EXPRESS SCRIPTS®
Medicare (PDP)

Express Scripts Medicare (PDP)
2021 Formulary (List of Covered Drugs)

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

Formulary ID Number: 21047, v6

This formulary was updated on 08/24/2020. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can contact **Express Scripts Medicare**® (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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

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

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 24, 2020. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2022. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

What is the Express Scripts Medicare formulary?

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

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

Can my drug coverage change?

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

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

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

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

This drug list was updated in August 2020.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 117. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the "Drug Name" column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

This drug list was updated in August 2020.

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

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

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

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

What if my drug is not listed on this formulary?

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

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

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

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

How do I request an exception to the formulary?

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. If your drug is contained in our Non-Preferred Drug tier, you can ask us to cover it at the cost-sharing amount that applies to drugs in our Preferred Brand Drug tier instead. If approved, this would lower the amount you must pay for your drug.

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

You should contact us to ask for an initial coverage decision for an exception, utilization restriction exception or to ask the plan to cover a drug that is not currently covered. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

How do I request an appeal?

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

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

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

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

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

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

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

This drug list was updated in August 2020.

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

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

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

Other coverage that your plan may provide

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

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

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

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 117.

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

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

This drug list was updated in August 2020.

Your Costs

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

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

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

Drug Tiers

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

If you qualify for Extra Help

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

For more information

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

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

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

This drug list was updated in August 2020.

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

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

List of abbreviations

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

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

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

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

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

This drug list was updated in August 2020.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	3	PA; MO
AMBISOME	2	PA; MO
amphotericin b	1	PA; MO
ANCOBON	3	MO
CANCIDAS	3	PA; MO
caspofungin	1	PA
clotrimazole mucous membrane	1	MO
CRESEMBA ORAL	2	PA; MO
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT)	3	MO
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
flucytosine	1	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole oral capsule	1	MO; QL (120 per 30 days)
itraconazole oral solution	1	MO
ketoconazole oral	1	MO
micafungin	1	
MYCAMINE	3	MO
NOXAFIL ORAL SUSPENSION	2	PA; MO
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; MO
nystatin oral suspension	1	MO
nystatin oral tablet	1	MO
ORAVIG	3	MO
posaconazole oral tablet,delayed release (dr/ec)	1	PA; MO
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	3	MO
terbinafine hcl oral	1	MO
TOLSURA	3	PA; MO; QL (120 per 30 days)
VFEND	3	PA; MO
VFEND IV	3	PA; MO
voriconazole	1	PA; MO

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

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Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO
abacavir-lamivudine-zidovudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	PA; MO
adefovir	1	MO
amantadine hcl	1	MO
APTIVUS	2	MO
APTIVUS (WITH VITAMIN E)	2	
atazanavir	1	MO
ATRIPLA	2	MO
BARACLUDE ORAL SOLUTION	2	MO
BARACLUDE ORAL TABLET	3	MO
BIKTARVY	2	MO
CIMDUO	3	MO
COMBIVIR	3	MO
COMPLERA	2	MO
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG	2	MO
DELSTRIGO	3	MO
DESCOVY	2	MO
didanosine oral capsule,delayed release(dr/ec) 250 mg, 400 mg	1	MO
DOVATO	2	MO
EDURANT	2	MO
efavirenz	1	MO
EMTRIVA	2	MO
entecavir	1	MO
EPCLUSA	2	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO
EPIVIR HBV ORAL SOLUTION	2	MO
EPIVIR HBV ORAL TABLET	3	MO
EPZICOM	3	MO
EVOTAZ	3	MO
famciclovir	1	MO
fosamprenavir	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
GENVOYA	2	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	PA; MO; QL (56 per 28 days)

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

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Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL TABLET 45-200 MG	2	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	2	PA; MO; QL (28 per 28 days)
HEPSERA	3	MO
INTELENCE	2	MO
INVIRASE ORAL TABLET	2	MO
ISENTRESS	2	MO
ISENTRESS HD	2	MO
JULUCA	3	MO
KALETRA ORAL SOLUTION	3	MO
KALETRA ORAL TABLET	2	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEDIPASVIR-SOFOSBUVIR	3	PA; MO; QL (28 per 28 days)
LEXIVA	3	MO
lopinavir-ritonavir	1	MO
MAVYRET	3	PA; MO; QL (84 per 28 days)
nevirapine oral suspension	1	
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr	1	MO

Drug Name	Drug Tier	Requirements/Limits
NORVIR ORAL POWDER IN PACKET	2	MO
NORVIR ORAL SOLUTION	2	MO
NORVIR ORAL TABLET	3	MO
ODEFSEY	2	MO
oseltamivir	1	MO
PIFELTRO	3	MO
PREVYMIS ORAL	2	MO; QL (30 per 30 days)
PREZCOBIX	3	MO
PREZISTA ORAL SUSPENSION	2	MO
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	MO
RELENZA DISKHALER	2	MO
RETROVIR ORAL CAPSULE	3	MO
RETROVIR ORAL SYRUP	3	MO
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	MO
REYATAZ ORAL POWDER IN PACKET	2	MO
ribavirin oral capsule	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ribavirin oral tablet 200 mg	1	MO
rimantadine	1	MO
ritonavir	1	MO
SELZENTRY	2	MO
SITAVIG	3	MO
SOFOSBUVIR-VELPATASVIR	3	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 150 MG	3	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	3	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	3	PA; MO; QL (28 per 28 days)
stavudine oral capsule	1	MO
STRIBILD	2	MO
SUSTIVA	3	MO
SYMFI	2	MO
SYMFI LO	2	MO
SYMTUZA	3	MO
TAMIFLU	3	MO
TEMIXYS	2	MO
tenofovir disoproxil fumarate	1	MO
TIVICAY ORAL TABLET 10 MG	2	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
TRIUMEQ	2	MO
TRIZIVIR	3	MO
TRUVADA	2	MO
TYBOST	3	MO
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
VALCYTE	3	MO
valganciclovir	1	MO
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEMLIDY	2	MO
VIEKIRA PAK	3	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	2	MO
VIRAMUNE	3	MO
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
VIREAD ORAL POWDER	2	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	MO

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 300 MG	3	MO
VOSEVI	2	PA; MO; QL (28 per 28 days)
XOFLUZA	2	MO
ZEPATIER	3	PA; MO; QL (28 per 28 days)
ZIAGEN	3	MO
zidovudine	1	MO
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		
AVYCAZ	3	PA; MO
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram	1	
cefdinir	1	MO
cefepime injection	1	MO
cefixime	1	MO
cefotetan injection	1	PA
cefoxitin intravenous recon soln 1 gram, 2 gram	1	PA; MO
cefoxitin intravenous recon soln 10 gram	1	PA
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	PA; MO
ceftazidime injection recon soln 6 gram	1	PA
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	

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Drug Name	Drug Tier	Requirements/Limits
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	PA; MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	PA
cephalexin	1	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
tazicef injection recon soln 1 gram	1	PA
tazicef injection recon soln 2 gram, 6 gram	1	PA; MO
TEFLARO	3	PA; MO
ZERBAXA	3	PA

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	PA; MO
azithromycin oral	1	MO
clarithromycin	1	MO
DIFICID	3	MO; QL (20 per 10 days)
E.E.S. GRANULES	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
erythrocin (as stearate) oral tablet 250 mg	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
erythromycin ethylsuccinate oral suspension for reconstitution	1	MO
erythromycin ethylsuccinate oral tablet	1	MO

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Drug Name	Drug Tier	Requirements/Limits
erythromycin oral	1	MO
ZITHROMAX INTRAVENOUS	3	PA; MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO -
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	MO; QL (12 per 30 days)
albendazole	1	MO
ALINIA	2	MO
amikacin injection solution 500 mg/2 ml	1	PA; MO
ARIKAYCE	2	PA; MO; LA
atovaquone	1	MO
atovaquone-proguanil	1	MO

Drug Name	Drug Tier	Requirements/Limits
AZACTAM	3	PA; MO
aztreonam injection recon soln 1 gram	1	PA; MO
BENZNIDAZOLE	2	MO
BETHKIS	2	PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAYSTON	2	PA; MO; LA; QL (84 per 28 days)
chloroquine phosphate	1	MO
CLEOCIN HCL	3	MO
CLEOCIN INJECTION	3	PA; MO
CLEOCIN PEDIATRIC	3	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	PA; MO
clindamycin pediatric	1	MO
clindamycin phosphate injection	1	PA; MO
clindamycin phosphate intravenous solution 600 mg/4 ml	1	PA; MO
COARTEM	3	MO
colistin (colistimethate na)	1	PA; MO
CUBICIN	3	MO
DALVANCE	3	PA; MO
dapsone oral	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
daptomycin intravenous recon soln 500 mg	1	MO
DARAPRIM	3	PA; MO
EMVERM	2	MO
ertapenem	1	MO
ethambutol	1	MO
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	MO; QL (300 per 10 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	3	MO; QL (450 per 10 days)
FLAGYL	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	PA
gentamicin injection solution 40 mg/ml	1	PA; MO
hydroxychloroquine	1	MO
imipenem-cilastatin	1	PA; MO
INVANZ INJECTION	3	MO

Drug Name	Drug Tier	Requirements/Limits
isoniazid oral	1	MO
ivermectin oral	1	MO
KITABIS PAK	3	MO
KRINTAFEL	3	MO
linezolid	1	MO
linezolid in dextrose 5%	1	PA
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
mefloquine	1	MO
MEPRON	3	MO
meropenem	1	MO
MERREM INTRAVENOUS RECON SOLN 500 MG	3	
metronidazole in nacl (iso-os)	1	PA; MO
metronidazole oral	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO
NEBUPENT	3	PA; MO; QL (1 per 28 days)
neomycin	1	MO
paromomycin	1	MO
PASER	2	MO
PENTAM	3	MO
pentamidine inhalation	1	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
pentamidine injection	1	MO
PLAQUENIL	3	MO
polymyxin b sulfate	1	PA; MO
praziquantel	1	MO
PRETOMANID	3	PA
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
pyrazinamide	1	MO
pyrimethamine	1	PA; MO
QUALAQUIN	3	MO
quinine sulfate	1	MO
rifabutin	1	MO
RIFADIN ORAL CAPSULE 150 MG	3	MO
rifampin	1	MO
SIRTURO ORAL TABLET 100 MG	2	PA; MO; LA
SIVEXTRO INTRAVENOUS	3	PA
SIVEXTRO ORAL	3	MO
SOLOSEC	3	MO
STREPTOMYCIN	2	PA; MO
STROMECTOL	3	MO
tigecycline	1	PA
tinidazole	1	MO

Drug Name	Drug Tier	Requirements/Limits
TOBI	3	PA; MO; QL (280 per 28 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (224 per 28 days)
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days)
tobramycin sulfate injection solution	1	PA; MO
TRECATOR	3	MO
TYGACIL	3	PA; MO
VABOMERE	3	PA
VANCOCIN ORAL CAPSULE 125 MG	3	PA; MO; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	3	PA; MO; QL (80 per 10 days)
vancomycin intravenous recon soln 1,000 mg, 10 gram, 500 mg, 750 mg	1	MO
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	3	
vancomycin oral capsule 125 mg	1	PA; MO; QL (40 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
vancomycin oral capsule 250 mg	1	PA; MO; QL (80 per 10 days)
vancomycin oral recon soln	1	PA; MO; QL (450 per 10 days)
XENLETA ORAL	3	
XIFAXAN ORAL TABLET 200 MG	2	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	MO; QL (90 per 30 days)
ZEMDRI	3	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	PA; MO
ZYVOX ORAL	3	MO
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate	1	MO
ampicillin oral capsule 500 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	PA; MO
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	1	PA
BICILLIN C-R	2	PA; MO
BICILLIN L-A	3	PA; MO
dicloxacillin	1	MO
nafcillin injection	1	PA; MO
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	PA
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	PA; MO
oxacillin injection recon soln 1 gram, 10 gram	1	PA
oxacillin injection recon soln 2 gram	1	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML	3	PA

