



SilverScript Choice (PDP)

an Aetna® Medicare prescription drug plan

2025 A1 Formulary (List of Covered Drugs or "Drug List")

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

For more recent information or other questions, please contact SilverScript Choice (PDP) Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week (TTY: [711](tel:18662355660)), or visit [AetnaMedicare.com](https://www.aetna.com/medicare).

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This document includes a list of the covered drugs (formulary) for our plan which is current as of August 1, 2024.

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

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

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

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



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

The SilverScript Choice (PDP)[®] formulary



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

Save with generic drugs



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

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

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

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

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

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

Insulin and vaccine information

Insulin

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on or which Part D phase you are in.

Once in the Catastrophic phase the plan will pick up the cost of your insulins – you pay \$0.

Vaccine

Your prescription drug coverage includes \$0 cost-sharing for preventative adult (age limits may apply) vaccines. A full list of covered vaccines can be found on the below drug list under **VACCINES**.

The shingles vaccine (Shingrix) is an example of a \$0 Part D vaccine because it is preventive against shingles.

Your Medical coverage also includes vaccines, when coverage is mandated by Medicare rules to cover under Medical such as your flu vaccine, Covid boosters, or pneumonia vaccine. Other vaccines are sometimes covered by Medical such as the tetanus-diphtheria vaccine examples below. Please see your *Evidence of Coverage* (EOC) for more details about your medical benefits.

Tetanus-Diphtheria is an example of a medical coverage vaccine if it is related to an injury.

For additional information on recommended vaccines and age limitations, go to www.cdc.gov/vaccines/schedules/easy-to-read/adult-easyread.htm.

Potential changes to your formulary

Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year. There are some exceptions. We describe them here.

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

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

Other drug changes

We may make other changes that affect members currently taking a drug. For example, we may:

- Replace a brand name drug with an existing generic drug that is not currently on our formulary
- Remove an original biological product when adding an existing biosimilar
- Add new restrictions to a drug or biological product
 - Prior authorization, step therapy or a quantity limit
- Move a drug to a different cost-sharing tier
- Make changes based on new clinical guidelines

If we make any of these changes, we must notify affected members of the change at least 30 days before the change becomes effective, or when the member requests a refill of the drug. At that point, the member will receive a 30-day supply of the drug.

Drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you.

Using the formulary

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

Alphabetical order	<p>Find your drug in the index that begins on page 75. Both brand name drugs and generic drugs are listed in alphabetical order.</p> <p>Step 1 Look in the index and find your drug.</p> <p>Step 2 Look at the page number where you can find coverage information.</p> <p>Step 3 Turn to the page listed to find coverage information about your drug. This will include the tier and any restrictions.</p> <p>Step 4 View the cost-sharing chart on page 15 to find the cost for the tier your drug is on.</p>
Medical condition	<p>The formulary begins on page 18 with drugs grouped into categories based on the type of medical conditions they treat. Medical conditions are listed in alphabetical order on the formulary.</p> <p>Step 1 Look for your medical condition.</p> <p>Step 2 Look under the medical condition header for your drug.</p> <p>Step 3 Find coverage information about your drug. This will include the tier and any restrictions.</p> <p>Step 4 View the cost-sharing chart on page 15 to find the cost for the tier your drug is on.</p>

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

	The drug(s) covered by your plan	The "tier" level or pricing category	The coverage rules for a drug
	↓	↓	↓
	Drug Name	Drug Tier	Requirements/Limits
<i>Lower case italics:</i> generic drugs	<i>sample generic drug</i>	1	MO
All uppercase: BRAND NAME DRUGS	SAMPLE BRAND DRUG	4	QL (30 ea per 30 days) MO

Requirements or limitations

PA	Prior Authorization Some drugs require you or your prescriber to get prior authorization. You must get approval from us before you can get your prescription filled.	<p>There are two ways you, or your doctor or prescriber, can ask us to make a Prior Authorization, Quantity Limit, or Step Therapy determination to one of these requirements.</p> <p>Request an exception online at AetnaMedicare.com. Call Customer Care at the number on your member ID card.</p> <p>Standard requests are processed within 72 hours of getting your prescriber’s supporting statement. Expedited (fast) requests must be processed no later than 24 hours after getting your prescriber’s supporting statement.</p> <div>See the section titled “Requesting an exception” for additional details.</div>
QL	Quantity Limit For certain drugs, there is a quantity limit on the amount of the drug that we will cover. Quantity limits are based on the manufacturer’s and FDA’s recommended dosage. If you take more than the recommended amount, you will need to request an exception. For example, our plan provides up to 30 tablets per 30-day prescription for <i>atorvastatin</i> .	
ST	Step Therapy In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for your condition. For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you try drug A first. If drug A does not work for you, SilverScript Choice (PDP) will then cover drug B.	
LD	Limited Distribution The drug manufacturer may limit the number of pharmacies that can stock and dispense this medication. For more information consult your Pharmacy Directory, online pharmacy finder tool, or call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week (TTY: 711).	

See the section titled
“Requesting an exception” for
 additional details.

MO	Mail-Order This indicates if a drug is available at our CVS Caremark® Mail Service Pharmacy, which is our preferred mail-order pharmacy. When using mail-order, you may save money when you get your prescription drugs shipped directly to your home and may have the option to sign up for automated mail-order delivery. Call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week (TTY: 711), to get started today.
B/D	Medicare Part B or Part D Medicare determines when a drug is covered under medical or prescription coverage. There are a number of cases that can alter how a drug or supply is covered, such as how the drug is administered and the setting of care. It is not unusual to require more information for drugs and supplies that can be covered under medical or prescription coverage to make a determination of coverage and applicable cost-sharing. In these instances, know that we are following the rules set by Medicare to provide you with appropriate coverage. Your pharmacy may need to submit more information describing the use and setting of the drug to help make the determination between medical and prescription coverage.
HRM	High Risk Medication According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor or prescriber if there are safer options available.
ACS	Available from CVS Specialty® Pharmacy These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services and may be available at other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.

My drug is not on the formulary or has restrictions



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

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

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

Requesting an exception

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

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

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



Follow these steps to find the form on our website.

1. Visit [AetnaMedicare.com](https://www.aetna.com), scroll down to the bottom of the page, and click on "Get a form."
2. On the next page find the section entitled "Exceptions, appeals and grievances" and click on the link "See how to get started."
3. Look for the section called "Request a drug coverage decision (determination)," and select the header "Prescription drug coverage only (PDP)."
4. Fill out the form on your computer or print a paper copy.

Mail or fax us your completed form:

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

Fax: 1-855-633-7673

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

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

Transition of coverage

Talk to your prescriber. We may cover your drug in certain instances during the first 90 days of the plan year.

Drugs not on our formulary may be covered temporarily for up to a 30-day supply, or 31-day supply for long-term care facility residents.

The temporary supply will give you time to speak to your doctor or prescriber about transition to a formulary drug.

Refer to your plan Evidence of Coverage (EOC), chapter 3, section 5.2

Finding a network pharmacy

We have more than 64,000 pharmacies in our network. Visit our online pharmacy finder tool, at [AetnaMedicare.com/PharmacyHelp](https://www.aetna.com/PharmacyHelp), to locate your closest pharmacy.

It's easy to use! Here's what you need to do:

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

Important notes

- **If you refill a prescription too soon, we may not cover the cost.** There are limitations around how soon you can refill your prescription. As a general rule you should not try to fill a prescription more than a week before the current prescription fill runs out. If you need a refill early due to vacation or travel plans, call the number on the back of your member ID card.
- **Specialty drugs** are used to treat complex, chronic conditions, such as rheumatoid arthritis, multiple sclerosis and cancer. Specialty drugs often require special handling and can be very expensive. Their costs are rising 15 to 20 percent or more each year. Our plan has a separate tier (Tier 5) reserved for specialty drugs. This requires members to pay a percentage of the drug cost. Specialty drugs may be available at some retail pharmacies, like CVS®, Walgreens or Walmart, but often these drugs are only available at a specialty pharmacy such as the CVS Specialty® pharmacy. Drug pricing tools do not know whether a specific pharmacy stocks a given drug. You should calculate your cost-share using a specialty pharmacy.

Drug phases and costs

Deductible phase

\$590

The amount you pay before you begin to receive benefits from the plan. You'll pay the discounted cost of the drug.

Initial coverage phase

Up to
\$2,000

During this phase, you pay a copayment or coinsurance (your share of the cost) for the discounted price of each prescription.

Catastrophic coverage phase

Through
the end
of the year

You pay \$0 for all Part D covered drugs during this phase. You'll stay in this phase through the end of the year.

The tables below tell you the copayment or coinsurance amount you will pay during the initial coverage phase. You will pay a yearly deductible of \$590 for your drugs until you reach the plan's deductible amount.

Initial coverage phase copayment/coinsurance levels

Standard retail/mail-order cost-sharing (in-network) (Up to a 30-day supply)

Pharmacy type (Retail & mail)	Tier 1 (Preferred generic)	Tier 2 (Generic)	Tier 3 (Preferred brand)	Tier 4 (Non-preferred drug)	Tier 5 (Specialty)
Standard	\$5.00	\$10.00	18%-20%*	30%-45%*	25%

*Please see the next page for the exact cost-sharing amount in your state.

Standard retail/mail-order cost-sharing (in-network) (Up to a 90-day supply)

Pharmacy type (Retail & mail)	Tier 1 (Preferred generic)	Tier 2 (Generic)	Tier 3 (Preferred brand)	Tier 4 (Non-preferred drug)	Tier 5 (Specialty)
Standard	\$15.00	\$30.00	18%-20%*	30%-45%*	A long-term supply is not available for drugs in Tier 5.

*Please see the next page for the exact cost-sharing amount in your state.



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

Tier 3 (Preferred brand) and Tier 4 (Non-Preferred Drug)

Your share of the cost during the Initial Coverage Phase for drugs on Tier 3 (Preferred brand) and Tier 4 (Non-Preferred Drug), by state:

State	Tier 3	Tier 4
Alabama	19%	30%
Alaska	19%	32%
Arizona	19%	32%
Arkansas	19%	45%
California	18%	31%
Colorado	19%	32%
Connecticut	19%	31%
Delaware	19%	31%
District of Columbia	19%	31%
Florida	19%	31%
Georgia	19%	31%
Hawaii	19%	45%
Idaho	19%	30%
Illinois	19%	30%
Indiana	18%	32%
Iowa	19%	44%
Kansas	20%	40%
Kentucky	18%	32%
Louisiana	18%	31%
Maine	19%	32%
Maryland	19%	31%
Massachusetts	19%	31%
Michigan	20%	45%
Minnesota	19%	44%
Mississippi	18%	31%
Missouri	18%	32%

State	Tier 3	Tier 4
Montana	19%	44%
Nebraska	19%	44%
Nevada	19%	32%
New Hampshire	19%	32%
New Jersey	19%	32%
New Mexico	18%	31%
New York	19%	30%
North Carolina	19%	32%
North Dakota	19%	44%
Ohio	19%	32%
Oklahoma	19%	31%
Oregon	20%	45%
Pennsylvania	19%	31%
Rhode Island	19%	31%
South Carolina	19%	31%
South Dakota	19%	44%
Tennessee	19%	30%
Texas	18%	31%
Utah	19%	30%
Vermont	19%	31%
Virginia	20%	45%
Washington	20%	45%
West Virginia	19%	31%
Wisconsin	19%	40%
Wyoming	19%	44%

Get more information



For more detailed information about your SilverScript Choice (PDP) prescription drug coverage, please review your *Evidence of Coverage* and other plan materials at [Aetna-PDP.MemberDoc.com](https://www.aetna.com/pdp/MemberDoc.com).



