

EmblemHealth

2025 PDP Formulary

(List of Covered Drugs)

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

25280, V10

This formulary was updated on 04/01/2025. For more recent information or other questions, please contact Customer Service at **800-585-5786**, for TTY users, **800-899-2114**, 24 hours a day 7 days a week, or visit **emblemhealth.com/medicare**.

List of Covered Drugs for:

- EmblemHealth National Drug Plan (PDP)
- EmblemHealth City of New York GHI Enhanced (PDP)
- EmblemHealth City of New York GHI Standard (PDP)



EmblemHealth[®]

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 Health Insurance Plan of Greater New York (HIP). When it refers to “plan” or “our plan,” it means EmblemHealth Prescription Drug Plan (PDP).

This document includes a Drug List (formulary) for our plan, which is current as of 04/01/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on Jan. 1, 2026, and from time to time during the year.

What is the EmblemHealth Medicare Prescription Drug Plan (PDP) Formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected 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. Our plan 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 our plan 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:

emblemhealth.com/medicare.

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 version 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 EmblemHealth Prescription Drug Plan(PDP) 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 any 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 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 entitled “How do I request an exception to the EmblemHealth Prescription Drug Plan(PDP) Formulary?”.

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

The enclosed formulary is current as of 04/01/2025. 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.

Note: In the event of a mid-year, non-maintenance formulary change, the change is added to a comprehensive list of changes that have been made since the formulary was printed. The list of changes is included with the formulary booklet that is available online. New members receive a notice in the welcome kit with information on how to access the formulary or how to request one. Existing members can view the updated formulary by visiting us on the web at emblemhealth.com/medicare. The formulary that is posted on our website is updated.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular Hypertensive/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then, look under the category name for your drug.

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 Index 1. 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 our plan before you fill your prescriptions. If you don’t get approval, our plan 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 prescription for JANUVIA[®]. 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You 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 our plan 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 EmblemHealth Prescription Drug Plan (PDP) Formulary?” on page v for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

- You can ask Customer Service 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 EmblemHealth Prescription Drug Plan (PDP) Formulary?

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

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

- You can ask us to cover a formulary drug at a lower cost-sharing level, unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, our plan 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 for a tiering, or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get 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 are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, we will provide you with one-time temporary supply of your medications, as needed, to assist with your transition to the new level of care.

For more information

For more detailed information about your EmblemHealth Prescription Drug Plan (PDP) 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>.

EmblemHealth Prescription Drug Plan (PDP) Formulary

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

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.

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

List of Abbreviations

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

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or please call Customer Service at **800-585-5786**, for TTY users, **800-899-2114**, 24 hours a day 7 days a week, or visit **emblemhealth.com/medicare**.

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

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

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

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

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

Please refer to the below for information about the different tier levels listed in this formulary:

Copay Tier-Type of drug	Includes
Tier 1- Generic	Lowest-cost tier. Most generic drugs on the formulary are included in this tier.
Tier 2 – Preferred Brand	This tier contains a combination of preferred brand drugs and certain generics.
Tier 3 – Non-Preferred Drug	This is your higher-cost tier and includes non-preferred generic and brand drugs.
Tier 4- Specialty Tier	Specialty drugs are generally the highest cost prescription drugs that may require special handling and may be brand or generic.

Please refer to your plan Benefit Summary about how the plan’s cost-sharing relates to the different tier levels listed in this formulary for a one-month supply of a drug. If you are eligible for “Extra Help” or “Low-Income Subsidy” (LIS), some of the information in these tables about the cost of Part D prescription drugs may not apply to you. We will send you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider), which tells you about your drug coverage. If you don’t have this insert, please call Customer Service at the numbers listed above and ask for the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (LIS rider).

Please Note: Employer Group Waiver Plan (EGWP) please refer to your Cost Sharing Guide or contact Customer Service for benefit details and cost sharing amounts.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday) or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **877-344-7364** (TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) 注意: 如果您说[中文], 我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务, 以无障碍格式提供信息。致电 **877-344-7364** (文本电话: **711**) 或咨询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **877-344-7364** (TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib gratis tou. Rele nan **877-344-7364** (TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **877-344-7364** (TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **877-344-7364** (tty: **711**) o parla con il tuo fornitore.

יידיש (Yiddish) אויב איר רעדט יידיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען אַיִדס און באַדינונגס פֿאַר פּראָווייַדינג אינפֿאָרמאַציע אין צוטריטלעך פֿאַרמאָטירונגען זענען אויך בנימצא פריי. רופן **877-344-7364** (TTY: **711**) אָדער רעדן מיט דיין טרעגער.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

বাংলা (Bengali) মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। **877-344-7364 (TTY: 711)** নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **877-344-7364 (TTY: 711)** lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم **877-344-7364 (711)** أو تحدث إلى مقدم الخدمة.

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **877-344-7364 (TTY: 711)** ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ **877-344-7364 (TTY: 711)** پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **877-344-7364 (TTY: 711)** o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **877-344-7364 (TTY: 711)** ή απευθυνθείτε στον πάροχό σας.

SHQIP (Albanian) VINI RE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi **877-344-7364 (TTY: 711)** ose bisedoni me ofruesin tuaj të shërbimit.

NOTICE OF NONDISCRIMINATION POLICY

Discrimination is Against the Law

EmblemHealth complies with Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. EmblemHealth does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

EmblemHealth:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters.
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services contact the Civil Rights Coordinator by calling Medicare Connect Concierge at **877-344-7364** (TTY: **711**; Oct. 1 through March 31: 8 a.m. to 8 p.m., seven days a week; April 1 through Sept. 30: 8 a.m. to 8 p.m., Monday through Saturday).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by writing to the EmblemHealth Grievance and Appeals Department, P.O. Box 2807, New York, NY 10116-2807; faxing them at **866-854-2763**; or calling Medicare Connect Concierge at **877-344-7364**. (Dial **711** for TTY services.) You can file a grievance in person, by mail, by fax, or through your secure member portal. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at: **U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; 800-368-1019 (TTY: 800-537-7697)**.

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

This notice is available on EmblemHealth's website at emblemhealth.com/legal/nondiscrimination.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	3	B/D PA
AMBISOME INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>amphotericin b injection recon soln</i>	3	B/D PA; MO
<i>amphotericin b liposome intravenous suspension for reconstitution</i>	4	B/D PA
ANCOBON ORAL CAPSULE	4	MO
CANCIDAS INTRAVENOUS RECON SOLN	4	
<i>caspofungin intravenous recon soln</i>	3	
<i>clotrimazole mucous membrane troche</i>	1	MO
CRESEMBA INTRAVENOUS RECON SOLN	4	PA
CRESEMBA ORAL CAPSULE	4	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	3	MO
DIFLUCAN ORAL TABLET 100 MG	3	MO
DIFLUCAN ORAL TABLET 200 MG	3	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	4	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	3	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine oral capsule</i>	4	MO
<i>griseofulvin microsize oral suspension</i>	3	MO
<i>griseofulvin microsize oral tablet</i>	3	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	3	MO
<i>itraconazole oral capsule</i>	3	MO; QL (120 per 30 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>itraconazole oral solution</i>	3	MO
<i>ketoconazole oral tablet</i>	1	MO
MICAFUNGIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	4	
<i>micafungin intravenous recon soln</i>	3	MO
MYCAMINE INTRAVENOUS RECON SOLN 100 MG	4	MO
MYCAMINE INTRAVENOUS RECON SOLN 50 MG	3	MO
NOXAFIL INTRAVENOUS SOLUTION	4	PA
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	4	PA; MO; QL (32 per 30 days)
NOXAFIL ORAL SUSPENSION	4	PA; QL (630 per 30 days)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA; QL (96 per 30 days)
<i>nystatin oral suspension</i>	1	MO
<i>nystatin oral tablet</i>	1	MO
<i>posaconazole intravenous solution</i>	4	PA
<i>posaconazole oral suspension</i>	4	PA; MO; QL (630 per 30 days)
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days)
REZZAYO INTRAVENOUS RECON SOLN	4	
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
<i>terbinafine hcl oral tablet</i>	1	MO
TOLSURA ORAL CAPSULE, SOLID DISPERSION	4	PA; MO; QL (120 per 30 days)
VFEND IV INTRAVENOUS RECON SOLN	3	PA; MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	4	PA; MO
VFEND ORAL TABLET 50 MG	3	PA; MO
VIVJOA ORAL CAPSULE	4	PA; QL (18 per 84 days)
<i>voriconazole intravenous recon soln</i>	4	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	4	PA; MO
<i>voriconazole oral tablet</i>	3	PA; MO

ANTIVIRALS

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir oral solution</i>	2	MO
<i>abacavir oral tablet</i>	2	MO
<i>abacavir-lamivudine oral tablet</i>	2	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	3	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	3	B/D PA; MO
<i>adefovir oral tablet</i>	3	MO
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
<i>amantadine hcl oral tablet</i>	1	MO
APTIVUS ORAL CAPSULE	4	MO
<i>atazanavir oral capsule</i>	3	MO
BARACLUDE ORAL SOLUTION	4	MO
BARACLUDE ORAL TABLET	4	MO
BEYFORTUS INTRAMUSCULAR SYRINGE	3	
BIKTARVY ORAL TABLET	4	MO
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	4	MO
<i>cidofovir intravenous solution</i>	4	B/D PA; MO
CIMDUO ORAL TABLET	4	MO
COMPLERA ORAL TABLET	4	MO
<i>darunavir oral tablet</i>	4	MO
DELSTRIGO ORAL TABLET	4	MO
DESCOVY ORAL TABLET	4	MO
DOVATO ORAL TABLET	4	MO
EDURANT ORAL TABLET	4	MO
<i>efavirenz oral tablet</i>	3	MO
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	4	MO
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	4	MO
<i>emtricitabine oral capsule</i>	3	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg</i>	4	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	3	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	2	MO
<i>entecavir oral tablet</i>	3	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	4	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	4	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	4	PA; MO; QL (28 per 28 days)
EPIVIR ORAL SOLUTION	3	MO
EPIVIR ORAL TABLET	3	MO
<i>etravirine oral tablet</i>	4	MO
EVOTAZ ORAL TABLET	4	MO
<i>famciclovir oral tablet</i>	1	MO
<i>fosamprenavir oral tablet</i>	3	MO
<i>foscarnet intravenous solution</i>	3	B/D PA; MO
FUZEON SUBCUTANEOUS RECON SOLN	4	
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA ORAL TABLET	4	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	4	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	4	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	4	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	4	MO
INTELENCE ORAL TABLET 25 MG	3	MO
ISENTRESS HD ORAL TABLET	4	MO
ISENTRESS ORAL POWDER IN PACKET	4	MO
ISENTRESS ORAL TABLET	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	4	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	2	MO
JULUCA ORAL TABLET	4	MO
KALETRA ORAL SOLUTION	3	MO
KALETRA ORAL TABLET 100-25 MG	3	MO
KALETRA ORAL TABLET 200-50 MG	4	MO
<i>lamivudine oral solution</i>	2	MO
<i>lamivudine oral tablet</i>	2	MO
<i>lamivudine-zidovudine oral tablet</i>	2	MO
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	4	PA; MO; QL (28 per 28 days)
LIVTENCITY ORAL TABLET	4	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	3	MO
<i>lopinavir-ritonavir oral tablet</i>	2	MO
<i>maraviroc oral tablet</i>	4	MO
MAVYRET ORAL PELLETS IN PACKET	4	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	4	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	3	
<i>nevirapine oral tablet</i>	2	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	3	MO
NORVIR ORAL POWDER IN PACKET	3	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY ORAL TABLET	4	MO
<i>oseltamivir oral capsule</i>	2	MO
<i>oseltamivir oral suspension for reconstitution</i>	2	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO ORAL TABLET	4	MO
PREVYMIS INTRAVENOUS SOLUTION	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL PELLETS IN PACKET 120 MG	4	PA; QL (120 per 30 days)
PREVYMIS ORAL PELLETS IN PACKET 20 MG	4	PA; QL (150 per 30 days)
PREVYMIS ORAL TABLET	4	PA; MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET	4	MO
PREZISTA ORAL SUSPENSION	4	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	4	MO
RAPIVAB (PF) INTRAVENOUS SOLUTION	4	
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	3	MO
RETROVIR INTRAVENOUS SOLUTION	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	4	MO
REYATAZ ORAL POWDER IN PACKET	4	MO
<i>ribavirin oral capsule</i>	2	MO
<i>ribavirin oral tablet 200 mg</i>	2	MO
<i>rimantadine oral tablet</i>	3	MO
<i>ritonavir oral tablet</i>	2	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	4	MO
SELZENTRY ORAL SOLUTION	2	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	4	MO
SOFOSBUVIR-VELPATASVIR ORAL TABLET	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	4	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG	4	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	4	PA; MO; QL (28 per 28 days)
STRIBILD ORAL TABLET	4	MO
SUNLENCA ORAL TABLET	4	

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Drug Name	Drug Tier	Requirements/Limits
SUNLENCA SUBCUTANEOUS SOLUTION	4	
SYMFI LO ORAL TABLET	4	MO
SYMFI ORAL TABLET	4	MO
SYMTUZA ORAL TABLET	4	MO
SYNAGIS INTRAMUSCULAR SOLUTION	4	MO; LA
TAMIFLU ORAL CAPSULE	3	MO
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>tenofovir disoproxil fumarate oral tablet</i>	3	MO
TIVICAY ORAL TABLET 50 MG	4	MO
TIVICAY PD ORAL TABLET FOR SUSPENSION	4	MO
TRIUMEQ ORAL TABLET	4	MO
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	3	MO
TROGARZO INTRAVENOUS SOLUTION	4	MO; LA
TRUVADA ORAL TABLET	4	MO
TYBOST ORAL TABLET	2	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
VALCYTE ORAL RECON SOLN	4	MO
VALCYTE ORAL TABLET	4	MO
<i>valganciclovir oral recon soln</i>	4	MO
<i>valganciclovir oral tablet</i>	2	MO
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEKLURY INTRAVENOUS RECON SOLN	4	
VEMLIDY ORAL TABLET	4	MO
VIRACEPT ORAL TABLET	4	MO
VIREAD ORAL POWDER	4	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	3	MO
VIREAD ORAL TABLET 300 MG	4	MO

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Drug Name	Drug Tier	Requirements/Limits
VOSEVI ORAL TABLET	4	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	2	MO
ZEPATIER ORAL TABLET	4	PA; MO; QL (28 per 28 days)
ZIAGEN ORAL SOLUTION	3	MO
<i>zidovudine oral capsule</i>	2	MO
<i>zidovudine oral syrup</i>	2	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
AVYCAZ INTRAVENOUS RECON SOLN	4	PA; MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	3	MO
<i>cefadroxil oral capsule</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefadroxil oral tablet</i>	3	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	3	MO
CEFAZOLIN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML, 3 GRAM/150 ML	3	
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	3	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 3 gram, 300 gram</i>	3	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	3	
<i>cefazolin intravenous recon soln 1 gram</i>	3	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	3	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	2	MO
<i>cefepime in dextrose (iso-osm) intravenous piggyback</i>	3	

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK	3	MO
<i>cefepime injection recon soln</i>	3	MO
CEFEPIME INTRAVENOUS RECON SOLN	3	
<i>cefixime oral capsule</i>	3	MO
<i>cefixime oral suspension for reconstitution</i>	3	MO
<i>cefotetan injection recon soln</i>	3	PA
<i>cefoxitin in dextrose (iso-osm) intravenous piggyback</i>	3	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	3	PA
<i>cefpodoxime oral suspension for reconstitution</i>	3	MO
<i>cefpodoxime oral tablet</i>	3	MO
<i>cefprozil oral suspension for reconstitution</i>	1	MO
<i>cefprozil oral tablet</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	3	PA
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback</i>	3	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	3	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	3	
<i>ceftriaxone intravenous recon soln</i>	3	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	3	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral capsule 750 mg</i>	3	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral tablet</i>	3	MO
FETROJA INTRAVENOUS RECON SOLN	4	PA
<i>tazicef injection recon soln</i>	3	PA; MO
<i>tazicef intravenous recon soln</i>	3	PA
TEFLARO INTRAVENOUS RECON SOLN	4	PA; MO
ZERBAXA INTRAVENOUS RECON SOLN	4	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</i>	3	PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	4	QL (136 per 10 days)
DIFICID ORAL TABLET	4	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	3	MO
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION	3	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	3	MO
ERY-TAB ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	3	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	3	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral tablet</i>	3	
<i>erythromycin lactobionate intravenous recon soln</i>	3	PA; MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	3	MO
<i>erythromycin oral tablet</i>	3	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	3	MO
ZITHROMAX INTRAVENOUS RECON SOLN	3	PA; MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK ORAL TABLET	3	
ZITHROMAX Z-PAK ORAL TABLET	3	
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	4	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	3	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA; LA
<i>atovaquone oral suspension</i>	3	MO
<i>atovaquone-proguanil oral tablet</i>	3	MO
AZACTAM INJECTION RECON SOLN	3	PA; MO
<i>aztreonam injection recon soln</i>	3	PA; MO
BETHKIS INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO; QL (224 per 28 days)
BILTRICIDE ORAL TABLET	3	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	3	
<i>chloroquine phosphate oral tablet</i>	1	MO
CLEOCIN HCL ORAL CAPSULE	3	MO
CLEOCIN INJECTION SOLUTION	3	PA; MO
CLEOCIN PEDIATRIC ORAL RECON SOLN	3	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl oral capsule</i>	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	PA
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	3	PA; MO
<i>clindamycin pediatric oral recon soln</i>	3	MO
<i>clindamycin phosphate injection solution</i>	3	PA; MO
COARTEM ORAL TABLET	3	MO
<i>colistin (colistimethate na) injection recon soln</i>	4	PA; MO; QL (30 per 10 days)
COLY-MYCIN M PARENTERAL INJECTION RECON SOLN	3	PA; MO; QL (30 per 10 days)
<i>cycloserine oral capsule</i>	3	MO
DALVANCE INTRAVENOUS SOLUTION	4	PA; MO
<i>dapsone oral tablet</i>	2	MO
DAPTOMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK	3	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	MO
<i>daptomycin intravenous recon soln 500 mg</i>	4	MO
DARAPRIM ORAL TABLET	4	PA
EMVERM ORAL TABLET,CHEWABLE	4	MO
<i>ertapenem injection recon soln</i>	3	PA; MO; QL (14 per 14 days)
<i>ethambutol oral tablet</i>	2	MO
FIRVANQ ORAL RECON SOLN	3	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	3	
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	3	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	3	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	3	PA
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	3	PA
<i>gentamicin injection solution 40 mg/ml</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (ped) (pf) injection solution</i>	3	PA; MO
HUMATIN ORAL CAPSULE	3	MO
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	3	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln</i>	3	PA; MO
IMPAVIDO ORAL CAPSULE	4	PA; MO
INVANZ INJECTION RECON SOLN	3	PA; QL (14 per 14 days)
<i>isoniazid injection solution</i>	3	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral tablet</i>	2	PA; MO; QL (20 per 30 days)
KIMYRSA INTRAVENOUS RECON SOLN	4	PA
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO; QL (280 per 28 days)
KRINTAFEL ORAL TABLET	3	
LAMPIT ORAL TABLET	3	MO
LIKMEZ ORAL SUSPENSION	3	MO
LINCOCIN INJECTION SOLUTION	3	PA; MO
<i>lincomycin injection solution</i>	3	PA
<i>linezolid in dextrose 5% intravenous piggyback</i>	3	PA; MO
<i>linezolid oral suspension for reconstitution</i>	4	MO
<i>linezolid oral tablet</i>	3	MO
LINEZOLID-0.9% SODIUM CHLORIDE INTRAVENOUS PARENTERAL SOLUTION	3	PA
MALARONE ORAL TABLET	3	MO
MALARONE PEDIATRIC ORAL TABLET	3	MO
<i>mefloquine oral tablet</i>	1	
MEPRON ORAL SUSPENSION	4	MO
<i>meropenem intravenous recon soln 1 gram</i>	2	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	2	PA; QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	PA; QL (30 per 10 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	3	PA; QL (10 per 10 days)
<i>metro i.v. intravenous piggyback</i>	3	PA; MO
<i>metronidazole in nacl (iso-osm) intravenous piggyback</i>	3	PA; MO
<i>metronidazole oral capsule</i>	3	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
MYCOBUTIN ORAL CAPSULE	3	MO
NEBUPENT INHALATION RECON SOLN	3	B/D PA; MO; QL (1 per 28 days)
<i>neomycin oral tablet</i>	1	MO
<i>nitazoxanide oral tablet</i>	4	MO; QL (12 per 30 days)
ORBACTIV INTRAVENOUS RECON SOLN	4	PA; MO
PENTAM INJECTION RECON SOLN	3	MO
<i>pentamidine inhalation recon soln</i>	3	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln</i>	3	MO
PLAQUENIL ORAL TABLET	3	MO
<i>polymyxin b sulfite injection recon soln</i>	3	PA; MO
<i>praziquantel oral tablet</i>	3	MO
PRETOMANID ORAL TABLET	3	PA
PRIFTIN ORAL TABLET	2	MO
PRIMAQUINE ORAL TABLET	3	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
<i>pyrazinamide oral tablet</i>	3	MO
<i>pyrimethamine oral tablet</i>	4	PA; MO
QUALAQUIN ORAL CAPSULE	3	MO
<i>quinine sulfate oral capsule</i>	3	MO
RECARBRIO INTRAVENOUS RECON SOLN	4	
<i>rifabutin oral capsule</i>	3	MO
RIFADIN INTRAVENOUS RECON SOLN	3	MO
<i>rifampin intravenous recon soln</i>	3	MO
<i>rifampin oral capsule</i>	2	MO
RIMSO-50 INTRAVESICAL SOLUTION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SIRTURO ORAL TABLET	4	PA; LA
SIVEXTRO INTRAVENOUS RECON SOLN	4	PA
SIVEXTRO ORAL TABLET	4	MO
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET	3	MO
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	4	PA; MO; QL (60 per 30 days)
STROMECTOL ORAL TABLET	3	PA; MO; QL (20 per 30 days)
<i>tigecycline intravenous recon soln</i>	4	PA; MO
<i>tinidazole oral tablet</i>	2	MO
TOBI INHALATION SOLUTION FOR NEBULIZATION	4	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	4	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	4	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation solution for nebulization</i>	4	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	3	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	3	PA; MO
TRECTOR ORAL TABLET	3	MO
TYGACIL INTRAVENOUS RECON SOLN	4	PA; MO
VABOMERE INTRAVENOUS RECON SOLN	3	PA
VANCOCIN ORAL CAPSULE 125 MG	3	PA; MO; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	4	PA; MO; QL (80 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	2	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	2	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	2	PA; QL (4050 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML	3	PA; QL (4000 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML	3	PA; QL (4200 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION RECON SOLN	3	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	3	PA; MO; QL (20 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	3	PA; QL (16 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	3	PA; QL (14 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.75 GRAM	3	PA; QL (12 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	3	PA; QL (2 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 2 GRAM	3	PA; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	3	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	3	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	3	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	3	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	3	PA; MO; QL (80 per 10 days)
<i>vancomycin oral recon soln 25 mg/ml</i>	3	QL (450 per 10 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	3	MO; QL (450 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 2 GRAM/400 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML, 1.75 GRAM/350 ML	3	PA; QL (4200 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	4	PA

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Drug Name	Drug Tier	Requirements/Limits
XIFAXAN ORAL TABLET 200 MG	2	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	4	PA; MO; QL (90 per 30 days)
ZEMDRI INTRAVENOUS SOLUTION	4	PA
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	4	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	PA; MO
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION	4	MO
ZYVOX ORAL TABLET	4	MO
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet,chewable</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	3	PA; MO
<i>ampicillin sodium injection recon soln 125 mg</i>	3	PA
<i>ampicillin sodium intravenous recon soln</i>	3	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	3	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	3	PA
<i>ampicillin-sulbactam intravenous recon soln</i>	3	PA
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION	3	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	3	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	3	PA
<i>dicloxacillin oral capsule</i>	1	MO
EXTENCILLINE INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA
LENTOCILIN S INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA
<i>nafcillin in dextrose (iso-osm) intravenous piggyback 2 gram/100 ml</i>	3	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	4	PA
<i>oxacillin in dextrose (iso-osm) intravenous piggyback 2 gram/50 ml</i>	3	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	3	PA
<i>oxacillin injection recon soln 2 gram</i>	3	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
<i>penicillin g potassium injection recon soln</i>	3	PA; MO
<i>penicillin g sodium injection recon soln</i>	3	PA; MO
<i>penicillin v potassium oral recon soln</i>	1	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>pfizerpen-g injection recon soln</i>	3	PA
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	3	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	3	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	3	
UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM	3	PA; MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	PA

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK	3	
QUINOLONES		
BAXDELA INTRAVENOUS RECON SOLN	4	PA
BAXDELA ORAL TABLET	4	MO
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	3	PA; MO
<i>ciprofloxacin oral suspension,microcapsule recon</i>	3	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	3	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	PA; MO
<i>levofloxacin intravenous solution</i>	3	PA
<i>levofloxacin oral solution</i>	3	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral tablet</i>	2	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK	3	PA
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	3	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	3	MO
SULFA'S / RELATED AGENTS		
BACTRIM DS ORAL TABLET	3	MO
BACTRIM ORAL TABLET	3	MO
<i>sulfadiazine oral tablet</i>	3	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	3	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		

