MO
LINZESS	2	QL (30 EA per 30 days) MO
<i>loperamide hcl</i>	1	MO
<i>misoprostol</i>	1	MO
MOVANTIK TABLET 25MG	2	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	2	QL (60 EA per 30 days) MO
SUCRALFATE SUSPENSION	3	MO
<i>sucralfate tablet</i>	1	MO
<i>ursodiol capsule 300mg, tablet 250mg, 500mg</i>	1	MO
VOWST	4	PA; LD
XERMELO	4	QL (84 EA per 28 days) PA; LD
XIFAXAN TABLET 550MG	4	PA MO
ZENPEP	3	MO
PROTON PUMP INHIBITORS		
<i>dexlansoprazole</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	1	QL (30 EA per 30 days) MO
<i>esomeprazole sodium injection</i>	1	
<i>lansoprazole capsule delayed release 15mg</i>	1	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	1	QL (42 EA per 30 days) MO
<i>omeprazole</i>	1	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	1	QL (30 EA per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>pantoprazole sodium injection</i>	1	
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	1	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride</i>	1	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	1	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin</i>	1	QL (30 EA per 30 days) MO
<i>tadalafil tablet 5mg</i>	1	QL (30 EA per 30 days) PA MO
<i>tamsulosin hydrochloride</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% irrigation solution</i>	1	MO
<i>bethanechol chloride</i>	1	MO
<i>potassium citrate er</i>	1	MO
URINARY ANTISPASMODICS		
<i>darifenacin hydrobromide er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fesoterodine fumarate er</i>	1	QL (30 EA per 30 days) MO; HRM
GEMTESA	3	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	3	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	3	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	1	QL (600 ML per 30 days) MO; HRM

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>solifenacin succinate</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tolterodine tartrate er</i>	1	QL (30 EA per 30 days) MO; HRM
<i>tropium chloride</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tropium chloride er</i>	1	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole 3 vaginal suppository</i>	1	MO
<i>terconazole vaginal cream, suppository</i>	1	MO