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

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

Formulary key

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

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
<i>allopurinol tablet 100mg, 300mg</i>	1	MO
<i>colchicine tablet 0.6mg</i>	4	QL (120 EA per 30 days) MO
<i>probenecid</i>	4	MO
<i>probenecid/colchicine</i>	3	MO
NSAIDS		
<i>celecoxib capsule 400mg</i>	3	QL (30 EA per 30 days) MO
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	3	QL (60 EA per 30 days) MO
<i>diclofenac potassium tablet 50mg</i>	4	QL (120 EA per 30 days) MO
<i>diclofenac sodium dr</i>	2	MO
<i>diclofenac sodium er</i>	2	QL (60 EA per 30 days) MO
<i>diflunisal</i>	4	QL (90 EA per 30 days) MO
<i>ec-naproxen tablet delayed release 375mg</i>	2	QL (120 EA per 30 days)
<i>ec-naproxen tablet delayed release 500mg</i>	2	QL (90 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 600mg</i>	4	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	4	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	3	QL (120 EA per 30 days) MO
<i>etodolac capsule 200mg</i>	3	QL (90 EA per 30 days) MO
<i>etodolac tablet 500mg</i>	3	QL (60 EA per 30 days) MO
<i>etodolac tablet 400mg</i>	3	QL (90 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	2	QL (90 EA per 30 days) MO
<i>ibu</i>	2	MO
<i>ibuprofen</i>	2	MO
<i>ketorolac tromethamine tablet 10mg</i>	2	QL (20 EA per 30 days) PA MO
<i>meloxicam tablet</i>	1	MO
<i>nabumetone</i>	2	MO
<i>naproxen dr</i>	2	QL (120 EA per 30 days) MO
<i>naproxen sodium tablet</i>	2	MO
<i>naproxen tablet</i>	1	MO
<i>naproxen tablet delayed release</i>	2	QL (90 EA per 30 days) MO
<i>naproxen suspension</i>	5	QL (1800 ML per 30 days) PA MO
<i>oxaprozin</i>	4	QL (90 EA per 30 days) MO
<i>piroxicam capsule 20mg</i>	3	QL (30 EA per 30 days) MO
<i>piroxicam capsule 10mg</i>	3	QL (60 EA per 30 days) MO
<i>sulindac</i>	2	QL (60 EA per 30 days) MO
OPIOID ANALGESICS, LONG-ACTING		
<i>fentanyl transdermal patch</i>	4	QL (10 EA per 30 days) PA MO
<i>methadone hcl solution</i>	3	QL (450 ML per 30 days) PA MO
<i>methadone hcl tablet</i>	3	QL (90 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	2	QL (90 ML per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er tablet extended release (generic MS Contin) 100mg</i>	3	QL (60 EA per 30 days) PA MO
<i>morphine sulfate er tablet extended release (generic MS Contin) 15mg</i>	3	QL (90 EA per 30 days) MO
OPIOID ANALGESICS, SHORT-ACTING		
<i>acetaminophen/codeine tablet</i>	3	QL (180 EA per 30 days) MO
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	3	QL (2700 ML per 30 days) MO
<i>endocet tablet 325mg; 10mg, 325mg; 7.5mg, 325mg; 5mg</i>	4	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>	4	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	4	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen tablet 7.5mg; 325mg</i>	4	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	3	QL (150 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg</i>	4	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet 2mg, 4mg, 8mg</i>	3	QL (180 EA per 30 days) MO
<i>morphine sulfate tablet</i>	3	QL (180 EA per 30 days) MO
<i>morphine sulfate solution 10mg/5ml, 20mg/5ml</i>	3	QL (900 ML per 30 days) MO
<i>morphine sulfate solution 100mg/5ml</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution</i>	4	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	3	QL (120 EA per 30 days) MO
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	3	QL (180 EA per 30 days) MO
<i>oxycodone/acetaminophen tablet 325mg; 10mg, 325mg; 2.5mg, 325mg; 5mg, 325mg; 7.5mg</i>	4	QL (180 EA per 30 days) MO
<i>tramadol hydrochloride tablet 50mg</i>	2	QL (240 EA per 30 days) MO; HRM
<i>tramadol hydrochloride/acetaminophen</i>	4	QL (240 EA per 30 days) MO; HRM

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

<i>albendazole</i>	5	MO
<i>amikacin sulfate injection 500mg/2ml</i>	4	MO
ARIKAYCE	5	PA; LD
<i>atovaquone</i>	4	PA MO
<i>aztreonam injection 1gm</i>	4	MO
CAYSTON	5	PA; ACS LD
<i>clindamycin hcl</i>	2	MO
<i>clindamycin hydrochloride</i>	2	MO
<i>clindamycin palmitate hcl solution 75mg/5ml</i>	4	MO
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate injection 900mg/6ml</i>	4	
<i>clindamycin phosphate injection 600mg/4ml</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium</i>	5	PA MO
<i>dapsone tablet 100mg, 25mg</i>	3	MO
DAPTOMYCIN/SODIUM CHLORIDE	4	
DAPTOMYCIN INJECTION 350MG	5	
<i>daptomycin injection 500mg</i>	5	
<i>ertapenem</i>	3	MO
<i>ertapenem sodium</i>	3	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate injection 40mg/ml</i>	4	MO
<i>imipenem/cilastatin</i>	3	MO
IMPAVIDO	5	QL (84 EA per 28 days) PA MO
<i>isotonic gentamicin</i>	4	
<i>ivermectin tablet 3mg</i>	3	QL (12 EA per 90 days) PA MO
<i>linezolid injection 600mg/300ml</i>	4	PA
<i>linezolid tablet</i>	4	QL (56 EA per 28 days) PA MO
<i>linezolid suspension reconstituted</i>	5	QL (1800 ML per 30 days) PA MO
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	4	MO
<i>methenamine mandelate tablet 0.5gm</i>	4	MO
<i>metronidazole capsule 375mg</i>	2	MO
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	3	MO
<i>neomycin sulfate</i>	2	MO
<i>nitazoxanide</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	3	MO
<i>nitrofurantoin macrocrystals capsule 25mg</i>	4	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	3	MO
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D MO
<i>pentamidine isethionate injection</i>	4	MO
<i>praziquantel</i>	3	MO
<i>pyrimethamine</i>	5	QL (90 EA per 30 days) PA MO
SIVEXTRO INJECTION	5	
SIVEXTRO TABLET	5	MO
<i>streptomycin sulfate</i>	5	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	2	MO
<i>sulfamethoxazole/trimethoprim tablet</i>	2	MO
<i>sulfamethoxazole/trimethoprim suspension</i>	4	MO
<i>tinidazole</i>	4	MO
TOBI PODHALER	5	QL (224 EA per 56 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin sulfate injection 10mg/ml</i>	4	
<i>tobramycin sulfate injection 80mg/2ml</i>	4	MO
<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim</i>	2	MO
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (240 EA per 30 days) MO
<i>vancomycin hydrochloride injection 1gm, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride injection 500mg</i>	4	MO
ANTIFUNGALS		
<i>ABELCET</i>	4	B/D
<i>amphotericin b</i>	4	B/D MO
<i>caspofungin acetate</i>	4	
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	4	
<i>fluconazole tablet</i>	2	MO
<i>fluconazole suspension reconstituted</i>	3	MO
<i>flucytosine</i>	5	PA MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole capsule</i>	4	PA MO
<i>ketoconazole tablet 200mg</i>	2	PA MO
<i>micafungin</i>	4	
<i>mycamine injection 50mg</i>	4	MO
<i>nystatin tablet 500000unit</i>	4	MO
<i>posaconazole suspension</i>	5	QL (630 ML per 30 days) PA MO
<i>posaconazole dr</i>	5	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	2	QL (90 EA per 365 days) MO
<i>voriconazole injection</i>	4	PA
<i>voriconazole suspension reconstituted</i>	5	PA MO
<i>voriconazole tablet 200mg</i>	4	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	4	QL (480 EA per 30 days) MO
ANTIMALARIALS		
<i>atovaquone/proguanil hcl</i>	4	MO
<i>chloroquine phosphate</i>	4	MO
COARTEM	4	MO
<i>mefloquine hcl</i>	3	MO
<i>primaquine phosphate</i>	3	
<i>quinine sulfate</i>	4	PA MO
ANTIRETROVIRAL AGENTS		
<i>abacavir</i>	4	MO
APTIVUS	5	MO
<i>atazanavir</i>	4	MO
<i>atazanavir sulfate</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>darunavir tablet 800mg</i>	5	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	5	QL (60 EA per 30 days) MO
EDURANT	5	MO
<i>efavirenz tablet 600mg</i>	4	MO
<i>emtricitabine</i>	4	MO
EMTRIVA ORAL SOLUTION	4	MO
<i>etravirine</i>	5	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	MO; LD
INTELENCE TABLET 25MG	4	
ISENTRESS HD	5	MO
ISENTRESS PACKET, TABLET	5	MO
ISENTRESS TABLET CHEWABLE 25MG	4	MO
ISENTRESS TABLET CHEWABLE 100MG	5	MO
<i>lamivudine solution 10mg/ml</i>	4	MO
<i>lamivudine tablet 150mg, 300mg</i>	4	MO
<i>maraviroc</i>	5	MO
<i>nevirapine er</i>	4	MO
<i>nevirapine tablet</i>	3	MO
<i>nevirapine suspension</i>	4	MO
NORVIR PACKET	4	MO
PIFELTRO	5	MO
PREZISTA SUSPENSION	5	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	5	QL (240 EA per 30 days) MO
REYATAZ PACKET	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY SOLUTION	5	MO
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
SUNLENCA INJECTION	5	QL (3 ML per 180 days) MO; LD
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	5	QL (10 EA per 365 days) MO; LD
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	5	QL (8 EA per 365 days) MO; LD
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY PD	5	MO
TIVICAY TABLET 10MG	3	MO
TIVICAY TABLET 25MG, 50MG	5	MO
TROGARZO	5	MO; LD
TYBOST	3	MO
VIRACEPT	5	MO
VIREAD POWDER, TABLET 150MG, 200MG, 250MG	5	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine</i>	3	MO
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate/lamivudine</i>	4	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir</i>	4	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMTUZA	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	4	MO
ANTITUBERCULAR AGENTS		
<i>ethambutol hydrochloride</i>	4	MO
<i>isoniazid tablet</i>	1	MO
<i>isoniazid syrup</i>	4	MO
PRIFTIN	4	MO
<i>pyrazinamide</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin capsule</i>	3	MO
<i>rifampin injection</i>	4	
SIRTURO	5	PA; ACS LD
TRECTOR	4	MO
ANTIVIRALS		
<i>acyclovir sodium injection</i>	4	B/D
<i>acyclovir suspension</i>	2	MO
<i>acyclovir capsule, tablet</i>	3	MO
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	5	QL (630 ML per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
<i>famciclovir tablet 500mg</i>	3	QL (21 EA per 30 days) MO
<i>famciclovir tablet 125mg, 250mg</i>	3	QL (60 EA per 30 days) MO
<i>lamivudine tablet 100mg</i>	3	MO
LIVTENCITY	5	QL (336 EA per 28 days) PA MO; LD
MAVYRET	5	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	3	QL (168 EA per 365 days) MO
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	3	QL (84 EA per 365 days) MO
<i>oseltamivir phosphate suspension reconstituted</i>	3	QL (1080 ML per 365 days) MO
PAXLOVID TABLET THERAPY PACK 150MG; 100MG	5	QL (40 EA per 180 days)
PAXLOVID TABLET THERAPY PACK 300MG; 100MG	5	QL (60 EA per 180 days)
PEGASYS	5	PA; ACS
PREVYMIS TABLET	5	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin capsule</i>	3	ACS
<i>ribavirin tablet</i>	4	ACS
<i>rimantadine hydrochloride</i>	4	MO
<i>valacyclovir hydrochloride</i>	3	MO
<i>valganciclovir hydrochloride oral solution</i>	5	MO
<i>valganciclovir tablet 450mg</i>	3	MO
CEPHALOSPORINS		
<i>cefaclor suspension reconstituted</i>	2	
<i>cefaclor capsule</i>	2	MO
<i>cefadroxil</i>	2	MO
<i>cefazolin intramuscular or intravenous injection 2gm</i>	4	MO
<i>cefazolin sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	4	MO
<i>cefdinir capsule</i>	2	MO
<i>cefdinir suspension reconstituted</i>	3	MO
<i>cefepime injection 1gm, 2gm</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	4	
<i>cefoxitin sodium injection 1gm, 10gm, 2gm</i>	4	
<i>cefpodoxime proxetil</i>	4	MO
<i>cefprozil</i>	3	MO
<i>ceftazidime injection 6gm</i>	4	
<i>ceftazidime injection 1gm, 2gm</i>	4	MO
<i>ceftriaxone sodium injection 10gm (intravenous only), 1gm (intramuscular or intravenous), 250mg (intramuscular or intravenous), 2gm (intramuscular or intravenous), 500mg (intramuscular or intravenous)</i>	4	MO
<i>cefuroxime axetil tablet</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cefuroxime sodium injection 750mg</i>	4	MO
<i>cephalexin capsule 250mg, 500mg</i>	2	MO
<i>cephalexin capsule 750mg</i>	4	MO
<i>cephalexin suspension reconstituted, tablet</i>	2	MO
TEFLARO	5	
ERYTHROMYCINS/MACROLIDES		
<i>azithromycin suspension reconstituted, tablet</i>	2	MO
<i>azithromycin injection</i>	4	MO
<i>clarithromycin er</i>	4	MO
<i>clarithromycin tablet</i>	3	MO
<i>clarithromycin suspension reconstituted</i>	4	MO
DIFICID SUSPENSION RECONSTITUTED	5	
DIFICID TABLET	5	MO
<i>erythrocin stearate</i>	4	MO
<i>erythromycin base</i>	4	MO
<i>erythromycin dr</i>	4	MO
<i>erythromycin ethylsuccinate tablet</i>	4	MO
<i>erythromycin capsule delayed release particles 250mg</i>	4	MO
FLUOROQUINOLONES		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	3	MO
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	3	MO
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>levofloxacin in d5w injection 750mg/150ml; 5%, 500mg/100ml; 5%</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	MO
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	4	MO
PENICILLINS		
<i>amoxicillin/clavulanate potassium er</i>	4	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	MO
<i>amoxicillin/clavulanate potassium suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	MO
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	2	MO
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	4	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	MO
<i>amoxicillin capsule, tablet chewable, tablet</i>	1	MO
<i>amoxicillin suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	1	MO
<i>amoxicillin suspension reconstituted 400mg/5ml</i>	2	MO
<i>ampicillin capsule</i>	2	MO
<i>ampicillin sodium injection 10gm, 125mg</i>	4	
<i>ampicillin sodium injection 1gm</i>	4	MO
<i>ampicillin-sulbactam preservative free injection</i>	4	
<i>ampicillin/sulbactam</i>	4	
BICILLIN L-A	4	MO
<i>dicloxacillin sodium</i>	3	MO
EXTENCILLINE	4	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g potassium injection 2000000UNIT</i>	4	MO
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE INJECTION 2MM/50ML, 3MM/50ML	4	
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium</i>	2	MO
<i>piperacillin sodium/tazobactam sodium injection 2gm; 0.25gm, 3gm; 0.375gm, 36gm; 4.5gm, 4gm; 0.5gm</i>	4	
TETRACYCLINES		
<i>doxy 100 injection</i>	4	MO
<i>doxycycline hyclate capsule</i>	2	MO
<i>doxycycline hyclate tablet 100mg</i>	2	MO
<i>doxycycline hyclate tablet 20mg</i>	3	MO
<i>doxycycline monohydrate capsule</i>	4	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	2	MO
<i>doxycycline monohydrate tablet 150mg</i>	4	MO
<i>minocycline hcl capsule</i>	2	MO
<i>minocycline hcl tablet</i>	4	ST MO
<i>minocycline hydrochloride capsule</i>	2	MO
<i>mondoxylene nl</i>	4	
NUZYRA	5	MO; ACS LD
<i>tetracycline hydrochloride capsule</i>	4	MO
<i>tigecycline</i>	5	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
CYCLOPHOSPHAMIDE TABLET	3	PA
<i>cyclophosphamide capsule</i>	3	PA MO
GLEOSTINE CAPSULE 10MG, 40MG	4	ACS
GLEOSTINE CAPSULE 100MG	5	ACS
LEUKERAN	5	MO
ANTIMETABOLITES		