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Drug Name	Drug Tier	Requirements/Limits
<i>demeclocycline oral tablet</i>	3	MO
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 60 MG	3	ST
<i>doxy-100 intravenous recon soln</i>	3	PA; MO
<i>doxycycline hyclate intravenous recon soln</i>	3	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	3	MO
<i>doxycycline hyclate oral tablet, delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	3	MO
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST; MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule,ir - delay rel,biphase</i>	3	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	3	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg</i>	3	MO
MINOCIN INTRAVENOUS RECON SOLN	3	PA; MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	3	MO
<i>minocycline oral tablet extended release 24 hr</i>	3	MO
<i>mondoxylene nl oral capsule 100 mg</i>	1	
MONODOX ORAL CAPSULE	3	ST
NUZYRA INTRAVENOUS RECON SOLN	4	PA
NUZYRA ORAL TABLET	4	
ORACEA ORAL CAPSULE, IR - DELAYED RELEASE, BIPHASE	3	ST; MO
SEYSARA ORAL TABLET 100 MG, 60 MG	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
SEYSARA ORAL TABLET 150 MG	4	ST; MO
TARGADOX ORAL TABLET	3	ST; MO
<i>tetracycline oral capsule</i>	3	MO
XERAVA INTRAVENOUS RECON SOLN	3	PA
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine oral packet</i>	3	MO
FURADANTIN ORAL SUSPENSION	3	MO
HIPREX ORAL TABLET	3	
MACROBID ORAL CAPSULE	3	MO
MACRODANTIN ORAL CAPSULE	3	
<i>methenamine hippurate oral tablet</i>	2	MO
<i>methenamine mandelate oral tablet</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	2	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	3	MO
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	4	MO
<i>trimethoprim oral tablet</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln</i>	4	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	4	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	4	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	4	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	3	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	3	B/D PA
<i>leucovorin calcium injection solution</i>	3	B/D PA
<i>leucovorin calcium oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levoleucovorin calcium intravenous recon soln</i>	4	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	4	B/D PA
<i>mesna intravenous solution</i>	1	B/D PA; MO
<i>mesna oral tablet</i>	4	MO
MESNEX INTRAVENOUS SOLUTION	3	B/D PA; MO
MESNEX ORAL TABLET	4	MO
XGEVA SUBCUTANEOUS SOLUTION	4	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
ADAKVEO INTRAVENOUS SOLUTION	4	PA; MO
ADCETRIS INTRAVENOUS RECON SOLN	4	B/D PA; MO
ADRIAMYCIN INTRAVENOUS RECON SOLN	3	B/D PA; MO
ADSTILADRIN INTRAVESICAL SUSPENSION	4	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	4	PA; MO; QL (330 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	4	PA; MO; QL (240 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	4	PA; MO; QL (180 per 30 days)
AFINITOR ORAL TABLET	4	PA; MO; QL (30 per 30 days)
AKEEGA ORAL TABLET	4	PA; LA; QL (60 per 30 days)
ALECENSA ORAL CAPSULE	4	PA; MO; QL (240 per 30 days)
ALIMTA INTRAVENOUS RECON SOLN	4	B/D PA; MO
ALIQOPA INTRAVENOUS RECON SOLN	4	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	4	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	4	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	4	PA; QL (30 per 180 days)
ALYMSYS INTRAVENOUS SOLUTION	4	PA; MO
<i>anastrozole oral tablet</i>	1	MO
ANKTIVA INTRAVESICAL SOLUTION	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ARIMIDEX ORAL TABLET	4	MO
AROMASIN ORAL TABLET	4	MO
ARRANON INTRAVENOUS SOLUTION	4	B/D PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	4	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	4	B/D PA; MO
ASPARLAS INTRAVENOUS SOLUTION	4	PA
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	B/D PA; MO
AUGTYRO ORAL CAPSULE 160 MG	4	PA; MO; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	4	PA; MO; QL (240 per 30 days)
AVASTIN INTRAVENOUS SOLUTION	4	PA; MO
AXTLE INTRAVENOUS RECON SOLN	4	B/D PA
AYVAKIT ORAL TABLET	4	PA; LA; QL (30 per 30 days)
<i>azacitidine injection recon soln</i>	4	B/D PA; MO
AZASAN ORAL TABLET	3	B/D PA; MO
<i>azathioprine oral tablet 100 mg, 75 mg</i>	3	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	1	B/D PA; MO
BALVERSA ORAL TABLET	4	PA; LA
BAVENCIO INTRAVENOUS SOLUTION	4	B/D PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	4	B/D PA
<i>bendamustine intravenous recon soln</i>	4	B/D PA; MO
BENDAMUSTINE INTRAVENOUS SOLUTION	4	B/D PA
BENDEKA INTRAVENOUS SOLUTION	4	B/D PA; MO
BESPONSA INTRAVENOUS RECON SOLN	4	B/D PA; MO; LA
<i>bexarotene oral capsule</i>	4	PA; MO
<i>bexarotene topical gel</i>	4	PA; MO
<i>bicalutamide oral tablet</i>	1	MO
BIZENGRI INTRAVENOUS SOLUTION	4	PA
<i>bleomycin injection recon soln</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	4	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bortezomib injection recon soln 3.5 mg</i>	4	B/D PA; MO
BORUZU INJECTION SOLUTION	4	B/D PA
BOSULIF ORAL CAPSULE 100 MG	4	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	4	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	4	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	4	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE	4	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	4	PA; LA; QL (120 per 30 days)
<i>busulfan intravenous solution</i>	4	B/D PA
BUSULFEX INTRAVENOUS SOLUTION	4	B/D PA
CABOMETYX ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	4	PA; LA; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE	4	PA; LA; QL (60 per 30 days)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	3	B/D PA; MO
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	3	B/D PA
CAPRELSA ORAL TABLET 100 MG	4	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	4	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	4	B/D PA; MO
CASODEX ORAL TABLET	3	MO
CELLCEPT INTRAVENOUS RECON SOLN	3	B/D PA; MO
CELLCEPT ORAL CAPSULE	3	B/D PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA; MO
CELLCEPT ORAL TABLET	4	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine intravenous solution</i>	4	B/D PA; MO
<i>clofarabine intravenous solution</i>	4	B/D PA
COLUMVI INTRAVENOUS SOLUTION	4	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	4	PA; MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	4	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	4	PA; MO; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE	4	PA; LA; QL (60 per 30 days)
COSELA INTRAVENOUS RECON SOLN	4	PA
COTELLIC ORAL TABLET	4	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 100 MG/ML	4	B/D PA
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 200 MG/ML	3	B/D PA; MO
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	B/D PA
<i>cyclophosphamide oral capsule</i>	2	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	2	B/D PA
<i>cyclosporine modified oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution</i>	2	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	4	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>cytarabine injection solution</i>	1	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	1	B/D PA; MO
<i>dactinomycin intravenous recon soln</i>	1	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION	4	B/D PA
DANZITEN ORAL TABLET	4	PA; QL (112 per 28 days)
DARZALEX FASPRO SUBCUTANEOUS SOLUTION	4	B/D PA; MO
DARZALEX INTRAVENOUS SOLUTION	4	B/D PA; MO; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg, 70 mg</i>	4	PA; MO; QL (60 per 30 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
DATROWAY INTRAVENOUS RECON SOLN	4	PA
<i>daunorubicin intravenous solution</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	4	PA; MO; QL (60 per 30 days)
<i>decitabine intravenous recon soln</i>	4	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	4	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	4	B/D PA; MO
DOCIVYX INTRAVENOUS SOLUTION	4	B/D PA
DOXIL INTRAVENOUS SUSPENSION	4	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	4	B/D PA; MO
DROXIA ORAL CAPSULE	2	MO
ELAHERE INTRAVENOUS SOLUTION	4	PA; LA
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	2	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	2	PA; MO
ELLENCES INTRAVENOUS SOLUTION	3	B/D PA; MO
ELREXFIO SUBCUTANEOUS SOLUTION	4	PA
ELZONRIS INTRAVENOUS SOLUTION	4	B/D PA; LA
EMPLICITI INTRAVENOUS RECON SOLN	4	B/D PA; MO
ENHERTU INTRAVENOUS RECON SOLN	4	PA; MO
ENSPRYNG SUBCUTANEOUS SYRINGE	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	3	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION	4	PA
ERBITUX INTRAVENOUS SOLUTION	4	B/D PA; MO
<i>eribulin intravenous solution</i>	4	B/D PA
ERIVEDGE ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	4	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	4	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	4	PA; MO; QL (60 per 30 days)
ERWINASE INJECTION RECON SOLN	4	B/D PA
ETOPOPHOS INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>etoposide intravenous solution</i>	1	B/D PA; MO
EULEXIN ORAL CAPSULE	4	
<i>everolimus (antineoplastic) oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	4	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	2	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	4	B/D PA; MO
EVOMELA INTRAVENOUS RECON SOLN	3	B/D PA
<i>exemestane oral tablet</i>	3	MO
FARESTON ORAL TABLET	4	
FASLODEX INTRAMUSCULAR SYRINGE	4	B/D PA; MO
FEMARA ORAL TABLET	3	MO
FENSOLVI SUBCUTANEOUS SYRINGE	4	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO
<i>floxuridine injection recon soln</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOLOTYN INTRAVENOUS SOLUTION	4	B/D PA; MO
FOTIVDA ORAL CAPSULE	4	PA; LA; QL (21 per 28 days)
FRINDOVYX INTRAVENOUS SOLUTION	4	B/D PA
FRUZAQLA ORAL CAPSULE 1 MG	4	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	4	PA; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe</i>	4	B/D PA; MO
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	4	PA
GAMIFANT INTRAVENOUS SOLUTION	4	PA; LA
GAVRETO ORAL CAPSULE	4	PA; LA; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION	4	B/D PA; MO
<i>gefitinib oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	2	B/D PA
<i>gengraf oral capsule</i>	2	B/D PA; MO
<i>gengraf oral solution</i>	2	B/D PA; MO
GILOTRIF ORAL TABLET	4	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	4	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	4	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLEOSTINE ORAL CAPSULE 10 MG	3	MO
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	4	MO
GRAFAPEX INTRAVENOUS RECON SOLN	4	B/D PA
HALAVEN INTRAVENOUS SOLUTION	4	B/D PA; MO
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION	4	PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN	4	PA; MO
HERZUMA INTRAVENOUS RECON SOLN	4	PA; MO
HYDREA ORAL CAPSULE	3	MO
<i>hydroxyurea oral capsule</i>	1	MO
IBRANCE ORAL CAPSULE	4	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	4	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET	4	PA; QL (30 per 30 days)
IDAMYCIN PFS INTRAVENOUS SOLUTION	3	B/D PA; MO
<i>idarubicin intravenous solution</i>	1	B/D PA; MO
IDHIFA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
IFEX INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	4	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	4	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	4	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	4	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	4	PA; QL (30 per 30 days)
IMDELLTRA INTRAVENOUS RECON SOLN	4	PA; MO
IMFINZI INTRAVENOUS SOLUTION	4	B/D PA; MO; LA
IMJUDO INTRAVENOUS SOLUTION	4	PA; MO
IMKELDI ORAL SOLUTION	4	PA; MO; QL (280 per 28 days)
IMURAN ORAL TABLET	3	B/D PA; MO
INLYTA ORAL TABLET 1 MG	4	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 5 MG	4	PA; MO; QL (120 per 30 days)
INQOVI ORAL TABLET	4	PA; MO; QL (5 per 28 days)
INREBIC ORAL CAPSULE	4	PA; MO; LA; QL (120 per 30 days)
IRESSA ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	4	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	4	B/D PA; MO
ISTODAX INTRAVENOUS RECON SOLN	4	B/D PA; MO
ITOVEBI ORAL TABLET 3 MG	4	PA; MO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	4	PA; MO; QL (30 per 30 days)
IWILFIN ORAL TABLET	4	PA; LA; QL (240 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN	4	B/D PA; MO
JAKAFI ORAL TABLET	4	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	4	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	4	PA; MO; QL (30 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION	4	PA; MO
JEVTANA INTRAVENOUS SOLUTION	4	B/D PA; MO
JYLAMVO ORAL SOLUTION	3	B/D PA; MO
KADCYLA INTRAVENOUS RECON SOLN	4	PA; MO
KANJINTI INTRAVENOUS RECON SOLN	4	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	4	PA; MO
KIMMTRAK INTRAVENOUS SOLUTION	4	B/D PA
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	4	PA; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	4	PA; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	4	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	4	PA; MO; QL (63 per 28 days)
KLISYRI TOPICAL OINTMENT IN PACKET	4	MO

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Drug Name	Drug Tier	Requirements/Limits
KOSELUGO ORAL CAPSULE	4	PA
KRAZATI ORAL TABLET	4	PA; QL (180 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN	4	B/D PA
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	4	PA; MO
<i>lapatinib oral tablet</i>	4	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	4	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	4	PA; LA; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	4	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	4	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	4	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	4	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	4	PA; MO; QL (60 per 30 days)
<i>letrozole oral tablet</i>	1	MO
LEUPROLIDE (3 MONTH) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO
<i>leuprolide subcutaneous kit</i>	3	PA; MO
LIBTAYO INTRAVENOUS SOLUTION	4	PA; LA
LONSURF ORAL TABLET	4	PA; MO
LOQTORZI INTRAVENOUS SOLUTION	4	PA; MO
LORBRENA ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	4	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	4	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	4	PA; MO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	4	PA; MO; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION	4	PA; MO
LUPKYNIS ORAL CAPSULE	4	PA; LA; QL (180 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT	4	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	4	PA; MO
LYNPARZA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
LYSODREN ORAL TABLET	4	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	4	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	4	PA; LA; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	4	PA; LA; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION	4	B/D PA
MATULANE ORAL CAPSULE	4	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	2	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	3	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL RECON SOLN	4	PA; MO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	4	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	4	PA; MO; QL (30 per 30 days)
MEKTOVI ORAL TABLET	4	PA; MO; LA; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln</i>	4	B/D PA
<i>mercaptopurine oral suspension</i>	4	
<i>mercaptopurine oral tablet</i>	2	MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>methotrexate sodium injection solution</i>	1	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	4	B/D PA; MO
<i>mitoxantrone intravenous concentrate</i>	1	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	4	PA; LA
MVASI INTRAVENOUS SOLUTION	4	PA; MO
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; LA
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium oral tablet,delayed release (dr/ec)</i>	3	B/D PA; MO
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC)	3	B/D PA; MO
MYHIBBIN ORAL SUSPENSION	4	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	4	B/D PA; MO; LA
<i>nelarabine intravenous solution</i>	4	B/D PA; MO
NEMLUVIO SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
NEORAL ORAL CAPSULE	3	B/D PA; MO
NEORAL ORAL SOLUTION	3	B/D PA; MO
NERLYNX ORAL TABLET	4	PA; MO; LA
NEXAVAR ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
NIKTIMVO INTRAVENOUS SOLUTION	4	PA
NILANDRON ORAL TABLET	4	PA; MO
<i>nilutamide oral tablet</i>	4	PA; MO
NINLARO ORAL CAPSULE	4	PA; MO; QL (3 per 28 days)
NIPENT INTRAVENOUS RECON SOLN	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
NUBEQA ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	3	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	3	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide,microspheres intramuscular suspension,extended rel recon</i>	4	PA
ODOMZO ORAL CAPSULE	4	PA; MO; LA; QL (30 per 30 days)
OGIVRI INTRAVENOUS RECON SOLN	4	PA; MO
OGSIVEO ORAL TABLET 100 MG, 150 MG	4	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	4	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	4	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	4	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	4	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	4	PA; QL (24 per 28 days)
OJJAARA ORAL TABLET	4	PA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION	4	B/D PA
ONIVYDE INTRAVENOUS DISPERSION	4	B/D PA
ONTRUZANT INTRAVENOUS RECON SOLN	4	PA
ONUREG ORAL TABLET	4	PA; MO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION	4	PA; MO
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION	4	PA
OPDUALAG INTRAVENOUS SOLUTION	4	PA; MO
ORGOVYX ORAL TABLET	4	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	4	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ORSERDU ORAL TABLET 86 MG	4	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel intravenous concentrate</i>	1	B/D PA; MO
<i>paclitaxel protein-bound intravenous suspension for reconstitution</i>	4	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN	4	PA; MO
<i>paraplatin intravenous solution</i>	1	B/D PA
<i>pazopanib oral tablet</i>	4	PA; MO; QL (120 per 30 days)
PEMAZYRE ORAL TABLET	4	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	3	B/D PA; MO
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	4	B/D PA
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	4	B/D PA
PEMETREXED INTRAVENOUS RECON SOLN 100 MG	3	B/D PA
PEMETREXED INTRAVENOUS RECON SOLN 500 MG	4	B/D PA
PEMETREXED INTRAVENOUS SOLUTION	4	B/D PA
PEMRYDI RTU INTRAVENOUS SOLUTION	4	B/D PA
PERJETA INTRAVENOUS SOLUTION	4	B/D PA; MO
PHESGO SUBCUTANEOUS SOLUTION	4	PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	4	PA; MO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	4	PA; MO; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN	4	PA; MO
POMALYST ORAL CAPSULE	4	PA; MO; LA; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PORTRAZZA INTRAVENOUS SOLUTION	4	B/D PA; MO
POTELIGEO INTRAVENOUS SOLUTION	4	PA
PRALATREXATE INTRAVENOUS SOLUTION	4	B/D PA; MO
PROGRAF INTRAVENOUS SOLUTION	2	B/D PA; MO
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	3	B/D PA; MO
PROGRAF ORAL CAPSULE 5 MG	4	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN ORAL SUSPENSION	4	
QINLOCK ORAL TABLET	4	PA; LA; QL (90 per 30 days)
RAPAMUNE ORAL TABLET 1 MG	4	B/D PA; MO
RETEVMO ORAL CAPSULE 40 MG	4	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	4	PA; MO; LA; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	4	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	4	PA; MO; LA; QL (90 per 30 days)
REVLIMID ORAL CAPSULE	4	PA; MO; LA; QL (28 per 28 days)
REVUFORJ ORAL TABLET	4	PA; QL (60 per 30 days)
REZLIDHIA ORAL CAPSULE	4	PA; QL (60 per 30 days)
REZUROCK ORAL TABLET	4	PA; LA; QL (30 per 30 days)
RIABNI INTRAVENOUS SOLUTION	4	PA; MO
RITUXAN HYCELA SUBCUTANEOUS SOLUTION	4	PA; MO
RITUXAN INTRAVENOUS CONCENTRATE	4	PA; MO
<i>romidepsin intravenous recon soln</i>	4	B/D PA
ROMIDEPSIN INTRAVENOUS SOLUTION	4	B/D PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	4	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	4	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	4	PA; MO; QL (336 per 28 days)
RUBRACA ORAL TABLET	4	PA; MO; LA; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION	4	PA; MO
RYBREVANT INTRAVENOUS SOLUTION	4	PA; MO
RYDAPT ORAL CAPSULE	4	PA; MO; QL (224 per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION	4	B/D PA

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

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Drug Name	Drug Tier	Requirements/Limits
RYTELO INTRAVENOUS RECON SOLN	4	PA
SANDIMMUNE INTRAVENOUS SOLUTION	3	B/D PA
SANDIMMUNE ORAL CAPSULE	3	B/D PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	PA; MO
SAPHNELO INTRAVENOUS SOLUTION	4	PA; MO; LA
SARCLISA INTRAVENOUS SOLUTION	4	PA; LA
SCEMBLIX ORAL TABLET 100 MG	4	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	4	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	4	PA; QL (300 per 30 days)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION	4	PA
SIKLOS ORAL TABLET 1,000 MG	4	MO
SIKLOS ORAL TABLET 100 MG	3	MO
SIMULECT INTRAVENOUS RECON SOLN	2	B/D PA; MO
<i>sirolimus oral solution</i>	4	B/D PA; MO
<i>sirolimus oral tablet</i>	3	B/D PA; MO
SOLTAMOX ORAL SOLUTION	4	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	4	PA; MO
<i>sorafenib oral tablet</i>	4	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	4	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	4	PA; MO; QL (60 per 30 days)
STIVARGA ORAL TABLET	4	PA; MO; QL (84 per 28 days)
<i>sunitinib malate oral capsule</i>	4	PA; MO; QL (30 per 30 days)
SUPPRELIN LA IMPLANT KIT	4	PA; MO
SUTENT ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
SYLVANT INTRAVENOUS RECON SOLN	4	B/D PA; MO
TABRECTA ORAL TABLET	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oral capsule</i>	2	B/D PA; MO
TAFINLAR ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	4	PA; MO; QL (840 per 28 days)
TAGRISSO ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION	4	PA
TALZENNA ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	1	MO
TARCEVA ORAL TABLET 100 MG	4	PA; QL (30 per 30 days)
TARGRETIN ORAL CAPSULE	4	PA; MO
TARGRETIN TOPICAL GEL	4	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	4	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	4	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	4	PA; LA
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION	4	B/D PA; MO; LA
TECENTRIQ INTRAVENOUS SOLUTION	4	B/D PA; MO; LA
TECVAYLI SUBCUTANEOUS SOLUTION	4	PA
TEMODAR INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>temsirolimus intravenous recon soln</i>	4	B/D PA; MO
TEPADINA INJECTION RECON SOLN	4	B/D PA
TEPMETKO ORAL TABLET	4	PA; LA
TEVIMBRA INTRAVENOUS SOLUTION	4	PA
THALOMID ORAL CAPSULE 100 MG	4	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	4	PA; MO; QL (28 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	4	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	4	B/D PA; MO
TIBSOVO ORAL TABLET	4	PA
TIVDAK INTRAVENOUS RECON SOLN	4	PA; MO
<i>topotecan intravenous recon soln</i>	4	B/D PA; MO
<i>topotecan intravenous solution</i>	4	B/D PA; MO
<i>toremifene oral tablet</i>	4	MO
TORISEL INTRAVENOUS RECON SOLN	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>torpenz oral tablet</i>	4	PA; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS RECON SOLN	4	B/D PA; MO
TREANDA INTRAVENOUS RECON SOLN	4	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	4	MO
TREXALL ORAL TABLET	3	B/D PA; MO
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA
TRISENOX INTRAVENOUS SOLUTION	4	B/D PA; MO
TRODELVY INTRAVENOUS RECON SOLN	4	PA; LA
TRUQAP ORAL TABLET	4	PA; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION	4	PA; MO
TUKYSA ORAL TABLET 150 MG	4	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	4	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	4	PA; LA; QL (120 per 30 days)
TYKERB ORAL TABLET	4	PA; MO; LA; QL (180 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	4	B/D PA
UPLIZNA INTRAVENOUS SOLUTION	4	PA; MO; LA
<i>valrubicin intravesical solution</i>	4	B/D PA; MO
VALSTAR INTRAVESICAL SOLUTION	4	B/D PA; MO
VANFLYTA ORAL TABLET	4	PA; QL (56 per 28 days)
VECTIBIX INTRAVENOUS SOLUTION	4	B/D PA; MO
VEGZELMA INTRAVENOUS SOLUTION	4	PA; MO
VELCADE INJECTION RECON SOLN	4	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	4	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	4	PA; LA; QL (42 per 180 days)
VERZENIO ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
VIDAZA INJECTION RECON SOLN	4	B/D PA; MO
VIJOICE ORAL GRANULES IN PACKET	4	PA; MO; QL (28 per 28 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
VIJOICE ORAL TABLET 125 MG, 50 MG	4	PA; MO; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	4	PA; MO; QL (56 per 28 days)
<i>vinblastine intravenous solution</i>	1	B/D PA; MO
<i>vincristine intravenous solution</i>	1	B/D PA; MO
<i>vinorelbine intravenous solution</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	4	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	4	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	4	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
VONJO ORAL CAPSULE	4	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	4	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	4	PA; QL (30 per 30 days)
VOTRIENT ORAL TABLET	4	PA; MO; QL (120 per 30 days)
VYLOY INTRAVENOUS RECON SOLN	4	PA; LA
VYXEOS INTRAVENOUS RECON SOLN	4	B/D PA
WELIREG ORAL TABLET	4	PA; LA
XALKORI ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	4	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	4	PA; MO; QL (120 per 30 days)
XATMEP ORAL SOLUTION	3	B/D PA; MO
XERMELO ORAL TABLET	4	PA; LA; QL (84 per 28 days)
XOSPATA ORAL TABLET	4	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA
XROMI ORAL SOLUTION	4	
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; MO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
YONDELIS INTRAVENOUS RECON SOLN	4	B/D PA
YONSA ORAL TABLET	4	PA; MO; QL (120 per 30 days)
ZALTRAP INTRAVENOUS SOLUTION	4	B/D PA; MO
ZANOSAR INTRAVENOUS RECON SOLN	3	B/D PA; MO
ZEJULA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
ZELBORAF ORAL TABLET	4	PA; MO; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN	4	PA
ZIIHERA INTRAVENOUS RECON SOLN	4	PA
ZIRABEV INTRAVENOUS SOLUTION	4	B/D PA; MO
ZOLADEX SUBCUTANEOUS IMPLANT	3	PA; MO
ZOLINZA ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	3	B/D PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	4	B/D PA; MO
ZYDELIG ORAL TABLET	4	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	4	PA; MO; QL (90 per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN	4	PA; LA
ZYNYZ INTRAVENOUS SOLUTION	4	PA; MO
ZYTIGA ORAL TABLET 250 MG	4	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	4	PA; MO; QL (60 per 30 days)