HEMATOLOGIC**ANTICOAGULANTS**

<i>dabigatran etexilate capsule 110mg</i>	1	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	1	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	2	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	2	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	2	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	1	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	1	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	4	MO
FRAGMIN INJECTION 10000UNIT/4ML	3	
FRAGMIN INJECTION 2500UNIT/0.2ML, 95000UNIT/3.8ML	3	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FRAGMIN INJECTION 10000UNIT/ ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML, 18000UNIT/0.72ML, 5000UNIT/0.2ML, 7500UNIT/0.3ML	4	MO
HEPARIN SODIUM/D5W	3	
HEPARIN SODIUM/DEXTROSE	3	
HEPARIN SODIUM/NACL 0.45%	2	
HEPARIN SODIUM/SODIUM CHLORIDE	2	
HEPARIN SODIUM INJECTION 5000UNIT/0.5ML, 5000UNIT/ML	2	
<i>heparin sodium injection 10000unit/ ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml, 5000unit/ml</i>	1	MO
<i>jantoven</i>	1	MO
PRADAXA PACKET 110MG, 30MG, 40MG, 50MG	3	QL (120 EA per 30 days)
PRADAXA PACKET 150MG, 20MG	3	QL (60 EA per 30 days)
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	2	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	2	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	2	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	2	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	2	PA; ACS
PROCRIT INJECTION 20000UNIT/ ML, 40000UNIT/ML	4	PA; ACS
ZARXIO	4	PA; ACS
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	4	QL (60 EA per 30 days) PA; ACS LD
ALVAIZ TABLET 18MG, 36MG	4	QL (90 EA per 30 days) PA; ACS LD
<i>anagrelide hydrochloride</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BERINERT	4	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol</i>	1	MO
DOPTelet	4	QL (60 EA per 30 days) PA; ACS LD
DROXIA	2	MO
ENDARI	4	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	4	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	4	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate</i>	4	QL (27 ML per 30 days) PA; ACS
<i>l-glutamine</i>	4	PA; ACS
<i>pentoxifylline er</i>	1	MO
<i>sajazir</i>	4	QL (27 ML per 30 days) PA; LD
TAVNEOS	4	QL (180 EA per 30 days) PA; LD
<i>tranexamic acid/sodium chloride</i>	1	
<i>tranexamic acid injection</i>	1	
<i>tranexamic acid tablet</i>	1	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	1	QL (60 EA per 30 days) MO
BRILINTA	2	MO
<i>clopidogrel tablet 300mg</i>	1	QL (2 EA per 365 days) MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>dipyridamole</i>	1	PA MO
<i>prasugrel hydrochloride</i>	1	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN)	4	QL (28 EA per 365 days) PA; ACS
ADALIMUMAB-AACF (2 SYRINGE)	4	QL (28 EA per 365 days) PA
COSENTYX SENSOREADY PEN	4	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY	4	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	4	PA; ACS LD
COSENTYX INJECTION 150MG/ML	4	QL (32 ML per 365 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
COSENTYX INJECTION 75MG/0.5ML	4	QL (8 ML per 365 days) PA; ACS LD
DUPIXENT INJECTION 100MG/0.67ML	4	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	4	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	4	QL (8 ML per 28 days) PA; ACS
ENBREL	4	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	4	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	4	QL (8 ML per 28 days) PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	4	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK (BRAND CORDAVIS NOT COVERED)	4	QL (8 EA per 365 days) PA; ACS
HUMIRA PEN-PS/UV STARTER	4	QL (6 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	4	QL (28 EA per 365 days) PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML (BRAND CORDAVIS NOT COVERED)	4	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML (BRAND CORDAVIS NOT COVERED)	4	QL (52 EA per 365 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML (BRAND CORDAVIS NOT COVERED), 40MG/0.8ML	4	QL (56 EA per 365 days) PA; ACS
IDACIO (2 PEN)	4	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	4	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	4	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	4	PA; ACS
RINVOQ LQ	4	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	4	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	4	QL (30 EA per 30 days) PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
SKYRIZI PEN	4	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	4	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	4	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	4	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	4	QL (60 ML per 365 days) PA; ACS
SOTYKTU	4	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	4	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 45MG/0.5ML VIAL	4	QL (0.5 ML per 28 days) PA; ACS LD
STELARA INJECTION 90MG/ML	4	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	4	QL (208 ML per 365 days) PA; ACS LD
TREMFYA	4	QL (1 ML per 28 days) PA; ACS
TYENNE INJECTION 162MG/0.9ML	4	QL (3.6 ML per 28 days) PA; ACS
TYENNE INJECTION 200MG/10ML, 400MG/20ML, 80MG/4ML	4	QL (40 ML per 28 days) PA; ACS
VELSIPITY	4	QL (30 EA per 30 days) PA; ACS
XELJANZ XR	4	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	4	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	4	QL (60 EA per 30 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	1	MO
JYLAMVO	3	
<i>leflunomide</i>	1	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	1	MO
XATMEP	3	MO
IMMUNOGLOBULINS		
GAMASTAN	2	B/D; ACS LD
GAMMAKED	4	PA; ACS
GAMUNEX-C	4	PA; ACS
OCTAGAM	4	PA; ACS
PRIVIGEN	4	PA; ACS

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
IMMUNOMODULATORS		
ACTIMMUNE	4	PA; ACS LD
ARCALYST	4	PA; ACS LD
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	3	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	4	B/D MO
AZATHIOPRINE INJECTION	3	B/D
<i>azathioprine tablet 50mg</i>	1	B/D MO
BENLYSTA INJECTION 200MG/ML	4	PA; ACS LD
<i>cyclosporine capsule, injection</i>	1	B/D MO
<i>cyclosporine modified</i>	1	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	4	B/D MO
<i>engraf capsule</i>	1	B/D
<i>engraf solution</i>	1	B/D MO
<i>mycophenolate mofetil capsule, injection, tablet</i>	1	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	4	B/D MO
<i>mycophenolic acid dr</i>	1	B/D MO
NULOJIX	4	B/D
PROGRAF PACKET	3	B/D MO
REZUROCK	4	QL (30 EA per 30 days) PA; LD
SANDIMMUNE ORAL SOLUTION	3	B/D MO
<i>sirolimus tablet</i>	1	B/D MO
<i>sirolimus solution</i>	4	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	1	B/D MO
VACCINES		
ABRYSVO	2	
ACTHIB	1	
ADACEL	1	
AREXVY	2	
BCG VACCINE	1	
BEXSERO	1	