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

Drug Name	Drug Tier	Requirements/Limits
INQOVI	5	QL (5 EA per 28 days) PA; ACS LD
LONSURF	5	PA; ACS LD
<i>mercaptopurine</i>	3	MO
<i>methotrexate sodium injection pf 50mg/2ml</i>	3	MO
<i>methotrexate sodium injection 1gm/40ml</i>	3	
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	3	MO
<i>methotrexate sodium injection 1gm</i>	4	
ONUREG	5	QL (14 EA per 28 days) PA; ACS LD
PURIXAN	5	ACS LD
TABLOID	5	MO
HORMONAL ANTINEOPLASTIC AGENTS		
<i>abiraterone acetate</i>	5	PA; ACS
AKEEGA	5	QL (60 EA per 30 days) PA; LD
<i>anastrozole</i>	2	MO
<i>bicalutamide</i>	3	MO
ELIGARD	4	PA; ACS
EMCYT	5	MO
ERLEADA	5	PA; ACS LD
<i>exemestane</i>	4	MO
FIRMAGON INJECTION 80MG	4	PA; ACS
FIRMAGON INJECTION 120MG/VIAL	5	PA; ACS
<i>letrozole</i>	2	MO
<i>leuprolide acetate injection 1mg/0.2ml</i>	4	PA; ACS
LUPRON DEPOT (1-MONTH) INJECTION 3.75MG	5	PA; ACS
LUPRON DEPOT (3-MONTH) INJECTION 11.25MG	5	PA; ACS
LYSODREN	5	MO; LD
<i>megestrol acetate tablet 20mg, 40mg</i>	3	MO
<i>nilutamide</i>	5	MO
NUBEQA	5	PA; ACS LD
ORGOVYX	5	PA MO; LD
ORSERDU TABLET 345MG	5	QL (30 EA per 30 days) PA MO; LD
ORSERDU TABLET 86MG	5	QL (90 EA per 30 days) PA MO; LD
SOLTAMOX	5	MO
<i>tamoxifen citrate</i>	2	MO
<i>toremifene citrate</i>	5	PA MO
XTANDI	5	PA; ACS LD
IMMUNOMODULATORS		
<i>lenalidomide capsule 20mg, 25mg</i>	5	QL (21 EA per 28 days) PA; ACS LD
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	5	QL (28 EA per 28 days) PA; ACS LD
POMALYST	5	QL (21 EA per 28 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAPSULE 100MG	5	QL (112 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 50MG	5	QL (224 EA per 28 days) PA; ACS LD
THALOMID CAPSULE 150MG, 200MG	5	QL (56 EA per 28 days) PA; ACS LD
MISCELLANEOUS		
ASPARLAS	5	PA; ACS LD
BESREMI	5	QL (2 ML per 28 days) PA; LD
<i>bexarotene capsule 75mg</i>	5	PA; ACS
<i>hydroxyurea</i>	2	MO
IWILFIN	5	QL (240 EA per 30 days) PA; LD
MATULANE	5	MO; LD
ONCASPAR	5	PA; LD
<i>tretinoin capsule 10mg</i>	5	MO
WELIREG	5	QL (90 EA per 30 days) PA MO; LD
MOLECULAR TARGET AGENTS		
ALECENSA	5	QL (240 EA per 30 days) PA; ACS LD
ALUNBRIG TABLET THERAPY PACK	5	PA; LD
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA; LD
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA; LD
AUGTYRO	5	QL (240 EA per 30 days) PA; ACS LD
AYVAKIT	5	QL (30 EA per 30 days) PA; LD
BALVERSA TABLET 5MG	5	QL (28 EA per 28 days) PA; ACS LD
BALVERSA TABLET 4MG	5	QL (56 EA per 28 days) PA; ACS LD
BALVERSA TABLET 3MG	5	QL (84 EA per 28 days) PA; ACS LD
BOSULIF CAPSULE 100MG	5	QL (150 EA per 25 days) PA; ACS
BOSULIF CAPSULE 50MG	5	QL (360 EA per 30 days) PA; ACS
BOSULIF TABLET 100MG	5	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	5	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	5	QL (180 EA per 30 days) PA; ACS LD
BRUKINSA	5	QL (120 EA per 30 days) PA; LD
CABOMETYX	5	QL (30 EA per 30 days) PA; ACS LD
CALQUENCE	5	QL (60 EA per 30 days) PA; LD
CAPRELSA TABLET 300MG	5	QL (30 EA per 30 days) PA; LD
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 140MG DAILY	5	QL (112 EA per 28 days) PA; ACS LD
COMETRIQ KIT 100MG DAILY	5	QL (56 EA per 28 days) PA; ACS LD
COMETRIQ KIT 60MG DAILY	5	QL (84 EA per 28 days) PA; ACS LD
COPIKTRA	5	QL (56 EA per 28 days) PA; ACS LD
COTELLIC	5	QL (63 EA per 28 days) PA; ACS LD
DAURISMO TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
DAURISMO TABLET 25MG	5	QL (60 EA per 30 days) PA; ACS LD
ERIVEDGE	5	PA; ACS LD
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	5	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA; ACS
EXKIVITY	5	QL (120 EA per 30 days) PA; LD
FOTIVDA	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 5MG	5	QL (21 EA per 28 days) PA; LD
FRUZAQLA CAPSULE 1MG	5	QL (84 EA per 28 days) PA; LD
GAVRETO	5	QL (120 EA per 30 days) PA; ACS LD
<i>gefitinib</i>	5	QL (60 EA per 30 days) PA; ACS
GILOTRIF	5	QL (30 EA per 30 days) PA; LD
IBRANCE	5	QL (21 EA per 28 days) PA; ACS LD
ICLUSIG TABLET 10MG, 30MG	5	PA; LD
ICLUSIG TABLET 15MG, 45MG	5	QL (30 EA per 30 days) PA; LD
IDHIFA	5	QL (30 EA per 30 days) PA; ACS LD
<i>imatinib mesylate tablet 400mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	5	QL (90 EA per 30 days) PA; ACS
IMBRUVICA SUSPENSION	5	QL (216 ML per 27 days) PA; LD
IMBRUVICA TABLET	5	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 70MG	5	QL (30 EA per 30 days) PA; LD
IMBRUVICA CAPSULE 140MG	5	QL (90 EA per 30 days) PA; LD
INLYTA TABLET 5MG	5	QL (120 EA per 30 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
INLYTA TABLET 1MG	5	QL (180 EA per 30 days) PA; ACS LD
INREBIC	5	QL (120 EA per 30 days) PA; ACS LD
JAKAFI	5	QL (60 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 50MG	5	QL (30 EA per 30 days) PA; ACS LD
JAYPIRCA TABLET 100MG	5	QL (60 EA per 30 days) PA; ACS LD
KISQALI	5	PA; ACS
KISQALI FEMARA 200 DOSE	5	PA; ACS
KISQALI FEMARA 400 DOSE	5	PA; ACS
KISQALI FEMARA 600 DOSE	5	PA; ACS
KOSELUGO	5	PA MO; LD
KRAZATI	5	QL (180 EA per 30 days) PA MO; LD
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA; ACS LD
LENVIMA 10 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 12MG DAILY DOSE	5	PA; ACS LD
LENVIMA 14 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 18 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 20 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 24 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 4 MG DAILY DOSE	5	PA; ACS LD
LENVIMA 8 MG DAILY DOSE	5	PA; ACS LD
LORBRENA TABLET 100MG	5	QL (30 EA per 30 days) PA; ACS LD
LORBRENA TABLET 25MG	5	QL (90 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 120MG	5	QL (240 EA per 30 days) PA; ACS LD
LUMAKRAS TABLET 320MG	5	QL (90 EA per 30 days) PA; ACS LD
LYNPARZA	5	QL (120 EA per 30 days) PA; ACS LD
LYTGOBI TABLET THERAPY PACK 16MG	5	QL (112 EA per 28 days) PA MO; LD
LYTGOBI TABLET THERAPY PACK 20MG	5	QL (140 EA per 28 days) PA MO; LD
LYTGOBI TABLET THERAPY PACK 12MG	5	QL (84 EA per 28 days) PA MO; LD
MEKINIST SOLUTION RECONSTITUTED	5	QL (1260 ML per 30 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
MEKINIST TABLET 2MG	5	QL (30 EA per 30 days) PA; ACS LD
MEKINIST TABLET 0.5MG	5	QL (90 EA per 30 days) PA; ACS LD
MEKTOVI	5	QL (180 EA per 30 days) PA; ACS LD
NERLYNX	5	QL (180 EA per 30 days) PA; ACS LD
NINLARO	5	PA; ACS
ODOMZO	5	PA; ACS LD
OGSIVEO TABLET 50MG	5	QL (180 EA per 30 days) PA MO; LD
OGSIVEO TABLET 100MG, 150MG	5	QL (56 EA per 28 days) PA MO; LD
OJEMDA TABLET	5	QL (24 EA per 28 days) PA; LD
OJEMDA SUSPENSION RECONSTITUTED	5	QL (96 ML per 28 days) PA MO; LD
OJJAARA	5	QL (30 EA per 30 days) PA MO; LD
<i>pazopanib hydrochloride</i>	5	QL (120 EA per 30 days) PA; ACS
PEMAZYRE	5	QL (28 EA per 28 days) PA MO; LD
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA; ACS
QINLOCK	5	QL (90 EA per 30 days) PA MO; LD
RETEVMO CAPSULE 80MG	5	QL (120 EA per 30 days) PA; ACS LD
RETEVMO CAPSULE 40MG	5	QL (180 EA per 30 days) PA; ACS LD
REZLIDHIA	5	QL (60 EA per 30 days) PA MO; LD
<i>romidepsin injection 10mg</i>	5	ACS
ROZLYTREK PACKET	5	QL (336 EA per 28 days) PA; ACS LD
ROZLYTREK CAPSULE 100MG	5	QL (180 EA per 30 days) PA; ACS LD
ROZLYTREK CAPSULE 200MG	5	QL (90 EA per 30 days) PA; ACS LD
RUBRACA	5	PA; ACS LD
RYDAPT	5	QL (224 EA per 28 days) PA; ACS
SCEMBLIX TABLET 100MG	5	QL (120 EA per 30 days) PA; LD
SCEMBLIX TABLET 40MG	5	QL (300 EA per 30 days) PA MO; ACS
SCEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA MO; ACS
<i>sorafenib tosylate</i>	5	QL (120 EA per 30 days) PA; ACS
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA; ACS