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APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BANZEL ORAL SUSPENSION	4	PA; MO
BANZEL ORAL TABLET	4	PA; MO
BRIVIACT INTRAVENOUS SOLUTION	3	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet,chewable 100 mg</i>	1	MO
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
CEREBYX INJECTION SOLUTION	3	
<i>clobazam oral suspension</i>	3	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	3	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE	3	MO
DIACOMIT ORAL CAPSULE	4	PA; LA
DIACOMIT ORAL POWDER IN PACKET	4	PA; LA
<i>diazepam rectal kit</i>	3	MO
DILANTIN 30 MG ORAL CAPSULE	3	MO
DILANTIN EXTENDED 100 MG ORAL CAPSULE	3	MO
DILANTIN INFATABS 50 MG ORAL TABLET,CHEWABLE	3	MO
DILANTIN-125 ORAL SUSPENSION	3	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	1	MO
<i>divalproex oral tablet extended release 24 hr</i>	1	MO
<i>divalproex oral tablet,delayed release (dr/ec)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX ORAL SOLUTION	4	PA; MO; LA
<i>epitol oral tablet</i>	1	MO
EPRONTIA ORAL SOLUTION	3	PA; MO
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR	3	MO
<i>ethosuximide oral capsule</i>	2	MO
<i>ethosuximide oral solution</i>	2	MO
<i>felbamate oral suspension</i>	3	MO
<i>felbamate oral tablet</i>	3	MO
FELBATOL ORAL TABLET	4	MO
FINTEPLA ORAL SOLUTION	4	PA; LA; QL (360 per 30 days)
<i>fosphenytoin injection solution</i>	1	MO
FYCOMPA ORAL SUSPENSION	4	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	3	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	4	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	2	PA; MO; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KEPPRA INTRAVENOUS SOLUTION	3	MO
KEPPRA ORAL SOLUTION	3	MO
KEPPRA ORAL TABLET	3	MO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
<i>lacosamide intravenous solution</i>	2	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	3	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING	3	MO
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK	3	MO
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK	3	MO
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK	3	MO
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK	3	MO
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK	3	MO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR	3	MO
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK	3	MO
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK	3	MO
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	3	MO
<i>lamotrigine oral tablet extended release 24hr</i>	3	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet,disintegrating</i>	3	MO
<i>lamotrigine oral tablets,dose pack</i>	3	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	3	
LIBERVANT BUCCAL FILM	4	PA; MO; QL (10 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
<i>methsuximide oral capsule</i>	3	MO
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	3	ST; MO; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	4	ST; MO; QL (60 per 30 days)
MYSOLINE ORAL TABLET	4	MO
NAYZILAM NASAL SPRAY,NON-AEROSOL	2	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	4	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET	4	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine oral suspension</i>	3	MO
<i>oxcarbazepine oral tablet</i>	2	MO
<i>oxcarbazepine oral tablet extended release 24 hr</i>	3	MO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>phenobarbital oral elixir</i>	3	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
PHENYTEK ORAL CAPSULE	3	MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	3	PA; MO; QL (30 per 30 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	3	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	3	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	4	PA; MO
<i>rufinamide oral tablet 200 mg</i>	3	PA; MO
<i>rufinamide oral tablet 400 mg</i>	4	PA; MO
SABRIL ORAL POWDER IN PACKET	4	PA; MO; LA
SABRIL ORAL TABLET	4	PA; MO; LA
SEZABY INTRAVENOUS RECON SOLN	3	
SPRITAM ORAL TABLET FOR SUSPENSION	3	MO
<i>subvenite oral tablet</i>	1	MO
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	3	MO
<i>subvenite starter (green) kit oral tablets,dose pack</i>	3	MO
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	3	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	4	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR	3	MO
<i>tiagabine oral tablet</i>	3	MO
TOPAMAX ORAL CAPSULE, SPRINKLE	3	PA; MO
TOPAMAX ORAL TABLET	3	PA; MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	PA; MO
<i>topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg</i>	3	PA; MO
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	4	PA; MO
<i>topiramate oral capsule,sprinkle,er 24hr</i>	3	PA; MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL ORAL SUSPENSION	3	MO
TRILEPTAL ORAL TABLET	3	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	3	PA; MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	4	PA; MO
<i>valproate sodium intravenous solution</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
<i>valproic acid oral capsule</i>	1	MO
VALTOCO NASAL SPRAY,NON-AEROSOL	2	PA; MO; QL (10 per 30 days)
<i>vigabatrin oral powder in packet</i>	4	PA; MO; LA
<i>vigabatrin oral tablet</i>	4	PA; MO; LA
<i>vigadrone oral powder in packet</i>	4	PA; LA
<i>vigadrone oral tablet</i>	4	PA; LA
VIGAFYDE ORAL SOLUTION	4	PA; LA
<i>vigpoder oral powder in packet</i>	4	PA; LA
VIMPAT INTRAVENOUS SOLUTION	3	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	4	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	3	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK ORAL TABLET	4	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	3	MO; QL (28 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	4	MO; QL (28 per 180 days)
ZARONTIN ORAL CAPSULE	3	MO
ZARONTIN ORAL SOLUTION	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
ZONISADE ORAL SUSPENSION	4	PA; MO
<i>zonisamide oral capsule</i>	1	PA; MO
ZTALMY ORAL SUSPENSION	4	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN SUBCUTANEOUS CARTRIDGE	4	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine subcutaneous cartridge</i>	4	PA; QL (90 per 30 days)
AZILECT ORAL TABLET	3	MO
<i>benztropine injection solution</i>	1	MO
<i>benztropine oral tablet</i>	1	PA; MO
<i>bromocriptine oral capsule</i>	3	MO
<i>bromocriptine oral tablet</i>	3	MO
<i>carbidopa oral tablet</i>	3	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	3	MO
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE	3	MO
DHIVY ORAL TABLET	3	MO
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION	4	B/D PA; MO
<i>entacapone oral tablet</i>	3	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	4	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	4	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LODOSYN ORAL TABLET	3	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	3	MO
NOURIANZ ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
ONGENTYS ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	3	PA; QL (30 per 30 days)
PARLODEL ORAL CAPSULE	3	
PARLODEL ORAL TABLET	3	
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr</i>	3	MO
<i>rasagiline oral tablet</i>	3	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	3	MO
RYTARY ORAL CAPSULE, EXTENDED RELEASE	3	MO
<i>selegiline hcl oral capsule</i>	1	MO
<i>selegiline hcl oral tablet</i>	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
STALEVO 100 ORAL TABLET	3	MO
TASMAR ORAL TABLET 100 MG	4	PA; MO
<i>tolcapone oral tablet</i>	4	PA
<i>trihexyphenidyl oral tablet</i>	1	MO
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION	4	PA; MO; QL (490 per 30 days)
XADAGO ORAL TABLET	4	MO
ZELAPAR ORAL TABLET,DISINTEGRATING	4	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet</i>	3	MO; QL (16 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine injection solution</i>	4	
<i>dihydroergotamine nasal spray,non-aerosol</i>	4	QL (8 per 28 days)
<i>eletriptan oral tablet</i>	3	MO; QL (18 per 28 days)
ELYXYB ORAL SOLUTION	3	PA; MO; QL (57.6 per 28 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	4	PA; MO; QL (3 per 30 days)
ERGOMAR SUBLINGUAL TABLET	3	
<i>ergotamine-caffeine oral tablet</i>	2	MO
FROVA ORAL TABLET	3	MO; QL (27 per 28 days)
<i>frovatriptan oral tablet</i>	3	MO; QL (27 per 28 days)
IMITREX ORAL TABLET 100 MG	3	MO; QL (18 per 28 days)
IMITREX ORAL TABLET 25 MG, 50 MG	3	QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (24 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (24 per 28 days)
<i>migergot rectal suppository</i>	4	MO
MIGRANAL NASAL SPRAY,NON-AEROSOL	4	QL (8 per 28 days)
<i>naratriptan oral tablet</i>	2	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING	2	PA; QL (16 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (32 per 28 days)
QULIPTA ORAL TABLET	2	PA; MO; QL (30 per 30 days)
RELPAK ORAL TABLET	3	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 30 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan oral tablet</i>	1	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	2	MO; QL (24 per 28 days)
<i>sumatriptan nasal spray,non-aerosol</i>	3	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral tablet</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	3	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	3	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	3	MO; QL (8 per 28 days)
<i>sumatriptan-naproxen oral tablet</i>	3	MO; QL (18 per 28 days)
TOSYMRA NASAL SPRAY,NON-AEROSOL	3	MO; QL (24 per 28 days)
TREXIMET ORAL TABLET	3	MO; QL (18 per 28 days)
UBRELVY ORAL TABLET	2	PA; QL (20 per 30 days)
VYEPTI INTRAVENOUS SOLUTION	4	PA
ZAVZPRET NASAL SPRAY,NON-AEROSOL	4	PA; MO; QL (6 per 28 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR	4	MO; QL (8 per 28 days)
ZOLMITRIPTAN NASAL SPRAY,NON-AEROSOL 2.5 MG	3	MO; QL (18 per 28 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	3	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet</i>	3	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating</i>	3	MO; QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL	3	MO; QL (18 per 28 days)
ZOMIG ORAL TABLET	3	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY TRANSDERMAL PATCH WEEKLY	3	MO
AMONDYS-45 INTRAVENOUS SOLUTION	4	PA; LA
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR	4	PA; MO; LA; QL (60 per 30 days)
AMVUTTRA SUBCUTANEOUS SYRINGE	4	PA; MO
ARICEPT ORAL TABLET	3	MO
AUBAGIO ORAL TABLET	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 12 MG, 9 MG	4	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	4	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	4	PA; MO; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	4	PA; MO; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	4	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	4	PA; MO; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	4	PA; MO; QL (28 per 180 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	4	PA; QL (42 per 180 days)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; MO; QL (120 per 30 days)
BRIUMVI INTRAVENOUS SOLUTION	4	PA; MO; QL (24 per 180 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	4	PA; MO; QL (12 per 28 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	2	PA; MO; QL (60 per 30 days)
DAYBUE ORAL SOLUTION	4	PA; LA
<i>dichlorphenamide oral tablet</i>	4	PA; MO
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	4	PA; MO; QL (56 per 28 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	3	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
EDARAVONE INTRAVENOUS SOLUTION	4	PA

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Drug Name	Drug Tier	Requirements/Limits
EVRYSDI ORAL RECON SOLN	4	PA; MO; LA; QL (240 per 30 days)
EVRYSDI ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
EXELON PATCH TRANSDERMAL PATCH 24 HOUR	3	MO
EXONDYS-51 INTRAVENOUS SOLUTION	4	PA
<i>fingolimod oral capsule</i>	4	PA; MO; QL (30 per 30 days)
FIRDAPSE ORAL TABLET	4	PA; LA
<i>galantamine oral capsule, extended release pellets 24 hr</i>	2	MO
<i>galantamine oral solution</i>	3	MO
<i>galantamine oral tablet</i>	2	MO
GILENYA ORAL CAPSULE 0.25 MG	4	PA; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	4	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	4	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	4	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	4	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	4	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA INITIATION PK(TARDIV) ORAL CAPSULE,DOSE PACK	4	PA; LA; QL (28 per 180 days)
INGREZZA ORAL CAPSULE	4	PA; LA; QL (30 per 30 days)
INGREZZA SPRINKLE ORAL CAPSULE, SPRINKLE	4	PA; LA; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.6 per 28 days)
KEVEYIS ORAL TABLET	4	PA
KISUNLA INTRAVENOUS SOLUTION	4	PA; MO
LEMTRADA INTRAVENOUS SOLUTION	4	PA; MO; QL (6 per 365 days)
LEQEMBI INTRAVENOUS SOLUTION	3	PA
MAVENCLAD (10 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (40 per 720 days)

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (4 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK) ORAL TABLET	4	PA; MO; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG	4	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	4	PA; MO; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK	3	PA; MO; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK	4	PA; MO; QL (12 per 180 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	3	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 28-10 mg</i>	2	PA; MO
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 21-10 mg</i>	2	PA
MIPLYFFA ORAL CAPSULE	4	PA; LA
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK	3	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	2	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	2	PA; MO
NUEDEXTA ORAL CAPSULE	4	PA; MO
NULIBRY INTRAVENOUS RECON SOLN	4	PA; LA
OCREVUS INTRAVENOUS SOLUTION	4	PA; MO; LA; QL (20 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION	4	PA; MO; QL (23 per 180 days)
ONPATTRO INTRAVENOUS SOLUTION	4	PA; MO; LA
<i>ormarvi oral tablet</i>	4	PA
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK	4	PA; MO; QL (14 per 180 days)
PONVORY ORAL TABLET	4	PA; MO; QL (30 per 30 days)
RADICAVA INTRAVENOUS SOLUTION	4	PA
RADICAVA ORS ORAL SUSPENSION	4	PA; MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	4	PA; MO
<i>rivastigmine tartrate oral capsule</i>	2	MO
<i>rivastigmine transdermal patch 24 hour</i>	3	MO
SKYCLARYS ORAL CAPSULE	4	PA; LA
TASCENSO ODT ORAL TABLET,DISINTEGRATING	4	MO
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	4	PA; MO; LA; QL (56 per 28 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	4	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	4	PA; MO; LA; QL (60 per 30 days)
<i>teriflunomide oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	4	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	4	PA; MO; QL (120 per 30 days)
TYSABRI INTRAVENOUS SOLUTION	4	PA; MO; LA; QL (15 per 28 days)
VILTEPSO INTRAVENOUS SOLUTION	4	PA; LA
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; MO; QL (120 per 30 days)
VYONDYS-53 INTRAVENOUS SOLUTION	4	PA; LA
WAINUA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL (0.8 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	4	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	4	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	4	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	4	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen intrathecal solution</i>	3	B/D PA; MO
<i>baclofen intrathecal syringe</i>	3	B/D PA; MO
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	3	MO
BACLOFEN ORAL SOLUTION 5 MG/5 ML	4	
<i>baclofen oral suspension</i>	4	MO
<i>baclofen oral tablet</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	3	PA; MO
DANTRIUM INTRAVENOUS RECON SOLN	3	
DANTRIUM ORAL CAPSULE 25 MG	3	MO
<i>dantrolene intravenous recon soln</i>	1	
<i>dantrolene oral capsule</i>	3	MO
FEXMID ORAL TABLET	3	PA
FLEQSUVY ORAL SUSPENSION	4	MO
GABLOFEN INTRATHECAL SOLUTION	3	B/D PA; MO
GABLOFEN INTRATHECAL SYRINGE	3	B/D PA; MO
LYVISPAH ORAL GRANULES IN PACKET	3	MO
MESTINON ORAL SYRUP	4	MO
MESTINON ORAL TABLET	4	MO
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE	4	MO
OZOBAX DS ORAL SOLUTION	4	
<i>pyridostigmine bromide oral syrup</i>	3	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>revonto intravenous recon soln</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
RYSTIGGO SUBCUTANEOUS SOLUTION	4	PA
<i>tizanidine oral capsule</i>	3	MO
<i>tizanidine oral tablet</i>	1	MO
VYVGART HYTRULO SUBCUTANEOUS SOLUTION	4	PA; MO; LA
VYVGART INTRAVENOUS SOLUTION	4	PA; MO; LA
ZANAFLEX ORAL CAPSULE	3	MO
ZANAFLEX ORAL TABLET	3	MO
ZILBRYSQ SUBCUTANEOUS SYRINGE	4	PA; LA
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod oral capsule</i>	3	QL (300 per 30 days)
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA BUCCAL FILM	2	PA; MO; QL (60 per 30 days)
BRIXADI SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	MO
<i>buprenorphine hcl injection solution</i>	3	MO
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual tablet</i>	1	MO
<i>buprenorphine transdermal patch weekly</i>	3	PA; MO; QL (4 per 28 days)
BUTRANS TRANSDERMAL PATCH WEEKLY	3	PA; MO; QL (4 per 28 days)
<i>codeine sulfate oral tablet</i>	3	MO; QL (180 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML	3	
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
<i>duramorph (pf) injection solution 0.5 mg/ml</i>	3	MO
<i>duramorph (pf) injection solution 1 mg/ml</i>	3	
<i>endocet oral tablet</i>	2	MO; QL (360 per 30 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate (pf) injection solution</i>	1	
FENTANYL CITRATE (PF) INJECTION SYRINGE 25 MCG/0.5 ML	3	
<i>fentanyl citrate (pf) injection syringe 50 mcg/ml</i>	3	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	3	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 400 MCG, 800 MCG	4	PA; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 600 MCG	4	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour</i>	3	PA; MO; QL (10 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	3	PA; MO; QL (90 per 30 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	2	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	2	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5- 200 mg</i>	3	MO; QL (50 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	2	MO; QL (50 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	3	
<i>hydromorphone (pf) injection syringe 0.2 mg/ml, 0.5 mg/0.5 ml, 1 mg/ml</i>	3	
<i>hydromorphone injection solution 2 mg/ml</i>	3	MO
HYDROMORPHONE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	3	
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	3	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	3	
<i>hydromorphone oral liquid</i>	3	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	3	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	4	PA; MO; QL (60 per 30 days)
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (60 per 30 days)
INFUMORPH P/F INJECTION SOLUTION	3	B/D PA; MO
<i>levorphanol tartrate oral tablet</i>	4	MO; QL (120 per 30 days)
<i>methadone injection solution</i>	2	
<i>methadone intensol oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
MITIGO (PF) INJECTION SOLUTION	3	
<i>morphine (pf) injection solution 0.5 mg/ml</i>	3	
<i>morphine (pf) injection solution 1 mg/ml</i>	3	MO
<i>morphine (pf) intravenous patient control.analgesia soln</i>	3	B/D PA
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	3	
MORPHINE INJECTION SYRINGE 2 MG/ML	3	
<i>morphine injection syringe 4 mg/ml</i>	3	MO
<i>morphine intravenous solution 10 mg/ml, 50 mg/ml</i>	3	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	3	MO
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	3	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	3	
<i>morphine oral capsule, er multiphase 24 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extended release pellets</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	4	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	3	PA; MO; QL (120 per 30 days)
NALOCET ORAL TABLET	3	MO; QL (390 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	3	PA; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	4	PA; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	4	QL (2000 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	3	QL (1860 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	QL (390 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	3	QL (390 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	2	QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT. REL. 12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, EXTENDED RELEASE 12 HR 80 MG	4	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	3	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	3	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr 40 mg</i>	4	PA; MO; QL (90 per 30 days)
PERCOCET ORAL TABLET	3	MO; QL (360 per 30 days)
PROLATE ORAL SOLUTION	4	MO; QL (2000 per 30 days)
<i>prolate oral tablet</i>	3	MO; QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 10 MG	3	QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	3	MO; QL (360 per 30 days)
SEGLENTIS ORAL TABLET	3	ST; QL (120 per 30 days)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE	4	MO
TREZIX ORAL CAPSULE	3	QL (300 per 30 days)
XTAMPZA ER ORAL CAP, SPRINKL, ER 12HR (DONT CRUSH)	3	PA; MO; QL (90 per 30 days)

NON-NARCOTIC ANALGESICS

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
ACETAMINOPHEN INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML), 500 MG/50 ML (10 MG/ML)	3	MO
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; MO
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	ST; MO
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection solution</i>	1	MO
<i>butorphanol nasal spray,non-aerosol</i>	3	MO; QL (10 per 28 days)
CALDOLOR INTRAVENOUS PIGGYBACK	3	
CALDOLOR INTRAVENOUS RECON SOLN	3	MO
CAMBIA ORAL POWDER IN PACKET	3	ST; MO; QL (9 per 30 days)
CELEBREX ORAL CAPSULE	3	
<i>celecoxib oral capsule</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
COMBOGESIC IV INTRAVENOUS SOLUTION	3	
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75	3	PA; MO; QL (30 per 30 days)
DAYPRO ORAL TABLET	3	ST; MO
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR	3	PA; QL (60 per 30 days)
<i>diclofenac potassium oral capsule</i>	3	MO
<i>diclofenac potassium oral powder in packet</i>	3	MO; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	4	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium oral tablet extended release 24 hr</i>	1	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	1	MO
<i>diclofenac sodium topical drops</i>	3	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	4	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed release, biphasic</i>	3	MO
<i>diflunisal oral tablet</i>	2	MO
<i>etodolac oral capsule</i>	2	MO
<i>etodolac oral tablet</i>	2	MO
<i>etodolac oral tablet extended release 24 hr</i>	3	MO
<i>fenoprofen oral capsule 400 mg</i>	3	MO
<i>fenoprofen oral tablet</i>	3	
FLECTOR TRANSDERMAL PATCH 12 HOUR	3	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu oral tablet</i>	1	MO
<i>ibuprofen lysine (pf) intravenous solution</i>	3	
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ibuprofen-famotidine oral tablet</i>	3	MO
INDOCIN RECTAL SUPPOSITORY	4	MO
<i>indomethacin rectal suppository 50 mg</i>	4	MO
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	3	
<i>ketoprofen oral capsule, extended release pellets 24 hr 200 mg</i>	3	MO
KLOXXADO NASAL SPRAY, NON-AEROSOL	3	MO
LICART TRANSDERMAL PATCH 24 HOUR	3	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	3	ST
<i>lofena oral tablet</i>	4	MO
<i>lofexidine oral tablet</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
LUCEMYRA ORAL TABLET	4	PA; MO
<i>meclofenamate oral capsule</i>	3	MO
<i>mefenamic acid oral capsule</i>	3	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>meloxicam submicronized oral capsule</i>	3	MO; QL (30 per 30 days)
<i>nabumetone oral tablet</i>	1	MO
<i>nalbuphine injection solution</i>	1	
NALFON ORAL TABLET	3	ST
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naloxone nasal spray,non-aerosol</i>	1	MO
<i>naltrexone oral tablet</i>	1	MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 750 MG	3	ST; MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	3	ST
NAPROSYN ORAL SUSPENSION	4	ST
<i>naproxen oral suspension</i>	3	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	3	MO
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic</i>	4	MO
NARCAN NASAL SPRAY,NON-AEROSOL	3	MO
NEOPROFEN (IBUPROFEN LYSN)(PF) INTRAVENOUS SOLUTION	3	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR	3	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OLINVIK INTRAVENOUS PATIENT CONTROL ANALGESIA SOLN	3	B/D PA
OLINVIK INTRAVENOUS SOLUTION	3	
OPVEE NASAL SPRAY, NON-AEROSOL	3	MO
<i>oxaprozin oral tablet</i>	3	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	4	ST; QL (224 per 28 days)
<i>piroxicam oral capsule</i>	2	MO
PRIALT INTRATHECAL SOLUTION	3	B/D PA
RELAFEN DS ORAL TABLET	4	ST; MO
<i>salsalate oral tablet</i>	1	MO
SPRIX NASAL SPRAY, NON-AEROSOL	4	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
<i>sulindac oral tablet</i>	1	MO
TOLECTIN 600 ORAL TABLET	4	ST
<i>tolmetin oral capsule</i>	3	MO
<i>tolmetin oral tablet 600 mg</i>	3	
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE, ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL SOLUTION	3	MO; QL (2400 per 30 days)
TRAMADOL ORAL TABLET 100 MG, 25 MG	3	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
TRAMADOL ORAL TABLET 75 MG	3	QL (120 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	3	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	3	PA; QL (30 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	1	MO; QL (240 per 30 days)
VIMOVO ORAL TABLET, IR, DELAYED REL, BIPHASIC 500-20 MG	4	ST

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Drug Name	Drug Tier	Requirements/Limits
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO
VIVLODEX ORAL CAPSULE	3	ST; MO; QL (30 per 30 days)
ZIMHI INJECTION SYRINGE	3	MO
ZIPSOR ORAL CAPSULE	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	4	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	4	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	4	MO; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	4	MO; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP	4	PA; QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	4	PA; QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	4	PA; QL (30 per 180 days)
ABILIFY ORAL TABLET	3	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET	3	MO
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR	3	ST; MO
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST; MO
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE	3	MO; QL (30 per 30 days)
AMBIEN ORAL TABLET	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline oral tablet</i>	1	MO
<i>amoxapine oral tablet</i>	2	MO
<i>amphetamine sulfate oral tablet</i>	3	PA; MO
ANAFRANIL ORAL CAPSULE	3	MO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	ST; MO
<i>aripiprazole oral solution</i>	3	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	3	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	4	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE 1,064 MG/3.9 ML	4	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	4	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	4	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	4	MO; QL (3.2 per 28 days)
<i>armodafinil oral tablet</i>	3	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet</i>	3	MO; QL (60 per 30 days)
ATIVAN INJECTION SOLUTION	3	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	3	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	3	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	4	ST; QL (60 per 30 days)
AZSTARYS ORAL CAPSULE	3	ST; MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA ORAL TABLET	2	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone oral tablet</i>	1	MO
CAPLYTA ORAL CAPSULE	3	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
<i>chlorpromazine injection solution</i>	3	MO
<i>chlorpromazine oral concentrate</i>	3	MO
<i>chlorpromazine oral tablet</i>	3	MO
CITALOPRAM ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	2	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	3	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	3	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	2	
<i>clozapine oral tablet,disintegrating</i>	3	
CLOZARIL ORAL TABLET 100 MG	4	
CLOZARIL ORAL TABLET 25 MG	3	
COBENFY ORAL CAPSULE	3	MO; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK	3	MO; QL (56 per 180 days)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR	3	ST; MO
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H	3	ST; MO