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Drug name	Drug tier	Requirements/Limits
BOOSTRIX	1	
DAPTACEL	1	
DENGVAIXA	1	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	1	
ENGRIX-B	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	2	
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
MRESVIA	2	QL (0.5 ML per 999 days)
PEDIARIX	1	
PEDVAX HIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TDVAX	1	
TENIVAC	1	

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Drug name	Drug tier	Requirements/Limits
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	2	
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	3	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/LACTATED RINGERS	3	
DEXTROSE 5%/NACL 0.33%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	3	
<i>dextrose 5%/sodium chloride 0.3%</i>	1	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	3	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	3	MO
DEXTROSE 5%/NACL 0.225%	3	
ISOLYTE-P/DEXTROSE 5%	3	
ISOLYTE-S	3	B/D
ISOLYTE-S PH 7.4	3	B/D
KCL 0.075%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.2%	3	
KCL 0.15%/D5W/NACL 0.45%	3	
KCL 0.15%/D5W/NACL 0.9%	3	
KCL 0.3%/D5W/NACL 0.45%	3	
KCL 0.3%/D5W/NACL 0.9%	3	
<i>lactated ringers</i>	1	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate injection</i> <i>2gm/50ml, 4gm/100ml, 50%</i>	1	
<i>multiple electrolytes injection type 1</i>	1	
POTASSIUM CHLORIDE/DEXTROSE	3	
POTASSIUM CHLORIDE/ DEXTROSE/SODIUM CHLORIDE	3	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	3	
<i>potassium chloride/sodium chloride</i> <i>injection 20meq/l; 0.45%, 20meq/l;</i> <i>0.9%</i>	1	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	3	
<i>potassium chloride injection 2meq/</i> <i>ml</i>	1	MO
RINGERS INJECTION	2	
SODIUM BICARBONATE INJECTION 7.5%	3	
<i>sodium bicarbonate injection 4.2%</i>	1	
<i>sodium bicarbonate injection 8.4%</i>	1	MO
<i>sodium chloride injection 0.45%</i>	1	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	3	MO
<i>sodium chloride injection 0.9%, 3%,</i> <i>4meq/ml</i>	1	MO
TPN ELECTROLYTES	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
<i>effer-k tablet effervescent 25meq</i>	1	MO
<i>fluoride chewable tablet</i>	1	MO
<i>klor-con 10</i>	1	
<i>klor-con 8</i>	1	
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO

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Drug name	Drug tier	Requirements/Limits
<i>klor-con m20</i>	1	MO
<i>klor-con powder packet 20meq</i>	1	
<i>klor-con effervescent tablet</i>	1	
M-NATAL PLUS	2	MO
<i>multi vitamin/fluoride</i>	1	
<i>multi-vitamin/fluoride drops</i>	1	MO
<i>multi-vitamin/fluoride/iron</i>	1	MO
<i>multivitamin/fluoride</i>	1	MO
NEONATAL PLUS	2	MO
NIVA-PLUS	2	MO
PNV PRENATAL PLUS	2	MO
MULTIVITAMIN		
<i>potassium chloride er capsule extended release</i>	1	MO
<i>potassium chloride er tablet extended release 15meq</i>	1	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	1	MO
<i>potassium chloride packet 20meq</i>	1	MO
<i>potassium chloride oral solution 10%, 20%</i>	1	MO
PRENATAL	2	MO
PRENATAL PLUS	2	MO
<i>sodium fluoride solution 0.5mg/ml</i>	1	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	1	MO
<i>tri-vite/fluoride</i>	1	MO
<i>vitamins a/c/d/fluoride</i>	1	MO
WESTAB PLUS	2	MO
IV NUTRITION		
CLINIMIX 4.25%/DEXTROSE 10%	3	B/D
CLINIMIX 4.25%/DEXTROSE 5%	3	B/D
CLINIMIX 5%/DEXTROSE 15%	3	B/D
CLINIMIX 5%/DEXTROSE 20%	3	B/D
CLINIMIX 6/5	3	B/D
CLINIMIX 8/10	3	B/D
CLINIMIX 8/14	3	B/D

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Drug name	Drug tier	Requirements/Limits
<i>clinisol sf 15%</i>	1	B/D MO
CLINOLIPID	2	B/D
<i>dextrose 10%</i>	1	
<i>dextrose 5%</i>	1	MO
DEXTROSE 50%	2	B/D
DEXTROSE 70%	2	B/D
NUTRILIPID	2	B/D
<i>plenamine</i>	1	B/D
PREMASOL	4	B/D
PROSOL	3	B/D
TRAVASOL	3	B/D
TROPHAMINE	3	B/D