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

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABLET 20MG	5	QL (90 EA per 30 days) PA; ACS
STIVARGA	5	QL (84 EA per 28 days) PA; ACS LD
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA; ACS
TABRECTA	5	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	5	QL (120 EA per 30 days) PA; ACS LD
TAFINLAR TABLET SOLUBLE	5	QL (900 EA per 30 days) PA; ACS LD
TAGRISSE	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA; ACS LD
TALZENNA CAPSULE 0.25MG	5	QL (90 EA per 30 days) PA; ACS LD
TASIGNA CAPSULE 150MG, 200MG	5	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	5	QL (120 EA per 30 days) PA; ACS
TAZVERIK	5	QL (240 EA per 30 days) PA MO; LD
TECVAYLI	5	PA; LD
TEPMETKO	5	QL (60 EA per 30 days) PA MO; LD
TIBSOVO	5	PA MO; LD
<i>torpenz</i>	5	QL (30 EA per 30 days) PA
TRUQAP	5	QL (64 EA per 28 days) PA MO; LD
TRUXIMA	5	PA; ACS
TUKYSA TABLET 150MG	5	QL (120 EA per 30 days) PA MO; LD
TUKYSA TABLET 50MG	5	QL (240 EA per 30 days) PA MO; LD
TURALIO	5	QL (120 EA per 30 days) PA MO; LD
VANFLYTA	5	QL (56 EA per 28 days) PA MO; LD
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA MO; LD
VENCLEXTA TABLET 10MG	3	QL (120 EA per 30 days) PA MO; LD
VENCLEXTA TABLET 50MG	5	QL (120 EA per 30 days) PA MO; LD
VENCLEXTA TABLET 100MG	5	QL (180 EA per 30 days) PA MO; LD
VERZENIO	5	PA; ACS LD
VITRAKVI SOLUTION	5	QL (300 ML per 30 days) PA; ACS LD
VITRAKVI CAPSULE 25MG	5	QL (180 EA per 30 days) PA; ACS LD

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

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI CAPSULE 100MG	5	QL (60 EA per 30 days) PA; ACS LD
VIZIMPRO	5	QL (30 EA per 30 days) PA; ACS LD
VONJO	5	QL (120 EA per 30 days) PA MO; LD
XALKORI CAPSULE	5	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 50MG	5	QL (120 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 150MG	5	QL (180 EA per 30 days) PA; ACS LD
XALKORI CAPSULE SPRINKLE 20MG	5	QL (240 EA per 30 days) PA; ACS LD
XOSPATA	5	PA; ACS LD
XPOVIO 60 MG TWICE WEEKLY	5	QL (24 EA per 28 days) PA MO; LD
XPOVIO 80 MG TWICE WEEKLY	5	QL (32 EA per 28 days) PA MO; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 40MG, 60MG	5	QL (4 EA per 28 days) PA MO; LD
XPOVIO TABLET THERAPY PACK ONCE WEEKLY 80MG, 100MG, TWICE WEEKLY 40MG	5	QL (8 EA per 28 days) PA MO; LD
ZEJULA TABLET	5	QL (30 EA per 30 days) PA; ACS LD
ZELBORAF	5	QL (240 EA per 30 days) PA; ACS LD
ZIRABEV	5	PA; ACS LD
ZOLINZA	5	PA; ACS
ZYDELIG	5	QL (60 EA per 30 days) PA; ACS LD
ZYKADIA	5	QL (84 EA per 28 days) PA; ACS LD
PROTECTIVE AGENTS		
leucovorin calcium tablet	3	MO
MESNEX TABLET	5	MO
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate/benazepril hydrochloride	2	QL (30 EA per 30 days) MO
benazepril hydrochloride/hydrochlorothiazide	2	MO
captopril/hydrochlorothiazide	4	MO
enalapril maleate/hydrochlorothiazide	1	MO
fosinopril sodium/hydrochlorothiazide	2	MO
lisinopril/hydrochlorothiazide	1	MO
quinapril/hydrochlorothiazide tablet 12.5mg; 10mg	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril/hydrochlorothiazide tablet 12.5mg; 20mg, 25mg; 20mg</i>	2	MO
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i>	2	MO
<i>trandolapril/verapamil hcl er tablet extended release 4mg; 240mg</i>	4	MO
ACE INHIBITORS		
<i>benazepril hcl</i>	1	MO
<i>benazepril hydrochloride</i>	1	MO
<i>captopril</i>	4	MO
<i>enalapril maleate tablet</i>	2	MO
<i>fosinopril sodium</i>	1	MO
<i>lisinopril</i>	1	MO
<i>moexipril hcl</i>	2	MO
<i>perindopril erbumine</i>	2	MO
<i>quinapril hydrochloride</i>	1	MO
<i>ramipril</i>	1	MO
<i>trandolapril</i>	2	MO
ALDOSTERONE RECEPTOR ANTAGONISTS		
<i>eplerenone</i>	4	MO
KERENDIA	4	QL (30 EA per 30 days) MO
<i>spironolactone tablet</i>	1	MO
ALPHA BLOCKERS		
<i>doxazosin mesylate</i>	2	MO
<i>prazosin hydrochloride</i>	3	MO
<i>terazosin hcl</i>	1	MO
<i>terazosin hydrochloride</i>	1	MO
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
<i>amlodipine besylate/valsartan</i>	2	QL (30 EA per 30 days) MO
<i>amlodipine/olmesartan medoxomil</i>	4	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	4	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	4	QL (60 EA per 30 days) MO
ENTRESTO	3	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	2	QL (30 EA per 30 days) MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	2	QL (60 EA per 30 days) MO
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	4	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	4	QL (30 EA per 30 days) MO
<i>telmisartan/amlodipine</i>	4	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	3	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	3	QL (60 EA per 30 days) MO
<i>valsartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tablet 32mg</i>	3	QL (30 EA per 30 days) MO
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	3	QL (60 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	2	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil tablet 5mg</i>	2	QL (60 EA per 30 days) MO
<i>telmisartan</i>	4	QL (30 EA per 30 days) MO
<i>valsartan tablet 320mg</i>	2	QL (30 EA per 30 days) MO
<i>valsartan tablet 160mg, 40mg, 80mg</i>	2	QL (60 EA per 30 days) MO
ANTIARRHYTHMICS		
<i>amiodarone hydrochloride tablet 100mg, 200mg</i>	2	MO
<i>amiodarone hydrochloride tablet 400mg</i>	4	MO
<i>dofetilide</i>	4	ACS
<i>flecainide acetate</i>	3	MO
MULTAQ	4	MO
<i>pacerone tablet 100mg, 200mg</i>	2	
<i>pacerone tablet 400mg</i>	4	
<i>propafenone hcl</i>	3	MO
<i>propafenone hydrochloride er</i>	4	MO
<i>quinidine sulfate</i>	2	MO
<i>sorine tablet 160mg, 80mg</i>	2	
<i>sorine tablet 120mg</i>	2	MO
<i>sotalol hcl</i>	2	MO
<i>sotalol hydrochloride (af)</i>	2	MO
ANTILIPEMICS, FIBRATES		
<i>fenofibrate micronized</i>	3	MO
<i>fenofibrate capsule 150mg, 50mg</i>	2	MO
<i>fenofibrate capsule 130mg, 43mg</i>	3	MO
<i>fenofibrate tablet 40mg</i>	2	MO
<i>fenofibrate tablet 145mg, 160mg, 48mg, 54mg</i>	3	MO
<i>fenofibric acid dr</i>	4	MO
<i>gemfibrozil</i>	2	MO
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO
<i>rosuvastatin calcium</i>	3	QL (30 EA per 30 days) MO
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO
ANTILIPEMICS, MISCELLANEOUS		
<i>cholestyramine packet 4gm</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light packet 4gm</i>	4	MO
<i>colesevelam hydrochloride</i>	3	MO
<i>colestipol hcl packet, tablet</i>	4	MO
<i>ezetimibe</i>	4	MO
<i>ezetimibe/simvastatin</i>	2	QL (30 EA per 30 days) MO
NEXLETOL	3	QL (30 EA per 30 days) MO
NEXLIZET	3	QL (30 EA per 30 days) MO
<i>niacin er tablet extended release 1000mg, 750mg</i>	4	MO
<i>niacin er tablet extended release 500mg</i>	4	QL (60 EA per 30 days) MO
<i>omega-3-acid ethyl esters</i>	4	QL (120 EA per 30 days) PA MO
<i>prevalite packet</i>	4	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
VASCEPA	4	MO
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	1	MO
<i>bisoprolol fumarate/hydrochlorothiazide</i>	2	MO
<i>metoprolol/hydrochlorothiazide</i>	3	MO
BETA-BLOCKERS		
<i>acebutolol hydrochloride</i>	2	MO
<i>atenolol</i>	1	MO
<i>betaxolol hcl tablet 10mg, 20mg</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>carvedilol tablet</i>	1	MO
<i>labetalol hydrochloride tablet</i>	3	MO
<i>metoprolol succinate er</i>	2	MO
<i>metoprolol tartrate tablet 100mg, 25mg, 50mg</i>	1	MO
<i>metoprolol tartrate tablet 37.5mg, 75mg</i>	2	MO
<i>nadolol</i>	4	MO
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	3	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	3	QL (60 EA per 30 days) MO
<i>pindolol</i>	3	MO
<i>propranolol hcl oral solution, tablet</i>	3	MO
<i>propranolol hcl er</i>	4	MO
<i>propranolol hydrochloride er</i>	4	MO
<i>propranolol hydrochloride oral solution, tablet</i>	3	MO
<i>timolol maleate tablet 20mg</i>	1	MO
<i>timolol maleate tablet 10mg, 5mg</i>	2	MO
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate</i>	1	MO
<i>cartia xt</i>	2	
<i>dilt-xr</i>	2	MO
<i>diltiazem hcl tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl er capsule extended release 24 hour (generic Tiazac), tablet extended release 24 hour (generic Cardizem LA)</i>	2	MO
<i>diltiazem hcl er capsule extended release 12 hour (generic Cardizem SR) 120mg, 30mg, 90mg</i>	4	MO
<i>diltiazem hydrochloride</i>	2	MO
<i>diltiazem hcl er capsule extended release 24 hour (generic Dilacor XR) 120mg, 180mg, 240mg, 300mg</i>	2	MO
<i>felodipine er tablet extended release 24 hour 10mg, 5mg</i>	2	MO
<i>isradipine</i>	2	MO
<i>matzim la tablet extended release 24 hour 180mg</i>	2	MO
<i>matzim la tablet extended release 24 hour 240mg, 300mg, 360mg, 420mg</i>	4	MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	2	MO
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	MO
<i>verapamil hcl</i>	1	MO
<i>verapamil hcl er capsule 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	MO
VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG	3	MO
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hcl sr tablet extended release 120mg, 180mg, 240mg</i>	2	MO
<i>verapamil hydrochloride tablet</i>	1	MO
<i>verapamil hydrochloride er tablet extended release 180mg</i>	2	MO
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	4	MO
DIURETICS		
<i>acetazolamide er capsule extended release</i>	4	MO
<i>acetazolamide tablet</i>	4	MO
<i>amiloride hcl</i>	3	MO
<i>amiloride/hydrochlorothiazide</i>	2	MO
<i>bumetanide tablet</i>	3	MO
<i>bumetanide injection</i>	4	MO
<i>chlorthalidone</i>	2	MO
<i>furosemide oral solution, tablet</i>	1	MO
<i>furosemide injection</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>methazolamide</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>metolazone</i>	4	MO
<i>spironolactone/hydrochlorothiazide</i>	3	MO
<i>torsemide</i>	3	MO
<i>triamterene/hydrochlorothiazide</i>	1	MO
MISCELLANEOUS		
<i>aliskiren</i>	1	MO
<i>amlodipine besylate/atorvastatin calcium</i>	4	MO
<i>clonidine hydrochloride tablet</i>	2	MO
<i>clonidine patch weekly 0.1mg/24hr</i>	3	QL (8 EA per 28 days) MO
<i>clonidine patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	4	QL (8 EA per 28 days) MO
CORLANOR SOLUTION	4	
CORLANOR TABLET	4	MO
<i>digox tablet 250mcg, 125mcg</i>	3	QL (30 EA per 30 days)
<i>digoxin oral solution</i>	2	MO
<i>digoxin tablet 62.5mcg</i>	2	QL (90 EA per 30 days) MO
<i>digoxin tablet 125mcg, 250mcg</i>	3	QL (30 EA per 30 days) MO
<i>droxidopa capsule 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>hydralazine hcl tablet</i>	2	MO
<i>hydralazine hydrochloride tablet</i>	2	MO
<i>metyrosine</i>	5	PA MO
<i>midodrine hcl</i>	4	MO
<i>minoxidil</i>	2	MO
<i>ranolazine er</i>	4	MO
VERQUVO	3	MO
NITRATES		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	3	MO
<i>isosorbide mononitrate</i>	2	MO
<i>isosorbide mononitrate er</i>	2	MO
NITRO-BID	3	MO
<i>nitroglycerin transdermal</i>	3	MO
<i>nitroglycerin solution 0.4mg/spray</i>	4	MO
<i>nitroglycerin tablet sublingual 0.3mg, 0.4mg, 0.6mg</i>	3	MO
PULMONARY ARTERIAL HYPERTENSION		
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA; ACS LD
<i>bosentan tablet 62.5mg</i>	5	QL (120 EA per 30 days) PA; ACS LD
<i>bosentan tablet 125mg</i>	5	QL (60 EA per 30 days) PA; ACS LD
<i>sildenafil citrate tablet (generic Revatio)</i>	3	QL (360 EA per 30 days) PA; ACS
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
<i>alprazolam tablet 0.25mg, 0.5mg</i>	3	QL (120 EA per 30 days) MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tablet 1mg, 2mg</i>	3	QL (150 EA per 30 days) MO; HRM
<i>buspirone hcl</i>	2	MO
<i>buspirone hydrochloride</i>	2	MO
<i>fluvoxamine maleate</i>	4	MO; HRM
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO; HRM
<i>lorazepam injection</i>	4	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>lorazepam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO; HRM
ANTIDEMENTIA		
<i>donepezil hcl</i>	2	QL (30 EA per 30 days) MO
<i>donepezil hydrochloride</i>	2	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er</i>	4	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide solution</i>	4	QL (200 ML per 30 days) MO
<i>galantamine hydrobromide tablet</i>	4	QL (60 EA per 30 days) MO
<i>memantine hcl titration pak</i>	2	QL (98 EA per 365 days) PA MO
<i>memantine hydrochloride er</i>	4	PA MO
<i>memantine hydrochloride solution</i>	3	QL (360 ML per 30 days) PA MO
<i>memantine hydrochloride tablet</i>	3	QL (60 EA per 30 days) PA MO
NAMZARIC	4	MO
<i>rivastigmine tartrate capsule</i>	4	QL (60 EA per 30 days) MO
<i>rivastigmine transdermal system</i>	4	QL (30 EA per 30 days) MO
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	3	PA MO; HRM
<i>amitriptyline hydrochloride</i>	3	PA MO; HRM
<i>amoxapine</i>	3	MO; HRM
AUVELITY	5	QL (60 EA per 30 days) PA MO
<i>bupropion hcl</i>	3	QL (120 EA per 30 days) MO
<i>bupropion hydrochloride</i>	3	QL (180 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	3	QL (60 EA per 30 days) MO
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	3	QL (30 EA per 30 days) MO
<i>citalopram hydrobromide solution</i>	3	QL (600 ML per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>clomipramine hydrochloride</i>	4	PA MO; HRM
<i>desipramine hydrochloride</i>	4	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>doxepin hcl caps 75mg, concentrate 10mg/ml</i>	4	PA MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	4	PA MO; HRM
<i>duloxetine hydrochloride (generic Cymbalta) capsule 20mg, 30mg, 60mg</i>	3	QL (60 EA per 30 days) MO; HRM
EMSAM	5	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	4	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>escitalopram oxalate tablet 10mg, 5mg</i>	3	QL (45 EA per 30 days) MO; HRM
FETZIMA TITRATION PACK	4	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	4	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hydrochloride capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>fluoxetine hydrochloride solution, tablet (generic Prozac)</i>	2	MO; HRM
<i>imipramine hcl</i>	3	PA MO; HRM
<i>imipramine hydrochloride</i>	3	PA MO; HRM
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine</i>	2	QL (30 EA per 30 days) MO
<i>mirtazapine odt</i>	3	QL (30 EA per 30 days) MO
<i>nefazodone hydrochloride</i>	4	MO
<i>nortriptyline hcl</i>	3	MO; HRM
<i>nortriptyline hydrochloride</i>	3	MO; HRM
<i>paroxetine hcl tablet 40mg</i>	2	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 30mg</i>	2	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride tablet</i>	2	QL (30 EA per 30 days) MO; HRM
<i>paroxetine hydrochloride suspension</i>	4	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	4	PA MO; HRM
<i>phenelzine sulfate</i>	3	MO
<i>protriptyline hcl</i>	4	PA MO; HRM
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>sertraline hcl concentrate</i>	4	QL (300 ML per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM
<i>tranylcypromine sulfate</i>	4	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	2	MO
<i>trazodone hydrochloride tablet 300mg</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>trimipramine maleate capsule 50mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	4	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	4	QL (30 EA per 30 days) PA MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride</i>	3	MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 37.5mg, 75mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>venlafaxine hydrochloride er capsule extended release 24 hour 150mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>vilazodone hydrochloride</i>	4	QL (30 EA per 30 days) MO
ZURZUVAE CAPSULE 30MG	5	QL (14 EA per 14 days) PA; ACS
ZURZUVAE CAPSULE 20MG, 25MG	5	QL (28 EA per 14 days) PA; ACS
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl tablet</i>	3	MO
<i>amantadine hcl solution</i>	4	MO
<i>amantadine hcl capsule</i>	4	QL (120 EA per 30 days) MO
<i>benztropine mesylate injection</i>	2	MO
<i>benztropine mesylate tablet</i>	3	PA MO; HRM
<i>bromocriptine mesylate</i>	4	MO
<i>carbidopa/levodopa</i>	2	MO
<i>carbidopa/levodopa er</i>	4	MO
<i>carbidopa/levodopa odt</i>	3	MO
<i>entacapone</i>	4	MO
INBRIJA	5	QL (300 EA per 30 days) PA; LD
<i>pramipexole dihydrochloride</i>	2	MO
<i>rasagiline mesylate</i>	3	MO
<i>ropinirole hcl</i>	2	MO
<i>ropinirole hydrochloride</i>	2	MO
<i>selegiline hcl</i>	4	MO
<i>trihexyphenidyl hcl oral solution</i>	4	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	3	PA MO; HRM
ANTIPSYCHOTICS		
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	4	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	4	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	5	HRM
ARISTADA INJECTION 441MG/1.6ML	5	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	5	QL (2.4 ML per 28 days); HRM