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

This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
CYMBALTA ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO; QL (60 per 30 days)
DAYTRANA TRANSDERMAL PATCH 24 HOUR	3	ST; MO
DAYVIGO ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>desipramine oral tablet</i>	1	MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	3	ST; MO
<i>dexmethylphenidate oral capsule,er biphasic 50-50</i>	3	MO
<i>dexmethylphenidate oral tablet</i>	3	MO
<i>dextroamphetamine sulfate oral capsule, extended release</i>	3	MO
<i>dextroamphetamine sulfate oral solution</i>	3	MO
<i>dextroamphetamine sulfate oral tablet</i>	3	MO
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	3	MO
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	3	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	2	MO
<i>diazepam injection solution</i>	1	PA
<i>diazepam injection syringe</i>	1	PA
<i>diazepam intensol oral concentrate</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
DOPRAM INTRAVENOUS SOLUTION	3	
<i>doxepin oral capsule</i>	3	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin oral concentrate</i>	3	MO
<i>doxepin oral tablet</i>	2	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QL (90 per 30 days)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR	3	ST; MO
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; MO
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE, EXTENDED RELEASE 24HR 75 MG	3	QL (90 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	4	MO
<i>ergoloid oral tablet</i>	3	
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	ST; QL (0.75 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML	4	ST; QL (1 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	ST; QL (1.5 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 351 MG/2.25 ML	4	ST; QL (2.25 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	ST; QL (0.25 per 28 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	ST; QL (0.5 per 28 days)
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet</i>	3	MO; QL (30 per 30 days)
EVEKEO ORAL TABLET	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
FANAPT ORAL TABLET	3	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	ST; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	2	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	QL (30 per 30 days)
<i>flumazenil intravenous solution</i>	1	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	3	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	3	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	3	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	3	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	3	MO; QL (120 per 30 days)
<i>fluoxetine oral tablet 60 mg</i>	3	MO; QL (30 per 30 days)
<i>fluphenazine decanoate injection solution</i>	3	MO
<i>fluphenazine hcl injection solution</i>	3	MO
<i>fluphenazine hcl oral concentrate</i>	3	MO
<i>fluphenazine hcl oral elixir</i>	3	MO
<i>fluphenazine hcl oral tablet</i>	3	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	3	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
FOCALIN ORAL TABLET	3	MO
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50	3	ST; MO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR RECON SOLN	3	MO
GEODON ORAL CAPSULE 20 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	4	MO; QL (60 per 30 days)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML	3	MO
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 50 MG/ML	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	3	MO
<i>haloperidol lactate injection solution</i>	3	MO
<i>haloperidol lactate intramuscular syringe</i>	1	
<i>haloperidol lactate oral concentrate</i>	1	MO
<i>haloperidol oral tablet</i>	1	MO
HETLIOZ LQ ORAL SUSPENSION	4	PA; MO; QL (158 per 30 days)
HETLIOZ ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
<i>imipramine hcl oral tablet</i>	3	MO
<i>imipramine pamoate oral capsule</i>	3	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	4	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	4	MO; QL (5 per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	3	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	MO; QL (2.63 per 90 days)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK	3	ST; MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	QL (30 per 30 days)
<i>lisdexamfetamine oral capsule</i>	3	MO
<i>lisdexamfetamine oral tablet,chewable</i>	3	MO
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE	3	MO
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe</i>	1	PA; MO
<i>lorazepam intensol oral concentrate</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	3	PA; MO; QL (30 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	3	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	3	PA; MO; QL (90 per 30 days)
<i>loxapine succinate oral capsule</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LUMRYZ ORAL EXTEND RELEASE GRANULES,PACKET	4	PA; MO; QL (30 per 30 days)
LUMRYZ STARTER PACK ORAL GRANULES ER PACKET, DOSE PACK	4	PA; MO; QL (28 per 180 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	3	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET	4	ST; MO; QL (30 per 30 days)
MARPLAN ORAL TABLET	3	MO
METADATE CD ORAL CAPSULE, ER BIPHASIC 30-70	3	ST; MO
<i>methamphetamine oral tablet</i>	3	PA; MO
METHYLIN ORAL SOLUTION	3	MO
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	3	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	3	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	3	MO
<i>methylphenidate hcl oral solution</i>	3	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release</i>	3	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	3	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	3	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	3	ST; MO
<i>methylphenidate hcl oral tablet,chewable</i>	3	MO
<i>methylphenidate transdermal patch 24 hour</i>	3	MO
<i>midazolam (pf) in 0.9 % nacl intravenous solution</i>	3	
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	3	
<i>molindone oral tablet 5 mg</i>	3	MO
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR	3	ST; MO
NARDIL ORAL TABLET	3	MO
<i>nefazodone oral tablet</i>	3	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	3	MO
NUPLAZID ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET	3	PA; MO; QL (30 per 30 days)
NUVIGIL ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	3	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	3	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule</i>	3	MO
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR	4	ST; MO
OPIPZA ORAL FILM 10 MG	4	ST; MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	4	ST; MO; QL (30 per 30 days)
OPIPZA ORAL FILM 5 MG	4	ST; MO; QL (180 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	3	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	3	MO; QL (60 per 30 days)
PAMELOR ORAL CAPSULE	3	
PARNATE ORAL TABLET	3	MO
<i>paroxetine hcl oral suspension</i>	3	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
<i>paroxetine mesylate(menop.sym) oral capsule</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (60 per 30 days)
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	3	
<i>perphenazine oral tablet</i>	3	MO
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	4	ST; MO; QL (1 per 30 days)
<i>phenelzine oral tablet</i>	2	MO
<i>pimozide oral tablet</i>	3	MO
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>procentra oral solution</i>	3	MO
<i>protriptyline oral tablet</i>	3	MO
PROVIGIL ORAL TABLET 100 MG	4	PA; MO; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	4	PA; MO; QL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG	3	QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	QL (90 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	3	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR	3	ST; MO
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
QUVIVIQ ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>ramelteon oral tablet</i>	2	MO; QL (30 per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR	3	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB ORAL TABLET,DISINTEGRATING	3	MO
REXULTI ORAL TABLET	3	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	4	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	2	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	4	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	1	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	3	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	3	MO; QL (120 per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50	3	ST; MO
RITALIN ORAL TABLET	3	MO
ROZEREM ORAL TABLET	3	MO; QL (30 per 30 days)
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	4	ST; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SAPHRIS SUBLINGUAL TABLET	3	MO; QL (60 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	4	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
SERTRALINE ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	3	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR ORAL TABLET	3	MO; QL (30 per 30 days)
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) ORAL SOLUTION	4	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	4	PA; MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	ST; MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
SUNOSI ORAL TABLET	3	PA; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	
<i>tasimelteon oral capsule</i>	4	PA; MO; QL (30 per 30 days)
<i>thioridazine oral tablet</i>	2	MO
<i>thiothixene oral capsule</i>	1	MO
<i>tranlycypromine oral tablet</i>	3	MO
<i>trazodone oral tablet</i>	1	MO
<i>trifluoperazine oral tablet</i>	2	MO
<i>trimipramine oral capsule</i>	3	MO
TRINTELLIX ORAL TABLET	2	QL (30 per 30 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	4	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	4	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	4	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	4	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	4	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	4	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	4	MO; QL (0.21 per 28 days)
VALIUM ORAL TABLET 2 MG, 5 MG	3	PA; MO; QL (120 per 30 days)
VENLAFAXINE BESYLATE ORAL TABLET EXTENDED RELEASE 24HR	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	3	MO; QL (30 per 30 days)
VERSACLOZ ORAL SUSPENSION	4	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)
<i>vilazodone oral tablet</i>	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
VYVANSE ORAL CAPSULE	3	ST; MO
VYVANSE ORAL TABLET,CHEWABLE	3	ST; MO
WAKIX ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR	3	QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	QL (30 per 30 days)
XELSTRYM TRANSDERMAL PATCH 24 HOUR	3	ST; MO
XYREM ORAL SOLUTION	4	PA; LA; QL (540 per 30 days)
XYWAV ORAL SOLUTION	4	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	3	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
<i>ziprasidone hcl oral capsule</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i>	3	MO
ZOLOFT ORAL CONCENTRATE	3	
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	QL (30 per 30 days)
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet, extended release multiphase</i>	3	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	4	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	4	PA; MO; QL (14 per 365 days)
ZYPREXA INTRAMUSCULAR RECON SOLN	3	MO
ZYPREXA ORAL TABLET 10 MG, 7.5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	4	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 2.5 MG, 5 MG	3	QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	4	MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	4	MO; QL (1 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	3	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	4	MO; QL (30 per 30 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	1	
<i>adenosine intravenous syringe</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone oral tablet 100 mg, 200 mg</i>	1	MO
<i>amiodarone oral tablet 400 mg</i>	1	
BETAPACE AF ORAL TABLET	3	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	3	MO
CORVERT INTRAVENOUS SOLUTION	3	
<i>dofetilide oral capsule</i>	3	MO
<i>flecainide oral tablet</i>	1	MO
<i>ibutilide fumarate intravenous solution</i>	1	
<i>lidocaine (pf) intravenous solution</i>	1	
<i>lidocaine (pf) intravenous syringe</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	3	
<i>mexiletine oral capsule</i>	2	MO
MULTAQ ORAL TABLET	2	MO
NEXTERONE INTRAVENOUS SOLUTION	3	B/D PA
<i>pacерone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection solution</i>	1	
PROCAINAMIDE INTRAVENOUS SYRINGE	3	
<i>propafenone oral capsule,extended release 12 hr</i>	3	MO
<i>propafenone oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>quinidine gluconate oral tablet extended release</i>	3	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sotalol af oral tablet</i>	1	
<i>sotalol oral tablet</i>	1	MO
SOTYLIZE ORAL SOLUTION	3	MO
TIKOSYN ORAL CAPSULE	3	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL ORAL TABLET	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	3	
<i>acebutolol oral capsule</i>	1	MO
ALDACTONE ORAL TABLET 100 MG, 50 MG	3	MO
ALDACTONE ORAL TABLET 25 MG	3	
<i>aliskiren oral tablet</i>	3	MO
ALTACE ORAL CAPSULE 1.25 MG, 5 MG	3	
ALTACE ORAL CAPSULE 10 MG, 2.5 MG	3	MO
<i>amiloride oral tablet</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	1	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	1	MO
<i>amlodipine-valsartan oral tablet</i>	1	MO
<i>amlodipine-valsartan-hydrochlorothiazide oral tablet</i>	1	MO
ATACAND HCT ORAL TABLET	3	ST; MO
ATACAND ORAL TABLET	3	ST; MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
AVALIDE ORAL TABLET	3	ST; MO
AVAPRO ORAL TABLET	3	ST; MO
AZOR ORAL TABLET	3	ST; MO
<i>benazepril oral tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
BENICAR HCT ORAL TABLET	3	ST; MO
BENICAR ORAL TABLET	3	ST; MO
<i>betaxolol oral tablet</i>	2	MO
BIDIL ORAL TABLET	3	MO; QL (180 per 30 days)
<i>bisoprolol fumarate oral tablet</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
BREVIBLOC IN NACL (ISO-OSM) INTRAVENOUS PARENTERAL SOLUTION	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	3	
<i>bumetanide injection solution</i>	3	MO
<i>bumetanide oral tablet</i>	1	MO
BYSTOLIC ORAL TABLET	3	MO
<i>candesartan oral tablet</i>	1	MO
<i>candesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>captopril oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	1	
CARDENE IV IN SODIUM CHLORIDE INTRAVENOUS PIGGYBACK	3	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	MO; QL (60 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR	3	QL (30 per 30 days)
CAROSPIR ORAL SUSPENSION	3	MO
<i>cartia xt oral capsule,extended release 24hr 120 mg</i>	1	
<i>cartia xt oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg</i>	1	MO
<i>carvedilol oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carvedilol phosphate oral capsule, er multiphase 24 hr</i>	3	MO
<i>chlorothiazide sodium intravenous recon soln</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
CLEVIPREX INTRAVENOUS EMULSION	3	
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	4	MO
<i>clonidine transdermal patch weekly</i>	3	MO; QL (4 per 28 days)
COZAAR ORAL TABLET	3	ST; MO
DEMSER ORAL CAPSULE	4	PA; MO
DIBENZYLINE ORAL CAPSULE	4	PA; MO
<i>diltiazem hcl intravenous recon soln</i>	1	
<i>diltiazem hcl intravenous solution</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
<i>dilt-xr oral capsule, extended release 24h degradable</i>	1	MO
DIOVAN HCT ORAL TABLET	3	ST; MO
DIOVAN ORAL TABLET	3	ST; MO
DIURIL ORAL SUSPENSION	3	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DYRENIUM ORAL CAPSULE	3	MO
EDARBI ORAL TABLET	2	MO
EDARBYCLOR ORAL TABLET	2	MO
EDECIN ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate oral solution</i>	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	1	MO
EPANED ORAL SOLUTION	3	MO
<i>eplerenone oral tablet</i>	2	MO
<i>epoprostenol intravenous recon soln</i>	3	B/D PA; MO
<i>esmolol in nacl (iso-osm) intravenous parenteral solution</i>	3	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium intravenous recon soln</i>	4	
<i>ethacrynic acid oral tablet</i>	3	MO
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 5-160-25 MG	3	ST; MO
EXFORGE HCT ORAL TABLET 10-320-25 MG, 5-160-12.5 MG	3	ST
EXFORGE ORAL TABLET	3	ST; MO
<i>felodipine oral tablet extended release 24 hr</i>	1	MO
FLOLAN INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>fosinopril oral tablet</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO
FUROSCIX SUBCUTANEOUS KIT	4	ST
<i>furosemide injection solution</i>	3	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
HEMANGEOL ORAL SOLUTION	3	
<i>hydralazine injection solution</i>	1	MO
<i>hydralazine oral tablet</i>	1	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
HYZAAR ORAL TABLET	3	ST; MO
<i>indapamide oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
INSPIRA ORAL TABLET	3	MO
<i>irbesartan oral tablet</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>isosorbide-hydralazine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>isradipine oral capsule</i>	1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR	3	MO
KATERZIA ORAL SUSPENSION	3	MO
KERENDIA ORAL TABLET	2	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	3	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
LASIX ORAL TABLET 20 MG, 40 MG	3	MO
LASIX ORAL TABLET 80 MG	3	
<i>lisinopril oral tablet</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO
LOPRESSOR ORAL TABLET	3	MO
<i>losartan oral tablet</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO
LOTENSIN HCT ORAL TABLET 10-12.5 MG	3	
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG	3	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	
LOTREL ORAL CAPSULE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>mannitol 20 % intravenous parenteral solution</i>	3	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la oral tablet extended release 24 hr</i>	1	MO
<i>methyldopa oral tablet 500 mg</i>	3	MO
<i>metolazone oral tablet</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	3	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet</i>	1	MO
<i>metyrosine oral capsule</i>	4	PA; MO
MICARDIS HCT ORAL TABLET	3	ST; MO
<i>minoxidil oral tablet</i>	1	MO
<i>moexipril oral tablet</i>	1	MO
<i>nadolol oral tablet</i>	3	MO
<i>nebivolol oral tablet</i>	1	MO
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HR	4	
NICARDIPINE IN NACL (ISO-OS) INTRAVENOUS PIGGYBACK	3	
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral capsule</i>	3	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine oral capsule</i>	3	MO
<i>nimodipine oral solution</i>	4	
<i>nisoldipine oral tablet extended release 24 hr</i>	3	MO
NORLIQVA ORAL SOLUTION	3	MO
NORVASC ORAL TABLET	3	
NYMALIZE ORAL SOLUTION	4	MO
NYMALIZE ORAL SYRINGE	4	

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan oral tablet</i>	1	MO
<i>olmesartan-amlodipine-hydrochlorothiazide oral tablet</i>	1	MO
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	MO
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; MO; QL (168 per 180 days)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; MO; QL (336 per 180 days)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK	4	PA; MO; QL (252 per 180 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	3	PA; MO; QL (90 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG	4	PA; MO; QL (90 per 30 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 5 MG	4	PA; MO; QL (720 per 30 days)
OSMITROL 10 % INTRAVENOUS PARENTERAL SOLUTION	3	
<i>osmitrol 20 % intravenous parenteral solution</i>	3	
<i>perindopril erbumine oral tablet</i>	1	MO
<i>phenoxybenzamine oral capsule</i>	4	PA; MO
<i>phentolamine injection recon soln</i>	1	
<i>pindolol oral tablet</i>	2	MO
<i>prazosin oral capsule</i>	1	MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR	3	MO
<i>propranolol intravenous solution</i>	1	
<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
QBRELIS ORAL SOLUTION	3	MO
<i>quinapril oral tablet</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	MO
<i>ramipril oral capsule</i>	1	MO
REMODULIN INJECTION SOLUTION	4	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
SOAANZ ORAL TABLET 20 MG, 60 MG	3	ST
SOAANZ ORAL TABLET 40 MG	3	ST; MO
<i>spironolactone oral suspension</i>	3	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz oral tablet</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
TEKTURNA ORAL TABLET	3	MO
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartan-amlodipine oral tablet</i>	1	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	1	MO
TENORETIC 100 ORAL TABLET	3	MO
TENORETIC 50 ORAL TABLET	3	MO
TENORMIN ORAL TABLET	3	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
THALITONE ORAL TABLET	3	
<i>tiadylt er oral capsule,extended release 24 hr</i>	1	MO
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO
<i>timolol maleate oral tablet</i>	3	MO
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>torse mide oral tablet</i>	1	MO
<i>trandolapril oral tablet</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	1	MO
<i>treprostinil sodium injection solution</i>	4	PA; MO; LA
<i>triamterene oral capsule</i>	3	MO
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
TRIBENZOR ORAL TABLET	3	ST; MO
UPTRAVI INTRAVENOUS RECON SOLN	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	4	PA; MO; LA; QL (200 per 180 days)
VALSARTAN ORAL SOLUTION	4	ST; MO
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO
VASERETIC ORAL TABLET	3	MO
VASOTEC ORAL TABLET	3	MO
<i>veletri intravenous recon soln</i>	1	B/D PA; MO
<i>verapamil intravenous solution</i>	1	
<i>verapamil intravenous syringe</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, extended release pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR	3	
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT	3	MO
ZESTORETIC ORAL TABLET	3	MO
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 5 MG	3	MO
ZESTRIL ORAL TABLET 40 MG	3	
COAGULATION THERAPY		
ADZYNMA INTRAVENOUS KIT	4	PA; LA
AGGRASTAT INTRAVENOUS CONCENTRATE	3	B/D PA
AGGRASTAT IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	B/D PA
ALVAIZ ORAL TABLET	4	PA; MO
<i>aminocaproic acid intravenous solution</i>	1	MO
<i>aminocaproic acid oral solution</i>	4	MO
<i>aminocaproic acid oral tablet</i>	4	MO
ANDEXXA INTRAVENOUS RECON SOLN	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>argatroban in 0.9 % sod chlor intravenous solution</i>	3	
ARGATROBAN INTRAVENOUS SOLUTION	4	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	4	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	3	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	3	MO
BRILINTA ORAL TABLET	2	MO
CABLIVI INJECTION KIT	4	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	2	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	2	PA; MO
<i>cilostazol oral tablet</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule</i>	3	MO; QL (60 per 30 days)
<i>dipyridamole intravenous solution</i>	1	
<i>dipyridamole oral tablet</i>	3	MO
DOPTELET (10 TAB PACK) ORAL TABLET	4	PA; MO; LA
DOPTELET (15 TAB PACK) ORAL TABLET	4	PA; MO; LA
DOPTELET (30 TAB PACK) ORAL TABLET	4	PA; MO; LA
EFFIENT ORAL TABLET	3	MO
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	2	MO; QL (60 per 30 days)
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	3	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	3	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	3	MO; QL (16.8 per 28 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	3	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	4	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	3	MO
FRAGMIN SUBCUTANEOUS SOLUTION	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	4	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	3	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	2	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	2	MO
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	3	
<i>heparin (porcine) injection cartridge</i>	2	MO
<i>heparin (porcine) injection solution</i>	2	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	2	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	2	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	3	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	2	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	2	MO
<i>jantoven oral tablet</i>	1	MO
LOVENOX SUBCUTANEOUS SOLUTION	3	MO; QL (30 per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	3	MO; QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QL (11.2 per 28 days)
MULPLETA ORAL TABLET	4	PA; MO
NPLATE SUBCUTANEOUS RECON SOLN	4	PA; MO
OCTAPLAS (BLOOD GROUP A) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP AB) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP B) INTRAVENOUS SOLUTION	3	
OCTAPLAS (BLOOD GROUP O) INTRAVENOUS SOLUTION	3	
<i>pentoxifylline oral tablet extended release</i>	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA ORAL CAPSULE	3	PA; MO; QL (60 per 30 days)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 30 MG, 40 MG, 50 MG	4	PA; QL (120 per 30 days)
PRADAXA ORAL PELLETS IN PACKET 150 MG, 20 MG	4	PA; QL (60 per 30 days)
<i>prasugrel hcl oral tablet</i>	2	MO
PRAXBIND INTRAVENOUS SOLUTION	4	
PROMACTA ORAL POWDER IN PACKET	4	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA ORAL TABLET	4	PA; MO; LA
<i>protamine intravenous solution</i>	1	
SAVAYSA ORAL TABLET	3	PA; MO; QL (30 per 30 days)
TAVALISSE ORAL TABLET	4	PA; LA; QL (60 per 30 days)
THROMBATE III INTRAVENOUS RECON SOLN	3	
THROMBIN-JMI NASAL SPRAY SYRINGE	3	
<i>tirofiban-0.9% sodium chloride intravenous solution</i>	3	B/D PA
<i>warfarin oral tablet</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	2	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	2	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	2	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR	4	ST; MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
ATORVALIQ ORAL SUSPENSION	3	ST; MO; QL (600 per 30 days)
<i>atorvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
CADUET ORAL TABLET	3	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	2	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	2	MO
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine light oral powder in packet</i>	2	
<i>colesevelam oral powder in packet</i>	3	MO
<i>colesevelam oral tablet</i>	3	MO
COLESTID ORAL GRANULES	3	MO
COLESTID ORAL TABLET	3	
<i>colestipol oral granules</i>	3	MO
<i>colestipol oral packet</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>colestipol oral tablet</i>	3	MO
CRESTOR ORAL TABLET	3	ST; MO; QL (30 per 30 days)
EVKEEZA INTRAVENOUS SOLUTION	4	PA; LA
EZALLOR SPRINKLE ORAL CAPSULE	3	ST; QL (30 per 30 days)
<i>ezetimibe oral tablet</i>	1	MO
<i>ezetimibe-simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg</i>	3	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet</i>	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	3	MO
<i>fenofibric acid oral tablet</i>	1	
FENOGLIDE ORAL TABLET 120 MG	3	
FENOGLIDE ORAL TABLET 40 MG	3	MO
FIBRICOR ORAL TABLET 105 MG	3	MO
FLOLIPID ORAL SUSPENSION	3	ST; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	3	MO; QL (30 per 30 days)
<i>gemfibrozil oral tablet</i>	1	MO
<i>icosapent ethyl oral capsule</i>	2	MO
JUXTAPID ORAL CAPSULE	4	PA; MO; LA
LEQVIO SUBCUTANEOUS SYRINGE	4	PA; QL (3 per 180 days)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR	3	ST; MO; QL (30 per 30 days)
LIPITOR ORAL TABLET	3	ST; MO; QL (30 per 30 days)
LIPOFEN ORAL CAPSULE	3	MO
LIVALO ORAL TABLET	3	ST; MO; QL (30 per 30 days)
LOPID ORAL TABLET	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA ORAL CAPSULE	3	ST; MO
NEXLETOL ORAL TABLET	2	PA; MO
NEXLIZET ORAL TABLET	2	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	3	MO
NIACOR ORAL TABLET	3	MO
<i>omega-3 acid ethyl esters oral capsule</i>	1	MO
<i>pitavastatin calcium oral tablet</i>	1	MO; QL (30 per 30 days)
PRALUENT SUBCUTANEOUS PEN INJECTOR	3	PA; QL (2 per 28 days)
<i>pravastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	2	MO
<i>prevalite oral powder in packet</i>	2	MO
QUESTRAN LIGHT ORAL POWDER	3	
QUESTRAN ORAL POWDER	3	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	2	PA; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	2	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	2	PA; QL (6 per 28 days)
<i>rosuvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
TRICOR ORAL TABLET 145 MG	3	
TRICOR ORAL TABLET 48 MG	3	MO
TRILIPIX ORAL CAPSULE, DELAYED RELEASE(DR/EC) 45 MG	3	MO
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR	4	PA; LA; QL (0.8 per 30 days)
VASCEPA ORAL CAPSULE	3	ST; MO
VYTORIN 10-10 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20 ORAL TABLET	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VYTORIN 10-40 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80 ORAL TABLET	3	ST; MO; QL (30 per 30 days)
WELCHOL ORAL POWDER IN PACKET	3	MO
WELCHOL ORAL TABLET	3	MO
ZETIA ORAL TABLET	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET	3	ST; MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

ASPRUZYO SPRINKLE ORAL EXTEND RELEASE GRANULES,PACKET	3	
ATTRUBY ORAL TABLET	4	PA
CAMZYOS ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	2	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dobutamine intravenous solution</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO ORAL TABLET	2	QL (60 per 30 days)
ENTRESTO SPRINKLE ORAL PELLETT	2	QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FILSPARI ORAL TABLET	4	PA; QL (30 per 30 days)
<i>isoproterenol hcl injection solution</i>	3	
<i>ivabradine oral tablet</i>	2	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET	3	MO
LEVOPHED (BITARTRATE) INTRAVENOUS SOLUTION	3	
LODOCO ORAL TABLET	3	PA; MO
<i>milrinone in 5 % dextrose intravenous piggyback</i>	1	B/D PA
<i>milrinone intravenous solution</i>	1	B/D PA
<i>nitroprusside in 0.9 % nacl intravenous solution</i>	3	B/D PA
<i>norepinephrine bitartrate intravenous solution</i>	1	
<i>norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml)</i>	3	
NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	3	
<i>norepinephrine bitartrate-nacl intravenous solution 16 mg/250 ml (64 mcg/ml), 4 mg/250 ml (16 mcg/ml), 8 mg/250 ml (32 mcg/ml)</i>	3	
<i>ranolazine oral tablet extended release 12 hr</i>	2	MO
<i>sodium nitroprusside intravenous solution</i>	1	B/D PA
TRYVIO ORAL TABLET	3	PA
VECAMYL ORAL TABLET	4	
VERQUVO ORAL TABLET	2	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	4	PA; MO
VYNDAQEL ORAL CAPSULE	3	PA; MO