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Drug Name	Drug Tier	Requirements/Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 3 MILLION UNIT/50 ML	3	PA; MO
penicillin g potassium injection recon soln 20 million unit	1	PA; MO
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	PA; MO
penicillin g sodium	1	PA; MO
penicillin v potassium	1	MO
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram, 40.5 gram	1	MO
UNASYN INJECTION RECON SOLN 15 GRAM	3	PA
UNASYN INJECTION RECON SOLN 3 GRAM	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML	3	PA
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 3.375 GRAM/50 ML	3	PA; MO
QUINOLONES		
BAXDELA INTRAVENOUS	3	PA
BAXDELA ORAL	3	MO
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	MO
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
ciprofloxacin hcl oral	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	PA; MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
levofloxacin intravenous -	1	PA; MO
levofloxacin oral	1	MO
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	PA
ofloxacin oral tablet 300 mg	1	
ofloxacin oral tablet 400 mg	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim oral	1	MO
TETRACYCLINES		
ACTICLATE	3	ST; MO
demeclocycline	1	MO
DORYX MPC	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST; MO
doxy-100	1	PA; MO
doxycycline hyclate oral capsule	1	MO

Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg -	1	MO
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	MO
doxycycline monohydrate oral capsule	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet	1	MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 80 mg, 90 mg	1	MO
minocycline oral tablet extended release 24 hr 55 mg	1	ST; MO
MINOLIRA ER	3	ST; MO
mondoxyne nl oral capsule 100 mg, 75 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NUZYRA INTRAVENOUS	3	PA
NUZYRA ORAL	3	ST; MO
ORACEA	3	ST; MO
SEYSARA	3	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG -	3	ST; MO
TARGADOX	3	ST; MO
tetracycline	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	2	MO
URINARY TRACT AGENTS		
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
methenamine hippurate	1	MO
MONUROL	3	MO
nitrofurantoin	1	MO
nitrofurantoin macrocrystal	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
trimethoprim	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral	1	MO
MESNEX ORAL	2	MO
XGEVA	2	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone	1	PA; MO; QL (120 per 30 days)
AFINITOR	3	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	3	PA; MO
ALECENSA	2	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; MO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PA; MO; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; MO; QL (30 per 30 days)
anastrozole	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ASTAGRAF XL	3	PA; MO
AYVAKIT	3	PA; MO; LA; QL (30 per 30 days)
AZASAN	3	PA; MO
azathioprine	1	PA; MO
BALVERSA	2	PA; MO; LA
bexarotene	1	PA; MO
bicalutamide	1	MO
BOSULIF ORAL TABLET 100 MG	2	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	3	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX	2	PA; MO; LA
CALQUENCE	3	PA; MO; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; MO; LA; QL (30 per 30 days)
CASODEX	3	MO
CELLCEPT	3	PA; MO
COMETRIQ	2	PA; MO
COPIKTRA	3	PA; MO; LA; QL (60 per 30 days)
COTELLIC	2	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide oral capsule	1	PA; MO
cyclosporine modified	1	PA; MO
cyclosporine oral capsule	1	PA; MO
DAURISMO ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
DROXIA	2	MO
ELIGARD	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
EMCYT	3	MO
ENVARSUS XR	3	PA; MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)
ERLEADA	2	PA; MO; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days)
everolimus (antineoplastic)	1	PA; MO; QL (30 per 30 days)
everolimus (immunosuppressive)	1	PA; MO
exemestane	1	MO
FARESTON	3	MO
FARYDAK ORAL CAPSULE 10 MG, 20 MG	3	PA; MO; QL (6 per 21 days)
FEMARA	3	MO

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	2	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO
flutamide	1	MO
gengraf oral capsule 100 mg, 25 mg	1	PA; MO
gengraf oral solution	1	PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	3	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	3	PA; MO; QL (60 per 30 days)
HYDREA	3	MO
hydroxyurea	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 15 MG	2	PA; QL (60 per 30 days)
ICLUSIG ORAL TABLET 45 MG	2	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IDHIFA	2	PA; MO; LA; QL (30 per 30 days)
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; MO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; MO; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	2	PA; MO; QL (30 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
INREBIC	3	PA; MO; LA; QL (120 per 30 days)
IRESSA	2	PA; MO; QL (30 per 30 days)
JAKAFI	2	PA; MO; QL (60 per 30 days)
KANJINTI	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
KISQALI	3	PA; MO
KISQALI FEMARA CO-PACK	3	PA; MO
KOSELUGO	3	PA; MO
LENVIMA	2	PA; MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide subcutaneous kit	1	PA; MO
LONSURF	2	PA; MO
LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days)
LUPRON DEPOT	2	PA; MO
LUPRON DEPOT (3 MONTH)	2	PA; MO
LUPRON DEPOT (4 MONTH)	2	PA; MO
LUPRON DEPOT (6 MONTH)	2	PA; MO
LYNPARZA ORAL TABLET	2	PA; MO; QL (120 per 30 days)
LYSODREN	2	MO
MATULANE	2	MO
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
megestrol oral tablet	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
MEKTOVI	2	PA; MO; LA; QL (180 per 30 days)
mercaptopurine	1	MO
methotrexate sodium	1	PA; MO
methotrexate sodium (pf) injection solution	1	PA; MO
MVASI	3	PA; MO
mycophenolate mofetil	1	PA; MO
mycophenolate sodium	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NERLYNX	2	PA; MO; LA
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)
NILANDRON	3	PA; MO
nilutamide	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
NINLARO	2	PA; MO; QL (3 per 28 days)
NUBEQA	2	PA; MO; LA; QL (120 per 30 days)
octreotide acetate injection solution	1	PA; MO
ODOMZO	3	PA; MO; LA; QL (30 per 30 days)
PEMAZYRE	3	PA; MO; LA; QL (14 per 21 days)
PIQRAY	2	PA; MO
POMALYST	2	PA; MO; LA
PROGRAF ORAL CAPSULE	3	PA; MO
PROGRAF ORAL GRANULES IN PACKET	2	PA; MO
PURIXAN	2	
QINLOCK	3	PA; MO; LA; QL (90 per 30 days)
RAPAMUNE	3	PA; MO
RETEVMO ORAL CAPSULE 40 MG	3	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	3	PA; MO; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REVLIMID	2	PA; MO; LA; QL (28 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; MO; QL (90 per 30 days)
RUBRACA	2	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	2	PA; MO
RYDAPT	2	PA; MO
SANDIMMUNE ORAL CAPSULE	3	PA; MO
SANDIMMUNE ORAL SOLUTION	2	PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; MO
SIGNIFOR	2	PA; MO
SIKLOS	3	MO
sirolimus	1	PA; MO
SOLTAMOX	3	MO
SOMATULINE DEPOT	2	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	2	PA; MO; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
SUTENT	2	PA; MO; QL (30 per 30 days)
SYNRIBO	2	PA; MO
TABLOID	3	MO
TABRECTA	3	PA; MO
tacrolimus oral	1	PA; MO
TAFINLAR	2	PA; MO; QL (120 per 30 days)
TAGRISSO	2	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	3	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA; MO; QL (30 per 30 days)
tamoxifen	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	3	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
TARGRETIN ORAL	3	PA; MO
TARGRETIN TOPICAL	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
TAZVERIK	3	PA; MO; LA
THALOMID	2	PA; MO
TIBSOVO	2	PA; MO
toremifene	1	MO
TRAZIMERA	2	PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PA; MO
tretinoin (antineoplastic)	1	MO
TREXALL	3	PA; MO
TUKYSA ORAL TABLET 150 MG	3	PA; MO; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	3	PA; MO; LA; QL (300 per 30 days)
TURALIO	3	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TYKERB	2	PA; MO; LA; QL (180 per 30 days)
VENCLEXTA	2	PA; MO; LA
VENCLEXTA STARTING PACK	2	PA; MO; LA; QL (42 per 30 days)
VERZENIO	2	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	3	PA; MO; QL (30 per 30 days)
VOTRIENT	2	PA; MO; QL (120 per 30 days)
XALKORI	2	PA; MO; QL (60 per 30 days)
XATMEP	3	PA; MO
XERMELO	2	PA; MO; LA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XOSPATA	2	PA; MO; LA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4), 80MG TWICE WEEK (160 MG/WEEK)	3	PA; MO; LA
XTANDI	2	PA; MO; QL (120 per 30 days)
YONSA	2	PA; MO; QL (120 per 30 days)
ZEJULA	2	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZIRABEV	2	PA; MO
ZOLINZA	2	PA; MO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	PA; MO
ZORTRESS ORAL TABLET 1 MG	2	PA; MO
ZYDELIG	2	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	2	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	3	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	2	PA; MO; QL (60 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM	3	MO
BANZEL	2	PA; MO
BRIVIACT INTRAVENOUS	3	
BRIVIACT ORAL	3	MO
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable	1	MO
CARBATROL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
CELONTIN ORAL CAPSULE 300 MG	3	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIASTAT	3	MO
DIASTAT ACUDIAL	3	MO
diazepam rectal	1	MO
DILANTIN 30 MG	2	MO
DILANTIN EXTENDED 100 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
DILANTIN INFATABS 50 MG	3	MO
DILANTIN-125 125 MG/5 ML	3	MO
divalproex	1	MO
EPIDIOLEX	2	PA; MO; LA
epitol	1	MO
EQUETRO	3	MO
ethosuximide	1	MO
felbamate	1	MO
FELBATOL ORAL TABLET	3	MO
FYCOMPA ORAL SUSPENSION	2	MO
FYCOMPA ORAL TABLET	3	MO
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
GABITRIL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
GRALISE 30-DAY STARTER PACK	2	PA; QL (78 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO

Drug Name	Drug Tier	Requirements/Limits
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine oral tablet	1	MO
lamotrigine oral tablet extended release 24hr	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO
lamotrigine oral tablet,disintegrating	1	MO
lamotrigine oral tablets,dose pack	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO

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Drug Name	Drug Tier	Requirements/Limits
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
MYSOLINE	3	MO
NAYZILAM	2	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	3	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	3	PA; MO; QL (60 per 30 days)
oxcarbazepine	1	MO
OXTELLAR XR	3	MO
PEGANONE	3	MO
phenobarbital	1	PA; MO
PHENYTEK	3	MO
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended	1	MO
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution	1	MO; QL (900 per 30 days)
primidone	1	MO
QUDEXY XR	3	PA; MO
roweepra	1	MO
roweepra xr	1	