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJECTION 882MG/3.2ML	5	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	5	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days) MO; HRM
CAPLYTA	5	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	4	MO; HRM
<i>chlorpromazine hcl injection 50mg/2ml</i>	4	HRM
<i>chlorpromazine hcl injection 25mg/ml</i>	4	MO; HRM
<i>chlorpromazine hydrochloride concentrate</i>	4	HRM
<i>chlorpromazine hydrochloride tablet</i>	4	MO; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 200MG	4	QL (120 EA per 30 days) PA; HRM
CLOZAPINE ODT TABLET DISINTEGRATING 150MG	4	QL (180 EA per 30 days) PA; HRM
<i>clozapine odt tablet disintegrating 12.5mg, 25mg</i>	4	PA; HRM
<i>clozapine odt tablet disintegrating 100mg</i>	4	QL (270 EA per 30 days) PA; HRM
<i>clozapine tablet 25mg, 50mg</i>	3	HRM
<i>clozapine tablet 200mg</i>	3	QL (120 EA per 30 days); HRM
<i>clozapine tablet 100mg</i>	3	QL (270 EA per 30 days); HRM
FANAPT	5	QL (60 EA per 30 days) PA MO; HRM
FANAPT TITRATION PACK	4	PA MO; HRM
<i>fluphenazine decanoate</i>	4	MO; HRM
<i>fluphenazine hcl</i>	2	MO; HRM
<i>fluphenazine hydrochloride elixir, tablet</i>	2	MO; HRM
<i>fluphenazine hydrochloride injection</i>	4	MO; HRM
<i>haloperidol decanoate</i>	4	MO; HRM
<i>haloperidol lactate</i>	4	MO; HRM
<i>haloperidol tablet</i>	3	MO; HRM
<i>haloperidol concentrate</i>	4	MO; HRM
INVEGA HAFYERA INJECTION 1092MG/3.5ML	5	QL (3.5 ML per 180 days); HRM
INVEGA HAFYERA INJECTION 1560MG/5ML	5	QL (5 ML per 180 days); HRM
INVEGA SUSTENNA INJECTION 39MG/0.25ML	4	QL (0.25 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 78MG/0.5ML	5	QL (0.5 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 117MG/0.75ML	5	QL (0.75 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 156MG/ML	5	QL (1 ML per 28 days) MO; HRM
INVEGA SUSTENNA INJECTION 234MG/1.5ML	5	QL (1.5 ML per 28 days) MO; HRM
INVEGA TRINZA INJECTION 273MG/0.88ML	5	QL (0.88 ML per 90 days); HRM
INVEGA TRINZA INJECTION 410MG/1.32ML	5	QL (1.32 ML per 90 days); HRM
INVEGA TRINZA INJECTION 546MG/1.75ML	5	QL (1.75 ML per 90 days); HRM
INVEGA TRINZA INJECTION 819MG/2.63ML	5	QL (2.63 ML per 90 days); HRM
<i>loxapine</i>	3	MO; HRM
<i>lurasidone hydrochloride tablet 120mg, 20mg, 40mg, 60mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>lurasidone hydrochloride tablet 80mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>molindone hydrochloride tablet 10mg, 5mg</i>	3	HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>molindone hydrochloride tablet 25mg</i>	4	HRM
NUPLAZID	5	QL (30 EA per 30 days) PA; ACS HRM LD
<i>olanzapine odt</i>	4	QL (30 EA per 30 days) MO; HRM
<i>olanzapine injection</i>	4	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>perphenazine</i>	4	MO; HRM
<i>pimozide</i>	4	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>quetiapine fumarate tablet 200mg</i>	3	QL (120 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 25mg</i>	3	QL (180 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 300mg, 400mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	3	QL (90 EA per 30 days) MO; HRM
REXULTI TABLET 3MG, 4MG	5	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	5	QL (60 EA per 30 days) MO; HRM
<i>risperidone er injection 25mg</i>	4	QL (2 EA per 28 days) MO
<i>risperidone er injection 12.5mg</i>	4	QL (2 EA per 28 days) MO; HRM
<i>risperidone er injection 37.5mg, 50mg</i>	5	QL (2 EA per 28 days) MO
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg, 0.5mg</i>	4	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	3	QL (480 ML per 30 days) MO; HRM
<i>risperidone tablet 4mg</i>	3	QL (120 EA per 30 days) MO; HRM
<i>risperidone tablet 1mg, 2mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	3	QL (90 EA per 30 days) MO; HRM
SECUADO	5	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl</i>	3	PA MO; HRM
<i>thiothixene</i>	4	MO; HRM
<i>trifluoperazine hcl</i>	4	MO; HRM
<i>trifluoperazine hydrochloride</i>	4	MO; HRM
VERSACLOZ	5	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	4	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	5	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	5	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	3	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone mesylate injection</i>	4	QL (6 EA per 3 days) MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INJECTION 210MG	4	QL (2 EA per 28 days) PA MO; ACS HRM
ZYPREXA RELPREVV INJECTION 405MG	5	QL (1 EA per 28 days) PA MO; ACS HRM
ZYPREXA RELPREVV INJECTION 300MG	5	QL (2 EA per 28 days) PA MO; ACS HRM
ANTISEIZURE AGENTS		
APTIOM TABLET 200MG, 400MG	5	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	5	QL (60 EA per 30 days) MO
BRIVIACT TABLET	5	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	5	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	5	QL (600 ML per 30 days) PA MO
<i>carbamazepine er</i>	4	MO; HRM
<i>carbamazepine tablet chewable, tablet</i>	2	MO; HRM
<i>carbamazepine suspension</i>	4	MO; HRM
<i>clobazam suspension</i>	4	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	4	QL (300 EA per 30 days) MO
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	4	QL (90 EA per 30 days) MO
<i>clonazepam tablet 2mg</i>	3	QL (300 EA per 30 days) MO
<i>clonazepam tablet 0.5mg, 1mg</i>	3	QL (90 EA per 30 days) MO
<i>clorazepate dipotassium tablet 15mg</i>	4	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	4	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT CAPSULE 250MG	5	QL (360 EA per 30 days) PA; LD
DIACOMIT PACKET 500MG	5	QL (180 EA per 30 days) PA; LD
DIACOMIT PACKET 250MG	5	QL (360 EA per 30 days) PA; LD
<i>diazepam intensol</i>	3	QL (240 ML per 30 days) PA MO; HRM
DIAZEPAM RECTAL GEL	4	QL (5 EA per 30 days) MO; HRM
<i>diazepam tablet</i>	3	QL (120 EA per 30 days) PA MO; HRM
<i>diazepam concentrate</i>	3	QL (240 ML per 30 days) PA MO; HRM
<i>diazepam oral solution</i>	4	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	4	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
DILANTIN INFATABS	4	MO
DILANTIN-125	4	MO
<i>divalproex sodium capsule delayed release sprinkle</i>	3	MO
<i>divalproex sodium dr</i>	3	MO
<i>divalproex sodium er</i>	4	MO
EPIDIOLEX	5	QL (600 ML per 30 days) PA; ACS LD
<i>epitol</i>	2	HRM
EPRONTIA	4	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	3	MO
<i>ethosuximide solution</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	QL (360 ML per 30 days) PA; LD
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	4	MO
FYCOMPA SUSPENSION	5	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 2MG	4	QL (60 EA per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	5	QL (30 EA per 30 days) PA MO
<i>gabapentin (generic Neurontin) capsule 100mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 400mg</i>	3	QL (270 EA per 30 days) MO
<i>gabapentin (generic Neurontin) capsule 300mg</i>	3	QL (360 EA per 30 days) MO
<i>gabapentin (generic Neurontin) solution</i>	3	QL (2160 ML per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 600mg</i>	3	QL (180 EA per 30 days) MO
<i>gabapentin (generic Neurontin) tablet 800mg</i>	3	QL (90 EA per 30 days) MO
<i>lacosamide oral solution</i>	4	QL (1200 ML per 30 days) MO
<i>lacosamide injection</i>	5	
<i>lacosamide tablet 50mg</i>	4	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL (60 EA per 30 days) MO
<i>lamotrigine</i>	2	MO
<i>lamotrigine starter kit/blue</i>	2	MO
<i>lamotrigine starter kit/orange</i>	2	MO
<i>levetiracetam er</i>	2	MO
<i>levetiracetam/sodium chloride</i>	4	
<i>levetiracetam oral solution, tablet</i>	2	MO
<i>levetiracetam injection</i>	4	
LIBERVANT	4	QL (10 EA per 30 days) PA
<i>methsuximide</i>	4	MO
NAYZILAM	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	3	MO; HRM
<i>oxcarbazepine suspension</i>	4	MO; HRM
<i>phenobarbital sodium injection</i>	4	PA; HRM
<i>phenobarbital tablet</i>	4	QL (120 EA per 30 days) PA MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital elixir</i>	4	QL (1500 ML per 30 days) PA MO; HRM
<i>phenytek</i>	3	
<i>phenytoin oral suspension, tablet chewable</i>	3	MO
<i>phenytoin sodium extended release capsule</i>	3	MO
<i>phenytoin sodium injection</i>	4	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	3	QL (120 EA per 30 days) PA MO
<i>pregabalin capsule 225mg, 300mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin capsule 200mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pregabalin solution</i>	3	QL (900 ML per 30 days) PA MO
<i>primidone</i>	2	MO
<i>roweepra</i>	2	
<i>rufinamide suspension</i>	5	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	4	QL (480 EA per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	5	QL (240 EA per 30 days) PA MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 750MG	4	QL (120 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 500MG	4	QL (180 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 250MG	4	QL (360 EA per 30 days) MO
SPRITAM TABLET DISINTEGRATING SOLUBLE 1000MG	4	QL (90 EA per 30 days) MO
<i>subvenite</i>	2	
<i>subvenite starter kit/blue</i>	2	
<i>subvenite starter kit/orange</i>	2	
SYMPAZAN FILM 5MG	4	QL (60 EA per 30 days) PA MO; HRM
SYMPAZAN FILM 10MG, 20MG	5	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	4	MO
<i>topiramate capsule sprinkle</i>	2	MO
<i>topiramate tablet 100mg</i>	2	QL (120 EA per 30 days) MO
<i>topiramate tablet 200mg</i>	2	QL (60 EA per 30 days) MO
<i>topiramate tablet 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO
<i>valproate sodium injection</i>	4	
<i>valproic acid capsule, oral solution</i>	2	MO
VALTOCO 10 MG DOSE	5	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	5	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	5	QL (10 EA per 30 days) PA MO
VALTOCO 5 MG DOSE	5	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA; ACS LD
<i>vigadrone</i>	5	QL (180 EA per 30 days) PA; LD
<i>vigpoder</i>	5	QL (180 EA per 30 days) PA; LD
XCOPRI TITRATION PACK 12.5MG; 25MG	4	QL (28 EA per 28 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK 50MG; 100MG, 150MG; 200MG	5	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 150MG; 100MG, 200MG; 150MG	5	QL (56 EA per 28 days) MO
XCOPRI TABLET 25MG	5	QL (30 EA per 30 days)
XCOPRI TABLET 100MG, 50MG	5	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	5	QL (60 EA per 30 days) MO
ZONISADE	5	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	3	MO
<i>zonisamide capsule 50mg</i>	3	MO; HRM
ZTALMY	5	QL (1100 ML per 30 days) PA MO; LD
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	3	QL (60 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 20mg</i>	3	QL (90 EA per 30 days) MO
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days) MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 1mg, 2mg, 4mg</i>	3	QL (30 EA per 30 days) PA MO
<i>guanfacine hydrochloride er tablet extended release 24 hour 3mg</i>	3	QL (60 EA per 30 days) PA MO
<i>methylphenidate hydrochloride tablet</i>	3	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride er (la) capsule extended release 24 hour (generic Ritalin LA) 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 244 hour (generic Ritaline LA) 20mg, 40mg</i>		QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 244 hour (generic Ritalin LA) 30mg</i>		QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Metadate ER and Ritalin SR)</i>	4	QL (90 EA per 30 days) MO
HYPNOTICS		
DAYVIGO	3	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>tasimelteon</i>	5	QL (30 EA per 30 days) PA; ACS
<i>temazepam capsule 15mg, 30mg</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 5mg</i>	3	QL (30 EA per 30 days) PA MO; HRM
<i>zaleplon capsule 10mg</i>	3	QL (60 EA per 30 days) PA MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolpidem tartrate tablet</i>	2	QL (30 EA per 30 days) PA MO; HRM
MIGRAINE		
AIMOVIG	4	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate nasal solution</i>	5	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO
<i>ergotamine tartrate/caffeine</i>	3	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	3	QL (9 EA per 30 days) MO
NURTEC	3	QL (16 EA per 30 days) PA MO
QULIPTA	3	QL (30 EA per 30 days) PA MO
<i>rizatriptan benzoate</i>	3	QL (12 EA per 30 days) MO
<i>rizatriptan benzoate odt</i>	3	QL (12 EA per 30 days) MO
<i>sumatriptan nasal spray</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate injection</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	2	QL (12 EA per 30 days) MO
<i>sumatriptan succinate tablet 25mg, 50mg</i>	2	QL (9 EA per 30 days) MO
UBRELVY	3	QL (16 EA per 30 days) PA MO
MISCELLANEOUS		
AUSTEDO XR PATIENT TITRATION KIT	5	QL (84 EA per 365 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 30MG, 36MG, 42MG, 48MG	5	QL (30 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	5	QL (120 EA per 30 days) PA; ACS LD
AUSTEDO TABLET 6MG	5	QL (60 EA per 30 days) PA; ACS LD
<i>lithium</i>	4	MO
<i>lithium carbonate</i>	1	MO
<i>lithium carbonate er</i>	2	MO
NUEDEXTA	5	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	3	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	3	QL (90 EA per 30 days) PA MO
<i>pyridostigmine bromide tablet</i>	3	MO
<i>riluzole</i>	4	MO
<i>tetrabenazine tablet 25mg</i>	5	QL (120 EA per 30 days) PA; ACS LD
<i>tetrabenazine tablet 12.5mg</i>	5	QL (90 EA per 30 days) PA; ACS LD