NITRATES

ISORDIL ORAL TABLET	4	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	3	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	3	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	2	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous solution</i>	1	B/D PA
<i>nitroglycerin sublingual tablet</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	3	MO
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL	3	MO
NITROSTAT SUBLINGUAL TABLET	3	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule</i>	3	MO
ANALPRAM-HC TOPICAL LOTION	3	MO
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML	4	PA; MO; QL (2 per 21 days)
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 320 MG/2 ML	4	PA; MO; QL (4 per 21 days)
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML	4	PA; MO; QL (2 per 21 days)
BIMZELX SUBCUTANEOUS SYRINGE 320 MG/2 ML	4	PA; MO; QL (4 per 21 days)
<i>calcipotriene scalp solution</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	3	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	3	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone topical ointment</i>	3	MO; QL (400 per 30 days)
<i>calcipotriene-betamethasone topical suspension</i>	3	MO; QL (400 per 30 days)
<i>calcitriol topical ointment</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	4	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS SOLUTION	4	PA; QL (20 per 28 days)
COSENTYX (2 PENS) SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (10 per 28 days)
ENSTILAR TOPICAL FOAM	4	MO; QL (400 per 30 days)
EPIFOAM TOPICAL FOAM	3	MO
ILUMYA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
PRAMOSONE TOPICAL CREAM 1-1 %	3	MO
PRAMOSONE TOPICAL LOTION	3	MO
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 per 28 days)
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ SUBCUTANEOUS SYRINGE	4	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	4	PA; MO; QL (2 per 28 days)
SORILUX TOPICAL FOAM	3	QL (120 per 30 days)
SOTYKTU ORAL TABLET	4	PA; MO; QL (30 per 30 days)
SPEVIGO INTRAVENOUS SOLUTION	4	PA; MO; LA; QL (30 per 365 days)
SPEVIGO SUBCUTANEOUS SYRINGE	4	PA; MO; QL (4 per 28 days)
STELARA INTRAVENOUS SOLUTION	4	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	4	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; MO; QL (1 per 28 days)
TACLONEX TOPICAL SUSPENSION	4	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (3 per 180 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	4	PA; MO; QL (0.25 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	4	PA; MO; QL (1 per 28 days)
TREMFYA INTRAVENOUS SOLUTION	4	PA; MO; QL (20 per 28 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS AUTO- INJECTOR	4	PA; MO; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2 per 28 days)
VECTICAL TOPICAL OINTMENT	3	
VTAMA TOPICAL CREAM	4	PA; MO; QL (60 per 30 days)
YESINTEK INTRAVENOUS SOLUTION	4	PA; QL (104 per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION	4	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	4	PA; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	4	PA; QL (1 per 28 days)
ZORYVE TOPICAL CREAM	3	PA; MO; QL (60 per 30 days)
ZORYVE TOPICAL FOAM	3	PA; MO; QL (60 per 30 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE	4	PA; MO; QL (6 per 28 days)
<i>ammonium lactate topical cream</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ammonium lactate topical lotion</i>	1	MO
CARAC TOPICAL CREAM	4	
<i>chloroprocaine (pf) injection solution</i>	1	
CIBINQO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
CITANEST PLAIN DENTAL INJECTION CARTRIDGE	3	
CONDYLOX TOPICAL GEL	3	MO
<i>dermacinrx lidocan topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	3	PA; MO; QL (100 per 28 days)
<i>doxepin topical cream</i>	3	MO; QL (45 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	4	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	4	PA; MO; QL (8 per 28 days)
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (8 per 28 days)
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE	4	PA; MO; QL (8 per 28 days)
ELIDEL TOPICAL CREAM	3	PA; MO; QL (100 per 30 days)
EUCRISA TOPICAL OINTMENT	3	PA; MO; QL (120 per 30 days)
FILSUEVZ TOPICAL GEL	4	PA; LA
FLUOROURACIL TOPICAL CREAM 0.5 %	4	
<i>fluorouracil topical cream 5 %</i>	2	MO
<i>fluorouracil topical solution</i>	2	MO
<i>glydo mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
HYFTOR TOPICAL GEL	4	PA
<i>imiquimod topical cream in metered-dose pump</i>	3	MO
<i>imiquimod topical cream in packet 3.75 %</i>	3	MO
<i>imiquimod topical cream in packet 5 %</i>	2	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal solution</i>	2	
<i>lidocaine hcl mucous membrane jelly</i>	1	QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	3	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	3	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE 2 %-1:100,000	3	
<i>lidocaine-epinephrine injection solution</i>	1	
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
<i>lidocan iv topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
<i>lidocan v topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
<i>methoxsalen oral capsule, liquid-filled, rapid release</i>	4	MO
NESACAINE INJECTION SOLUTION	3	
NESACAINE-MPF INJECTION SOLUTION	3	
OPZELURA TOPICAL CREAM	4	PA; MO; QL (240 per 28 days)
PANRETIN TOPICAL GEL	4	PA; MO
<i>pimecrolimus topical cream</i>	3	PA; MO; QL (100 per 30 days)
PLIAGLIS TOPICAL CREAM	3	PA; QL (30 per 30 days)
<i>podofilox topical gel</i>	3	MO
<i>podofilox topical solution</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
POLOCAINE INJECTION SOLUTION 2 %	3	
<i>polocaine-mpf injection solution</i>	1	

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>pradoxin topical cream</i>	3	MO; QL (45 per 30 days)
QUTENZA TOPICAL KIT	4	MO; QL (4 per 90 days)
REGRANEX TOPICAL GEL	4	MO; QL (15 per 30 days)
SANTYL TOPICAL OINTMENT	2	MO; QL (180 per 30 days)
SILVADENE TOPICAL CREAM	3	MO
<i>silver sulfadiazine topical cream</i>	1	MO
<i>ssd topical cream</i>	1	MO
<i>tacrolimus topical ointment</i>	3	PA; MO; QL (100 per 30 days)
<i>tridacaine ii topical adhesive patch,medicated</i>	3	PA; QL (90 per 30 days)
VALCHLOR TOPICAL GEL	4	PA; MO
VEREGEN TOPICAL OINTMENT	3	MO; QL (30 per 30 days)
VYJUVEK TOPICAL GEL	4	PA
<i>xylocaine dental-epinephrine injection cartridge</i>	3	
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	3	
XYLOCAINE WITH EPINEPHRINE INJECTION SOLUTION	3	
XYLOCAINE-MPF INJECTION SOLUTION	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION	3	
YCANTH TOPICAL SOLUTION WITH APPLICATOR	4	MO
ZONALON TOPICAL CREAM	3	MO; QL (45 per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	4	MO
ZYCLARA TOPICAL CREAM IN PACKET	4	MO
THERAPY FOR ACNE		
ABSORICA LD ORAL CAPSULE	4	
ABSORICA ORAL CAPSULE	4	
ACANYA TOPICAL GEL WITH PUMP	3	MO
<i>accutane oral capsule</i>	3	
ACZONE TOPICAL GEL	3	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
ACZONE TOPICAL GEL WITH PUMP	3	MO
<i>adapalene topical cream</i>	3	PA; MO
<i>adapalene topical gel 0.3 %</i>	3	PA; MO
<i>adapalene topical gel with pump</i>	3	PA; MO
<i>adapalene topical solution</i>	3	PA
<i>adapalene topical swab</i>	3	PA
<i>adapalene-benzoyl peroxide topical gel with pump</i>	3	MO
AKLIEF TOPICAL CREAM	3	PA; MO
ALTRENO TOPICAL LOTION	3	PA; MO
<i>amnestem oral capsule</i>	3	
ARAZLO TOPICAL LOTION	3	PA; MO
ATRALIN TOPICAL GEL	3	PA; MO
<i>azelaic acid topical gel</i>	3	MO
AZELEX TOPICAL CREAM	3	MO
BENZAMYCIN TOPICAL GEL	3	MO
<i>brimonidine topical gel with pump</i>	3	PA; MO
CABTREO TOPICAL GEL	3	MO
<i>claravis oral capsule</i>	3	
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
<i>clindacin etz topical swab</i>	3	MO; QL (69 per 30 days)
<i>clindacin p topical swab</i>	3	QL (69 per 30 days)
<i>clindacin topical foam</i>	3	QL (100 per 30 days)
CLINDAGEL TOPICAL GEL, ONCE DAILY	4	QL (150 per 30 days)
<i>clindamycin phosphate topical foam</i>	3	QL (100 per 30 days)
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	2	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	3	MO; QL (60 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel</i>	3	MO
<i>clindamycin-benzoyl peroxide topical gel with pump</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin-tretinoin topical gel</i>	3	MO
<i>dapsone topical gel</i>	3	MO
<i>dapsone topical gel with pump</i>	3	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
EPIDUO FORTE TOPICAL GEL WITH PUMP	3	MO
EPIDUO TOPICAL GEL WITH PUMP	3	
EPSOLAY TOPICAL CREAM	3	ST; MO
<i>ery pads topical swab</i>	2	MO
<i>erygel topical gel</i>	3	MO
<i>erythromycin with ethanol topical gel</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide topical gel</i>	3	MO
FABIOR TOPICAL FOAM	3	PA; MO
FINACEA TOPICAL FOAM	3	ST; MO
<i>isotretinoin oral capsule</i>	3	
<i>ivermectin topical cream</i>	3	MO; QL (90 per 30 days)
METROCREAM TOPICAL CREAM	3	ST
METROGEL TOPICAL GEL 1 %	3	ST
METROLOTION TOPICAL LOTION	3	ST
<i>metronidazole topical cream</i>	3	MO
<i>metronidazole topical gel</i>	3	MO
<i>metronidazole topical gel with pump</i>	3	MO
<i>metronidazole topical lotion</i>	3	MO
MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO
<i>neuac topical gel</i>	3	MO
NORITATE TOPICAL CREAM	4	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	3	PA

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
RETIN-A TOPICAL CREAM	3	PA; MO
RETIN-A TOPICAL GEL	3	PA; MO
RHOFADE TOPICAL CREAM	3	MO
SOOLANTRA TOPICAL CREAM	3	ST; MO; QL (90 per 30 days)
<i>tazarotene topical cream</i>	3	PA; MO
TAZAROTENE TOPICAL FOAM	3	PA
<i>tazarotene topical gel</i>	3	PA; MO
TAZORAC TOPICAL CREAM	3	PA; MO
TAZORAC TOPICAL GEL	3	PA; MO
<i>tretinoin microspheres topical gel</i>	3	PA; MO
<i>tretinoin microspheres topical gel with pump</i>	3	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	3	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	2	PA; MO
TWYNEO TOPICAL CREAM	3	MO
VELTIN TOPICAL GEL	3	
WINLEVI TOPICAL CREAM	3	PA; MO
<i>zenatane oral capsule</i>	3	
ZIANA TOPICAL GEL	3	
TOPICAL ANTIBACTERIALS		
ALTABAX TOPICAL OINTMENT	3	QL (30 per 30 days)
<i>gentamicin topical cream</i>	2	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	2	MO; QL (60 per 30 days)
KLARON TOPICAL SUSPENSION	3	MO
<i>mupirocin calcium topical cream</i>	3	MO; QL (30 per 30 days)
<i>mupirocin topical ointment</i>	1	MO; QL (44 per 30 days)
NEO-SYNALAR TOPICAL CREAM	3	MO
<i>sulfacetamide sodium (acne) topical suspension</i>	3	MO
SULFAMYLON TOPICAL CREAM	3	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	QL (6.6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	3	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream</i>	3	MO; QL (85 per 28 days)
ERTACZO TOPICAL CREAM	3	QL (60 per 28 days)
JUBLIA TOPICAL SOLUTION WITH APPLICATOR	3	QL (8 per 30 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	3	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan topical foam</i>	3	QL (100 per 28 days)
<i>klayesta topical powder</i>	2	MO; QL (180 per 30 days)
LULICONAZOLE TOPICAL CREAM	3	MO; QL (60 per 28 days)
LUZU TOPICAL CREAM	3	MO; QL (60 per 28 days)
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT	3	QL (50 per 28 days)
<i>naftifine topical cream</i>	3	MO; QL (60 per 28 days)
<i>naftifine topical gel</i>	3	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	3	MO; QL (60 per 28 days)
<i>nyamyc topical powder</i>	2	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream</i>	2	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	2	MO; QL (60 per 28 days)
<i>nystop topical powder</i>	2	MO; QL (180 per 30 days)
<i>oxiconazole topical cream</i>	3	MO; QL (90 per 28 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
OXISTAT TOPICAL LOTION	3	MO; QL (60 per 28 days)
<i>tavaborole topical solution with applicator</i>	3	MO; QL (10 per 30 days)
VUSION TOPICAL OINTMENT	3	MO; QL (50 per 28 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	3	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	3	PA; MO; QL (30 per 30 days)
DENAVIR TOPICAL CREAM	3	MO; QL (5 per 30 days)
<i>penciclovir topical cream</i>	3	MO; QL (5 per 30 days)
XERESE TOPICAL CREAM	4	MO
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
ALA-SCALP TOPICAL LOTION	3	MO
<i>alclometasone topical cream</i>	2	
<i>alclometasone topical ointment</i>	2	
<i>amcinonide topical cream</i>	3	
<i>amcinonide topical ointment</i>	3	
<i>apexicon e topical cream</i>	3	QL (120 per 30 days)
<i>betamethasone dipropionate topical cream</i>	2	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical foam</i>	3	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	2	MO
<i>betamethasone, augmented topical lotion</i>	2	MO
<i>betamethasone, augmented topical ointment</i>	2	MO
BRYHALI TOPICAL LOTION	3	MO
<i>clobetasol scalp solution</i>	3	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical cream 0.05 %</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	3	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	3	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	3	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	3	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	3	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	3	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	3	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	QL (125 per 28 days)
<i>clocortolone pivalate topical cream</i>	3	MO
<i>clodan topical shampoo</i>	3	MO; QL (236 per 28 days)
CORDRAN LARGE ROLL TOPICAL TAPE	3	
CORDRAN TOPICAL CREAM 0.05 %	3	QL (120 per 30 days)
CORDRAN TOPICAL LOTION	3	QL (120 per 30 days)
DERMA-SMOOTH/FS BODY OIL TOPICAL	3	MO
DERMA-SMOOTH/FS SCALP OIL	3	MO
<i>desonide topical cream</i>	3	MO
<i>desonide topical gel</i>	3	MO
<i>desonide topical lotion</i>	3	MO
<i>desonide topical ointment</i>	3	MO
DESOWEN TOPICAL CREAM	3	
<i>desoximetasone topical cream</i>	3	MO
<i>desoximetasone topical gel</i>	3	MO
<i>desoximetasone topical ointment</i>	3	MO
<i>desoximetasone topical spray,non-aerosol</i>	3	MO
<i>diflorasone topical cream</i>	3	MO; QL (120 per 30 days)
<i>diflorasone topical ointment</i>	3	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DUOBRII TOPICAL LOTION	3	MO; QL (200 per 30 days)
<i>fluocinolone and shower cap scalp oil</i>	3	MO
<i>fluocinolone topical cream</i>	3	MO
<i>fluocinolone topical oil</i>	3	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	3	MO
<i>fluocinonide topical cream</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	3	MO; QL (120 per 30 days)
<i>fluocinonide-emollient topical cream</i>	3	MO; QL (120 per 30 days)
<i>flurandrenolide topical lotion</i>	3	MO; QL (120 per 30 days)
<i>flurandrenolide topical ointment</i>	3	QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical lotion</i>	3	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>halcinonide topical cream</i>	3	MO
<i>halcinonide topical solution</i>	3	
<i>halobetasol propionate topical cream</i>	3	MO
<i>halobetasol propionate topical foam</i>	3	
<i>halobetasol propionate topical ointment</i>	3	MO
HALOG TOPICAL CREAM	3	
HALOG TOPICAL OINTMENT	3	
<i>hydrocortisone butyrate topical cream</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	3	MO; QL (118 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution</i>	3	MO; QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2 %</i>	3	
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical solution</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate topical cream</i>	3	MO
<i>hydrocortisone valerate topical ointment</i>	3	MO
KENALOG TOPICAL AEROSOL	3	QL (126 per 28 days)
LEXETTE TOPICAL FOAM	3	
LOCOID LIPOCREAM TOPICAL CREAM	3	QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
<i>mometasone topical cream</i>	1	MO
<i>mometasone topical ointment</i>	1	MO
<i>mometasone topical solution</i>	1	MO
PANDEL TOPICAL CREAM	3	MO
<i>prednicarbate topical ointment</i>	3	
PROCTOCORT TOPICAL CREAM	3	MO
SYNALAR TOPICAL CREAM	3	MO
SYNALAR TOPICAL OINTMENT	3	MO
TEXACORT TOPICAL SOLUTION	3	MO
TOPICORT TOPICAL CREAM	3	
TOPICORT TOPICAL GEL	3	
TOPICORT TOPICAL OINTMENT	3	
TOPICORT TOPICAL SPRAY, NON-AEROSOL	3	
<i>tovet emollient topical foam</i>	3	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	3	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.05 %</i>	3	MO
<i>triderm topical cream 0.5 %</i>	1	
ULTRAVATE TOPICAL LOTION	4	
VANOS TOPICAL CREAM	4	MO; QL (120 per 30 days)
VERDESO TOPICAL FOAM	3	MO

TOPICAL SCABICIDES / PEDICULICIDES

<i>crotan topical lotion</i>	3
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Drug Name	Drug Tier	Requirements/Limits
ELIMITE TOPICAL CREAM	3	QL (60 per 30 days)
<i>malathion topical lotion</i>	3	MO
NATROBA TOPICAL SUSPENSION	3	MO
OVIDE TOPICAL LOTION	3	MO
<i>permethrin topical cream</i>	2	MO; QL (60 per 30 days)
<i>spinosad topical suspension</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
ACETADOTE INTRAVENOUS SOLUTION	3	
<i>acetylcysteine intravenous solution</i>	2	
PROTOPAM CHLORIDE INJECTION RECON SOLN	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	3	
<i>neomycin-polymyxin b gu irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION	3	
<i>ringer's irrigation solution</i>	3	MO
SORBITOL IRRIGATION SOLUTION	3	
<i>tis-u-sol pentalyte irrigation solution</i>	3	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet,delayed release (dr/ec)</i>	3	MO
<i>acetic acid irrigation solution</i>	1	MO
AGRYLIN ORAL CAPSULE	3	MO
AMMONUL INTRAVENOUS SOLUTION	4	
<i>anagrelide oral capsule</i>	2	MO
ARALAST NP INTRAVENOUS RECON SOLN	4	PA; MO; LA
AURYXIA ORAL TABLET	4	PA; MO
BUPHENYL ORAL POWDER	4	PA
BUPHENYL ORAL TABLET	4	PA
CAFCIT INTRAVENOUS SOLUTION	3	
<i>caffeine citrate intravenous solution</i>	3	
<i>caffeine citrate oral solution</i>	1	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
CARBAGLU ORAL TABLET, DISPERSIBLE	4	PA; MO; LA
<i>carglumic acid oral tablet, dispersible</i>	4	PA; MO
CARNITOR (SUGAR-FREE) ORAL SOLUTION	3	MO
CARNITOR INTRAVENOUS SOLUTION	3	MO
CARNITOR ORAL SOLUTION	3	MO
CARNITOR ORAL TABLET	3	MO
<i>cevimeline oral capsule</i>	3	MO
CHEMET ORAL CAPSULE	2	PA
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 2.75%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CUVRIOR ORAL TABLET	4	PA; LA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	3	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	3	MO
<i>deferasirox oral granules in packet</i>	4	PA; MO
<i>deferasirox oral tablet</i>	2	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	2	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	4	PA; MO
<i>deferiprone oral tablet</i>	4	PA; MO
<i>deferoxamine injection recon soln</i>	1	B/D PA; MO
DESFERAL INJECTION RECON SOLN	4	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	3	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	3	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	3	

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	3	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	3	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	3	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	3	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	3	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	3	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	3	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	3	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa oral capsule</i>	4	PA; MO
DUVYZAT ORAL SUSPENSION	4	PA
EMPAVELI SUBCUTANEOUS SOLUTION	4	PA; LA
ENDARI ORAL POWDER IN PACKET	4	PA; MO
ENJAYMO INTRAVENOUS SOLUTION	4	PA; LA
EVOXAC ORAL CAPSULE	3	MO
EXJADE ORAL TABLET, DISPERSIBLE	4	PA; MO; LA
FABHALTA ORAL CAPSULE	4	PA
FERRIPROX (2 TIMES A DAY) ORAL TABLET, MODIFIED RELEASE	4	PA
FERRIPROX ORAL SOLUTION	4	PA
FERRIPROX ORAL TABLET	4	PA
FOSRENOL ORAL POWDER IN PACKET	3	PA; MO
FOSRENOL ORAL TABLET,CHEWABLE	3	PA; MO
GIVLAARI SUBCUTANEOUS SOLUTION	4	PA; MO; LA
GLASSIA INTRAVENOUS SOLUTION	4	PA; MO; LA
<i>glutamine (sickle cell) oral powder in packet</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
INCRELEX SUBCUTANEOUS SOLUTION	4	LA
JADENU ORAL TABLET	4	PA; MO
JADENU SPRINKLE ORAL GRANULES IN PACKET	4	PA; MO
JOENJA ORAL TABLET	4	PA; LA; QL (60 per 30 days)
<i>kionex (with sorbitol) oral suspension</i>	2	
LAMZEDE INTRAVENOUS RECON SOLN	4	PA; LA
<i>lanthanum oral tablet,chewable 1,000 mg, 750 mg</i>	3	PA; MO
<i>lanthanum oral tablet,chewable 500 mg</i>	4	PA; MO
<i>levocarnitine (with sugar) oral solution</i>	3	MO
<i>levocarnitine intravenous solution</i>	3	
<i>levocarnitine oral solution 100 mg/ml</i>	3	MO
<i>levocarnitine oral tablet</i>	3	MO
LITFULO ORAL CAPSULE	4	PA; MO; QL (28 per 28 days)
LITHOSTAT ORAL TABLET	3	
LOKELMA ORAL POWDER IN PACKET	2	MO
<i>midodrine oral tablet</i>	2	MO
<i>nitisinone oral capsule</i>	4	PA; MO
NITYR ORAL TABLET	3	PA; MO; LA
NORTHERA ORAL CAPSULE	4	PA; MO
OLPRUVA ORAL PELLETS IN PACKET	4	PA; LA
ORFADIN ORAL CAPSULE	4	PA; LA
ORFADIN ORAL SUSPENSION	4	PA; LA
PANHEMATIN INTRAVENOUS RECON SOLN	4	
PEDMARK INTRAVENOUS SOLUTION	4	B/D PA
PHEBURANE ORAL GRANULES	4	PA; MO
PIASKY INJECTION SOLUTION	4	PA; MO
<i>pilocarpine hcl oral tablet</i>	3	MO
PROLASTIN-C INTRAVENOUS SOLUTION	4	PA; MO; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	4	PA; LA; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	4	PA; LA; QL (7 per 180 days)
PYRUKYND ORAL TABLETS,DOSE PACK	4	PA; LA; QL (14 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
RAVICTI ORAL LIQUID	4	PA; MO
RECLAST INTRAVENOUS PIGGYBACK	3	PA; MO
REVELA ORAL POWDER IN PACKET	4	PA; MO
REVELA ORAL TABLET	4	PA; MO
REVCovi INTRAMUSCULAR SOLUTION	4	PA; LA
REZDIFFRA ORAL TABLET	4	PA; MO; QL (30 per 30 days)
RILUTEK ORAL TABLET	4	PA
<i>riluzole oral tablet</i>	2	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	3	MO
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	3	
<i>sevelamer carbonate oral powder in packet</i>	3	PA; MO
<i>sevelamer carbonate oral tablet</i>	3	PA; MO
<i>sevelamer hcl oral tablet</i>	3	PA; MO
<i>sodium benzoate-sod phenylacet intravenous solution</i>	4	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	3	MO
<i>sodium chloride irrigation solution</i>	3	MO
<i>sodium phenylbutyrate oral powder</i>	4	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	4	PA
<i>sodium polystyrene sulfonate oral powder</i>	2	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	4	PA; LA; QL (112 per 28 days)
SOHONOS ORAL CAPSULE 10 MG	4	PA; LA; QL (56 per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	4	PA; LA; QL (140 per 28 days)
SOHONOS ORAL CAPSULE 5 MG	4	PA; LA; QL (84 per 28 days)
SOLIRIS INTRAVENOUS SOLUTION	4	PA; MO
<i>sps (with sorbitol) oral suspension</i>	2	MO
<i>sps (with sorbitol) rectal enema</i>	2	
SURVANTA INTRATRACHEAL SUSPENSION	3	

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Drug Name	Drug Tier	Requirements/Limits
SYPRINE ORAL CAPSULE	4	PA; MO
TAVNEOS ORAL CAPSULE	4	PA; LA; QL (180 per 30 days)
TEGLUTIK ORAL SUSPENSION	4	PA
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC)	4	PA
THIOLA ORAL TABLET	4	PA
TIGLUTIK ORAL SUSPENSION	4	PA
<i>tiopronin oral tablet</i>	4	PA; MO
<i>tiopronin oral tablet,delayed release (dr/ec)</i>	4	PA; MO
<i>trientine oral capsule 250 mg</i>	4	PA; MO
TRIENTINE ORAL CAPSULE 500 MG	4	PA; MO
TZIELD INTRAVENOUS SOLUTION	4	
ULTOMIRIS INTRAVENOUS SOLUTION	4	PA; MO
VELPHORO ORAL TABLET,CHEWABLE	4	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM	2	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	2	MO
<i>venxxiva oral tablet,delayed release (dr/ec)</i>	4	PA
VEOPOZ INJECTION SOLUTION	4	PA; LA
VOYDEYA ORAL TABLET 100 MG	4	PA; LA; QL (180 per 30 days)
VOYDEYA ORAL TABLET 150 MG (50 MG X 1-100 MG X 1)	4	PA; LA; QL (90 per 30 days)
<i>water for irrigation, sterile irrigation solution</i>	3	MO
XENPOZYME INTRAVENOUS RECON SOLN	4	PA; MO
XIAFLEX INJECTION RECON SOLN	4	PA
XPHOZAH ORAL TABLET	4	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	4	PA; MO; LA
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	3	PA; MO; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO

MISCELLANEOUS CARDIOVASCULAR AGENTS

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Drug Name	Drug Tier	Requirements/Limits
ORLISTAT ORAL CAPSULE	3	PA; MO
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	4	PA; MO; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	4	PA; MO; QL (3 per 28 days)
XENICAL ORAL CAPSULE	3	PA; MO