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Drug Name	Drug Tier	Requirements/Limits
SABRIL	3	MO; LA
SPRITAM	3	MO
SYMPAZAN	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
tiagabine	1	MO
TOPAMAX	3	PA; MO
topiramate oral capsule, sprinkle	1	PA; MO
TOPIRAMATE ORAL CAPSULE,SPRIN - KLE,ER 24HR	3	PA; MO
topiramate oral tablet	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR	3	PA; MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml -	1	MO
VALTOCO	3	PA; MO; QL (10 per 30 days)
vigabatrin	1	MO; LA
vigadrone	1	MO; LA
VIMPAT ORAL SOLUTION	2	MO
VIMPAT ORAL TABLET	2	MO
XCOPRI MAINTENANCE PACK	3	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	3	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	3	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	3	MO; QL (56 per 28 days)
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
zonisamide	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	2	PA; MO; LA
AZILECT	3	MO
benztropine oral	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
COMTAN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
DUOPA	3	PA; MO
entacapone	1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	3	PA; MO; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG -	3	PA; MO; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE -	3	PA; MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG -	3	PA
LODOSYN	3	MO
MIRAPEX ER	3	MO
NEUPRO	3	MO
NOURIANZ	3	PA; MO; LA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG, 258 MG	3	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	3	PA; MO; QL (60 per 30 days)
PARLODEL	3	MO
pramipexole	1	MO
rasagiline	1	MO
ropinirole	1	MO
RYTARY	3	MO
selegiline hcl	1	MO
SINEMET	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 50	3	MO
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	3	PA; MO
tolcapone	1	PA; MO
ZELAPAR	3	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	2	PA; MO; QL (1.5 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AJOVY SYRINGE	2	PA; MO; QL (1.5 per 30 days)
almotriptan malate oral tablet 12.5 mg	1	MO; QL (24 per 28 days)
almotriptan malate oral tablet 6.25 mg	1	MO; QL (18 per 28 days)
AMERGE	3	MO; QL (18 per 28 days)
CAFERGOT	3	MO
dihydroergotamine nasal	1	MO; QL (8 per 28 days)
eletriptan	1	MO; QL (18 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	2	PA; MO; QL (3 per 30 days)
ergotamine-caffeine	1	MO
FROVA	3	MO; QL (27 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
frovatriptan	1	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	3	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	3	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (36 per 28 days)
migergot	1	MO

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Drug Name	Drug Tier	Requirements/Limits
MIGRANAL	3	MO; QL (8 per 28 days)
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; MO; QL (16 per 30 days)
ONZETRA XSAIL	3	MO; QL (32 per 28 days)
RELPAX	3	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	3	PA; MO; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; MO; QL (8 per 30 days)
rizatriptan	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
sumatriptan-naproxen	1	MO; QL (18 per 28 days)
TOSYMRA	3	MO; QL (24 per 28 days)
TREXIMET ORAL TABLET 85-500 MG	3	MO; QL (18 per 28 days)
UBRELVY	2	PA; MO; QL (20 per 30 days)
ZEMBRACE SYMTOUCH	3	MO; QL (8 per 28 days)
zolmitriptan	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	3	PA; MO; LA; QL (60 per 30 days)
ARICEPT	3	MO
AUBAGIO	3	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; MO; LA; QL (60 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	2	PA; MO; QL (12 per 28 days)
dalfampridine	1	PA; MO; QL (60 per 30 days)
donepezil	1	MO
EXELON TRANSDERMAL	3	MO
FIRDAPSE	2	PA; MO; LA
galantamine	1	MO

Drug Name	Drug Tier	Requirements/Limits
GILENYA ORAL CAPSULE 0.5 MG	2	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA	3	PA; MO; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	3	PA; MO; LA; QL (28 per 28 days)
KEVEYIS	3	PA; MO
MAVENCLAD (10 TABLET PACK)	3	PA; MO; LA; QL (10 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MAVENCLAD (4 TABLET PACK)	3	PA; MO; LA; QL (4 per 28 days)
MAVENCLAD (5 TABLET PACK)	3	PA; MO; LA; QL (5 per 28 days)
MAVENCLAD (6 TABLET PACK)	3	PA; MO; LA; QL (6 per 28 days)
MAVENCLAD (7 TABLET PACK)	3	PA; MO; LA; QL (7 per 28 days)
MAVENCLAD (8 TABLET PACK)	3	PA; MO; LA; QL (8 per 28 days)
MAVENCLAD (9 TABLET PACK)	3	PA; MO; LA; QL (9 per 28 days)
MAYZENT ORAL TABLET 0.25 MG	3	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 2 MG	3	PA; MO; QL (30 per 30 days)
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR	3	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	PA; MO
RAZADYNE ER	3	MO
rivastigmine	1	MO
rivastigmine tartrate	1	MO
RUZURGI	3	PA; MO
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	2	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	2	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	2	PA; MO; LA; QL (60 per 30 days)
TEGSEDI	3	PA; MO; LA
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)
VUMERITY	2	PA; MO; QL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	3	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	3	PA; MO; LA; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg	1	MO
BACLOFEN ORAL TABLET 5 MG	3	MO
cyclobenzaprine oral tablet	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
dantrolene oral	1	MO
FEXMID	3	PA
MESTINON ORAL	3	MO
MESTINON TIMESPAN	3	MO
pyridostigmine bromide oral syrup -	1	MO

Drug Name	Drug Tier	Requirements/Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	3	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release	1	MO
tizanidine	1	MO
ZANAFLEX	3	MO
NARCOTIC ANALGESICS		
acetaminophen-caff-dihydrocod oral tablet 325-30-16 mg	1	MO; QL (300 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
ACTIQ	3	PA; MO; QL (120 per 30 days)
BELBUCA	2	PA; MO; QL (60 per 30 days)
buprenorphine hcl sublingual	1	MO

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Drug Name	Drug Tier	Requirements/Limits
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
BUTRANS	3	PA; MO; QL (4 per 28 days)
codeine sulfate oral tablet	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
DOLOPHINE ORAL TABLET 10 MG	3	PA; QL (120 per 30 days)
DOLOPHINE ORAL TABLET 5 MG	3	PA; QL (240 per 30 days)
DURAGESIC	3	PA; MO; QL (10 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	1	MO; QL (4000 per 30 days)
duramorph (pf) injection solution 1 mg/ml	1	QL (2000 per 30 days)
dvorah	1	QL (300 per 30 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
fentanyl	1	PA; MO; QL (10 per 30 days)
fentanyl citrate buccal lozenge on a handle	1	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	3	PA; QL (120 per 30 days)
FENTORA	3	PA; MO; QL (120 per 30 days)
hydrocodone bitartrate	1	PA; MO; QL (90 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
HYSINGLA ER	3	PA; MO; QL (60 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 100 MG, 20 MG, 200 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG	3	PA; MO; QL (90 per 30 days)
levorphanol tartrate oral tablet 2 mg	1	MO; QL (120 per 30 days)
LEVORPHANOL TARTRATE ORAL TABLET 3 MG	3	MO; QL (120 per 30 days)
lorcet (hydrocodone)	1	MO; QL (360 per 30 days)
lorcet hd	1	MO; QL (360 per 30 days)
lorcet plus oral tablet 7.5-325 mg	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days)
morphine concentrate oral solution	1	MO; QL (900 per 30 days)
morphine oral capsule, er multiphase 24 hr	1	PA; MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets	1	PA; MO; QL (90 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days)
MS CONTIN	3	PA; MO; QL (120 per 30 days)
NORCO	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OXAYDO	3	MO; QL (360 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL. 12 HR 10 MG, 40 MG	3	PA; MO; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL. 12 HR 15 MG, 20 MG, 30 MG, 60 MG	3	PA; QL (90 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL. 12 HR 80 MG	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
oxycodone-aspirin	1	MO; 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,ORAL ONLY,EXT.REL. 12 HR 80 MG	2	PA; MO; QL (60 per 30 days)
oxymorphone oral tablet 10 mg	1	MO; QL (360 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr	1	PA; MO; QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PRIMLEV	3	MO; QL (390 per 30 days)
prolate	1	QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (360 per 30 days)
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY	3	PA; MO; QL (120 per 30 days)
TREZIX ORAL CAPSULE 320.5-30-16 MG	3	MO; QL (300 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
ZOHYDRO ER CAPSULE, ORAL ONLY, ER 12HR	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	3	ST; MO
ARTHROTEC 75	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
BUNAVAIL BUCCAL FILM 2.1-0.3 MG	3	MO; QL (30 per 30 days)
BUNAVAIL BUCCAL FILM 4.2-0.7 MG, 6.3-1 MG	3	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol nasal	1	MO; QL (10 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO
celecoxib	1	MO
CONZIP	3	PA; MO; QL (30 per 30 days)
DAYPRO	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
DICLOFENAC EPOLAMINE	3	PA; MO; QL (60 per 30 days)
diclofenac potassium	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	1	MO; QL (300 per 28 days)
diclofenac sodium topical gel 1 %	1	MO; QL (1000 per 28 days)
diclofenac-misoprostol	1	MO
diflunisal	1	MO
DUEXIS	3	ST; MO
etodolac	1	MO
EVZIO INJECTION AUTO-INJECTOR 2 MG/0.4 ML	3	MO; QL (0.8 per 30 days)
FELDENE	3	ST; MO
FENOPROFEN ORAL CAPSULE 400 MG	3	ST; MO
fenoprofen oral tablet	1	MO
FLECTOR	3	PA; MO; QL (60 per 30 days)
flurbiprofen oral tablet 100 mg	1	MO
ibu oral tablet 600 mg, 800 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
INDOCIN RECTAL	3	MO
ketoprofen oral capsule 25 mg, 75 mg	1	MO
ketoprofen oral capsule 50 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
LODINE ORAL TABLET	3	ST
LUCEMYRA	3	PA; MO
meclofenamate	1	MO
mefenamic acid	1	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
MOBIC ORAL TABLET 15 MG	3	ST; MO
MOBIC ORAL TABLET 7.5 MG	3	ST; MO; QL (30 per 30 days)
nabumetone	1	MO
NALFON ORAL TABLET	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
NALOXONE INJECTION AUTO-INJECTOR	3	MO; QL (0.8 per 30 days)
naloxone injection solution	1	MO
naloxone injection syringe	1	MO
naltrexone	1	MO
NAPRELAN CR	3	ST; MO
naproxen	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
naproxen sodium oral tablet, er multiphase 24 hr	1	MO
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION	2	MO
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
oxaprozin	1	MO

Drug Name	Drug Tier	Requirements/Limits
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO; QL (224 per 28 days)
piroxicam	1	MO
RELAFEN DS	3	ST; MO
SPRIX	3	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
sulindac	1	MO
TIVORBEX	3	ST; MO; QL (90 per 30 days)
tolmetin oral capsule	1	MO
tolmetin oral tablet 600 mg	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)