MULTIPLE SCLEROSIS AGENTS

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

Drug Name	Drug Tier	Requirements/Limits
BAFIERTAM	5	QL (120 EA per 30 days) PA; ACS LD
BETASERON	5	QL (14 EA per 28 days) PA; ACS
<i>dalfampridine er</i>	3	PA; ACS
<i>fingolimod hydrochloride</i>	5	QL (30 EA per 30 days) PA; ACS
<i>glatiramer acetate injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA; ACS
<i>glatiramer acetate injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA; ACS
<i>glatopa injection 40mg/ml</i>	5	QL (12 ML per 28 days) PA; ACS
<i>glatopa injection 20mg/ml</i>	5	QL (30 ML per 30 days) PA; ACS
OCREVUS	5	PA; ACS LD
<i>teriflunomide</i>	5	QL (30 EA per 30 days) PA; ACS
MUSCULOSKELETAL THERAPY AGENTS		
<i>baclofen tablet 10mg, 20mg, 5mg</i>	3	MO
<i>baclofen tablet 15mg</i>	4	MO
<i>chlorzoxazone tablet 500mg</i>	2	QL (180 EA per 30 days) PA MO
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	3	QL (90 EA per 30 days) PA MO; HRM
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	4	MO
<i>tizanidine hcl tablet</i>	2	MO
<i>tizanidine hcl capsule</i>	4	MO
<i>tizanidine hydrochloride tablet</i>	2	MO
<i>tizanidine hydrochloride capsule</i>	4	MO
NARCOLEPSY/CATAPLEXY		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	4	QL (30 EA per 30 days) PA MO
<i>armodafinil tablet 50mg</i>	4	QL (60 EA per 30 days) PA MO
<i>modafinil tablet 100mg</i>	3	QL (30 EA per 30 days) PA MO
<i>modafinil tablet 200mg</i>	3	QL (60 EA per 30 days) PA MO
SODIUM OXYBATE	5	QL (540 ML per 30 days) PA MO; LD
PSYCHOTHERAPEUTIC-MISC		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl tablet sublingual 2mg, 8mg</i>	2	QL (90 EA per 30 days) PA MO
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	2	QL (90 EA per 30 days) MO
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent)</i>	3	QL (60 EA per 30 days) MO
<i>extended release 12 hour 150mg</i>		
<i>disulfiram</i>	4	MO
<i>naloxone hcl</i>	2	MO
<i>naloxone hydrochloride nasal spray</i>	3	MO
<i>naloxone hydrochloride cartridge injection 0.4mg/ml</i>	2	
<i>naloxone hydrochloride vial injection 0.4mg/ml</i>	2	MO
<i>naloxone hydrochloride injection 2mg/2ml</i>	3	
<i>naltrexone hcl</i>	3	MO
NICOTROL NS	4	QL (360 ML per 365 days) MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) MO
<i>varenicline starting month box</i>	4	PA MO
<i>varenicline tartrate tablet 1mg, 0.5mg</i>	4	PA MO
ENDOCRINE AND METABOLIC		
ANDROGENS		
<i>danazol</i>	4	MO
<i>methyltestosterone</i>	5	PA MO
<i>testosterone cypionate</i>	4	MO
<i>testosterone enanthate</i>	4	PA MO
<i>testosterone pump gel 1%</i>	4	QL (300 GM per 30 days) MO
<i>testosterone pump gel 2% (10mg/act)</i>	4	QL (120 GM per 30 days) MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	4	QL (300 GM per 30 days) MO
<i>testosterone topical solution</i>	3	QL (180 ML per 30 days) MO
ANTIDIABETICS, INSULINS		
ADMELOG	3	MO
ADMELOG SOLOSTAR	3	MO
BD ALCOHOL SWABS	3	PA MO
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	3	PA MO
BASAGLAR KWIKPEN	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	3	PA MO
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	3	PA MO
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	3	PA MO
BD PEN NEEDLE/ORIGINAL/ULTRA-FINE/29G X 1/2"	3	PA MO
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	3	PA MO
CURITY GAUZE PADS 2"X2" 12 PLY	3	PA MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO
ANTIDIABETICS		
<i>acarbose</i>	2	QL (90 EA per 30 days) MO