MISCELLANEOUS NEUROLOGICAL THERAPY

ZEPBOUND SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2 per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5 ML, 7.5 MG/0.5 ML	4	PA; QL (2 per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION 2.5 MG/0.5 ML, 5 MG/0.5 ML	3	PA; QL (2 per 28 days)

SMOKING DETERRENTS

<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	1	MO
CHANTIX CONTINUING MONTH BOX ORAL TABLET	3	
CHANTIX ORAL TABLET	3	
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK	3	
NICOTROL NS NASAL SPRAY,NON-AEROSOL	3	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	3	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	3	
<i>varenicline tartrate oral tablets,dose pack</i>	3	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

ARESTIN DENTAL CARTRIDGE	4	MO
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	2	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	2	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CLINPRO 5000 DENTAL PASTE	3	MO
<i>denta 5000 plus dental cream</i>	1	MO
<i>denta 5000 plus sensitive dental paste</i>	3	MO
<i>dentagel dental gel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>fluoride (sodium) dental solution</i>	3	MO
FLUORIDEX DAILY DEFENSE DENTAL PASTE	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE	3	
FLUORIMAX 5000 DENTAL PASTE	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE	3	
<i>fraiche 5000 dental gel</i>	1	
FRAICHE 5000 PREVI DENTAL GEL	3	
<i>ipratropium bromide nasal spray,non-aerosol</i>	1	MO; QL (30 per 30 days)
JUST RIGHT 5000 DENTAL PASTE	3	
<i>kourzeq dental paste</i>	1	
<i>olopatadine nasal spray,non-aerosol</i>	3	MO; QL (30.5 per 30 days)
<i>oralone dental paste</i>	1	
<i>periogard mucous membrane mouthwash</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	3	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE	3	MO
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE	3	MO
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE	3	MO
PREVIDENT 5000 PLUS DENTAL CREAM	3	MO
PREVIDENT 5000 SENSITIVE DENTAL PASTE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
PREVIDENT DENTAL GEL	3	MO
PREVIDENT DENTAL SOLUTION	3	MO
PREVIDENT KIDS DENTAL PASTE	3	MO
<i>sf 5000 plus dental cream</i>	1	MO
<i>sf dental gel</i>	1	MO
<i>sodium fluoride 5000 dry mouth dental paste</i>	1	MO
<i>sodium fluoride 5000 plus dental cream</i>	1	
<i>sodium fluoride-pot nitrate dental paste</i>	1	MO
<i>triamcinolone acetonide dental paste</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	1	MO
<i>ciprofloxacin hcl otic (ear) dropperette</i>	3	MO
DERMOTIC OIL OTIC (EAR) DROPS	3	MO
<i>flac oil otic (ear) drops</i>	3	
<i>fluocinolone acetonide oil otic (ear) drops</i>	3	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	3	MO
<i>ofloxacin otic (ear) drops</i>	2	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION	3	MO
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	2	MO; QL (7.5 per 7 days)
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION	3	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	2	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR INJECTION GEL	4	PA; MO
ACTHAR SELFJECT SUBCUTANEOUS PEN INJECTOR	4	PA; MO
AGAMREE ORAL SUSPENSION	4	PA; LA

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Drug Name	Drug Tier	Requirements/Limits
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	3	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	4	
<i>betamethasone acet,sod phos injection suspension</i>	3	MO
CELESTONE SOLUSPAN INJECTION SUSPENSION	3	MO
CORTEF ORAL TABLET	3	MO
<i>cortisone oral tablet</i>	1	
CORTROPHIN GEL INJECTION GEL	4	PA; MO
<i>deflazacort oral suspension</i>	4	PA
<i>deflazacort oral tablet</i>	4	PA; MO
DEPO-MEDROL INJECTION SUSPENSION	3	MO
<i>dexabliss oral tablets,dose pack</i>	3	
<i>dexamethasone intensol oral drops</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	3	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
DEXAMETHASONE SODIUM PHOS (PF) INJECTION SYRINGE	3	
<i>dexamethasone sodium phosphate injection solution</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe</i>	1	MO
EMFLAZA ORAL SUSPENSION	4	PA; MO; LA
EMFLAZA ORAL TABLET	4	PA; MO; LA
<i>fludrocortisone oral tablet</i>	1	MO
HEMADY ORAL TABLET	3	
HEXATRIONE INJECTION SUSPENSION	4	
<i>hydrocortisone oral tablet</i>	1	MO
<i>hydrocortisone sod succinate injection recon soln</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
KENALOG INJECTION SUSPENSION	3	MO
KENALOG-80 INJECTION SUSPENSION	3	MO
MEDROL (PAK) ORAL TABLETS,DOSE PACK	3	MO
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	3	B/D PA; MO
MEDROL ORAL TABLET 2 MG	3	B/D PA
<i>methylprednisolone acetate injection suspension</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	1	MO
ORAPRED ODT ORAL TABLET,DISINTEGRATING	3	B/D PA; MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone oral tablet</i>	3	B/D PA; MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 30 mg</i>	3	B/D PA
<i>prednisolone sodium phosphate oral tablet,disintegrating 15 mg</i>	3	B/D PA; MO
<i>prednisone intensol oral concentrate</i>	3	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
RAYOS ORAL TABLET,DELAYED RELEASE (DR/EC)	4	MO
SOLU-CORTEF ACT-O-VIAL (PF) INJECTION RECON SOLN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SOLU-CORTEF INJECTION RECON SOLN	3	
SOLU-MEDROL (PF) INJECTION RECON SOLN	3	MO
SOLU-MEDROL (PF) INTRAVENOUS RECON SOLN	3	MO
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	3	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM, 500 MG	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK	3	
TARPEYO ORAL CAPSULE,DELAYED RELEASE(DR/EC)	4	PA; QL (120 per 30 days)
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
TRIESENCE (PF) INTRAOCULAR SUSPENSION	3	MO
XIPERE (PF) SUPRACHOROIDAL SUSPENSION	4	MO
ZILRETTA INTRA-ARTICULAR SUSPENSION,EXTENDED REL RECON	3	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
ACTOPLUS MET ORAL TABLET 15-850 MG	3	MO; QL (90 per 30 days)
ACTOS ORAL TABLET	3	MO; QL (30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	ST; MO
AFREZZA INHALATION CARTRIDGE WITH INHALER	3	MO
<i>alcohol pads topical pads, medicated</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ALOGLIPTIN ORAL TABLET	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN ORAL TABLET	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	MO; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO
BAQSIMI NASAL SPRAY, NON-AEROSOL	2	MO
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
BASAGLAR TEMPO PEN (U-100) INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET ORAL TABLET	3	MO; QL (180 per 30 days)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	3	ST; MO; QL (30 per 30 days)
DAPAGLIFLOZ PROPANED-METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (60 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG	3	ST; MO; QL (30 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 5 MG	3	ST; MO; QL (60 per 30 days)
<i>diazoxide oral suspension</i>	4	MO
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	2	PA
DUETACT ORAL TABLET 30-2 MG	3	MO; QL (30 per 30 days)
DUETACT ORAL TABLET 30-4 MG	3	QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST; MO
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
GLIPIZIDE ORAL TABLET 2.5 MG	3	MO; QL (30 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGON (HCL) EMERGENCY KIT INJECTION RECON SOLN	3	ST
<i>glucagon emergency kit (human) injection recon soln</i>	3	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	4	ST; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	4	ST; QL (120 per 30 days)
GLYXAMBI ORAL TABLET	2	MO; QL (30 per 30 days)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	2	

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	2	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	2	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	2	MO
GVOKE SUBCUTANEOUS SOLUTION	2	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	2	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS PEN	2	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	2	MO
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	2	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS PEN	2	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	2	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION	2	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	2	MO

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	2	MO
INPEFA ORAL TABLET	2	PA; MO; QL (30 per 30 days)
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	3	ST; MO
INSULIN DEGLUDEC SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION	3	ST
INSULIN GLARGINE U-300 CONC SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN GLARGINE-YFGN SUBCUTANEOUS INSULIN PEN	3	ST
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS PEN	3	ST; MO
LISPRO SUBCUTANEOUS INSULIN PEN	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS PEN, HALF-UNIT	3	ST; MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	2	MO
INVOKAMET ORAL TABLET	3	ST; MO; QL (60 per 30 days)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR	3	ST; MO; QL (60 per 30 days)
INVOKANA ORAL TABLET	3	ST; MO; QL (30 per 30 days)
JANUMET ORAL TABLET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	2	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	2	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	2	MO; QL (30 per 30 days)
KAZANO ORAL TABLET	3	ST; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	2	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
<i>liraglutide subcutaneous pen injector</i>	3	PA; MO; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN	2	MO
LYUMJEV KWIKPEN U-200 SUBCUTANEOUS INSULIN PEN	2	MO
LYUMJEV TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR	3	ST; MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	2	MO
<i>metformin oral solution</i>	3	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	4	MO; QL (120 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	3	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	3	ST; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	3	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	3	ST; MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	3	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	3	MO; QL (180 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
MYXREDLIN INTRAVENOUS SOLUTION	3	
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NESINA ORAL TABLET 12.5 MG, 25 MG	3	ST; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	ST; MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	ST; MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	ST; MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	ST; MO
OSENI ORAL TABLET 12.5-30 MG, 25-45 MG	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride oral tablet</i>	3	MO; QL (30 per 30 days)
<i>pioglitazone-metformin oral tablet</i>	3	MO; QL (90 per 30 days)
PROGLYCEM ORAL SUSPENSION	3	MO
QTERN ORAL TABLET	3	ST; MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
RIOMET ORAL SOLUTION	3	QL (765 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	2	PA; MO; QL (30 per 30 days)
<i>saxagliptin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	2	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	2	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION	3	ST; MO
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN	3	ST; MO
SITAGLIPTIN ORAL TABLET	3	ST; QL (30 per 30 days)
SITAGLIPTIN-METFORMIN ORAL TABLET	3	ST; MO; QL (60 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	2	MO; QL (90 per 30 days)
STEGLATRO ORAL TABLET	2	MO; QL (30 per 30 days)
STEGLUJAN ORAL TABLET	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	2	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	2	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	2	MO
TRADJENTA ORAL TABLET	2	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN	3	ST; MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN	3	ST; MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION	3	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	2	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN	3	ST; MO; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	ST; MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	3	ST; MO
ZITUVIMET ORAL TABLET	3	ST; MO; QL (60 per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	ST; MO; QL (30 per 30 days)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	ST; MO; QL (60 per 30 days)
ZITUVIO ORAL TABLET	3	ST; MO; QL (30 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	4	PA; MO
AVEED INTRAMUSCULAR SOLUTION	3	PA; MO; LA
AZMIRO INTRAMUSCULAR SYRINGE	3	PA
<i>cabergoline oral tablet</i>	2	MO
<i>calcitonin (salmon) injection solution</i>	4	MO
<i>calcitonin (salmon) nasal spray,non-aerosol</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	3	
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	3	
CERDELGA ORAL CAPSULE	4	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	4	PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN	3	PA; MO
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	3	PA; MO
<i>cinacalcet oral tablet 90 mg</i>	4	PA; MO
<i>clomid oral tablet</i>	1	PA; MO
<i>clomiphene citrate oral tablet</i>	1	PA
CRENESSITY ORAL CAPSULE	4	PA; LA
CRENESSITY ORAL SOLUTION	4	PA; LA
CRYSVITA SUBCUTANEOUS SOLUTION	4	PA; MO; LA
<i>danazol oral capsule</i>	3	MO
DDAVP INJECTION SOLUTION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DDAVP ORAL TABLET	3	MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	3	PA; MO
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	3	PA
<i>desmopressin injection solution</i>	1	MO
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral tablet</i>	2	MO
<i>doxercalciferol intravenous solution</i>	1	MO
<i>doxercalciferol oral capsule</i>	3	MO
ELAPRASE INTRAVENOUS SOLUTION	4	PA; MO
ELELYSO INTRAVENOUS RECON SOLN	4	PA; MO
ELFABRIO INTRAVENOUS SOLUTION	4	PA; MO; LA
FABRAZYME INTRAVENOUS RECON SOLN	4	PA; MO
GALAFOLD ORAL CAPSULE	4	PA; MO; LA; QL (15 per 30 days)
HECTOROL INTRAVENOUS SOLUTION	3	
ISTURISA ORAL TABLET 1 MG	4	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	4	PA; LA; QL (360 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	4	PA; MO; QL (60 per 30 days)
<i>javygtor oral powder in packet 100 mg</i>	3	PA; MO
<i>javygtor oral powder in packet 500 mg</i>	4	PA; MO
<i>javygtor oral tablet,soluble</i>	4	PA; MO
JYNARQUE ORAL TABLET	4	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	4	PA; LA
KANUMA INTRAVENOUS SOLUTION	4	PA; MO
KORLYM ORAL TABLET	4	PA
KUVAN ORAL POWDER IN PACKET	4	PA; MO
KUVAN ORAL TABLET,SOLUBLE	4	PA; MO
LUMIZYME INTRAVENOUS RECON SOLN	4	PA; MO
MEPSEVII INTRAVENOUS SOLUTION	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
METHITEST ORAL TABLET	3	MO
<i>methyltestosterone oral capsule</i>	4	MO
MIACALCIN INJECTION SOLUTION	4	MO
<i>mifepristone oral tablet 300 mg</i>	4	PA; MO
<i>miglustat oral capsule</i>	4	PA; MO; LA
MYALEPT SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
NAGLAZYME INTRAVENOUS SOLUTION	4	PA; MO; LA
NATESTO NASAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (21.96 per 30 days)
NEXVIAZYME INTRAVENOUS RECON SOLN	4	PA; MO
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	3	PA; MO
OPFOLDA ORAL CAPSULE	3	PA; MO; QL (8 per 28 days)
ORILISSA ORAL TABLET	4	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	4	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	4	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous solution</i>	1	
<i>paricalcitol oral capsule</i>	3	MO
POMBILITI INTRAVENOUS RECON SOLN	4	PA; MO
PREGNYL INTRAMUSCULAR RECON SOLN	3	PA; MO
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR	4	MO
RECORLEV ORAL TABLET	4	PA
ROCAITROL ORAL CAPSULE	3	
ROCAITROL ORAL SOLUTION	3	
SAMSCA ORAL TABLET	4	PA; MO
<i>sapropterin oral powder in packet</i>	4	PA; MO
<i>sapropterin oral tablet,soluble</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
SENSIPAR ORAL TABLET 30 MG	3	PA
SENSIPAR ORAL TABLET 60 MG, 90 MG	4	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN	4	PA; MO
STRENSIQ SUBCUTANEOUS SOLUTION	4	PA; LA
SYNAREL NASAL SPRAY, NON-AEROSOL	4	PA; MO
TEPEZZA INTRAVENOUS RECON SOLN	4	PA; MO; LA
TESTIM TRANSDERMAL GEL	3	PA; MO; QL (300 per 30 days)
TESTOPEL IMPLANT PELLETT	3	PA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil</i>	2	PA; MO
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
TLANDO ORAL CAPSULE	3	PA; MO; QL (120 per 30 days)
<i>tolvaptan oral tablet</i>	4	PA; MO
UNDECATREX ORAL CAPSULE	4	PA; QL (120 per 30 days)
VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML), 40 UNIT/100 ML (0.4 UNIT/ML)	3	
<i>vasopressin intravenous solution</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
VASOSTRICT INTRAVENOUS SOLUTION	3	
VIMIZIM INTRAVENOUS SOLUTION	4	PA; MO; LA
VOGELXO TRANSDERMAL GEL	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN PACKET	3	PA; QL (300 per 30 days)
VOXZOGO SUBCUTANEOUS RECON SOLN	4	PA; MO
VPRIV INTRAVENOUS RECON SOLN	4	PA; MO
XYOSTED SUBCUTANEOUS AUTO- INJECTOR	3	PA; MO; QL (2 per 28 days)
<i>yargesa oral capsule</i>	4	PA; LA
YORVIPATH SUBCUTANEOUS PEN INJECTOR 168 MCG/0.56 ML	4	PA; QL (1.12 per 28 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 294 MCG/0.98 ML	4	PA; QL (1.96 per 28 days)
YORVIPATH SUBCUTANEOUS PEN INJECTOR 420 MCG/1.4 ML	4	PA; QL (2.8 per 28 days)
ZAVESCA ORAL CAPSULE	4	PA; MO; LA
ZEMPLAR INTRAVENOUS SOLUTION	3	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NACL INTRAVENOUS PIGGYBACK	3	B/D PA; MO
THYROID HORMONES		
CYTOMEL ORAL TABLET	3	MO
ERMEZA ORAL SOLUTION	3	MO
<i>euthyrox oral tablet</i>	1	MO
<i>levo-t oral tablet</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION	4	
LEVOTHYROXINE ORAL CAPSULE	3	MO
<i>levothyroxine oral tablet</i>	1	MO

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

This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous solution</i>	1	MO
<i>liothyronine oral tablet</i>	1	MO
SYNTHROID ORAL TABLET	3	ST; MO
THYQUIDITY ORAL SOLUTION	3	MO
TIROSINT ORAL CAPSULE	3	MO
TIROSINT-SOL ORAL SOLUTION	3	MO
<i>unithroid oral tablet</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	
<i>atropine intravenous solution 1 mg/ml</i>	3	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	1	
CUVPOSA ORAL SOLUTION	3	MO
<i>dicyclomine intramuscular solution</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	3	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	3	
<i>diphenoxylate-atropine oral tablet</i>	2	MO
GLYCATATE ORAL TABLET	3	
GLYCOPYRROLATE (PF) IN WATER INJECTION SYRINGE	3	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
GLYCOPYRROLATE (PF) INJECTION SYRINGE 0.4 MG/2 ML (0.2 MG/ML)	3	
<i>glycopyrrolate (pf) injection syringe 0.6 mg/3 ml (0.2 mg/ml)</i>	3	

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate injection solution</i>	1	MO
<i>glycopyrrolate oral solution</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
LOMOTIL ORAL TABLET	3	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine oral tablet</i>	3	MO
MOTOFEN ORAL TABLET	3	MO
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
<i>opium oral tincture</i>	1	MO
ROBINUL FORTE ORAL TABLET	3	MO
ROBINUL ORAL TABLET	3	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	3	MO
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION	4	MO
<i>alosetron oral tablet 0.5 mg</i>	3	PA; MO
<i>alosetron oral tablet 1 mg</i>	4	PA; MO
AMITIZA ORAL CAPSULE	3	ST; MO; QL (60 per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %	3	MO
ANTIVERT ORAL TABLET 50 MG	3	
ANTIVERT ORAL TABLET,CHEWABLE	3	
ANUSOL-HC TOPICAL CREAM WITH PERINEAL APPLICATOR	3	MO
<i>aprepitant oral capsule</i>	3	B/D PA; MO
<i>aprepitant oral capsule,dose pack</i>	3	B/D PA; MO
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
AVSOLA INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
AZULFIDINE ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide oral capsule</i>	2	MO
<i>betaine oral powder</i>	4	MO
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC	3	MO
<i>budesonide oral capsule, delayed, extended release</i>	3	MO
<i>budesonide oral tablet,delayed and ext.release</i>	4	MO
<i>budesonide rectal foam</i>	3	MO
BYLVAY ORAL CAPSULE	4	PA; MO; LA
BYLVAY ORAL PELLETT	4	PA; MO; LA
CANASA RECTAL SUPPOSITORY	3	MO
CHENODAL ORAL TABLET	4	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	4	PA
CHOLBAM ORAL CAPSULE 50 MG	4	PA; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	4	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE	4	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	4	PA; MO; QL (2 per 28 days)
CINVANTI INTRAVENOUS EMULSION	2	MO
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	3	ST; MO
COLAZAL ORAL CAPSULE	4	MO
COMPAZINE RECTAL SUPPOSITORY	3	
<i>compro rectal suppository</i>	3	MO
<i>constulose oral solution</i>	1	MO
CORTENEMA RECTAL ENEMA	3	MO
CORTIFOAM RECTAL FOAM	2	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	2	MO
<i>cromolyn oral concentrate</i>	3	MO
CYSTADANE ORAL POWDER	4	

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
DELZICOL ORAL CAPSULE (WITH DELAYED RELEASE TABLETS)	3	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC)	3	MO
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM ORAL CAPSULE	4	MO
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec)</i>	3	MO
<i>dronabinol oral capsule</i>	3	B/D PA; MO
<i>droperidol injection solution</i>	1	MO
EMEND (FOSAPREPITANT) INTRAVENOUS RECON SOLN	3	MO
EMEND ORAL CAPSULE 80 MG	3	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN	4	PA; MO; QL (2 per 28 days)
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.36 per 28 days)
<i>enulose oral solution</i>	1	MO
EOHILIA ORAL SUSPENSION IN PACKET	4	PA; MO; QL (600 per 30 days)
FOCINVEZ INTRAVENOUS SOLUTION	3	
<i>fosaprepitant intravenous recon soln</i>	1	MO
GASTROCROM ORAL CONCENTRATE	3	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	4	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT	4	PA; MO
<i>gavilyte-c oral recon soln</i>	1	MO
<i>gavilyte-g oral recon soln</i>	1	MO
<i>gavilyte-n oral recon soln</i>	1	
<i>generlac oral solution</i>	1	MO
GIMOTI NASAL SPRAY WITH PUMP	4	
GOLYTELY ORAL RECON SOLN	3	ST; MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral tablet</i>	2	B/D PA; MO
<i>hydrocortisone rectal enema</i>	3	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	3	MO
IBSRELA ORAL TABLET	4	PA; QL (60 per 30 days)
INFLECTRA INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
INFLIXIMAB INTRAVENOUS RECON SOLN	4	PA; QL (20 per 28 days)
IQIRVO ORAL TABLET	4	PA; MO; QL (30 per 30 days)
KRISTALOSE ORAL PACKET	3	MO
<i>lactulose oral packet</i>	3	
<i>lactulose oral solution</i>	1	MO
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC)	3	
LINZESS ORAL CAPSULE	2	MO; QL (30 per 30 days)
LIVDELZI ORAL CAPSULE	4	PA; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION	4	PA; LA
LOTRONEX ORAL TABLET	4	PA; MO
<i>lubiprostone oral capsule</i>	3	MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	4	B/D PA
MARINOL ORAL CAPSULE 2.5 MG	3	B/D PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
MECLIZINE ORAL TABLET 50 MG	3	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	3	MO
<i>mesalamine oral capsule, extended release</i>	3	
<i>mesalamine oral capsule,extended release 24hr</i>	3	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	3	MO
<i>mesalamine rectal enema</i>	3	MO
<i>mesalamine rectal suppository</i>	3	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating</i>	3	
MOTEGRITY ORAL TABLET	3	ST; QL (30 per 30 days)
MOVANTIK ORAL TABLET	3	ST; MO; QL (30 per 30 days)
MOVIPREP ORAL POWDER IN PACKET	3	ST; MO
<i>nitroglycerin rectal ointment</i>	2	MO
OALIVA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
OMVOH INTRAVENOUS SOLUTION	4	PA; MO; QL (45 per 180 days)
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; MO; QL (2 per 28 days)
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (2 per 28 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous solution</i>	1	MO
<i>ondansetron hcl oral solution</i>	3	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	3	B/D PA
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	4	ST; MO
<i>peg 3350-electrolytes oral recon soln</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	3	MO
<i>peg-electrolyte oral recon soln</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	4	MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	3	ST; MO
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 24,000-86,250- 90,750 UNIT	4	ST; MO
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL	3	ST; MO
POSFREA INTRAVENOUS SOLUTION	3	
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral tablet</i>	1	MO
<i>prochlorperazine rectal suppository</i>	3	MO
PROCTOFOAM HC RECTAL FOAM	3	MO
<i>procto-med hc topical cream with perineal applicator</i>	1	MO
<i>proctosol hc topical cream with perineal applicator</i>	1	MO
<i>proctozone-hc topical cream with perineal applicator</i>	1	MO
<i>prucalopride oral tablet</i>	3	QL (30 per 30 days)
REBYOTA RECTAL ENEMA	4	PA; MO
RECTIV RECTAL OINTMENT	3	MO
REGLAN ORAL TABLET	3	MO
RELISTOR ORAL TABLET	4	ST; MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	4	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	4	ST; MO; QL (18 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	4	ST; MO; QL (12 per 30 days)
RELTONE ORAL CAPSULE	4	
REMICADE INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
RENFLEXIS INTRAVENOUS RECON SOLN	4	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO TRANSDERMAL PATCH WEEKLY	4	MO
<i>scopolamine base transdermal patch 3 day</i>	3	MO
SFROWASA RECTAL ENEMA	3	MO
SKYRIZI INTRAVENOUS SOLUTION	4	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	4	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	4	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	3	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	3	
SUCRAID ORAL SOLUTION	4	PA
SUFLAVE ORAL RECON SOLN	3	ST; MO
<i>sulfasalazine oral tablet</i>	1	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	1	MO
SUPREP BOWEL PREP KIT ORAL RECON SOLN	3	ST; MO
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING	3	
SUTAB ORAL TABLET	3	ST; MO
SYMPROIC ORAL TABLET	2	MO; QL (30 per 30 days)
TRULANCE ORAL TABLET	2	QL (30 per 30 days)
UCERIS ORAL TABLET, DELAYED AND EXTENDED RELEASE	4	MO
UCERIS RECTAL FOAM	3	MO
URSO FORTE ORAL TABLET	3	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	4	

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL TABLET	2	B/D PA
VELSIPITY ORAL TABLET	4	PA; MO; QL (30 per 30 days)
VIBERZI ORAL TABLET	4	MO; QL (60 per 30 days)
VIOKACE ORAL TABLET	3	MO
VOWST ORAL CAPSULE	4	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	4	MO
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (2 per 28 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (2 per 28 days)