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TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol oral tablet extended release 24 hr	1	PA; MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr	1	PA; MO; QL (30 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)
VIMOVO	3	ST; MO
VIVITROL	2	MO
VIVLODEX ORAL CAPSULE 10 MG	3	ST; MO
VIVLODEX ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
ZIPSOR	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
ZORVOLEX	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	MO
ABILIFY MYCITE	3	MO; QL (30 per 30 days)
ABILIFY ORAL TABLET	3	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	MO
ADZENYS ER	3	MO
ADZENYS XR-ODT	3	MO
AMBIEN	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AMBIEN CR	3	MO; QL (30 per 30 days)
amitriptyline	1	MO
amoxapine	1	MO
AMPHETAMINE	3	
amphetamine sulfate	1	PA; MO
ANAFRANIL	3	MO
APLENZIN	3	MO; QL (30 per 30 days)
APTENSIO XR	3	MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA	2	MO
ARISTADA INITIO	2	MO
armodafinil	1	PA; MO; QL (30 per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
BELSOMRA	3	MO; QL (30 per 30 days)
BRISDELLE	3	MO; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone	1	MO
CAPLYTA	3	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
chlorpromazine oral	1	MO
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
clozapine oral tablet	1	MO
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	3	
CLOZARIL	3	
CONCERTA	3	MO
COTEMPLA XR-ODT	3	MO
CYMBALTA	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
DAYTRANA	3	MO
DAYVIGO	3	MO; QL (30 per 30 days)
desipramine	1	MO
DESOXYN	3	PA; MO
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	3	MO; QL (120 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	3	MO; QL (30 per 30 days)
desvenlafaxine succinate	1	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE	3	MO
dexmethylphenidate	1	MO
dextroamphetamine	1	MO
dextroamphetamine -amphetamine	1	MO
diazepam oral concentrate	1	PA; MO; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO; QL (1200 per 30 days)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
doxepin oral capsule	1	MO
doxepin oral concentrate	1	MO
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (90 per 30 days)
DYANAVEL XR	3	MO
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
EMSAM	2	MO
ergoloid	1	MO
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
EVEKEO	3	PA; MO
EVEKEO ODT	3	PA; MO
FANAPT ORAL TABLET	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral tablet 20 mg, 60 mg	1	MO
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	MO
FORFIVO XL	3	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	3	MO
GEODON ORAL	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
guanidine	1	MO
HALDOL	3	MO
HALDOL DECANOATE	3	MO
haloperidol	1	MO
haloperidol decanoate	1	MO
haloperidol lactate injection	1	MO
haloperidol lactate oral	1	MO
HETLIOZ	3	PA; MO; QL (30 per 30 days)
imipramine hcl	1	MO
imipramine pamoate	1	MO
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	3	MO
INVEGA TRINZA	3	MO
JORNAY PM	3	MO
KAPVAY	3	MO

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Drug Name	Drug Tier	Requirements/Limits
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
lithium carbonate	1	MO
lithium citrate oral solution 8 meq/5 ml	1	MO
LITHOBID	3	MO
lorazepam intensol	1	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)
loxapine succinate	1	MO
LUNESTA	3	MO; QL (30 per 30 days)
maprotiline	1	MO
MARPLAN	3	MO
methamphetamine	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO

Drug Name	Drug Tier	Requirements/Limits
METHYLPHENIDATE HCL ORAL CAP,ER SPRINKLE,BIPHASIC 40-60	3	
methylphenidate hcl oral capsule, er biphasic 30-70	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release	1	MO
methylphenidate hcl oral tablet extended release 24hr 18 mg, 18 mg (bx rating), 27 mg, 27 mg (bx rating), 36 mg, 36 mg (bx rating), 54 mg, 54 mg (bx rating)	1	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	MO
methylphenidate hcl oral tablet,chewable	1	MO
mirtazapine	1	MO

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Drug Name	Drug Tier	Requirements/Limits
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone	1	MO
MYDAYIS	3	MO
NARDIL	3	MO
nefazodone	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
nortriptyline	1	MO
NUPLAZID ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	3	PA; MO; QL (30 per 30 days)
NUVIGIL	3	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	1	MO
olanzapine oral	1	MO; QL (30 per 30 days)
olanzapine-fluoxetine	1	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)
paroxetine mesylate(menop.sym)	1	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
perphenazine	1	MO
PERSERIS	3	MO
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
phenelzine	1	MO
pimozide	1	MO
PRISTIQ	3	MO; QL (30 per 30 days)
procentra	1	MO
protriptyline	1	MO
PROVIGIL ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	3	PA; MO; QL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG	3	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	3	MO
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
QUILLICHEWER	3	MO
QUILLIVANT XR	3	MO
ramelteon	1	MO; QL (30 per 30 days)
RELEXXII	3	MO
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB	3	MO
REXULTI	3	MO; QL (30 per 30 days)
RISPERDAL CONSTA	2	MO
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
risperidone oral solution	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
RITALIN	3	MO
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG	3	MO
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	3	MO; QL (60 per 30 days)
SARAFEM ORAL TABLET 10 MG, 20 MG	3	MO
SECUADO	3	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)

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SILENOR	3	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	MO; QL (30 per 30 days)
SUNOSI	3	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO
thioridazine	1	MO
thiothixene	1	MO
TRANXENE T-TAB ORAL TABLET 7.5 MG	3	PA; MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
VALIUM	3	PA; MO; QL (120 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr	1	MO; QL (30 per 30 days)
VERSACLOZ	2	
VIIBRYD ORAL TABLET	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)
VYVANSE	3	MO
WAKIX	3	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)
XYREM	2	PA; MO; LA; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	MO

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ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
ziprasidone hcl	1	MO; QL (60 per 30 days)
ziprasidone mesylate	1	
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)
zolpidem oral	1	MO; QL (30 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL	3	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO
ZYPREXA ZYDIS	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral	1	MO
BETAPACE AF	3	MO
dofetilide	1	MO
flecainide	1	MO
mexiletine	1	MO
MULTAQ	3	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
propafenone	1	MO
quinidine gluconate oral	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL SR	3	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO
sorine oral tablet 240 mg	1	
sotalol af	1	MO
sotalol oral	1	MO
SOTYLIZE	3	MO
TIKOSYN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
acebutolol	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
aliskiren	1	MO
ALTACE	3	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	3	ST; MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO

Drug Name	Drug Tier	Requirements/Limits
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
betaxolol oral	1	MO
BIDIL	2	MO
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC	2	MO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 240 MG -	3	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	MO
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG -	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CAROSPIR	3	MO
cartia xt	1	MO
carvedilol	1	MO
carvedilol phosphate	1	MO
CATAPRES	3	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine hcl oral tablet	1	MO
COREG	3	MO
COREG CR	3	MO
CORGARD	3	MO
COZAAR	3	ST; MO
DEMSER	3	PA; MO
DIBENZYLINE	3	PA; MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet	1	MO
dilt-xr	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
DIURIL	3	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DUTOPROL	3	MO
DYAZIDE	3	MO
DYRENIUM	3	MO
EDARBI	2	MO
EDARBYCLOR	2	MO
EDECRIN	3	MO
enalapril maleate	1	MO
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
ethacrynic acid	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
hydralazine oral	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	ST; MO

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indapamide	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	1	MO
KAPSPARGO SPRINKLE	3	MO
KATERZIA	3	MO
labetalol oral	1	MO
LASIX	3	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
LOPRESSOR ORAL TABLET 100 MG	3	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
matzim la	1	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
methyldopa	1	MO

Drug Name	Drug Tier	Requirements/Limits
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate oral	1	MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MINIPRESS	3	MO
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	1	MO
NORVASC	3	MO
NYMALIZE ORAL SYRINGE 60 MG/10 ML	3	
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
ORENITRAM	3	PA; MO
perindopril erbumine	1	MO

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phenoxybenzamine	1	PA; MO
pindolol	1	MO
prazosin	1	MO
PRINIVIL ORAL TABLET 10 MG, 20 MG	3	MO
PROCARDIA XL	3	MO
propranolol oral	1	MO
propranolol-hydrochlorothiazid	1	MO
QBRELIS	3	MO
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
spironolactone	1	MO
spironolacton-hydrochlorothiaz	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
taztia xt	1	MO
TEKTURNA	3	MO
TEKTURNA HCT	2	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO

Drug Name	Drug Tier	Requirements/Limits
TENORMIN	3	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er	1	MO
TIAZAC	3	MO
timolol maleate oral	1	MO
TOPROL XL	3	MO
torsemide oral	1	MO
trandolapril	1	MO
trandolapril-verapamil	1	MO
triamterene	1	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
TRIBENZOR	3	ST; MO
UPTRAVI	2	PA; MO; LA
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
verapamil oral	1	MO
VERELAN	3	MO
VERELAN PM	3	MO

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

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LOVENOX SUBCUTANEOU - S SYRINGE 40 MG/0.4 ML -	3	MO; QL (11.2 per 28 days)
MULPLETA	2	PA; MO
pentoxifylline	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA	3	PA; MO
prasugrel	1	MO
PROMACTA	3	PA; MO; LA
SAVAYSA	3	PA; MO
TAVALISSE	3	PA; MO; LA; QL (60 per 30 days)
warfarin	1	MO
XARELTO	2	MO
ZONTIVITY	2	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST; MO; QL (30 per 30 days)
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
atorvastatin	1	MO; QL (30 per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	3	ST; MO; QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet -	1	MO
cholestyramine light oral powder	1	MO
colesevelam	1	MO
COLESTID ORAL PACKET	3	MO
COLESTID ORAL TABLET	3	MO
colestipol oral packet	1	MO
colestipol oral tablet	1	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	3	ST; MO; QL (30 per 30 days)
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized	1	MO