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TABLET 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
CALCIUM REGULATORS		
<i>alendronate sodium solution</i>	1	MO
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO
<i>calcitonin-salmon nasal spray</i>	3	MO
<i>ibandronate sodium tablet 150mg</i>	4	QL (1 EA per 30 days) MO
PROLIA	4	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet delayed release 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	4	QL (1 EA per 28 days) MO
<i>risedronate sodium tablet 30mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>risedronate sodium tablet 35mg</i>	4	QL (4 EA per 28 days) MO
TERIPARATIDE INJECTION 620 MCG/2.48 ML (BRAND BY ALVOGEN)	5	PA; ACS
XGEVA	5	PA; ACS
<i>zoledronic acid injection 5mg/100ml</i>	4	ACS
CHELATING AGENTS		
CHEMET	5	MO
<i>deferasirox tablet soluble 125mg</i>	4	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA; ACS
<i>deferasirox tablet 90mg</i>	3	PA; ACS
<i>deferasirox tablet 180mg, 360mg</i>	4	PA; ACS
KIONEX	3	
LOKELMA PACKET 10GM	3	QL (34 EA per 30 days) MO
LOKELMA PACKET 5GM	3	QL (96 EA per 30 days) MO
<i>penicillamine tablet</i>	5	ACS
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps</i>	3	MO
<i>trientine hydrochloride capsule 500mg</i>	5	PA
<i>trientine hydrochloride capsule 250mg</i>	5	PA; ACS
CONTRACEPTIVES		
<i>afirmelle</i>	2	
<i>altavera</i>	3	
<i>alyacen 1/35</i>	3	MO
<i>alyacen 7/7/7</i>	2	
<i>amethia</i>	3	
<i>amethyst</i>	2	
<i>apri</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>aranelle</i>	3	MO
<i>ashlyna</i>	3	
<i>aubra eq</i>	3	
<i>aurovela 1.5/30</i>	2	
<i>aurovela 1/20</i>	2	
<i>aurovela 24 fe</i>	2	
<i>aurovela fe 1.5/30</i>	2	
<i>aurovela fe 1/20</i>	2	MO
<i>aviane</i>	3	
<i>ayuna</i>	2	
<i>azurette</i>	2	
<i>balziva</i>	3	
<i>blisovi 24 fe</i>	3	MO
<i>blisovi fe 1.5/30</i>	3	MO
<i>blisovi fe 1/20</i>	2	
<i>briellyn</i>	3	
<i>camila</i>	3	MO
<i>charlotte 24 fe</i>	2	
<i>chateal eq</i>	2	
<i>cryselle-28</i>	3	MO
<i>cyred eq</i>	3	
<i>dasetta 1/35</i>	2	
<i>dasetta 7/7/7</i>	2	
<i>daysee</i>	2	
<i>deblitane</i>	3	
<i>delyla</i>	2	
DEPO-SUBQ PROVERA 104	3	MO
<i>desogestrel/ethinyl estradiol</i>	3	MO
<i>dolishale</i>	3	
<i>drospirenone/ethinyl estradiol</i>	3	MO
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet</i>	2	MO
<i>3mg; 0.03mg; 0.451mg</i>		
<i>elinest</i>	2	
<i>eluryng</i>	3	
<i>emzahh</i>	3	
<i>enilloring</i>	3	
<i>enpresse-28</i>	3	
<i>enskyce</i>	3	MO
<i>errin</i>	3	MO
<i>estarylla</i>	3	MO
<i>ethynodiol diacetate/ethinyl estradiol</i>	3	MO
<i>etonogestrel/ethinyl estradiol</i>	3	MO
<i>falmina</i>	3	
<i>finzala</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>hailey 1.5/30</i>	2	MO
<i>hailey 24 fe</i>	3	
<i>hailey fe 1.5/30</i>	2	
<i>hailey fe 1/20</i>	2	
<i>haloette</i>	3	
<i>heather</i>	2	
<i>iclevia</i>	3	
<i>incassia</i>	3	
<i>introvale</i>	2	
<i>isibloom</i>	3	
<i>jaimiess</i>	2	
<i>jasmiel</i>	3	
<i>jencycla</i>	2	
<i>juleber</i>	3	
<i>junel 1.5/30</i>	3	
<i>junel 1/20</i>	2	
<i>junel fe 1.5/30</i>	2	MO
<i>junel fe 1/20</i>	2	
<i>junel fe 24</i>	3	
<i>kaitlib fe</i>	3	MO
<i>kalliga</i>	2	
<i>kariva</i>	3	
<i>kelnor 1/35</i>	3	MO
<i>kelnor 1/50</i>	3	MO
<i>kurvelo</i>	3	
<i>larin 1.5/30</i>	3	
<i>larin 1/20</i>	3	
<i>larin 24 fe</i>	2	
<i>larin fe 1.5/30</i>	3	
<i>larin fe 1/20</i>	3	
<i>lessina</i>	3	
<i>levonest</i>	3	
<i>levonorgestrel and ethinyl estradiol</i>	3	MO
<i>levonorgestrel/ethinyl estradiol</i>	3	MO
<i>levora 0.15/30-28</i>	3	
LILETTA	3	MO; ACS
<i>lo-zumandimine</i>	2	MO
<i>loestrin 1.5/30-21</i>	2	
<i>loestrin 1/20-21</i>	2	
<i>loestrin fe 1.5/30</i>	2	
<i>loestrin fe 1/20</i>	2	
<i>lojaimiess</i>	2	MO
<i>loryna</i>	3	
<i>low-ogestrel</i>	3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>luter</i>	3	MO
<i>lyleq</i>	3	
<i>lyza</i>	3	
<i>marlissa</i>	3	MO
<i>medroxyprogesterone acetate injection 150mg/ml</i>	3	MO
<i>mibelas 24 fe</i>	2	MO
<i>microgestin 24 fe</i>	3	
<i>mili</i>	3	
<i>mono-linyah</i>	2	
<i>necon 0.5/35-28</i>	3	
NEXPLANON	3	MO; ACS
<i>nikki</i>	3	
<i>norelgestromin/ethinyl estradiol</i>	3	MO
<i>norethindrone & ethinyl estradiol ferrous fumarate</i>	3	MO
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	3	MO
<i>tablet chewable</i>		
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	2	MO
<i>tablet 30mcg; 75mg; 1.5mg</i>		
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate</i>	3	MO
<i>tablet 0; 75mg; 1mg, 20mcg; 75mg; 1mg</i>		
<i>norethindrone acetate/ethinyl estradiol tablet 30mcg; 1.5mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg</i>	3	MO
<i>norethindrone tablet 0.35mg</i>	3	MO
<i>norethindrone/ethinyl estradiol/ferrous fumarate</i>	3	MO
<i>norgestimate/ethinyl estradiol</i>	3	MO
<i>norlyda</i>	2	
<i>norlyroc</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	MO
<i>nortrel 1/35 28-day regimen</i>	3	
<i>nortrel 1/35 21-day regimen</i>	3	MO
<i>nortrel 7/7/7</i>	3	
<i>nylia 1/35</i>	3	
<i>nylia 7/7/7</i>	3	MO
<i>nymyo</i>	3	
<i>orsythia</i>	3	
<i>philith</i>	2	
<i>pimtrea</i>	3	
<i>portia-28</i>	3	
<i>reclipsen</i>	3	
<i>setlakin</i>	3	
<i>sharobel</i>	3	
<i>simliya</i>	2	
<i>simpesse</i>	2	MO
<i>sprintec 28</i>	2	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sronyx</i>	3	MO
<i>syeda</i>	3	
<i>tarina 24 fe</i>	2	
<i>tarina fe 1/20 eq</i>	3	
TILIA FE	3	
<i>tri femynor</i>	2	
<i>tri-estarylla</i>	3	MO
<i>tri-legest fe</i>	3	MO
<i>tri-lynyah</i>	2	
<i>tri-lo-estarylla</i>	3	
<i>tri-lo-marzia</i>	2	
<i>tri-lo-mili</i>	2	MO
<i>tri-lo-sprintec</i>	3	
<i>tri-mili</i>	3	
<i>tri-nymyo</i>	3	
<i>tri-sprintec</i>	3	
<i>tri-vylibra</i>	3	
<i>tri-vylibra lo</i>	3	
<i>trivora-28</i>	3	MO
<i>turqoz</i>	3	
<i>tydemy</i>	3	
<i>velivet</i>	3	MO
<i>vestura</i>	3	
<i>vienva</i>	3	
<i>viorele</i>	2	MO
<i>volnea</i>	2	
<i>vyfemla</i>	3	MO
<i>vylibra</i>	3	
<i>wera</i>	2	
<i>wymzya fe</i>	3	
<i>xulane</i>	3	
<i>zafemy</i>	3	
<i>zovia 1/35</i>	3	
<i>zumandimine</i>	2	
ESTROGENS		
<i>amabelz</i>	4	MO
<i>dotti patch twice weekly 0.025mg/24hr, 0.0375mg/24hr, 0.05mg/24hr, 0.075mg/24hr</i>	4	QL (8 EA per 28 days)
<i>dotti patch twice weekly 0.1mg/24hr</i>	4	QL (8 EA per 28 days) MO
DUAVEE	4	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	4	MO
<i>estradiol oral tablet</i>	1	MO
<i>estradiol vaginal tablet</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol patch weekly</i>	2	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	2	QL (8 EA per 28 days) MO
<i>estradiol vaginal cream</i>	3	MO
<i>fyavolv tablet 2.5mcg; 0.5mg</i>	2	MO
<i>fyavolv tablet 5mcg; 1mg</i>	3	MO
<i>jinteli</i>	3	
<i>lyllana</i>	4	QL (8 EA per 28 days)
<i>mimvey</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg</i>	2	MO
<i>norethindrone acetate/ethinyl estradiol tablet 5mcg; 1mg</i>	3	MO
<i>yuvafem</i>	4	
GLUCOCORTICOIDS		
<i>dexamethasone oral solution, tablet</i>	4	MO
<i>fludrocortisone acetate</i>	2	MO
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	3	MO
<i>methylprednisolone tablet</i>	2	B/D MO
<i>methylprednisolone dose pack</i>	2	MO
<i>prednisolone solution</i>	2	B/D MO
<i>prednisolone sodium phosphate solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	2	B/D MO
<i>prednisolone sodium phosphate solution 25mg/5ml, 5mg/5ml</i>	4	B/D MO
PREDNISON	4	B/D MO
<i>prednisone tablet</i>	1	B/D MO
<i>prednisone tablet therapy pack</i>	2	MO
<i>prednisone solution</i>	4	B/D MO
GLUCOSE ELEVATING AGENTS		
<i>diazoxide</i>	5	MO
ZEGALOGUE	3	MO
MISCELLANEOUS		
<i>betaine anhydrous</i>	5	LD
<i>cabergoline</i>	3	MO
<i>carglumic acid</i>	5	PA; LD
CERDELGA	5	PA; ACS LD
<i>cinacalcet hydrochloride tablet 30mg</i>	4	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	5	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	5	QL (60 EA per 30 days); ACS
CYSTAGON	4	PA; ACS LD
<i>desmopressin acetate tablet</i>	3	MO
GENOTROPIN	5	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; ACS
INCRELEX	5	PA; ACS LD
<i>javygtor</i>	5	PA; LD