OPHTHALMIC**ANTI-INFECTIVE/ANTI-INFLAMMATORY**

<i>neo-polycin hc</i>	1	
<i>neomycin/polymyxin/bacitracin/ hydrocortisone</i>	1	MO
<i>neomycin/polymyxin/ dexamethasone</i>	1	MO
<i>neomycin/polymyxin/ hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	1	MO
TOBRADEX OINTMENT	2	MO
TOBRADEX ST SUSPENSION	2	MO
<i>tobramycin/dexamethasone</i>	1	MO
ZYLET	2	MO

ANTI-INFECTIVES

<i>bacitracin ophthalmic ointment 500units/gm</i>	1	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	1	MO
BESIVANCE	2	MO
CILOXAN OINTMENT	2	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	1	QL (30 ML per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>erythromycin ointment 5mg/gm</i>	1	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	1	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	1	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	1	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride ophthalmic solution 0.5%</i>	1	QL (12 ML per 30 days) MO
NATACYN	3	MO
<i>neo-polycin</i>	1	
<i>neomycin/bacitracin/polymyxin</i>	1	MO
<i>neomycin/polymyxin/gramicidin</i>	1	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	1	QL (60 ML per 30 days) MO
<i>polycin</i>	1	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	1	MO
<i>sulfacetamide sodium ointment 10%</i>	1	MO
<i>sulfacetamide sodium solution 10%</i>	1	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	1	QL (30 ML per 30 days) MO
<i>trifluridine</i>	1	MO
XDEMVEY	4	QL (10 ML per 42 days) PA; ACS LD
ZIRGAN	3	MO
ANTI-INFLAMMATORIES		
ALREX	2	MO
<i>bromfenac</i>	1	MO
BROMSITE	3	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	1	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	1	QL (10 ML per 30 days) MO
<i>difluprednate</i>	1	MO
FLAREX	3	MO
FLUOROMETHOLONE	2	MO

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Drug name	Drug tier	Requirements/Limits
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	1	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	1	MO
LOTEMAX OINTMENT	2	MO
LOTEMAX SM	2	MO
<i>loteprednol etabonate gel 0.5%, suspension 0.5%</i>	1	MO
<i>prednisolone acetate</i>	1	MO
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	2	MO
PROLENSA	2	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	1	MO
<i>cromolyn sodium solution 4%</i>	1	MO
<i>epinastine hcl</i>	1	MO
ZERVIAE	3	MO
ANTI GLAUCOMA		
<i>betaxolol hcl solution 0.5%</i>	1	MO
BETOPTIC-S	2	MO
<i>brimonidine tartrate/timolol maleate</i>	1	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	2	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>brinzolamide</i>	1	MO
<i>carteolol hcl</i>	1	MO
COMBIGAN	2	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO
<i>dorzolamide hydrochloride</i>	1	MO
<i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	1	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	1	MO
LUMIGAN	2	MO
PHOSPHOLINE IODIDE	4	

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>pilocarpine hcl ophthalmic solution</i>	1	MO
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	3	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>travoprost</i>	1	MO
VYZULTA	3	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	2	MO
CYSTARAN	4	PA; LD
EYSUVIS	3	MO
MIEBO	2	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	1	MO
RESTASIS	2	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	2	QL (5.5 ML per 30 days) MO
XIIDRA	2	QL (60 EA per 30 days) MO
OTIC		
OTIC AGENTS		
<i>acetic acid</i>	1	MO
CIPRO HC	3	MO
CIPROFLOXACIN	2	MO
<i>ciprofloxacin/dexamethasone flac</i>	1	MO
<i>fluocinolone acetonide oil 0.01%</i>	1	MO
<i>hydrocortisone/acetic acid</i>	1	MO
<i>neomycin/polymyxin/hc</i>	1	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	1	MO
<i>ofloxacin otic solution 0.3%</i>	1	MO