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fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
fenofibrate oral tablet	1	MO
fenofibric acid (choline)	1	MO
FENOGLIDE	3	MO
FLOLIPID	3	ST; MO; QL (300 per 30 days)
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	1	MO; QL (30 per 30 days)
gemfibrozil	1	MO
JUXTAPID	2	PA; MO; LA
LESCOL XL	3	ST; MO; QL (30 per 30 days)
LIPITOR	3	ST; MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIVALO	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LOPID	3	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
niacin oral tablet extended release 24 hr	1	MO
NIACOR	3	MO
NIASPAN EXTENDED-RELEASE	3	MO
OMEGA-3 ACID ETHYL ESTERS	3	ST; MO
PRALUENT PEN	2	PA; MO; QL (2 per 28 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite oral powder in packet	1	MO
QUESTRAN LIGHT ORAL POWDER	3	MO
QUESTRAN ORAL POWDER IN PACKET	3	MO
REPATHA	2	PA; MO; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX	2	PA; MO; QL (3.5 per 28 days)
REPATHA SURECLICK -	2	PA; MO; QL (3 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
simvastatin oral tablet	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRILIPIX	3	MO
VASCEPA	2	MO
VYTORIN 10-10	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG -	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS -		
CORLANOR ORAL SOLUTION	2	PA
CORLANOR ORAL TABLET	2	PA; MO
digitek	1	MO
digox	1	MO
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	MO
digoxin oral tablet	1	MO
ENTRESTO	2	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	MO
RANEXA	3	MO
ranolazine	1	MO
VECAMYL	3	
VYNDAMAX	2	PA; MO
VYNDAQEL	2	PA; MO
NITRATES		
ISORDIL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
ISORDIL TITRADOSE ORAL TABLET 5 MG -	3	MO
isosorbide dinitrate oral tablet	1	MO
isosorbide mononitrate	1	MO
MINITRAN	3	MO
nitro-bid	1	MO
NITRO-DUR	3	MO
nitroglycerin sublingual	1	MO
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual spray,non-aerosol	1	MO
NITROSTAT	3	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
calcipotriene scalp	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
calcipotriene topical cream	1	MO; QL (120 per 30 days)
calcipotriene topical ointment	1	MO; QL (120 per 30 days)
calcipotriene-betamethasone	1	MO; QL (400 per 30 days)
calcitriol topical	1	MO
COSENTYX (2 SYRINGES)	3	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	3	PA; MO; QL (5 per 28 days)
DOVONEX TOPICAL	3	MO; QL (120 per 30 days)
ENSTILAR	3	MO; QL (400 per 30 days)
ILUMYA	3	PA; MO; QL (2 per 28 days)
selenium sulfide topical lotion	1	MO
SILIQ	3	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
SORILUX	3	MO; QL (120 per 30 days)
STELARA INTRAVENOUS	2	PA; MO; QL (4 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days)
TACLONEX	3	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	2	PA; MO; QL (1 per 28 days)
TALTZ SYRINGE	2	PA; MO; QL (1 per 28 days)
TREMFYA	3	PA; MO; QL (2 per 28 days)
VECTICAL	3	MO
MISCELLANEOUS DERMATOLOGICALS		
ALDARA	3	ST; MO
ammonium lactate	1	MO
CARAC	3	ST; MO
CONDYLOX TOPICAL GEL	3	MO
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
doxepin topical	1	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; MO; QL (8 per 28 days)
EFUDEX TOPICAL CREAM	3	ST; MO
ELIDEL	3	PA; MO; QL (100 per 30 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FLUOROPLEX	3	ST; MO
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
imiquimod topical cream in packet	1	MO
lidocaine hcl mucous membrane jelly	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 % -	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	MO
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
LIDODERM	3	PA; MO; QL (90 per 30 days)
methoxsalen	1	MO
OXSORALEN ULTRA	3	MO
PICATO	2	MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	3	MO
podofilox	1	MO
PROTOPIC	3	PA; MO; QL (100 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
prudoxin	1	MO; QL (45 per 30 days)
QBREXZA	3	MO
REGRANEX	2	MO
SANTYL	2	MO
SILVADENE	3	MO
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
VALCHLOR	2	PA; MO
VEREGEN	3	MO; QL (30 per 30 days)
ZONALON	3	MO; QL (45 per 30 days)
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP	3	ST; MO
THERAPY FOR ACNE		
ABSORICA	3	MO
ABSORICA LD	3	MO
ACANYA TOPICAL GEL WITH PUMP	3	MO
ACZONE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
adapalene topical cream	1	PA; MO
adapalene topical gel	1	PA; MO
adapalene topical solution	1	PA
adapalene topical swab	1	PA
adapalene-benzoyl peroxide	1	PA; MO
AKLIEF	3	PA; MO
ALTRENO	3	PA; MO
amnesteem	1	MO
AMZEEQ	3	MO
ARAZLO	3	PA; MO
ATRALIN	3	PA; MO
avita topical cream	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
azelaic acid	1	MO
AZELEX	3	MO
BENZACLIN PUMP	3	MO
BENZAMYCIN	3	MO
claravis	1	MO
CLEOCIN T TOPICAL GEL	3	MO; QL (120 per 30 days)
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
clindacin p	1	MO; QL (69 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
CLINDAGEL	3	MO; QL (150 per 30 days)
clindamycin phosphate topical foam	1	MO; QL (100 per 30 days)
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
clindamycin phosphate topical swab	1	MO; QL (60 per 30 days)
clindamycin-benzoyl peroxide topical gel	1	MO
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	1	MO
clindamycin-tretinoin	1	PA; MO
dapsone topical gel	1	MO
DAPSONE TOPICAL GEL WITH PUMP	3	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
DIFFERIN TOPICAL LOTION	3	PA; MO
EPIDUO FORTE	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA; MO
ery pads	1	MO
erygel	1	MO
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO
erythromycin-benzoyl peroxide	1	MO
EVOCLIN	3	MO; QL (100 per 30 days)
FABIOR	3	MO
FINACEA	3	ST; MO
isotretinoin	1	MO
METROCREAM	3	ST; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION	3	ST
metronidazole topical cream	1	MO
metronidazole topical gel	1	MO
metronidazole topical lotion	1	MO

Drug Name	Drug Tier	Requirements/Limits
MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO
myorisan	1	MO
neuac	1	MO
NORITATE	3	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
RHOFADE	3	PA; MO
SOOLANTRA	3	ST; MO
tazarotene	1	PA; MO
TAZORAC	3	PA; MO
tretinoin microspheres topical gel	1	PA; MO
tretinoin topical	1	PA; MO
VELTIN	3	PA; MO
zenatane	1	MO
ZIANA	3	PA; MO
TOPICAL ANTIBACTERIALS		
ALTABAX	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN TOPICAL	3	MO
gentamicin topical	1	MO
KLARON	3	MO
mafenide acetate	1	MO
mupirocin	1	MO; QL (30 per 30 days)
mupirocin calcium	1	MO; QL (30 per 30 days)
NEO-SYNALAR	3	MO
sulfacetamide sodium (acne)	1	MO
SULFAMYLON TOPICAL CREAM	2	MO
SULFAMYLON TOPICAL PACKET	3	MO
XEPI	3	MO; QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (45 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ciclopirox topical solution	1	MO
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole topical cream	1	MO; QL (45 per 28 days)
clotrimazole topical solution	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)
econazole	1	MO; QL (85 per 28 days)
ERTACZO	3	MO; QL (60 per 28 days)
EXTINA	3	MO; QL (100 per 28 days)
JUBLIA	3	MO
KERYDIN	3	MO
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical foam	1	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
ketodan	1	MO; QL (100 per 28 days)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO; QL (90 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)
MENTAX	3	MO; QL (30 per 28 days)
naftifine topical cream	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL CREAM 2 %	3	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
nyamyc	1	MO
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	MO
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	MO
oxiconazole	1	PA; MO; QL (60 per 28 days)
OXISTAT	3	PA; MO; QL (60 per 28 days)
XOLEGEL	3	MO; QL (45 per 28 days)
TOPICAL ANTIVIRALS		
acyclovir topical cream	1	PA; MO; QL (5 per 30 days)
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)
DENAVIR	2	MO
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
alclometasone	1	MO
amcinonide topical cream	1	MO
amcinonide topical lotion	1	MO
apexicon e	1	MO; QL (120 per 30 days)
beser	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
BRYHALI	3	MO
CAPEX	3	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	1	MO; QL (125 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
clobetasol-emollient topical foam	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	MO; QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	MO; QL (125 per 28 days)
CLOCORTOLONE PIVALATE	3	MO
clodan	1	MO; QL (236 per 28 days)
CLODERM	3	MO
CORDRAN TAPE LARGE ROLL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
CORDRAN TOPICAL CREAM	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL LOTION	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL OINTMENT	3	MO; QL (120 per 30 days)
CUTIVATE TOPICAL LOTION	3	MO
DERMA-SMOOTHE/FS SCALP OIL	3	MO
DESONATE	3	MO
desonide topical cream	1	MO
desonide topical lotion	1	MO
desonide topical ointment	1	MO
DESOWEN TOPICAL CREAM	3	
desoximetasone	1	MO
diflorasone	1	MO; QL (120 per 30 days)
DIPROLENE TOPICAL OINTMENT	3	MO
DUOBRII	3	MO; QL (200 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinolone and shower cap	1	MO
fluocinolone topical cream	1	MO
fluocinolone topical ointment	1	MO
fluocinolone topical solution	1	MO
fluocinonide topical cream 0.1 %	1	MO; QL (120 per 30 days)
fluocinonide topical gel	1	MO; QL (120 per 30 days)
fluocinonide topical ointment	1	MO; QL (120 per 30 days)
fluocinonide topical solution	1	MO; QL (120 per 30 days)
fluocinonide-e	1	MO; QL (120 per 30 days)
flurandrenolide	1	MO; QL (120 per 30 days)
fluticasone propionate topical	1	MO
halcinonide	1	MO
halobetasol propionate topical cream	1	MO
halobetasol propionate topical ointment	1	MO

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Drug Name	Drug Tier	Requirements/Limits
HALOG TOPICAL CREAM	3	MO
HALOG TOPICAL OINTMENT	3	MO
hydrocortisone butyrate topical cream	1	MO
hydrocortisone butyrate topical lotion	1	MO; QL (118 per 30 days)
hydrocortisone butyrate topical ointment	1	MO
hydrocortisone butyrate topical solution	1	MO; QL (120 per 30 days)
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	1	MO
IMPOYZ	3	MO; QL (120 per 28 days)
KENALOG TOPICAL	3	MO; QL (126 per 28 days)
LEXETTE	3	MO

Drug Name	Drug Tier	Requirements/Limits
LOCOID LIPOCREAM	3	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
LUXIQ	3	MO
mometasone topical	1	MO
nolix	1	MO; QL (120 per 30 days)
OLUX	3	MO; QL (100 per 28 days)
OLUX-E	3	MO; QL (100 per 28 days)
PANDEL	3	MO
prednicarbate	1	MO
PSORCON	3	QL (120 per 30 days)
SYNALAR TOPICAL CREAM	3	MO
TEXACORT	3	MO
TOPICORT	3	MO
tovet emollient	1	MO; QL (100 per 28 days)
triamcinolone acetonide topical aerosol	1	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	1	MO

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Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment	1	MO
trianex	1	MO
triderm topical cream 0.1 %	1	MO
TRIDESILON	3	MO
ULTRAVATE TOPICAL LOTION	3	MO
VANOS	3	MO; QL (120 per 30 days)
VERDESO	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
ELIMITE	3	
lindane topical shampoo	1	MO
malathion	1	MO
NATROBA	3	MO
OVIDE	3	MO
permethrin topical cream	1	MO
SKLICE	3	MO

Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate	1	MO
AGRYLIN	3	MO
anagrelide	1	MO
ANTABUSE	3	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	2	MO; LA
AURYXIA	3	PA; MO
BUPHENYL	3	PA; MO
CARBAGLU	2	PA; MO; LA
CARNITOR ORAL	3	MO
cevimeline	1	MO
CHEMET	2	PA; MO
CLINIMIX 4.25%/D5W SULFIT FREE	3	PA
CLINIMIX E 2.75%/D5W SULF FREE	3	PA
clovique	1	PA
d10 %-0.45 % sodium chloride	1	

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Drug Name	Drug Tier	Requirements/Limits
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox oral tablet	1	PA; MO
deferasirox oral tablet, dispersible	1	PA; MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	MO
dextrose 5 % in water (d5w) intravenous piggyback	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose with sodium chloride	1	
disulfiram	1	MO
ENDARI	3	PA; MO
EVOXAC	3	MO
EXJADE	3	PA; MO; LA
FERRIPROX	2	PA; MO
FOSRENOL	3	MO
GLASSIA	3	MO; LA
INCRELEX	2	MO; LA
JADENU	3	PA; MO
JADENU SPRINKLE	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
kionex (with sorbitol)	1	MO
lanthanum	1	MO
levocarnitine (with sugar)	1	MO
levocarnitine oral tablet	1	MO
LITHOSTAT	3	MO
LOKELMA	2	MO
midodrine	1	MO
nitisinone	1	PA; MO
NITYR	3	PA; MO; LA
NORTHERA	3	PA; MO
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 5 MG	3	PA; MO; LA
ORFADIN ORAL CAPSULE 20 MG	2	PA; MO; LA
ORFADIN ORAL SUSPENSION	2	PA; MO; LA
OXBRYTA	3	PA; MO; LA; QL (90 per 30 days)
pilocarpine hcl oral	1	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	2	LA
PROLASTIN-C INTRAVENOUS SOLUTION	2	MO; LA
RAVICTI	2	PA; MO
RENAGEL ORAL TABLET 800 MG	3	MO
RENVELA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
RILUTEK	3	PA; MO
riluzole	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	3	MO
sevelamer carbonate	1	MO
sevelamer hcl	1	MO
sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate	1	PA; MO
sodium polystyrene (sorb free)	1	MO
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
SYPRINE	3	PA; MO
THIOLA	2	MO
THIOLA EC	2	MO
TIGLUTIK	3	PA; MO
trientine	1	PA; MO
VELPHORO	3	MO
VELTASSA	2	MO
XURIDEN	2	PA; MO
ZEMAIRA	3	MO; LA