ULCER THERAPY

<i>amoxicillin-clarithromycin-lansoprazole oral combo pack</i>	3	MO; QL (112 per 180 days)
<i>bismuth subcit k-metronidz-tcn oral capsule</i>	3	MO; QL (120 per 180 days)
CARAFATE ORAL SUSPENSION	3	
CARAFATE ORAL TABLET	3	MO
<i>cimetidine hcl oral solution</i>	3	
<i>cimetidine oral tablet</i>	3	MO
CYTOTEC ORAL TABLET	3	MO
DEXILANT ORAL CAPSULE, BIPHASE DELAYED RELEASE	3	QL (30 per 30 days)
<i>dexlansoprazole oral capsule,biphase delayed releas</i>	3	QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	2	MO; QL (60 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>famotidine (pf) intravenous solution</i>	1	MO
<i>famotidine (pf)-nacl (iso-osm) intravenous piggyback</i>	1	MO
<i>famotidine intravenous solution</i>	1	MO
<i>famotidine oral suspension for reconstitution</i>	3	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
KONVOMEPE ORAL SUSPENSION FOR RECONSTITUTION	3	QL (600 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO; QL (60 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet, disintegrat, delay rel 30 mg</i>	3	MO; QL (60 per 30 days)
<i>misoprostol oral tablet</i>	2	MO
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE, DELAYED RELEASE(DR/EC) 40 MG	3	MO; QL (60 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO; QL (60 per 30 days)
<i>nizatidine oral capsule</i>	2	MO
OMECLAMOX-PAK ORAL COMBO PACK	3	QL (80 per 180 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral capsule, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	3	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	4	MO; QL (30 per 30 days)
PANTOPRAZOLE IN 0.9% SOD CHLOR INTRAVENOUS PIGGYBACK	3	
<i>pantoprazole intravenous recon soln</i>	1	MO
<i>pantoprazole oral granules dr for susp in packet</i>	3	MO; QL (60 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
PEPCID ORAL TABLET	3	MO
PREVACID ORAL CAPSULE, DELAYED RELEASE (DR/EC)	3	QL (60 per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 15 MG	3	QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET, DISINTEGRAT, DELAY REL 30 MG	3	QL (60 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP, DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (480 per 30 days)
PROTONIX INTRAVENOUS RECON SOLN	3	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	QL (60 per 30 days)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 20 MG	3	QL (30 per 30 days)
PROTONIX ORAL TABLET, DELAYED RELEASE (DR/EC) 40 MG	3	QL (60 per 30 days)
PYLERA ORAL CAPSULE	3	MO; QL (120 per 180 days)
<i>rabeprazole oral tablet, delayed release (dr/ec)</i>	3	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	3	MO
<i>sucralfate oral tablet</i>	1	MO
TALICIA ORAL CAPSULE, IR - DELAY REL, BIPHASE	3	MO; QL (168 per 180 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
VOQUEZNA DUAL PAK ORAL COMBO PACK	3	MO; QL (112 per 180 days)
VOQUEZNA ORAL TABLET	3	ST; MO; QL (30 per 30 days)
VOQUEZNA TRIPLE PAK ORAL COMBO PACK	3	MO; QL (112 per 180 days)

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	4	PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	4	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	4	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	4	PA; MO; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE	4	PA; LA
BETASERON SUBCUTANEOUS KIT	4	PA; MO; QL (14 per 28 days)
EGRIFTA SV SUBCUTANEOUS RECON SOLN	4	PA; MO
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
FULPHILA SUBCUTANEOUS SYRINGE	4	PA; MO
FYLNETRA SUBCUTANEOUS SYRINGE	4	PA; MO
GENOTROPIN MINIQICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
GENOTROPIN MINIQUEICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	4	PA; MO
GENOTROPIN SUBCUTANEOUS CARTRIDGE	4	PA; MO
GRANIX SUBCUTANEOUS SOLUTION	4	PA; MO
GRANIX SUBCUTANEOUS SYRINGE	4	PA; MO
HUMATROPE INJECTION CARTRIDGE	4	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	4	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	4	PA; MO
MIRCERA INJECTION SYRINGE	3	PA
MOZOBIL SUBCUTANEOUS SOLUTION	4	B/D PA; MO
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; MO
NEULASTA SUBCUTANEOUS SYRINGE	4	PA; MO
NEUPOGEN INJECTION SOLUTION	4	PA; MO
NEUPOGEN INJECTION SYRINGE	4	PA; MO
NGENLA SUBCUTANEOUS PEN INJECTOR	4	PA; MO
NIVESTYM INJECTION SOLUTION	4	PA; MO
NIVESTYM SUBCUTANEOUS SYRINGE	4	PA; MO
NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	4	PA; MO
NORDITROPIN FLEXPOR SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	4	PA
NUTROPIN AQ NUSPIN SUBCUTANEOUS PEN INJECTOR	4	PA
NYVEPRIA SUBCUTANEOUS SYRINGE	4	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	4	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	4	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	4	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	4	MO; QL (2 per 28 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INTRAMUSCULAR SYRINGE	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	4	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	4	PA; MO; QL (1 per 180 days)
<i>plerixafor subcutaneous solution</i>	4	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	4	PA; MO
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	4	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	4	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE	4	PA; MO; QL (4.2 per 180 days)
REBLOZYL SUBCUTANEOUS RECON SOLN	4	PA; MO
RELEUKO SUBCUTANEOUS SYRINGE	3	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	2	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO
ROLVEDON SUBCUTANEOUS SYRINGE	4	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	4	PA; MO
SKYTROFA SUBCUTANEOUS CARTRIDGE	4	PA; MO
SOGROYA SUBCUTANEOUS PEN INJECTOR	4	PA; MO
STIMUFEND SUBCUTANEOUS SYRINGE	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
UDENYCA AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO
UDENYCA ONBODY SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR	4	PA; MO
UDENYCA SUBCUTANEOUS SYRINGE	4	PA; MO
XOLREMDI ORAL CAPSULE	4	PA; LA
ZARXIO INJECTION SYRINGE	4	PA; MO
ZIEXTENZO SUBCUTANEOUS SYRINGE	4	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	2	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	1	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	1	V
ALYGLO INTRAVENOUS SOLUTION	4	PA; MO
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V
ASCENIV INTRAVENOUS SOLUTION	4	PA; MO
ATGAM INTRAVENOUS SOLUTION	4	B/D PA
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
BEXSERO INTRAMUSCULAR SYRINGE	1	V
BIVIGAM INTRAVENOUS SOLUTION	4	PA; MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	V
BOTOX INJECTION RECON SOLN	3	PA; MO
CUTAQUIG SUBCUTANEOUS SOLUTION	4	B/D PA; MO
CUVITRU SUBCUTANEOUS SOLUTION	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	4	B/D PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	2	
DENG VAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	
DYSPORT INTRAMUSCULAR RECON SOLN	3	PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
<i>fomepizole intravenous solution</i>	1	
GAMASTAN INTRAMUSCULAR SOLUTION	2	MO
GAMMAGARD LIQUID INJECTION SOLUTION	4	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN	4	PA; MO
GAMMAKED INJECTION SOLUTION	4	PA; MO
GAMMAPLEX (WITH SORBITOL) INTRAVENOUS SOLUTION	4	PA; MO
GAMMAPLEX INTRAVENOUS SOLUTION	4	PA; MO
GAMUNEX-C INJECTION SOLUTION	4	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	V
GRASTEK SUBLINGUAL TABLET	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	2	
HEPAGAM B INJECTION SOLUTION	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V

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Drug Name	Drug Tier	Requirements/Limits
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	2	
HIZENTRA SUBCUTANEOUS SOLUTION	4	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE	4	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	2	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	2	
HYQVIA SUBCUTANEOUS SOLUTION	4	B/D PA; MO
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	
IPOL INJECTION SUSPENSION	1	V
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE	1	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	1	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE	1	V
MYOBLOC INTRAMUSCULAR SOLUTION	3	PA; MO
NABI-HB INTRAMUSCULAR SOLUTION	3	
OCTAGAM INTRAVENOUS SOLUTION	4	PA; MO
ODACTRA SUBLINGUAL TABLET	3	PA; MO
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE	3	PA; MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE	3	PA; MO
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE	3	PA; MO
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE	3	PA; MO
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE	3	PA; MO
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE	3	PA; MO
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE	3	PA; MO
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE	3	PA; MO
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE	3	PA; MO
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE	3	PA; MO
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET	4	PA; MO
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE	3	PA; MO
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET	4	PA; MO
PANZYGA INTRAVENOUS SOLUTION	4	PA; MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	2	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	2	
PENBRAYA (PF) INTRAMUSCULAR KIT	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	2	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
PRIVIGEN INTRAVENOUS SOLUTION	4	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	2	

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Drug Name	Drug Tier	Requirements/Limits
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	2	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	2	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V
RAGWITEK SUBLINGUAL TABLET	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
ROTARIX ORAL SUSPENSION	2	
ROTATEQ VACCINE ORAL SOLUTION	2	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V; QL (2 per 720 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	V
THYMOGLOBULIN INTRAVENOUS RECON SOLN	4	B/D PA; MO
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	2	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	2	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	2	V
TRUMENBA INTRAMUSCULAR SYRINGE	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	2	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	2	

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
VARIZIG INTRAMUSCULAR SOLUTION	2	
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION	1	V
VIMKUNYA INTRAMUSCULAR SYRINGE	3	V
XEMBIFY SUBCUTANEOUS SOLUTION	4	B/D PA; MO; LA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	3	PA; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	4	PA; MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
ZINPLAVA INTRAVENOUS SOLUTION	4	

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

NOVO PEN NEEDLE	2	PA; MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	2	PA; MO
CEQUR SIMPLICITY DEVICE	2	MO
CEQUR SIMPLICITY INSERTER	2	MO
PEN NEEDLES (NON-PREFERRED BRANDS)	3	PA
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	3	PA
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	PA; MO
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	3	PA

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	PA; MO
DROPLET MICRON PEN NEEDLE NEEDLE	3	PA; MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	PA; MO
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 30 GAUGE X 5/16"	3	PA
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	PA; MO
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	PA
EMBECTA INSULIN SYRINGE	2	PA; MO
EMBECTA INSULIN SYRINGE	2	PA
EMBECTA PEN NEEDLE	2	PA
GAUZE PADS 2 X 2	2	PA; MO
INPEN (FOR HUMALOG) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR HUMALOG) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (FOR HUMALOG) PINK SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) BLUE SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) GREY SUBCUTANEOUS INSULIN PEN	3	
INPEN (NOVOLOG OR FIASP) PINK SUBCUTANEOUS INSULIN PEN	3	
NOVO PEN NEEDLE	2	PA; MO
NOVO PEN NEEDLE	2	PA
OMNIPOD 5 (G6/LIBRE 2 PLUS) SUBCUTANEOUS CARTRIDGE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	2	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	2	MO
OMNIPOD 5 INTRO(G6/LIBRE2PLUS) SUBCUTANEOUS CARTRIDGE	2	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	2	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	2	MO
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	2	PA; MO
PENTIPS PEN NEEDLE NEEDLE	3	PA
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	PA; MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	3	PA; MO
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	3	PA; MO
TECHLITE PLUS PEN NEEDLE NEEDLE	3	PA
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	PA
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	PA; MO
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	3	PA
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	PA; MO
UNIFINE PENTIPS MAXFLOW NEEDLE	3	PA; MO
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE	3	PA
UNIFINE PENTIPS PLUS NEEDLE	3	PA; MO
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	3	PA; MO
UNIFINE SAFECONTROL NEEDLE 32 GAUGE X 5/32"	3	PA
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE	3	PA
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	PA
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	3	PA; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS)	3	PA
V-GO 20 DEVICE	3	MO
V-GO 30 DEVICE	3	MO
V-GO 40 DEVICE	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol oral tablet 200 mg</i>	3	MO
<i>allopurinol sodium intravenous recon soln</i>	1	
<i>aloprim intravenous recon soln</i>	1	
<i>colchicine oral capsule</i>	3	
<i>colchicine oral tablet</i>	1	MO
COLCRYS ORAL TABLET	3	ST; MO
<i>febuxostat oral tablet</i>	2	MO
GLOPERBA ORAL SOLUTION	3	ST
KRYSTEXXA INTRAVENOUS SOLUTION	4	PA; MO
MITIGARE ORAL CAPSULE	3	ST
<i>probenecid oral tablet</i>	2	MO
<i>probenecid-colchicine oral tablet</i>	2	MO
ULORIC ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC)	3	ST; MO; QL (4 per 28 days)
BINOSTO ORAL TABLET, EFFERVESCENT	3	ST; MO; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	4	PA; QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	4	PA; MO; QL (2.34 per 30 days)
EVISTA ORAL TABLET	3	MO
FORTEO SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2.48 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET	3	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral tablet</i>	1	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	3	MO; QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	4	PA; MO; QL (2.4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	4	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; QL (6 per 28 days)
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	4	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (6 per 28 days)
ADALIMUMAB-AACF SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (6 per 28 days)
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 180 days)
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (4 per 180 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; MO; QL (6 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; MO; QL (3 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	4	PA; MO; QL (2.4 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	4	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; QL (2.4 per 28 days)
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADBIM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
ADALIMUMAB-ADBIM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; QL (4 per 28 days)
ADALIMUMAB-ADBIM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBIM(CF) PEN CROHNS (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 180 days)
ADALIMUMAB-ADBIM(CF) PEN PS-UV (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (4 per 180 days)
ADALIMUMAB-FKJP SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (6 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; QL (2 per 28 days)
ADALIMUMAB-FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (6 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; MO; QL (6 per 28 days)
ADALIMUMAB-RYVK SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (6 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	4	PA; MO; QL (2.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	4	PA; QL (4.8 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	4	PA; QL (0.8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; QL (2.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	4	PA; QL (4.8 per 28 days)
ARAVA ORAL TABLET	4	MO; QL (30 per 30 days)
AURANOFIN ORAL CAPSULE	4	
BENLYSTA INTRAVENOUS RECON SOLN	4	PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE	4	PA; MO
CUPRIMINE ORAL CAPSULE	4	PA; MO
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT	4	PA; QL (4 per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
DEPEN TITRATABS ORAL TABLET	4	PA; MO
ENBREL MINI SUBCUTANEOUS CARTRIDGE	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	4	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	4	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (8 per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (4.8 per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (6 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	4	PA; MO; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (6 per 28 days)
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (3 per 180 days)
HYRIMOZ (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE	4	PA; QL (3.2 per 28 days)
HYRIMOZ PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	4	PA; QL (3.2 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (2.4 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	4	PA; MO; QL (0.2 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	4	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	4	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	4	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.6 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (6 per 180 days)
IDACIO(CF) PEN PSORIASIS START SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 180 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	4	PA; MO; QL (4 per 28 days)
IDACIO(CF) SUBCUTANEOUS SYRINGE KIT	4	PA; MO; QL (4 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML	4	PA; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	4	PA; MO; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (2.28 per 28 days)
KINERET SUBCUTANEOUS SYRINGE	4	PA; QL (20.1 per 30 days)
<i>leflunomide oral tablet</i>	1	MO; QL (30 per 30 days)
OLUMIANT ORAL TABLET	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	4	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	4	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	4	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	4	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET	4	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	4	PA; MO; QL (55 per 180 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR	3	MO
<i>penicillamine oral capsule</i>	4	PA; MO
<i>penicillamine oral tablet</i>	4	PA; MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR	3	MO
RIDAURA ORAL CAPSULE	4	MO
RINVOQ LQ ORAL SOLUTION	4	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	4	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	4	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	2	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; MO; QL (6 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 80 MG/0.8 ML	4	PA; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (6 per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION	4	PA; MO; QL (64 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	4	PA; MO; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)
TOFIDENCE INTRAVENOUS SOLUTION	4	PA; QL (160 per 28 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS SOLUTION	4	PA; MO; QL (160 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE	4	PA; MO; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	4	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	4	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	4	PA; MO; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT	4	PA; MO; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	4	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	4	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	4	PA; MO; QL (4 per 28 days)
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (4.8 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA ORAL TABLET	3	PA; MO
ANGELIQ ORAL TABLET	3	PA; MO
BIJUVA ORAL CAPSULE	3	PA; MO
<i>camila oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CLIMARA PRO TRANSDERMAL PATCH WEEKLY	3	PA; MO
CLIMARA TRANSDERMAL PATCH WEEKLY	3	PA; MO; QL (4 per 28 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY	3	PA
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
<i>deblitane oral tablet</i>	1	MO
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML	3	MO
DEPO-ESTRADIOL INTRAMUSCULAR OIL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO
DEPO-PROVERA INTRAMUSCULAR SYRINGE	3	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	2	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	3	PA; MO; QL (37.5 per 30 days)
<i>dotti transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	2	MO
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (70 per 30 days)
<i>emzahh oral tablet</i>	1	
<i>errin oral tablet</i>	1	MO
ESTRACE VAGINAL CREAM	3	ST; MO
<i>estradiol oral tablet</i>	3	PA; MO
<i>estradiol transdermal gel in metered-dose pump</i>	3	PA; MO; QL (50 per 30 days)
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %)</i>	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	3	MO
<i>estradiol valerate intramuscular oil</i>	3	MO
<i>estradiol-norethindrone acet oral tablet</i>	2	PA; MO
ESTRING VAGINAL RING	3	ST; MO
EVAMIST TRANSDERMAL SPRAY, NON-AEROSOL	3	PA; MO; QL (16.2 per 30 days)
FEMRING VAGINAL RING	3	ST; MO
<i>fyavolv oral tablet</i>	3	PA; MO
<i>gallifrey oral tablet</i>	1	MO
<i>heather oral tablet</i>	1	MO
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	2	MO
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	2	MO
<i>incassia oral tablet</i>	1	MO
<i>jencycla oral tablet</i>	1	MO
<i>jinteli oral tablet</i>	3	PA; MO
<i>lyleq oral tablet</i>	1	MO
<i>lyllana transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza oral tablet</i>	1	
<i>medroxyprogesterone intramuscular suspension</i>	1	MO
<i>medroxyprogesterone intramuscular syringe</i>	1	MO
<i>medroxyprogesterone oral tablet</i>	1	MO
MENEST ORAL TABLET	3	PA; MO
MENOSTAR TRANSDERMAL PATCH WEEKLY	3	PA; MO; QL (4 per 28 days)
<i>mimvey oral tablet</i>	2	PA; MO
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY	3	PA; MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>nora-be oral tablet</i>	1	MO
<i>norethindrone (contraceptive) oral tablet</i>	1	
<i>norethindrone acetate oral tablet</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	3	PA; MO
PREMARIN INJECTION RECON SOLN	3	
PREMARIN ORAL TABLET	2	MO
PREMARIN VAGINAL CREAM	2	MO
PREMPHASE ORAL TABLET	2	MO
PREMPRO ORAL TABLET	2	MO
<i>progesterone intramuscular oil</i>	1	MO
<i>progesterone micronized oral capsule</i>	2	MO
PROMETRIUM ORAL CAPSULE	3	MO
PROVERA ORAL TABLET	3	MO
<i>sharobel oral tablet</i>	1	MO
VAGIFEM VAGINAL TABLET	3	ST; MO
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	3	PA; MO; QL (8 per 28 days)
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.05 MG/24 HR	3	PA; QL (8 per 28 days)
<i>yuvaferm vaginal tablet</i>	3	

MISCELLANEOUS OB/GYN

ANNOVERA VAGINAL RING	3	MO
CLEOCIN VAGINAL CREAM	3	MO
CLEOCIN VAGINAL SUPPOSITORY	3	MO
<i>clindamycin phosphate vaginal cream</i>	2	MO
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE	3	MO
<i>eluryng vaginal ring</i>	2	MO
<i>enilloring vaginal ring</i>	3	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	2	
GYNAZOLE-1 VAGINAL CREAM	3	MO
<i>haloette vaginal ring</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
INTRAROSA VAGINAL INSERT	3	MO
KYLEENA INTRAUTERINE DEVICE	3	
LILETTA INTRAUTERINE DEVICE	2	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	2	MO
<i>miconazole-3 vaginal suppository</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	1	LA
MIRENA INTRAUTERINE DEVICE	3	
MYFEMBREE ORAL TABLET	4	PA; MO
NEXPLANON SUBDERMAL IMPLANT	2	
<i>norelgestromin-ethin.estradiol transdermal patch weekly</i>	2	
NUVARING VAGINAL RING	3	MO
ORIAHNN ORAL CAPSULE, SEQUENTIAL	4	PA; MO
OSPHENA ORAL TABLET	3	MO
PHEXXI VAGINAL GEL	3	MO
SKYLA INTRAUTERINE DEVICE	3	
<i>terconazole vaginal cream</i>	2	MO
<i>terconazole vaginal suppository</i>	2	MO
<i>tranexamic acid oral tablet</i>	2	MO
<i>vandazole vaginal gel</i>	3	MO
VEOZAH ORAL TABLET	3	PA; MO
XACIATO VAGINAL GEL	3	ST; MO
<i>xulane transdermal patch weekly</i>	2	
<i>zafemy transdermal patch weekly</i>	2	MO

ORAL CONTRACEPTIVES / RELATED AGENTS

<i>afirmelle oral tablet</i>	3	
<i>altavera (28) oral tablet</i>	1	MO
<i>alyacen 1/35 (28) oral tablet</i>	1	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	1	MO
<i>amethia oral tablets,dose pack,3 month</i>	3	
<i>amethyst (28) oral tablet</i>	1	MO
<i>apri oral tablet</i>	1	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>aranelle (28) oral tablet</i>	1	MO
<i>ashlyna oral tablets,dose pack,3 month</i>	3	MO
<i>aubra eq oral tablet</i>	1	MO
<i>aurovela 1.5/30 (21) oral tablet</i>	3	MO
<i>aurovela 1/20 (21) oral tablet</i>	3	
<i>aurovela 24 fe oral tablet</i>	3	MO
<i>aurovela fe 1.5/30 (28) oral tablet</i>	3	MO
<i>aurovela fe 1-20 (28) oral tablet</i>	3	MO
<i>aviane oral tablet</i>	1	MO
<i>ayuna oral tablet</i>	3	MO
<i>azurette (28) oral tablet</i>	1	MO
BALCOLTRA ORAL TABLET	3	MO
<i>balziva (28) oral tablet</i>	3	MO
BEYAZ ORAL TABLET	3	MO
<i>blisovi 24 fe oral tablet</i>	3	MO
<i>blisovi fe 1.5/30 (28) oral tablet</i>	3	MO
<i>blisovi fe 1/20 (28) oral tablet</i>	3	MO
<i>briellyn oral tablet</i>	3	MO
<i>camrese lo oral tablets,dose pack,3 month</i>	3	MO
<i>camrese oral tablets,dose pack,3 month</i>	1	MO
<i>charlotte 24 fe oral tablet,chewable</i>	3	MO
<i>chateal eq (28) oral tablet</i>	3	MO
<i>cryselle (28) oral tablet</i>	1	MO
<i>cyred eq oral tablet</i>	1	MO
<i>dasetta 1/35 (28) oral tablet</i>	1	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	1	MO
<i>daysee oral tablets,dose pack,3 month</i>	1	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	1	
<i>dolishale oral tablet</i>	3	MO
<i>drospirenone-e.estradiol-lm.fa oral tablet</i>	3	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest oral tablet</i>	1	MO
<i>enpresse oral tablet</i>	1	MO
<i>enskyce oral tablet</i>	1	MO
<i>estarylla oral tablet</i>	1	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	1	
<i>falmina (28) oral tablet</i>	1	MO
<i>feirza oral tablet</i>	3	
FEMLYV ORAL TABLET,DISINTEGRATING	3	
<i>finzala oral tablet,chewable</i>	3	MO
<i>gemmily oral capsule</i>	3	MO
<i>hailey 24 fe oral tablet</i>	3	MO
<i>hailey fe 1.5/30 (28) oral tablet</i>	3	MO
<i>hailey fe 1/20 (28) oral tablet</i>	3	MO
<i>hailey oral tablet</i>	3	MO
<i>iclevia oral tablets,dose pack,3 month</i>	3	
<i>introvale oral tablets,dose pack,3 month</i>	1	
<i>isibloom oral tablet</i>	1	MO
<i>jaimiess oral tablets,dose pack,3 month</i>	3	MO
<i>jasmiel (28) oral tablet</i>	1	MO
<i>jolessa oral tablets,dose pack,3 month</i>	1	MO
<i>joyeaux oral tablet</i>	3	MO
<i>juleber oral tablet</i>	1	MO
<i>junel 1.5/30 (21) oral tablet</i>	3	MO
<i>junel 1/20 (21) oral tablet</i>	3	MO
<i>junel fe 1.5/30 (28) oral tablet</i>	3	MO
<i>junel fe 1/20 (28) oral tablet</i>	3	MO
<i>junel fe 24 oral tablet</i>	3	MO
<i>kaitlib fe oral tablet,chewable</i>	3	MO
<i>kalliga oral tablet</i>	1	
<i>kariva (28) oral tablet</i>	1	