RESPIRATORY**ANTICHOLINERGIC/BETA AGONIST COMBINATIONS**

ANORO ELLIPTA	2	QL (60 EA per 30 days) MO
BEVESPI AEROSPHERE	2	QL (10.7 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BREZTRI AEROSPHERE	2	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	3	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	1	B/D MO
TRELEGY ELLIPTA	2	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	3	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	2	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	1	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	1	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	1	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.15%</i>	1	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	1	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate oral solution, tablet 4mg</i>	1	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	1	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet</i>	1	PA MO
<i>cycloheptadine hcl syrup</i>	1	PA MO; HRM
<i>cycloheptadine hydrochloride tablet</i>	1	PA MO; HRM
<i>desloratadine</i>	1	QL (30 EA per 30 days) MO
<i>desloratadine odt</i>	1	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	1	MO; HRM
<i>hydroxyzine hcl</i>	1	PA MO; HRM
<i>hydroxyzine hydrochloride</i>	1	PA MO; HRM
<i>hydroxyzine pamoate</i>	1	PA MO; HRM
<i>levocetirizine dihydrochloride solution</i>	1	MO
<i>levocetirizine dihydrochloride tablet</i>	1	QL (30 EA per 30 days) MO
<i>olopatadine hcl</i>	1	QL (30.5 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	1	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	1	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	1	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	1	B/D MO
<i>albuterol sulfate syrup, tablet</i>	1	MO
<i>levalbuterol hcl</i>	1	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	1	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	1	B/D MO
LEVALBUTEROL TARTRATE HFA	2	QL (30 GM per 30 days) MO
SEREVENT DISKUS	2	QL (60 EA per 30 days) MO
terbutaline sulfate	1	MO
VENTOLIN HFA	2	QL (36 GM per 30 days) MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i>	1	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	1	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	1	B/D MO
<i>aminophylline</i>	1	
BRONCHITOL	4	QL (560 EA per 28 days) PA
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	1	QL (2 EA per 30 days) MO
FASENRA PEN	4	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	4	QL (0.5 ML per 28 days) PA; ACS LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
FASENRA INJECTION 30MG/ML	4	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET	4	QL (56 EA per 28 days) PA; LD
KALYDECO TABLET	4	QL (60 EA per 30 days) PA; LD
OFEV	4	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI TABLET	4	QL (112 EA per 28 days) PA; LD
ORKAMBI PACKET	4	QL (56 EA per 28 days) PA; LD
<i>pirfenidone capsule</i>	4	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	4	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	4	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	4	PA; LD
PULMOZYME	4	PA; ACS
<i>roflumilast</i>	1	MO
<i>theophylline solution</i>	1	MO
<i>theophylline er tablet extended release 24 hour</i>	1	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	1	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	1	MO
TRIKAFTA GRANULES THERAPY PACK	4	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	4	QL (84 EA per 28 days) PA; LD
XOLAIR	4	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide</i>	1	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	1	QL (34 GM per 30 days) MO
XHANCE	3	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO	3	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA	2	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	1	B/D MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
STEROID/BETA-AGONIST COMBINATIONS		
BREO ELLIPTA	2	QL (60 EA per 30 days) MO
budesonide/formoterol fumarate dihydrate	1	QL (10.2 GM per 30 days) MO
DULERA	3	QL (13 GM per 30 days) MO
fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act	1	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol diskus	1	QL (60 EA per 30 days) MO
fluticasone propionate/salmeterol hfa	1	QL (12 GM per 30 days) MO
wixela inhub	1	QL (60 EA per 30 days) MO
TOPICAL		
DERMATOLOGY, ACNE		
acutane	1	PA
amnestem	1	PA
claravis	1	PA
clindacin	1	QL (100 GM per 30 days)
clindamycin phosphate/benzoyl peroxide	1	MO
clindamycin phosphate foam 1%	1	QL (100 GM per 30 days) MO
clindamycin phosphate gel tube 1%	1	QL (75 GM per 30 days) MO
clindamycin phosphate gel bottle 1%	1	QL (75 ML per 30 days) MO
clindamycin phosphate lotion 1%	1	QL (60 ML per 30 days) MO
clindamycin phosphate external solution 1%	1	QL (60 ML per 30 days) MO
clindamycin/benzoyl peroxide	1	MO
dapsone gel 5%, 7.5%	1	QL (90 GM per 30 days) MO
ery pad 2%	1	MO
erythromycin/benzoyl peroxide	1	MO
erythromycin gel 2%	1	QL (60 GM per 30 days) MO
erythromycin solution 2%	1	QL (60 ML per 30 days) MO
isotretinoin	1	PA
neuac	1	
sulfacetamide sodium lotion 10%	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	1	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	1	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	1	PA
DERMATOLOGY, ANTIBIOTICS		
<i>gentamicin sulfate cream 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	1	QL (30 GM per 30 days) MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	QL (30 GM per 30 days) MO
<i>silver sulfadiazine</i>	1	MO
SSD	2	
SULFAMYLON CREAM 85MG/GM	3	MO
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine cream 0.77%</i>	1	QL (90 GM per 30 days) MO
<i>ciclopirox gel</i>	1	QL (100 GM per 30 days) MO
<i>ciclopirox shampoo</i>	1	QL (120 ML per 30 days) MO
<i>ciclopirox suspension</i>	1	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	1	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	1	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	1	QL (85 GM per 30 days) MO
ERTACZO	4	QL (60 GM per 30 days) MO
<i>ketconazole cream 2%</i>	1	QL (60 GM per 30 days) MO
<i>ketconazole foam 2%</i>	1	QL (100 GM per 30 days) MO
<i>ketconazole shampoo 2%</i>	1	QL (120 ML per 30 days) MO
<i>ketodan</i>	1	QL (100 GM per 30 days)
<i>klayesta</i>	1	QL (60 GM per 30 days)
<i>naftifine hcl cream 1%</i>	1	QL (90 GM per 30 days) MO
<i>naftifine hydrochloride cream 2%</i>	1	QL (60 GM per 28 days) MO
<i>nyamyc</i>	1	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin ointment 100000unit/gm</i>	1	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	1	QL (60 GM per 30 days) MO
<i>nystop</i>	1	QL (60 GM per 30 days)
<i>selenium sulfide lotion</i>	1	MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	1	PA MO
<i>calcipotriene/betamethasone dipropionate ointment</i>	1	QL (400 GM per 28 days) PA MO
<i>calcipotriene cream, ointment</i>	1	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution</i>	1	QL (60 ML per 30 days) PA MO
<i>calcitrene</i>	1	QL (120 GM per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	3	QL (800 GM per 28 days) PA MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO
<i>methoxsalen</i>	4	MO
<i>tazarotene gel</i>	1	QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>	1	QL (60 GM per 30 days) PA MO
TAZORAC CREAM 0.05%	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	1	
<i>alclometasone dipropionate</i>	1	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone dipropionate augmented cream, gel, ointment</i>	1	MO
<i>betamethasone dipropionate augmented lotion</i>	1	QL (120 ML per 30 days) MO
<i>betamethasone valerate cream, lotion, ointment</i>	1	MO
<i>clobetasol propionate e cream 0.05%</i>	1	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	1	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution</i>	1	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	1	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	1	QL (118 ML per 30 days)
<i>desonide cream, ointment</i>	1	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%, ointment 0.25%</i>	1	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide body</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	1	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	1	QL (120 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>fluocinolone acetonide cream 0.01%</i>	1	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	1	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	1	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide cream</i>	1	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	1	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	1	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	1	MO
<i>fluticasone propionate ointment 0.005%</i>	1	MO
<i>halobetasol propionate cream, ointment</i>	1	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	1	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate (lipophilic)</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone valerate</i>	1	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	1	MO
<i>hydrocortisone cream 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	1	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	1	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	1	MO
<i>mometasone furoate ointment 0.1%</i>	1	MO
<i>mometasone furoate solution 0.1%</i>	1	MO
<i>proctosol hc</i>	1	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	1	MO
<i>triamcinolone acetonide cream 0.1%</i>	1	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	1	MO
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	1	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine hydrochloride external solution 4%</i>	1	QL (50 ML per 30 days) PA MO
<i>lidocaine/prilocaine</i>	1	QL (30 GM per 30 days) MO