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	1	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
olopatadine nasal	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
ciprofloxacin hcl otic (ear)	1	MO
DERMOTIC OIL	3	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	ST; MO
CIPRODEX	2	MO
CIPROFLOXACIN-FLUOCINOLONE	3	ST; MO
neomycin-polymyxin-hc otic (ear)	1	MO
OTOVEL	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
ACTHAR	3	PA; MO
CORTEF	3	MO
cortisone	1	MO
dexabliss	1	
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral tablet	1	MO
dexamethasone oral tablets,dose pack	1	MO
EMFLAZA	3	PA; MO; LA
fludrocortisone	1	MO
hydrocortisone oral	1	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
methylprednisolone oral tablet	1	PA; MO
methylprednisolone oral tablets,dose pack	1	MO
millipred oral tablet	1	PA; MO
ORAPRED ODT	3	PA; MO
prednisolone oral solution 15 mg/5 ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisolone sodium phosphate oral tablet,disintegrating	1	PA; MO
prednisone intensol	1	PA; MO
prednisone oral solution	1	MO
prednisone oral tablet	1	PA; MO
prednisone oral tablets,dose pack	1	MO
RAYOS	3	PA; MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS), 1.5 MG (49 TABS)	3	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS)	3	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
TAPAZOLE	3	MO

Drug Name	Drug Tier	Requirements/Limits
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML-20 MCG/0.2 ML	3	PA; MO; QL (6 per 180 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; MO; QL (6 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	3	MO
ALCOHOL PADS	2	MO
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	MO; QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
AVANDIA ORAL TABLET 2 MG, 4 MG	3	MO; QL (60 per 30 days)
BAQSIMI	3	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
BD AUTOSHIELD DUO PEN NEEDLE	2	MO
BD INSULIN SYRINGE HALF UNIT 0.3 ML 31 GAUGE X 5/16"	2	MO
BD INSULIN SYRINGE U-500	2	MO
BD INSULIN ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	2	MO
BD NANO 2ND GEN PEN NEEDLE	2	MO
BD ULTRA-FINE MICRO PEN NEEDLE	2	MO
BD ULTRA-FINE MINI PEN NEEDLE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
BD ULTRA-FINE NANO PEN NEEDLE	2	MO
BD ULTRA-FINE SHORT PEN NEEDLE	2	MO
BD VEO INSULIN SYR HALF UNIT	2	MO
BD VEO INSULIN SYRINGE UF	2	MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYDUREON SUBCUTANEOUS PEN 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	3	MO; QL (180 per 30 days)
diazoxide	1	MO
DROPLET INSULIN SYR HALF UNIT	2	
DROPLET INSULIN SYRINGE	2	
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	MO
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
FIASP PENFILL U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	ST; MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	ST; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	ST; MO; QL (150 per 30 days)
GAUZE PADS 2 X 2	2	MO
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
GLUCOTROL ORAL TABLET 10 MG	3	MO; QL (120 per 30 days)
GLUCOTROL ORAL TABLET 5 MG	3	MO; QL (240 per 30 days)
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	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	ST; MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	ST; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
GLYSET ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
GLYSET ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
GLYSET ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
GLYXAMBI	3	ST; MO; QL (30 per 30 days)
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 2-PACK SYRINGE	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO

Drug Name	Drug Tier	Requirements/Limits
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO
INSULIN ASP PRT-INSULIN ASPART	3	ST
INSULIN ASPART U-100	3	ST; MO
INSULIN LISPRO	3	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO	3	ST; MO
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	2	MO

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Drug Name	Drug Tier	Requirements/Limits
INVOKAMET	2	MO; QL (60 per 30 days)
INVOKAMET XR	2	MO; QL (60 per 30 days)
INVOKANA	2	MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)
JARDIANCE	3	ST; MO; QL (30 per 30 days)
JENTADUETO	3	ST; MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	ST; MO; QL (30 per 30 days)
KAZANO	3	ST; MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	2	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	2	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	2	MO
LANTUS U-100 INSULIN	2	MO
LEVEMIR FLEXTOUCH U-100 INSULN	3	ST; MO
LEVEMIR U-100 INSULIN	3	ST; MO
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV U-100 INSULIN	2	MO

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Drug Name	Drug Tier	Requirements/Limits
metformin oral solution	1	MO; QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 1,000 mg	1	ST; MO; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 500 mg	1	ST; MO; QL (150 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	ST; MO; QL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	ST; MO; QL (120 per 30 days)
miglitol oral tablet 100 mg	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
miglitol oral tablet 25 mg	1	MO; QL (360 per 30 days)
miglitol oral tablet 50 mg	1	MO; QL (180 per 30 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOFINE 32	2	MO
NOVOFINE PLUS	2	MO
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	3	ST; MO
NOVOLIN N FLEXPEN	3	ST; MO
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R FLEXPEN	3	ST; MO
NOVOLIN R REGULAR U-100 INSULN	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO
NOVOTWIST NEEDLE 32 GAUGE X 1/5"	2	MO
OMNIPOD DASH 5 PACK POD	2	MO
OMNIPOD INSULIN MANAGEMENT	2	MO
OMNIPOD INSULIN REFILL	2	MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	PA; MO; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 100 MG	3	MO; QL (90 per 30 days)
PRECOSE ORAL TABLET 25 MG	3	MO; QL (360 per 30 days)
PRECOSE ORAL TABLET 50 MG	3	MO; QL (180 per 30 days)
PROGLYCEM	3	MO
QTERN	2	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RIOMET	3	MO; QL (765 per 30 days)
RIOMET ER	3	MO; QL (600 per 30 days)
RYBELSUS	2	PA; MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SOLIQUA 100/33	2	MO; QL (15 per 30 days)
STARLIX ORAL TABLET 120 MG	3	MO; QL (90 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (6 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY	3	ST; MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	ST; MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	ST; MO; QL (30 per 30 days)
TECHLITE INSULIN SYR HALF UNIT	2	
TECHLITE INSULIN SYRINGE	2	
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	2	MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	2	
TOUJEO MAX U-300 SOLOSTAR	2	MO

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO
TRESIBA FLEXTOUCH U-200	3	ST; MO
TRESIBA U-100 INSULIN	3	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	ST; 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	3	ST; MO; QL (60 per 30 days)
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	2	MO
TRUEPLUS PEN NEEDLE	2	MO
TRULICITY	2	PA; MO; QL (2 per 28 days)
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
XULTOPHY 100/3.6	2	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ANADROL-50	3	PA; MO
ANDRODERM	2	PA; MO; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO; QL (150 per 30 days)
AVEED	3	PA; MO; LA
cabergoline	1	MO

Drug Name	Drug Tier	Requirements/Limits
calcitonin (salmon)	1	MO
calcitriol oral	1	MO
CERDELGA	2	PA; MO
cinacalcet	1	MO
danazol	1	MO
DDAVP NASAL SOLUTION	2	MO
DDAVP NASAL SPRAY WITH PUMP	3	MO
DDAVP ORAL	3	MO
DEPO-TESTOSTERONE	3	PA; MO
desmopressin nasal spray,non-aerosol	1	MO
desmopressin oral	1	MO
doxercalciferol oral	1	MO
FORTESTA	3	PA; MO; QL (120 per 30 days)
GALAFOLD	3	PA; MO; LA; QL (15 per 30 days)
ISTURISA ORAL TABLET 1 MG	3	PA; MO; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	3	PA; MO; LA; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	3	PA; MO; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
JYNARQUE ORAL TABLET	3	PA; LA
JYNARQUE ORAL TABLETS, SEQUENTIAL	3	PA; MO; LA
KORLYM	3	PA; MO
KUVAN	2	PA; MO
METHITEST	3	MO
methyltestosterone oral capsule	1	MO
miglustat	1	PA; MO; LA
MYALEPT	2	PA; MO; LA
NATESTO	3	PA; MO; QL (21.96 per 30 days)
NATPARA	2	PA; MO; LA
NOCDURNA (MEN)	3	PA; MO; QL (30 per 30 days)
NOCDURNA (WOMEN)	3	PA; MO; QL (30 per 30 days)
ORILISSA	3	MO
oxandrolone	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	2	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; MO; LA; QL (60 per 30 days)
paricalcitol oral	1	MO
RAYALDEE	3	MO
ROCALTROL	3	MO
SAMSCA ORAL TABLET 15 MG	2	PA; MO
SAMSCA ORAL TABLET 30 MG	3	PA; MO
SENSIPAR	3	MO
SOMAVERT	2	PA; MO
STIMATE	2	MO
SYNAREL	2	MO
TESTIM	3	PA; MO; QL (300 per 30 days)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	1	PA; MO
testosterone enanthate	1	PA; MO
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
VOGELXO TRANSDERMAL GEL	3	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XYOSTED	3	PA; MO; QL (2 per 28 days)
ZAVESCA	3	PA; MO; LA
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
THYROID HORMONES		
CYTOMEL	3	MO
euthyrox	1	MO
levo-t	1	
levothyroxine oral	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine oral	1	MO
SYNTHROID	3	MO
TIROSINT	3	MO
TIROSINT-SOL	3	MO
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
CUVPOSA	3	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO
diphenoxylate-atropine	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
LOMOTIL	3	MO
loperamide oral capsule	1	MO
methscopolamine	1	MO
MOTOFEN	3	MO
MYTESI	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
ACTIGALL	3	MO
alosetron	1	MO
AMITIZA	3	ST; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANUSOL-HC TOPICAL	3	MO
aprepitant	1	PA; MO
APRISO	3	MO
ASACOL HD	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide	1	MO
BONJESTA	3	MO
budesonide oral	1	MO
CANASA	3	MO
CHENODAL	2	PA; MO; LA
CHOLBAM ORAL CAPSULE 250 MG	2	PA; MO
CHOLBAM ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
CIMZIA	3	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	3	PA; MO; QL (2 per 28 days)
CLENPIQ	3	ST; MO
COLAZAL	3	MO
compro	1	MO
constulose	1	MO
CORTIFOAM	2	MO
CREON	2	MO
cromolyn oral	1	MO
CYSTADANE	2	MO

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Drug Name	Drug Tier	Requirements/Limits
DELZICOL ORAL CAPSULE (WITH DEL REL TABLETS)	3	MO
DICLEGIS	3	MO
DIPENTUM	3	MO
doxylamine-pyridoxine (vit b6)	1	MO
dronabinol	1	PA; MO
EMEND ORAL CAPSULE 80 MG	3	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA; MO
ENTOCORT EC	3	MO
enulose	1	MO
GASTROCROM	3	MO
GATTEX 30-VIAL	3	PA; MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	MO
generlac	1	MO
GOLYTELY	3	ST; MO
granisetron hcl oral	1	PA; MO
hydrocortisone rectal	1	MO
hydrocortisone-pramoxine rectal cream 1-1 %	1	MO

Drug Name	Drug Tier	Requirements/Limits
INFLECTRA	3	PA; MO; QL (20 per 28 days)
KRISTALOSE	3	MO
lactulose oral packet	1	
lactulose oral solution 10 gram/15 ml	1	MO
LIALDA	3	MO
LINZESS	2	MO; QL (30 per 30 days)
LOTRONEX	3	MO
MARINOL	3	PA; MO
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine	1	MO
metoclopramide hcl oral	1	MO
MOTEGRITY	3	ST; MO; QL (30 per 30 days)
MOVANTIK	2	MO; QL (30 per 30 days)
MOVIPREP	3	ST; MO
NULYTELY WITH FLAVOR PACKS	3	ST; MO
OCALIVA	2	PA; MO; LA; QL (30 per 30 days)
ondansetron	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ondansetron hcl oral solution	1	PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA; MO
OSMOPREP	3	ST; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-6,200- 10,850 UNIT, 21,000-54,700- 83,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
peg-electrolyte	1	
PENTASA	2	MO
PERTZYE	3	ST; MO
PLENVU	3	ST; MO
prochlorperazine	1	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
procto-pak	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	MO