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>kelnor 1/35 (28) oral tablet</i>	1	MO
<i>kelnor 1/50 (28) oral tablet</i>	1	MO
<i>kurvelo (28) oral tablet</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	
<i>larin 1.5/30 (21) oral tablet</i>	1	MO
<i>larin 1/20 (21) oral tablet</i>	1	MO
<i>larin 24 fe oral tablet</i>	1	MO
<i>larin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>larin fe 1/20 (28) oral tablet</i>	1	MO
<i>layolis fe oral tablet,chewable</i>	3	MO
<i>lessina oral tablet</i>	1	MO
<i>levonest (28) oral tablet</i>	1	MO
<i>levonorgest-eth.estradiol-iron oral tablet</i>	3	
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablet 90-20 mcg (28)</i>	3	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estradiol triphasic oral tablet</i>	1	MO
<i>levora-28 oral tablet</i>	1	MO
LO LOESTRIN FE ORAL TABLET	3	
LOESTRIN 1.5/30 (21) ORAL TABLET	3	MO
LOESTRIN 1/20 (21) ORAL TABLET	3	MO
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET	3	MO
LOESTRIN FE 1/20 (28-DAY) ORAL TABLET	3	MO
<i>lojaimiess oral tablets,dose pack,3 month</i>	3	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>loryna (28) oral tablet</i>	1	MO
<i>low-ogestrel (28) oral tablet</i>	1	MO
<i>lo-zumandimine (28) oral tablet</i>	1	MO
<i>lutra (28) oral tablet</i>	1	MO
<i>marlissa (28) oral tablet</i>	1	MO
<i>merzee oral capsule</i>	3	
<i>mibelas 24 fe oral tablet,chewable</i>	3	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	1	MO
<i>microgestin 1/20 (21) oral tablet</i>	1	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	1	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	1	MO
<i>mili oral tablet</i>	1	MO
<i>minzoya oral tablet</i>	3	
<i>mono-lynyah oral tablet</i>	1	MO
NATAZIA ORAL TABLET	3	MO
<i>necon 0.5/35 (28) oral tablet</i>	3	MO
NEXTSTELLIS ORAL TABLET	3	MO
<i>nikki (28) oral tablet</i>	1	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable</i>	3	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral capsule</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	3	
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	3	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.25-0.035 mg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	1	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	1	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>nortrel 1/35 (21) oral tablet</i>	1	MO
<i>nortrel 1/35 (28) oral tablet</i>	1	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	1	MO
<i>nylia 1/35 (28) oral tablet</i>	3	MO
<i>nylia 7/7/7 (28) oral tablet</i>	3	MO
<i>ocella oral tablet</i>	3	
<i>philith oral tablet</i>	1	MO
<i>pimtreea (28) oral tablet</i>	1	MO
<i>portia 28 oral tablet</i>	1	MO
<i>reclipsen (28) oral tablet</i>	1	MO
<i>rivelsa oral tablets,dose pack,3 month</i>	3	MO
SAFYRAL ORAL TABLET	3	MO
<i>setlakin oral tablets,dose pack,3 month</i>	1	MO
<i>simliya (28) oral tablet</i>	3	MO
<i>simpesse oral tablets,dose pack,3 month</i>	3	MO
<i>sprintec (28) oral tablet</i>	1	MO
<i>sronyx oral tablet</i>	1	
<i>syeda oral tablet</i>	1	MO
<i>tarina 24 fe oral tablet</i>	3	MO
<i>tarina fe 1-20 eq (28) oral tablet</i>	1	MO
TAYTULLA ORAL CAPSULE	3	MO
<i>tilia fe oral tablet</i>	3	MO
<i>tri-estarylla oral tablet</i>	1	MO
<i>tri-legest fe oral tablet</i>	3	MO
<i>tri-lynyah oral tablet</i>	1	MO
<i>tri-lo-estarylla oral tablet</i>	1	MO
<i>tri-lo-marzia oral tablet</i>	1	MO
<i>tri-lo-mili oral tablet</i>	3	MO
<i>tri-lo-sprintec oral tablet</i>	1	
<i>tri-mili oral tablet</i>	3	
<i>tri-sprintec (28) oral tablet</i>	1	MO
<i>trivora (28) oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra lo oral tablet</i>	3	MO
<i>tri-vylibra oral tablet</i>	3	MO
<i>turqoz (28) oral tablet</i>	1	MO
<i>tydemy oral tablet</i>	3	
<i>valtya oral tablet</i>	3	
<i>velivet triphasic regimen (28) oral tablet</i>	1	MO
<i>vestura (28) oral tablet</i>	1	MO
<i>vienva oral tablet</i>	1	MO
<i>viorele (28) oral tablet</i>	1	MO
<i>volnea (28) oral tablet</i>	3	MO
<i>vyfemla (28) oral tablet</i>	3	MO
<i>vylibra oral tablet</i>	3	MO
<i>wera (28) oral tablet</i>	1	MO
<i>wymzya fe oral tablet,chewable</i>	3	MO
<i>xarah fe oral tablet</i>	3	
YASMIN (28) ORAL TABLET	3	MO
YAZ (28) ORAL TABLET	3	MO
<i>zovia 1-35 (28) oral tablet</i>	1	MO
<i>zumandimine (28) oral tablet</i>	1	MO

OXYTOCICS

<i>methylergonovine oral tablet</i>	3	PA
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OPHTHALMOLOGY

ANTIBIOTICS

AZASITE OPHTHALMIC (EYE) DROPS	3	MO
<i>bacitracin ophthalmic (eye) ointment</i>	2	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	1	MO
<i>erythromycin ophthalmic (eye) ointment</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</i>	3	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	2	
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	2	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	2	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	2	
OCUFLOX OPHTHALMIC (EYE) DROPS	3	MO
<i>ofloxacin ophthalmic (eye) drops</i>	1	MO
<i>polycin ophthalmic (eye) ointment</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	1	MO
<i>tobramycin ophthalmic (eye) drops</i>	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
VIGAMOX OPHTHALMIC (EYE) DROPS	3	MO

ANTIVIRALS

<i>trifluridine ophthalmic (eye) drops</i>	2	MO
ZIRGAN OPHTHALMIC (EYE) GEL	3	MO

BETA-BLOCKERS

<i>betaxolol ophthalmic (eye) drops</i>	2	MO
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %	3	
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	3	MO
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>carteolol ophthalmic (eye) drops</i>	1	MO
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY	3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	3	MO
<i>timolol maleate ophthalmic (eye) gel forming solution (timoptic generic)</i>	3	MO
<i>timolol ophthalmic (eye) drops</i>	3	MO
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	MO
ATROPINE SULFATE (PF) OPHTHALMIC (EYE) DROPPERETTE	3	
<i>azelastine ophthalmic (eye) drops</i>	2	MO
BEOVU INTRAVITREAL SYRINGE	4	PA; MO
<i>bepotastine besilate ophthalmic (eye) drops</i>	3	MO
BEPREVE OPHTHALMIC (EYE) DROPS	3	MO
<i>bss intraocular solution</i>	1	
BSS PLUS INTRAOCULAR SOLUTION	3	
BYOOVIZ INTRAVITREAL SOLUTION	4	PA; MO
CEQUA OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
CIMERLI INTRAVITREAL SOLUTION	4	PA; MO
<i>cromolyn ophthalmic (eye) drops</i>	1	MO
<i>cyclosporine ophthalmic (eye) dropperette</i>	2	MO; QL (60 per 30 days)
CYSTADROPS OPHTHALMIC (EYE) DROPS	4	PA
CYSTARAN OPHTHALMIC (EYE) DROPS	4	PA
<i>epinastine ophthalmic (eye) drops</i>	2	MO
EYLEA HD INTRAVITREAL SOLUTION	4	PA; MO
EYLEA INTRAVITREAL SOLUTION	4	PA; MO
EYLEA INTRAVITREAL SYRINGE	4	PA; MO
IZERVAY (PF) INTRAVITREAL SOLUTION	4	PA; MO
LUCENTIS INTRAVITREAL SYRINGE	4	PA; MO
MIEBO (PF) OPHTHALMIC (EYE) DROPS	2	MO; QL (12 per 30 days)
OMIDRIA INTRAOCULAR CONCENTRATE	3	
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; MO
PAVBLU INTRAVITREAL SOLUTION	4	PA

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Drug Name	Drug Tier	Requirements/Limits
PAVBLU INTRAVITREAL SYRINGE	4	PA
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	3	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS	3	MO; QL (5.5 per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	1	MO
SYFOVRE (PF) INTRAVITREAL SOLUTION	4	PA; MO
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL	3	MO; QL (8.4 per 30 days)
VABYSMO INTRAVITREAL SOLUTION	4	PA; MO
VABYSMO INTRAVITREAL SYRINGE	4	PA; MO
VEVYE OPHTHALMIC (EYE) DROPS	3	MO; QL (2 per 30 days)
VUITY OPHTHALMIC (EYE) DROPS	3	PA; MO
XDEMVY OPHTHALMIC (EYE) DROPS	4	PA; QL (10 per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	2	MO; QL (60 per 30 days)
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE	3	

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

ACULAR LS OPHTHALMIC (EYE) DROPS	3	MO
ACULAR OPHTHALMIC (EYE) DROPS	3	MO
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE	3	MO
<i>bromfenac ophthalmic (eye) drops</i>	2	MO
BROMSITE OPHTHALMIC (EYE) DROPS	3	MO
<i>diclofenac sodium ophthalmic (eye) drops</i>	1	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	1	MO
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ketorolac ophthalmic (eye) drops</i>	1	MO
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
PROLENSA OPHTHALMIC (EYE) DROPS	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	2	MO
<i>acetazolamide oral tablet</i>	2	MO
<i>acetazolamide sodium injection recon soln</i>	1	MO
<i>methazolamide oral tablet</i>	3	MO
OTHER GLAUCOMA DRUGS		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>bimatoprost ophthalmic (eye) drops</i>	3	MO
<i>brimonidine-timolol ophthalmic (eye) drops</i>	3	MO
<i>brinzolamide ophthalmic (eye) drops,suspension</i>	3	MO
COMBIGAN OPHTHALMIC (EYE) DROPS	3	MO
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE	3	MO
COSOPT OPHTHALMIC (EYE) DROPS	3	MO
<i>dorzolamide ophthalmic (eye) drops</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	1	MO
DURYSTA INTRACAMERAL IMPLANT	3	PA; MO; LA
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST; MO
<i>latanoprost ophthalmic (eye) drops</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
<i>miostat intraocular solution</i>	1	
RHOPRESSA OPHTHALMIC (EYE) DROPS	2	MO
ROCKLATAN OPHTHALMIC (EYE) DROPS	2	MO
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	3	MO
TRAVATAN Z OPHTHALMIC (EYE) DROPS	3	ST; MO
<i>travoprost ophthalmic (eye) drops</i>	2	MO
VYZULTA OPHTHALMIC (EYE) DROPS	3	ST; MO
XALATAN OPHTHALMIC (EYE) DROPS	3	ST; MO
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION	3	ST
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
MAXITROL OPHTHALMIC (EYE) OINTMENT	3	MO
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	3	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	2	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	2	MO; QL (10 per 14 days)
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO; QL (10 per 14 days)
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	1	MO
DEXTENZA INTRACANALICULAR INSERT	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>difluprednate ophthalmic (eye) drops</i>	3	MO
DUREZOL OPHTHALMIC (EYE) DROPS	3	MO
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	PA; MO; QL (8.3 per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	2	MO
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
ILUVIEN INTRAVITREAL IMPLANT	4	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	2	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	3	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	2	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	2	MO
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
OZURDEX INTRAVITREAL IMPLANT	4	MO
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	1	MO
RETISERT INTRAVITREAL IMPLANT	3	
YUTIQ INTRAVITREAL IMPLANT	4	MO

SYMPATHOMIMETICS

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

This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P OPHTHALMIC (EYE) DROPS	3	MO
<i>apraclonidine ophthalmic (eye) drops</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO

RESPIRATORY AND ALLERGY

ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS

<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
AUVI-Q INJECTION AUTO-INJECTOR	3	QL (4 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR	3	MO; QL (60 per 30 days)
<i>desloratadine oral tablet</i>	3	MO; QL (30 per 30 days)
<i>desloratadine oral tablet, disintegrating</i>	3	MO; QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	3	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	MO; QL (4 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (4 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	QL (4 per 30 days)
<i>epinephrine injection solution</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	3	
EPIPEN 2-PAK INJECTION AUTO-INJECTOR	3	QL (4 per 30 days)
EPIPEN INJECTION AUTO-INJECTOR	3	QL (2 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR	3	QL (4 per 30 days)
EPIPEN JR INJECTION AUTO-INJECTOR	3	QL (2 per 30 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	3	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
NEFFY NASAL SPRAY, NON-AEROSOL	3	ST; MO; QL (4 per 30 days)
PHENERGAN INJECTION SOLUTION	3	MO
<i>promethazine injection solution</i>	3	MO
<i>promethazine oral syrup</i>	3	PA; MO
<i>promethazine oral tablet</i>	3	PA; MO
QUZYTIR INTRAVENOUS SOLUTION	3	
PULMONARY AGENTS		
ACCOLATE ORAL TABLET	3	
<i>acetylcysteine solution</i>	2	B/D PA; MO
ADCIRCA ORAL TABLET	4	PA; MO; QL (60 per 30 days)
ADEMPAS ORAL TABLET	4	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
ADVAIR HFA AEROSOL INHALER	2	MO; QL (12 per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION, 232-14 MCG/ACTUATION	3	ST; QL (1 per 30 days)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	3	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
ALYFTREK ORAL TABLET 10-50-125 MG	4	PA; MO; QL (56 per 28 days)
ALYFTREK ORAL TABLET 4-20-50 MG	4	PA; MO; QL (84 per 28 days)
<i>alyq oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>ambrisentan oral tablet</i>	4	PA; MO; LA; QL (30 per 30 days)
<i>aminophylline intravenous solution</i>	3	
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization</i>	3	B/D PA; MO; QL (120 per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION, 232 MCG/ACTUATION	3	ST; QL (1 per 30 days)
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; QL (30 per 30 days)
ASMANEX HFA AEROSOL INHALER	2	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	2	QL (2 per 28 days)
ATROVENT HFA AEROSOL INHALER	3	MO; QL (25.8 per 30 days)
<i>azelastine-fluticasone nasal spray,non-aerosol</i>	3	MO; QL (23 per 30 days)
BERINERT INTRAVENOUS KIT	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE HFA AEROSOL INHALER	2	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	4	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
<i>breyndra inhalation hfa aerosol inhaler</i>	2	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	2	MO; QL (10.7 per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	3	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	3	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	2	QL (10.2 per 30 days)
CINQAIR INTRAVENOUS SOLUTION	4	PA; MO; LA
CINRYZE INTRAVENOUS RECON SOLN	4	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	2	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	2	B/D PA
CUROSURF INTRATRACHEAL SUSPENSION	3	
DALIRESP ORAL TABLET	3	PA; MO; QL (30 per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED	4	ST; MO; QL (1 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER	2	MO; QL (13 per 30 days)
DYMISTA NASAL SPRAY, NON-AEROSOL	3	MO; QL (23 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	3	
ESBRIET ORAL CAPSULE	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	4	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	4	PA; MO; QL (90 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	4	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	4	PA; MO; QL (1 per 28 days)
FIRAZYR SUBCUTANEOUS SYRINGE	4	PA; MO
<i>flunisolide nasal spray,non-aerosol</i>	2	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	ST; MO; QL (240 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	3	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	3	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	3	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	2	MO; QL (60 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (12 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization</i>	3	B/D PA; MO; QL (120 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN	4	PA; MO; LA
<i>icatibant subcutaneous syringe</i>	4	PA; MO
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation solution</i>	1	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
KALBITOR SUBCUTANEOUS SOLUTION	4	PA; MO
KALYDECO ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	4	PA; MO; QL (56 per 28 days)
LETAIRIS ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
<i>levalbuterol hcl inhalation solution for nebulization</i>	3	B/D PA; MO
LEVALBUTEROL TARTRATE INHALATION HFA AEROSOL INHALER	3	ST; MO; QL (30 per 30 days)
LIQREV ORAL SUSPENSION	4	PA; MO; QL (244 per 30 days)
<i>mometasone nasal spray,non-aerosol</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	3	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet,chewable</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	4	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	4	PA; MO; LA; QL (0.4 per 28 days)
OFEV ORAL CAPSULE	4	PA; MO; QL (60 per 30 days)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION	4	PA; QL (150 per 30 days)
OMNARIS NASAL SPRAY,NON-AEROSOL	3	ST; MO; QL (12.5 per 30 days)
OPSUMIT ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
OPSYNVI ORAL TABLET	4	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	4	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	4	PA; MO; QL (112 per 28 days)
ORLADEYO ORAL CAPSULE	4	PA; LA
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (120 per 30 days)
<i>pirfenidone oral capsule</i>	4	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	4	PA; MO; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	4	PA; MO; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	4	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR	3	ST; QL (2 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED	3	ST; MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	B/D PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	B/D PA; MO; QL (60 per 30 days)
PULMOZYME INHALATION SOLUTION	4	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	QL (21.2 per 30 days)
REVATIO INTRAVENOUS SOLUTION	4	MO
REVATIO ORAL TABLET	4	PA; MO; QL (90 per 30 days)
<i>roflumilast oral tablet</i>	3	PA; MO; QL (30 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN	4	PA; MO
RYALTRIS NASAL SPRAY, NON-AEROSOL	3	ST; MO; QL (29 per 30 days)
<i>sajazir subcutaneous syringe</i>	4	PA; MO
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	4	PA; MO; QL (224 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	2	PA; MO; QL (90 per 30 days)
SINGULAIR ORAL GRANULES IN PACKET	3	
SINGULAIR ORAL TABLET	3	
SINGULAIR ORAL TABLET,CHEWABLE	3	
SPIRIVA RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	ST; MO; QL (90 per 90 days)
STIOLTO RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	2	MO; QL (4 per 30 days)
SYMBICORT HFA AEROSOL INHALER	3	ST; MO; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	4	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days)
TADLIQ ORAL SUSPENSION	4	PA; MO; QL (300 per 30 days)
TAKHZYRO SUBCUTANEOUS SOLUTION	4	PA; MO; LA
TAKHZYRO SUBCUTANEOUS SYRINGE	4	PA; MO; LA
<i>terbutaline oral tablet</i>	3	MO
<i>terbutaline subcutaneous solution</i>	1	MO
TEZSPIRE SUBCUTANEOUS PEN INJECTOR	4	PA; MO; QL (1.91 per 30 days)
TEZSPIRE SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1.91 per 30 days)
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
<i>theophylline oral elixir</i>	3	MO
<i>theophylline oral solution</i>	3	
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	2	QL (90 per 90 days)
TRACLEER ORAL TABLET	4	PA; MO; LA; QL (60 per 30 days)
TRACLEER ORAL TABLET FOR SUSPENSION	4	PA; MO; LA; QL (112 per 28 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	4	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	4	PA; MO; QL (84 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	ST; QL (1 per 30 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	4	PA; MO; QL (112 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	4	PA; MO; QL (252 per 180 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (81.2 per 28 days)
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; QL (11.6 per 180 days)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (81.2 per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (81.2 per 180 days)
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (270 per 30 days)
VENTOLIN HFA AEROSOL INHALER	3	ST; MO; QL (36 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG (2 PACK), 60 MG (2 PACK)	4	PA; QL (1 per 21 days)
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	4	PA; MO; QL (1 per 21 days)
<i>wixela inhub inhalation blister with device</i>	2	QL (60 per 30 days)
XHANCE NASAL AEROSOL BREATH ACTIVATED	3	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; QL (8 per 28 days)

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	4	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	4	PA; MO; LA; QL (1 per 28 days)
XOPENEX HFA INHALATION AEROSOL INHALER	3	ST; MO; QL (30 per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION	4	B/D PA; MO; QL (90 per 30 days)
<i>zafirlukast oral tablet</i>	3	MO
ZETONNA NASAL HFA AEROSOL INHALER	3	ST; QL (6.1 per 30 days)
<i>zileuton oral tablet, er multiphase 12 hr</i>	4	MO
ZYFLO ORAL TABLET	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin oral tablet extended release 24 hr</i>	3	MO
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
DETROL ORAL TABLET	3	MO
<i>fesoterodine oral tablet extended release 24 hr</i>	3	MO
<i>flavoxate oral tablet</i>	3	MO
GEMTESA ORAL TABLET	3	MO
<i>mirabegron oral tablet extended release 24 hr</i>	2	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	3	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO

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This drug list was last updated on 03/20/2025.

Drug Name	Drug Tier	Requirements/Limits
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY	3	MO; QL (8 per 28 days)
<i>solifenacin oral tablet</i>	1	MO
<i>tolterodine oral capsule,extended release 24hr</i>	2	MO
<i>tolterodine oral tablet</i>	2	MO
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>trospium oral capsule,extended release 24hr</i>	3	MO
<i>trospium oral tablet</i>	1	MO
VESICARE LS ORAL SUSPENSION	3	MO
VESICARE ORAL TABLET	3	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	1	MO
<i>dutasteride oral capsule</i>	1	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	3	MO
ENTADFI ORAL CAPSULE	3	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX ORAL CAPSULE	3	
PROSCAR ORAL TABLET	3	MO
RAPAFLO ORAL CAPSULE	3	MO
<i>silodosin oral capsule</i>	3	MO
<i>tamsulosin oral capsule</i>	1	MO
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution</i>	1	
<i>bethanechol chloride oral tablet</i>	1	MO
CIALIS ORAL TABLET 5 MG	3	PA; QL (30 per 30 days)
CYSTAGON ORAL CAPSULE	3	PA; LA
ELMIRON ORAL CAPSULE	2	MO
<i>glycine urologic irrigation solution</i>	1	
<i>glycine urologic irrigation solution</i>	1	

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

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Drug Name	Drug Tier	Requirements/Limits
K-PHOS NO 2 ORAL TABLET	2	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	2	MO
OXLUMO SUBCUTANEOUS SOLUTION	4	PA; LA
<i>potassium citrate oral tablet extended release</i>	1	MO
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE	4	PA; MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	4	PA; MO
PROSTIN VR PEDIATRIC INJECTION SOLUTION	3	
RENACIDIN IRRIGATION SOLUTION	2	MO
RIVFLOZA SUBCUTANEOUS SOLUTION	4	PA
RIVFLOZA SUBCUTANEOUS SYRINGE	4	PA
<i>tadalafil oral tablet 2.5 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	3	PA; MO; QL (30 per 30 days)
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE	3	MO
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE	3	MO

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

ALBUKED-25 INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUKED-5 INTRAVENOUS PARENTERAL SOLUTION	3	
<i>albumin, human 25 % intravenous parenteral solution</i>	3	
ALBUMIN, HUMAN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUMINEX 25 % INTRAVENOUS SOLUTION	3	
ALBUMINEX 5 % INTRAVENOUS SOLUTION	3	
<i>alburx (human) 25 % intravenous parenteral solution</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
ALBURX (HUMAN) 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUTEIN 25 % INTRAVENOUS PARENTERAL SOLUTION	3	
ALBUTEIN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
FLEXBUMIN 25 % INTRAVENOUS PARENTERAL SOLUTION	3	
FLEXBUMIN 5 % INTRAVENOUS PARENTERAL SOLUTION	3	
RYPLAZIM INTRAVENOUS RECON SOLN	4	PA
ELECTROLYTES		
<i>calcium acetate(phosphat bind) oral capsule</i>	2	PA; MO
<i>calcium acetate(phosphat bind) oral tablet</i>	2	PA; MO
<i>calcium chloride intravenous solution</i>	1	
<i>calcium chloride intravenous syringe</i>	1	
CALCIUM GLUC IN NA CL, ISO-OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	3	
<i>calcium gluconate intravenous solution</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	3	MO
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	MO
GLYCOPHOS INTRAVENOUS SOLUTION	3	
<i>klor-con 10 oral tablet extended release</i>	1	MO
<i>klor-con 8 oral tablet extended release</i>	1	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	1	MO
<i>klor-con oral packet</i>	3	MO
<i>klor-con/ef oral tablet, effervescent</i>	1	MO
<i>lactated ringers intravenous parenteral solution</i>	3	MO
<i>magnesium chloride injection solution</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	2	
<i>magnesium sulfate in water intravenous parenteral solution</i>	3	
<i>magnesium sulfate in water intravenous piggyback</i>	3	
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	3	
POKONZA ORAL PACKET	4	MO
<i>potassium acetate intravenous solution</i>	3	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	3	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	3	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	3	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	3	
<i>potassium chloride intravenous solution</i>	3	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	3	MO
<i>potassium chloride oral packet</i>	3	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
POTASSIUM CHLORIDE ORAL TABLET EXTENDED RELEASE 15 MEQ	3	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	3	
<i>potassium phos in 0.9 % nacl intravenous solution 15 mmol/250 ml</i>	3	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	3	
POTASSIUM PHOSPHATE M-/D-BASIC INTRAVENOUS SOLUTION 3 MMOL/ML (4.7 MEQ/ML)	3	
<i>ringer's intravenous parenteral solution</i>	3	
<i>sodium acetate intravenous solution</i>	3	
<i>sodium bicarbonate intravenous solution</i>	3	
<i>sodium bicarbonate intravenous syringe</i>	3	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	3	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	3	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	3	MO
<i>sodium chloride intravenous solution</i>	3	
<i>sodium phosphate intravenous solution</i>	3	MO
TPN ELECTROLYTES INTRAVENOUS SOLUTION	3	

MISCELLANEOUS NUTRITION PRODUCTS

AQNEURSA ORAL GRANULES IN PACKET	4	PA; LA
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 5%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 5%/D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 8%-D10W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINIMIX E 8%-D14W SULFITEFREE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINISOL SF 15 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
CLINOLIPID INTRAVENOUS EMULSION	3	B/D PA
DOJOLVI ORAL LIQUID	4	PA; MO; LA
EDETATE CALCIUM DISODIUM INJECTION SOLUTION	4	
<i>electrolyte-148 intravenous parenteral solution</i>	2	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	3	
<i>electrolyte-a intravenous parenteral solution</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	3	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	3	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	3	
KABIVEN INTRAVENOUS EMULSION	3	B/D PA
NUTRILIPID INTRAVENOUS EMULSION	3	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
OMEGAVEN INTRAVENOUS EMULSION	3	B/D PA; MO
PERIKABIVEN INTRAVENOUS EMULSION	3	B/D PA
PLASMA-LYTE 148 PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	3	B/D PA
PROSOL 20 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
SMOFLIPID INTRAVENOUS EMULSION	3	B/D PA
THAM INTRAVENOUS SOLUTION	3	
<i>travasol 10 % intravenous parenteral solution</i>	3	B/D PA
<i>tromethamine intravenous solution</i>	3	
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	3	B/D PA
VITAMINS / HEMATINICS		
CITRANATAL MEDLEY ORAL CAPSULE	3	MO
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
NESTABS ONE ORAL CAPSULE	3	MO
<i>prenatal vitamin oral tablet</i>	1	MO
<i>wescap-c dha oral capsule</i>	3	MO
<i>wescap-pn dha oral capsule</i>	1	MO

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