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
<i>lidocaine ointment</i>	1	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	1	QL (90 EA per 30 days) PA MO
<i>lidocan</i>	1	QL (90 EA per 30 days) PA
<i>tridacaine</i>	1	QL (90 EA per 30 days) PA
<i>tridacaine ii</i>	1	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>acyclovir ointment 5%</i>	1	QL (30 GM per 30 days) MO
<i>ammonium lactate cream, lotion</i>	1	MO
<i>azelaic acid</i>	1	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	4	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	1	QL (300 ML per 28 days) MO
DOXEPIN HYDROCHLORIDE CREAM 5%	3	QL (45 GM per 30 days) PA MO
DOXYCYCLINE CAPSULE DELAYED RELEASE 40MG	3	QL (30 EA per 30 days) PA MO
FLUOROURACIL CREAM 0.5%	4	QL (30 GM per 30 days) PA MO
<i>fluorouracil cream 5%</i>	1	QL (40 GM per 30 days) MO
<i>fluorouracil solution</i>	1	QL (10 ML per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	1	MO
IMIQUIMOD PUMP	3	QL (15 GM per 28 days) MO
<i>imiquimod cream 5%</i>	1	QL (24 EA per 30 days) MO
<i>imiquimod cream 3.75%</i>	1	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	1	MO
<i>metronidazole gel 0.75%, 1%</i>	1	MO
<i>metronidazole lotion 0.75%</i>	1	MO
<i>nitroglycerin ointment 0.4%</i>	1	QL (30 GM per 30 days) MO
NORITATE	4	QL (60 GM per 30 days) MO
PANRETIN	4	QL (60 GM per 30 days) PA
<i>pimecrolimus</i>	1	QL (100 GM per 30 days) MO
<i>podofilox solution</i>	1	MO
<i>procto-med hc</i>	1	
<i>proctocort</i>	1	
<i>proctozone-hc</i>	1	
RECTIV	3	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	1	QL (60 GM per 30 days) MO
VALCHLOR	4	QL (60 GM per 30 days) PA; LD