Drug Name	Drug Tier	Requirements/Limits
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR ORAL	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	3	MO
RELISTOR SUBCUTANEOUS SYRINGE	3	MO
REMICADE	2	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	2	MO
scopolamine base	1	MO
SUCRAID	2	PA; MO
sulfasalazine	1	MO
SUPREP BOWEL PREP KIT	2	MO
SYMPROIC	2	MO
SYNDROS	3	PA; MO
TRANSDERM-SCOP	3	MO
trilyte with flavor packets	1	MO
TRULANCE	2	MO
UCERIS	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
ursodiol	1	MO
VARUBI ORAL	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VIBERZI	2	MO; QL (60 per 30 days)
VIOKACE	2	MO
ZELNORM	3	ST; MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO
ZOFRAN ORAL TABLET 8 MG	3	PA; MO
ZUPLENZ	3	PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 30 days)
CARAFATE	3	MO
cimetidine	1	MO
cimetidine hcl oral	1	MO
CYTOTEC	3	MO

Drug Name	Drug Tier	Requirements/Limits
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	MO
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
HELIDAC	3	QL (224 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	MO
misoprostol	1	MO
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG	3	MO; QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
nizatidine	1	MO
OMECLAMOX-PAK	3	MO; QL (80 per 28 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	MO
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
PEPCID ORAL TABLET	3	MO
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	3	MO; QL (30 per 30 days)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAYREL 15 MG	3	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAYREL 30 MG	3	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	3	MO; QL (120 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec)	1	MO
sucralfate	1	MO
TALICIA	3	MO; QL (168 per 28 days)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO

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Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; MO
ARCALYST	2	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (4 per 28 days)
BETASERON SUBCUTANEOUS KIT	3	PA; MO; QL (14 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG	3	PA; MO
EGRIFTA SV	3	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EXTAVIA SUBCUTANEOUS KIT	3	PA; MO; QL (15 per 28 days)
FULPHILA	3	PA; MO
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
GRANIX	3	PA; MO
HUMATROPE INJECTION CARTRIDGE	3	PA; MO
INTRON A INJECTION	2	PA; MO
LEUKINE INJECTION RECON SOLN	2	PA; MO
NEULASTA SUBCUTANEOUS SYRINGE	3	PA; MO
NEUPOGEN	3	PA; MO
NIVESTYM	2	PA; MO
NORDITROPIN FLEXPRO	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
NUTROPIN AQ NUSPIN	3	PA; MO
OMNITROPE	2	PA; MO
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML	2	QL (2 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
REBIF (WITH ALBUMIN)	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	2	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	2	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	2	PA; MO; QL (4.2 per 180 days)
RETACRIT	2	PA; MO
SAIZEN	3	PA; MO
SAIZEN SAIZENPREP	3	PA; MO
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG	2	PA; MO
UDENYCA	3	PA; MO
ZARXIO	2	PA; MO
ZIEXTENZO	2	PA; MO
ZOMACTON	3	PA; MO
ZORBTIVE	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	MO
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BIVIGAM	3	PA; MO
BOOSTRIX TDAP	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	3	PA; MO
GAMMAGARD LIQUID	3	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	3	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GAMMAPLEX	3	PA; MO
GAMMAPLEX (WITH SORBITOL)	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GARDASIL 9 (PF)	2	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML	2	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
HIBERIX (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	MO

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Drug Name	Drug Tier	Requirements/Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION	2	MO
IPOL	2	MO
IXIARO (PF)	2	MO
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
OCTAGAM	3	PA; MO
ODACTRA	2	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA; MO
PANZYGA	3	PA; MO
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	MO
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	MO
QUADRACEL (PF)	2	MO
RABAVERT (PF)	2	MO
RAGWITEK	2	MO

Drug Name	Drug Tier	Requirements/Limits
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	2	PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	2	PA
ROTARIX	2	
ROTATEQ VACCINE	2	MO
SHINGRIX (PF)	2	MO
TDVAX	2	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	2	MO
TETANUS,DIPHTHERIA TOX PED(PF)	2	MO
TRUMENBA	2	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	2	

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Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SYRINGE	2	MO
VAQTA (PF)	2	MO
VARIVAX (PF)	2	MO
VARIZIG INTRAMUSCULAR SOLUTION	2	MO
YF-VAX (PF)	2	MO
ZOSTAVAX (PF)	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
COLCHICINE ORAL CAPSULE	3	ST; MO
colchicine oral tablet	1	MO
COLCRYS	3	ST; MO
febuxostat	1	MO
GLOPERBA	3	ST
MITIGARE	2	MO
probenecid	1	MO
probenecid-colchicine	1	MO
ULORIC	3	MO
ZYLOPRIM	3	MO

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)
alendronate oral solution	1	MO; QL (1286 per 30 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)
BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	3	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO
FORTEO	3	PA; MO; QL (2.4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO; QL (1 per 180 days)
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (drlec)	1	MO; QL (4 per 28 days)
TERIPARATIDE	2	PA; MO; QL (2.48 per 28 days)
TYMLOS	3	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	3	PA; MO; QL (3.6 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SUBCUTANEOUS	3	PA; MO; QL (3.6 per 28 days)
ARAVA	3	MO; QL (30 per 30 days)
BENLYSTA SUBCUTANEOUS	2	PA; MO
CUPRIMINE	3	PA; MO
DEPEN TITRATABS	3	PA; MO
ENBREL MINI	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days)
HUMIRA PEN	2	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; MO; QL (4 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
KEVZARA	3	PA; MO; QL (2.28 per 28 days)
KINERET	3	PA; MO; QL (20.1 per 30 days)
leflunomide	1	MO; QL (30 per 30 days)
OLUMIANT	3	PA; MO; QL (30 per 30 days)
ORENCIA CLICKJECT	2	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; MO; QL (2.8 per 28 days)
OTEZLA	2	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 28 days)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML	3	MO
penicillamine	1	PA; MO
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML	3	MO
RIDAURA	3	MO
RINVOQ	2	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
XELJANZ	2	PA; MO; QL (60 per 30 days)
XELJANZ XR	2	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS -		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ALORA	3	PA; MO; QL (8 per 28 days)
amabelz	1	PA; MO
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
BIJUVA	3	PA; MO
camila	1	MO
CLIMARA	3	PA; MO; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO
COMBIPATCH	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
deblitane	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 1 MG/GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
dotti	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
ELESTRIN	3	PA; MO; QL (52 per 30 days)
errin	1	MO
ESTRACE ORAL	3	PA; MO
ESTRACE VAGINAL	3	MO
estradiol oral	1	PA; MO
estradiol transdermal patch semiweekly	1	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly	1	PA; MO; QL (4 per 28 days)
estradiol vaginal	1	MO
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet	1	PA; MO
ESTRING	2	MO
ESTROGEL	3	MO; QL (50 per 30 days)
EVAMIST	3	PA; MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	PA; MO
FEMRING	3	MO
fyavolv	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
incassia	1	MO
jinteli	1	PA; MO
lopreeza oral tablet 1-0.5 mg	1	PA; MO
lyza	1	MO
medroxyprogesterone	1	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG	2	PA; MO
MENOSTAR	3	PA; MO; QL (4 per 28 days)
mimvey	1	PA; MO
MINIVELLE	3	PA; MO; QL (8 per 28 days)
nora-be	1	MO
norethindrone (contraceptive)	1	MO
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	PA; MO
PREFEST	3	PA; MO
PREMARIN ORAL	2	MO
PREMARIN VAGINAL	2	MO
PREMPHASE	2	MO
PREMPRO	2	MO
progesterone micronized	1	MO
PROMETRIUM	3	MO
PROVERA	3	MO
sharobel	1	MO
VAGIFEM	3	MO
VIVELLE-DOT	3	PA; MO; QL (8 per 28 days)
yuvafem	1	MO
MISCELLANEOUS OB/GYN		
ANNOVERA	3	MO
CLEOCIN VAGINAL	3	MO
clindamycin phosphate vaginal	1	MO
CLINDESSE	3	MO
eluryng	1	MO
etonogestrel-ethinyl estradiol	1	MO
GYNAZOLE-1	3	MO
INTRAROSA	3	MO
LUPANETA PACK (1 MONTH)	3	PA; MO
LUPANETA PACK (3 MONTH)	3	PA; MO
LYSTEDA	3	MO

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metronidazole vaginal	1	MO
miconazole-3 vaginal suppository	1	MO
NUVARING	3	MO
ORIAHNN	3	PA
OSPHENA	3	MO
terconazole	1	MO
tranexamic acid oral	1	MO
vandazole	1	MO
xulane	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
amethia	1	MO
apri	1	MO
aranelle (28)	1	MO
ashlyna	1	MO
aubra eq	1	MO
aviane	1	MO
BALCOLTRA	3	MO
balziva (28)	1	MO
BEYAZ	3	MO
blisovi 24 fe	1	MO
blisovi fe 1.5/30 (28)	1	MO
briellyn	1	MO
camrese lo	1	MO

Drug Name	Drug Tier	Requirements/Limits
caziant (28)	1	MO
cryselle (28)	1	MO
cyclafem 1/35 (28)	1	MO
cyclafem 7/7/7 (28)	1	MO
cyred eq	1	MO
desog-e.estradiol/e.estradiol	1	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	MO
drospirenone-ethinyl estradiol	1	MO
emoquette	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
fayosim	1	MO
femynor	1	MO
GENERESS FE	3	MO
gianvi (28)	1	MO
hailey 24 fe	1	MO
introvale	1	MO
isibloom	1	MO
jasmiel (28)	1	MO
juleber	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kaitlib fe	1	MO
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50	1	MO
kurvelo (28)	1	MO
l norgestl/e.estradiol-e.estrad	1	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
larissia	1	MO
layolis fe	1	MO
leena 28	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estrad	1	MO
levonorg-eth estrad triphasic	1	MO
levora-28	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO

Drug Name	Drug Tier	Requirements/Limits
loryna (28)	1	MO
LOSEASONIQUE	3	MO
low-ogestrel (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
melodetta 24 fe	1	MO
mibelas 24 fe	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	1	MO
MINASTRIN 24 FE	3	MO
NATAZIA	3	MO
necon 0.5/35 (28)	1	MO
nikki (28)	1	MO
noreth-ethinyl estradiol-iron	1	MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norethindrone-e.estradiol-iron oral tablet,chewable	1	MO
norgestimate-ethinyl estradiol	1	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO

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nortrel 7/7/7 (28)	1	MO
ocella	1	MO
orsythia	1	MO
pimtrea (28)	1	MO
pirmella oral tablet 1-35 mg-mcg	1	MO
portia 28	1	MO
previfem	1	MO
QUARTETTE	3	MO
reclipsen (28)	1	MO
rivelsa	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
setlakin	1	MO
SLYND	3	MO
sprintec (28)	1	MO
sronyx	1	MO
syeda	1	MO
tarina 24 fe	1	MO
tarina fe 1-20 eq (28)	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-lo-estarylla	1	MO
tri-lo-sprintec	1	MO
tri-mili	1	MO
tri-previfem (28)	1	MO
tri-sprintec (28)	1	MO
trivora (28)	1	MO
tri-vylibra	1	MO
tri-vylibra lo	1	MO
tydemy	1	MO