*You can find information on what the symbols and abbreviations on this table mean by going to page 8.

Drug name	Drug tier	Requirements/Limits
ZYCLARA PUMP CREAM 2.5%	4	QL (7.5 GM per 28 days) MO
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
malathion	1	MO
permethrin cream 5%	1	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	4	QL (30 GM per 30 days) PA MO
SANTYL	3	QL (180 GM per 30 days) MO
sodium chloride 0.9% irrigation soln	1	MO
sterile water for irrigation	1	MO
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hydrochloride	1	MO
chlorhexidine gluconate oral rinse 0.12%	1	MO
clinpro 5000	1	MO
clotrimazole troche 10mg	1	MO
denta 5000 plus sensitive	1	MO
dentagel	1	MO
fluoridex daily defense	1	
fluoridex sensitivity relief/sls free	1	
fluorimax 5000	1	
fluorimax 5000 sensitive	1	
just right 5000	1	
kourzeq	1	
lidocaine hydrochloride viscous solution 2%	1	MO
lidocaine viscous solution 2%	1	MO
nystatin suspension 100000unit/ml	1	MO
oralone dental paste	1	
periogard	1	
pilocarpine hydrochloride tablet	1	MO
sf gel 1.1%	1	MO
sodium fluoride 5000 ppm paste	1	MO
sodium fluoride/potassium nitrate/ sensitive	1	
sodium fluoride gel 1.1%	1	MO
triamcinolone acetonide dental paste	1	MO

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<i>fluconazole</i>	17		98	GATTEX	76
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We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-241-0357. Someone who speaks English/ Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-241-0357. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-241-0357。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電1-866-241-0357。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-866-241-0357. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-241-0357. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-241-0357 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-241-0357. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-241-0357번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-241-0357. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-866-241-0357. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-241-0357 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-241-0357. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-241-0357. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-241-0357. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-241-0357. Ta usługa jest bezpłatna.

Japanese: 当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-241-0357にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Hawaiian: He kōkua māhele ʻōlelo kā mākou i mea e pane ʻia ai kāu mau nīnau e pili ana i kā mākou papahana olakino a lāʻau lapaʻau paha. I mea e loaʻa ai ke kōkua māhele ʻōlelo, e kelepona mai iā mākou ma 1-866-241-0357. E hiki ana i kekahi mea ʻōlelo Pelekānia/ʻŌlelo ke kōkua iā ʻoe. He pōmaikaʻi manuahi kēia.

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

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

This formulary was updated on 10/01/2024. For more recent information or other questions, please contact Aetna Medicare (HMO), Aetna Medicare (PPO) Member Services at **1-866-241-0357** (TTY users should call 711), 8 a.m. to 8 p.m., E.T., Monday to Friday, or visit **[AetnaRetireePlans.com](https://www.aetna.com/retireeplans)** and choose “Manage your prescription drugs.”



[AetnaRetireePlans.com](https://www.aetna.com/retireeplans.com)

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