Drug Name	Drug Tier	Requirements/Limits
velivet triphasic regimen (28)	1	MO
vienva	1	MO
vyfemla (28)	1	MO
vylibra	1	MO
wymzya fe	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
zarah	1	MO
zovia 1/35e (28)	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	MO
bacitracin ophthalmic (eye)	1	MO
bacitracin-polymyxin b ophthalmic (eye)	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO
gatifloxacin	1	MO
gentak ophthalmic (eye) ointment	1	MO
gentamicin ophthalmic (eye) drops	1	MO; QL (15 per 30 days)
levofloxacin ophthalmic (eye)	1	MO

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MOXEZA	3	MO
moxifloxacin ophthalmic (eye) drops	1	MO
NATACYN	2	MO
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
OCUFLOX	3	MO
ofloxacin ophthalmic (eye)	1	MO
polymyxin b sulf-trimethoprim	1	MO
POLYTRIM	3	MO
tobramycin	1	MO
TOBREX	3	MO
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
carteolol	1	MO
ISTALOL	3	MO

Drug Name	Drug Tier	Requirements/Limits
levobunolol ophthalmic (eye) drops 0.5 %	1	MO -
timolol maleate ophthalmic (eye)	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	3	ST; MO
ALOMIDE	3	ST; MO
atropine ophthalmic (eye) drops	1	MO
azelastine ophthalmic (eye)	1	MO
BEPREVE	3	ST; MO
BLEPH-10	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
CEQUA	3	MO; QL (60 per 30 days)
cromolyn ophthalmic (eye)	1	MO
CYSTARAN	2	PA; MO
epinastine	1	MO
ISOPTO CARPINE	3	MO
LACRISERT	3	MO
LASTACAFT	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
olopatadine ophthalmic (eye)	1	MO
OXERVATE	2	PA; MO
PAZEO	2	MO
PHOSPHOLINE IODIDE	3	MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
sulfacetamide sodium ophthalmic (eye)	1	MO
sulfacetamide-prednisolone	1	MO
XIIDRA	3	MO; QL (60 per 30 days)
ZERVIATE	3	ST; MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	MO
ACULAR LS	3	MO
bromfenac	1	MO
BROMSITE	2	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ILEVRO	2	MO
ketorolac ophthalmic (eye)	1	MO
NEVANAC	3	MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
bimatoprost ophthalmic (eye)	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TRAVATAN Z	3	ST; MO
travoprost	1	MO
TRUSOPT	3	MO
VYZULTA	3	ST; MO
XALATAN	3	ST; MO
XELPROS	3	ST; MO
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO
TOBRADEX ST	3	MO
tobramycin-dexamethasone	1	MO

Drug Name	Drug Tier	Requirements/Limits
ZYLET	3	MO
STEROIDS		
ALREX	3	ST; MO
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
DUREZOL	3	MO
FLAREX	3	MO
fluorometholone	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	3	MO
INVELTYS	3	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL	2	MO
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	2	MO
LOTEMAX SM	2	MO
loteprednol etabonate	1	MO
MAXIDEX	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
prednisolone acetate	1	MO

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Drug Name	Drug Tier	Requirements/Limits
prednisolone sodium phosphate ophthalmic (eye)	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	MO
apraclonidine	1	MO
brimonidine	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
AUVI-Q	3	MO; QL (2 per 30 days)
cetirizine oral solution 1 mg/ml	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
desloratadine	1	MO; QL (30 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML, 0.3 % NOT MADE BY MYLAN	3	MO; QL (2 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	MO; QL (2 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
promethazine oral	1	PA; MO
SEMPREX-D	3	MO
SYMJEPI	3	MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PULMONARY AGENTS		
ACCOLATE	3	MO
acetylcysteine	1	PA; MO
ADCIRCA	3	PA; MO; QL (60 per 30 days)
ADEMPAS	2	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)
ADVAIR HFA	2	MO; QL (12 per 30 days)
AIRDUO RESPICLICK	3	MO; QL (60 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	MO; QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; MO; QL (36 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	PA; MO
albuterol sulfate oral	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
alyq	1	PA; MO; QL (60 per 30 days)
ambrisentan	1	PA; MO; LA
ANORO ELLIPTA	2	MO; QL (60 per 30 days)
ARCAPTA NEOHALER	3	MO; QL (30 per 30 days)
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA	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)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
azelastine-fluticasone	1	MO; QL (23 per 30 days)
BECONASE AQ	3	MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE	3	ST; MO; QL (10.7 per 30 days)
bosentan	1	PA; MO; LA
BREO ELLIPTA	2	MO; QL (60 per 30 days)
BROVANA	3	PA; MO
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	PA; MO; QL (60 per 30 days)
BUDESONIDE-FORMOTEROL	3	MO; QL (10.2 per 30 days)
CINRYZE	2	PA; MO
COMBIVENT RESPIMAT	2	MO; QL (8 per 30 days)
cromolyn inhalation	1	PA; MO
DALIRESP ORAL TABLET 250 MCG	3	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	3	PA; MO
DUAKLIR PRESSAIR	3	ST; MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DULERA	2	MO; QL (13 per 30 days)
DYMISTA	3	MO; QL (23 per 30 days)
ESBRIET ORAL CAPSULE	2	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	2	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	2	PA; MO; QL (90 per 30 days)
FASENRA	2	PA; MO; QL (1 per 28 days)
FASENRA PEN	2	PA; MO; QL (1 per 28 days)
FIRAZYR	3	PA; MO
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	2	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	2	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	2	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	2	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	MO; QL (50 per 30 days)
fluticasone propionate nasal	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FLUTICASONE PROPION-SALMETEROL INHALATION BLISTER WITH DEVICE	3	ST; MO; QL (60 per 30 days)
HAEGARDA	3	PA; MO; LA
icatibant	1	PA; MO
INCRUSE ELLIPTA	2	MO; QL (30 per 30 days)
ipratropium bromide inhalation	1	PA; MO
ipratropium-albuterol	1	PA; MO
KALBITOR	3	MO
KALYDECO ORAL GRANULES IN PACKET	3	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	3	PA; MO; QL (60 per 30 days)
LETAIRIS	3	PA; MO; LA
levalbuterol hcl	1	PA; MO
LEVALBUTEROL TARTRATE	3	ST; MO; QL (30 per 30 days)
LONHALA MAGNAIR REFILL	3	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
metaproterenol oral syrup	1	MO
mometasone nasal	1	MO; QL (34 per 30 days)
montelukast	1	MO
NASONEX	3	MO; QL (34 per 30 days)
NUCALA	2	PA; MO; LA; QL (3 per 28 days)
OFEV	2	PA; MO; QL (60 per 30 days)
OMNARIS	3	MO; QL (12.5 per 30 days)
OPSUMIT	2	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	3	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	3	PA; MO; QL (112 per 28 days)
PERFOROMIST	2	PA; MO
PROAIR DIGIHALER	3	ST; MO; QL (2 per 30 days)
PROAIR HFA	3	ST; MO; QL (17 per 30 days)
PROAIR RESPICLICK	3	ST; MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROVENTIL HFA	3	ST; MO; QL (13.4 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	PA; MO; QL (60 per 30 days)
PULMOZYME	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	2	MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	3	PA; MO; QL (90 per 30 days)
RUCONEST	3	PA; MO
SEEBRI NEOHALER	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SEREVENT DISKUS	2	MO; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; MO; QL (224 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
SYMDEKO	3	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (60 per 30 days)
TAKHZYRO	3	PA; MO; LA
terbutaline oral	1	MO

Drug Name	Drug Tier	Requirements/Limits
THEO-24	2	MO
theophylline oral solution	1	MO
theophylline oral tablet extended release 12 hr 300 mg	1	MO
theophylline oral tablet extended release 24 hr	1	MO
TRACLEER	3	PA; MO; LA
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA	3	PA; MO
TUDORZA PRESSAIR	3	ST; MO; QL (1 per 30 days)
UTIBRON NEOHALER	3	MO; QL (60 per 30 days)
VENTAVIS	3	PA; MO
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
WIXELA INHUB	3	ST; MO; QL (60 per 30 days)
XHANCE	3	MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	2	PA; MO; LA; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; MO; LA; QL (4 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	2	PA; MO; LA; QL (1 per 28 days)
XOPENEX	3	PA; MO
XOPENEX CONCENTRATE	3	PA; MO
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	3	PA; MO; QL (90 per 30 days)
zafirlukast	1	MO
ZETONNA	3	MO; QL (6.1 per 30 days)
zileuton	1	MO
ZYFLO	3	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin	1	MO
DETROL	3	MO
DETROL LA	3	MO

Drug Name	Drug Tier	Requirements/Limits
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	MO
flavoxate	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
MYRBETRIQ	2	MO
oxybutynin chloride	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
solifenacin	1	MO
tolterodine	1	MO
TOVIAZ	2	MO
trospium	1	MO
VESICARE	3	MO
BENIGN PROSTATIC HYPERPLASIA(-BPH) THERAPY		
alfuzosin	1	MO
AVODART	3	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
FLOMAX	3	ST; MO
JALYN	3	MO
PROSCAR	3	MO
RAPAFLO	3	ST; MO
silodosin	1	MO

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Drug Name	Drug Tier	Requirements/Limits
tamsulosin	1	MO
UROXATRAL	3	ST; MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	3	PA; MO; LA
ELMIRON	2	MO
potassium citrate	1	MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	3	PA; MO
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; MO; QL (30 per 30 days)
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind)	1	MO

Drug Name	Drug Tier	Requirements/Limits
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con oral packet 20	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
k-tab oral tablet extended release 8 meq	1	MO
magnesium sulfate injection solution	1	MO
magnesium sulfate injection syringe	1	
NORMOSOL-R	3	MO
PHOSLYRA	3	MO
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 30 meq/l, 40 meq/l	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride	1	MO

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	MO
potassium chloride in water intravenous piggyback 10 meq/100 ml	1	MO
potassium chloride in water intravenous piggyback 20 meq/100 ml, 40 meq/100 ml	1	
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l	1	MO
potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l	1	
sodium chloride 0.45 % intravenous parenteral solution	1	MO
sodium chloride 3 %	1	MO
sodium chloride 5 %	1	MO
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 10 %	3	PA
AMINOSYN II 15 %	3	PA
AMINOSYN-PF 7 % (SULFITE-FREE)	3	PA
CLINIMIX 5%/D15W SULFITE FREE	3	PA
CLINIMIX 4.25%/D10W SULF FREE	3	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	PA
CLINIMIX E 4.25%/D10W SUL FREE	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA
CLINIMIX E 5%/D20W SULFIT FREE	3	PA
CLINISOL SF 15 %	3	PA; MO
HEPATAMINE 8%	2	PA
intralipid intravenous emulsion 20 %	1	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA
ISOLYTE-P IN 5 % DEXTROSE	3	
ISOLYTE-S	3	
NEPHRAMINE 5.4 %	3	PA
NORMOSOL-M IN 5 % DEXTROSE	3	
NUTRILIPID	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
plenamine	1	PA
premasol 10 %	1	PA; MO
PROCALAMINE 3%	3	PA

Drug Name	Drug Tier	Requirements/Limits
PROSOL 20 %	3	PA; MO
travasol 10 %	1	PA; MO
TROPHAMINE 10 %	3	PA; MO
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	1	MO
prenatal vitamin oral tablet	1	MO

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

This drug list was updated in August 2020

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

This formulary was updated on 08/24/2020 For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can contact **Express Scripts Medicare**® (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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