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

Drug Name	Drug Tier	Requirements/Limits
<i>levocarnitine injection</i>	4	
<i>levocarnitine oral solution</i>	4	MO
<i>mifepristone</i>	5	PA
<i>nitisinone</i>	5	PA; ACS
<i>octreotide acetate injection 100mcg/ml, 200mcg/ml, 50mcg/ml</i>	4	PA; ACS
<i>octreotide acetate injection 1000mcg/ml, 500mcg/ml</i>	5	PA; ACS
<i>raloxifene hydrochloride</i>	3	MO
<i>sapropterin dihydrochloride</i>	5	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA MO; LD
<i>sodium phenylbutyrate</i>	5	PA; ACS
SOMATULINE DEPOT	5	PA; ACS LD
SOMAVERT	5	PA; ACS LD
SYNAREL	5	MO
VEOZAH	4	QL (30 EA per 30 days) PA MO
PROGESTINS		
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	2	MO
<i>megestrol acetate suspension 40mg/ml</i>	4	MO
<i>norethindrone acetate tablet 5mg</i>	2	MO
<i>progesterone capsule</i>	3	MO
THYROID AGENTS		
<i>euthyrox</i>	1	MO
<i>levothyroxine sodium tablet</i>	1	MO
<i>liothyronine sodium tablet</i>	3	MO
<i>methimazole</i>	1	MO
<i>propylthiouracil</i>	3	MO
<i>unithroid</i>	1	
VITAMIN D ANALOGS		
<i>calcitriol capsule</i>	3	MO
<i>calcitriol solution</i>	4	MO
<i>paricalcitol capsule</i>	4	MO
GASTROINTESTINAL		
ANTIEMETICS		
<i>aprepitant capsule therapy pack, 40mg, 80mg</i>	4	B/D MO
<i>aprepitant capsule 125mg</i>	5	B/D MO
<i>compro</i>	4	MO; HRM
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
<i>granisetron hydrochloride tablet</i>	3	QL (60 EA per 30 days) B/D MO
<i>meclizine hcl</i>	2	MO; HRM
<i>meclizine hydrochloride</i>	2	MO
<i>metoclopramide hcl tablet</i>	2	MO
<i>metoclopramide hcl solution</i>	4	MO
<i>metoclopramide hydrochloride tablet</i>	2	MO
<i>metoclopramide odt</i>	2	MO
<i>ondansetron hcl tablet</i>	2	B/D

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

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl solution</i>	3	QL (900 ML per 30 days) B/D MO
<i>ondansetron hydrochloride tablet</i>	2	B/D MO
<i>ondansetron odt</i>	3	B/D MO
<i>prochlorperazine edisylate injection</i>	4	MO; HRM
<i>prochlorperazine maleate</i>	2	MO; HRM
<i>prochlorperazine rectal suppository</i>	4	MO; HRM
<i>promethazine hcl tablet</i>	4	PA MO; HRM
<i>promethazine hydrochloride tablet</i>	4	PA MO; HRM
<i>scopolamine</i>	4	QL (10 EA per 30 days) PA MO; HRM
ANTISPASMODICS		
<i>dicyclomine hcl oral solution</i>	4	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	2	PA MO; HRM
<i>glycopyrrolate tablet</i>	3	MO
<i>methscopolamine bromide</i>	4	PA MO
H2-RECEPTOR ANTAGONISTS		
<i>cimetidine tablet</i>	4	MO
<i>famotidine tablet</i>	2	MO
<i>famotidine suspension reconstituted</i>	4	MO
<i>nizatidine</i>	2	MO
INFLAMMATORY BOWEL DISEASE		
<i>balsalazide disodium</i>	4	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	5	MO
<i>budesonide capsule delayed release particles 3mg</i>	4	MO
<i>hydrocortisone enema 100mg/60ml</i>	2	MO
<i>mesalamine enema, suppository</i>	4	MO
<i>mesalamine dr capsule delayed release 400mg</i>	4	MO
<i>sulfasalazine tablet delayed release</i>	2	MO
<i>sulfasalazine tablet</i>	3	MO
LAXATIVES		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	4	
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	4	MO
<i>constulose</i>	2	
<i>enulose</i>	2	MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>generlac</i>	2	
<i>lactulose solution</i>	2	MO
<i>peg-3350/electrolytes</i>	2	MO
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
MISCELLANEOUS		
<i>alosetron hydrochloride tablet 0.5mg</i>	4	QL (60 EA per 30 days) PA MO
<i>alosetron hydrochloride tablet 1mg</i>	5	QL (60 EA per 30 days) PA MO
CREON	3	MO
<i>cromolyn sodium concentrate 100mg/5ml</i>	4	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	3	MO; HRM
<i>diphenoxylate/atropine oral solution</i>	4	MO; HRM
GATTEX	5	PA; ACS LD
LINZESS	3	QL (30 EA per 30 days) MO
<i>loperamide hcl</i>	3	MO
<i>misoprostol</i>	3	MO
MOVANTIK TABLET 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	3	QL (60 EA per 30 days) MO
<i>sucralfate tablet</i>	2	MO
<i>ursodiol capsule 300mg</i>	3	MO
<i>ursodiol tablet 250mg, 500mg</i>	4	MO
VOWST	5	PA MO; LD
XERMELO	5	QL (84 EA per 28 days) PA MO; LD
XIFAXAN TABLET 550MG	5	PA MO
PROTON PUMP INHIBITORS		
<i>lansoprazole capsule delayed release 15mg</i>	2	QL (30 EA per 30 days) MO
<i>lansoprazole capsule delayed release 30mg</i>	2	QL (42 EA per 30 days) MO
<i>omeprazole</i>	2	QL (60 EA per 30 days) MO
<i>omeprazole dr</i>	2	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO
<i>rabeprazole sodium</i>	4	QL (30 EA per 30 days) MO
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
<i>alfuzosin hcl er</i>	2	QL (30 EA per 30 days) MO
<i>dutasteride</i>	4	QL (30 EA per 30 days) MO
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO
<i>silodosin capsule 8mg</i>	4	QL (30 EA per 30 days) MO
<i>tadalafil</i>	4	QL (30 EA per 30 days) PA
<i>tamsulosin hydrochloride</i>	2	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetic acid 0.25% irrigation solution</i>	2	MO
<i>bethanechol chloride</i>	3	MO
<i>potassium citrate er</i>	3	MO
URINARY ANTISPASMODICS		
<i>fesoterodine fumarate er</i>	4	QL (30 EA per 30 days) MO; HRM

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

Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	4	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	3	QL (30 EA per 30 days) MO; HRM
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	3	QL (60 EA per 30 days) MO; HRM
<i>oxybutynin chloride tablet 5mg</i>	2	QL (120 EA per 30 days) MO; HRM
<i>oxybutynin chloride solution</i>	2	QL (600 ML per 30 days) MO; HRM
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate</i>	4	QL (60 EA per 30 days) MO; HRM
<i>tropium chloride</i>	2	QL (60 EA per 30 days) MO; HRM
<i>tropium chloride er</i>	4	QL (30 EA per 30 days) MO; HRM
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate cream 2%</i>	4	MO
<i>metronidazole vaginal</i>	4	MO
<i>miconazole 3 vaginal suppository</i>	3	MO
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole suppository</i>	4	MO
HEMATOLOGIC		
ANTICOAGULANTS		
<i>dabigatran etexilate capsule 110mg</i>	4	QL (120 EA per 30 days) MO
<i>dabigatran etexilate capsule 150mg, 75mg</i>	4	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium injection 100mg/ml, 120mg/0.8ml, 150mg/ml, 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml</i>	4	MO
<i>fondaparinux sodium injection 2.5mg/0.5ml</i>	4	MO
<i>fondaparinux sodium injection 10mg/0.8ml, 5mg/0.4ml, 7.5mg/0.6ml</i>	5	MO
<i>heparin sodium injection 5000unit/0.5ml</i>	2	MO
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/ml</i>	3	MO
<i>jantoven</i>	1	MO
<i>warfarin sodium</i>	1	MO
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO SUSPENSION RECONSTITUTED	3	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	3	QL (60 EA per 30 days) MO
HEMATOPOIETIC GROWTH FACTORS		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA; ACS
ZARXIO	5	PA; ACS

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ALVAIZ TABLET 54MG, 9MG	5	QL (60 EA per 30 days) PA; ACS LD
ALVAIZ TABLET 18MG, 36MG	5	QL (90 EA per 30 days) PA; ACS LD
<i>anagrelide hydrochloride</i>	4	MO
BERINERT	5	QL (24 EA per 30 days) PA; ACS LD
<i>cilostazol</i>	2	MO
DROXIA	3	MO
ENDARI	5	PA; ACS LD
HAEGARDA INJECTION 3000UNIT	5	QL (20 EA per 30 days) PA; ACS LD
HAEGARDA INJECTION 2000UNIT	5	QL (30 EA per 30 days) PA; ACS LD
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA; ACS
<i>pentoxifylline er</i>	2	MO
<i>sajazir</i>	5	QL (27 ML per 30 days) PA; LD
TAVNEOS	5	QL (180 EA per 30 days) PA MO; LD
<i>tranexamic acid tablet</i>	3	MO
PLATELET AGGREGATION INHIBITORS		
<i>aspirin/dipyridamole er</i>	4	QL (60 EA per 30 days) MO
BRILINTA	4	MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO
<i>clopidogrel tablet 300mg</i>	2	QL (2 EA per 365 days) MO
<i>dipyridamole</i>	2	PA MO
<i>prasugrel hydrochloride</i>	4	MO
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ADALIMUMAB-AACF (2 PEN)	5	QL (28 EA per 365 days) PA; ACS
COSENTYX SENSOREADY PEN	5	QL (32 ML per 365 days) PA; ACS LD
COSENTYX UNOREADY	5	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 125MG/5ML	5	PA; ACS LD
COSENTYX INJECTION 150MG/ML	5	QL (32 ML per 365 days) PA; ACS LD
COSENTYX INJECTION 75MG/0.5ML	5	QL (8 ML per 365 days) PA; ACS LD
DUPIXENT INJECTION 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL	5	QL (8 ML per 28 days) PA; ACS

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI	5	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML	5	QL (26 EA per 365 days) PA; ACS
HUMIRA INJECTION 20MG/0.2ML	5	QL (52 EA per 365 days) PA; ACS
IDACIO (2 PEN)	5	QL (28 EA per 365 days) PA; ACS
IDACIO (2 SYRINGE)	5	QL (28 EA per 365 days) PA; ACS
IDACIO STARTER PACKAGE FOR CROHNS DISEASE	5	PA; ACS
IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS	5	PA; ACS
RINVOQ LQ	5	QL (360 ML per 30 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 45MG	5	QL (168 EA per 365 days) PA; ACS
RINVOQ TABLET EXTENDED RELEASE 24 HOUR 15MG, 30MG	5	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	5	QL (60 ML per 365 days) PA; ACS
SOTYKTU	5	QL (30 EA per 30 days) PA; ACS LD
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	5	QL (0.5 ML per 28 days) PA; ACS
STELARA INJECTION 45MG/0.5ML VIAL	5	QL (0.5 ML per 28 days) PA; ACS LD
STELARA INJECTION 90MG/ML	5	QL (1 ML per 28 days) PA; ACS
STELARA INJECTION 130MG/26ML	5	QL (208 ML per 365 days) PA; ACS LD
TREMFYA	5	QL (1 ML per 28 days) PA; ACS
VELSIPITY	5	QL (30 EA per 30 days) PA; ACS
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
<i>hydroxychloroquine sulfate tablet 200mg</i>	3	MO
JYLAMVO	4	
<i>leflunomide</i>	3	QL (30 EA per 30 days) MO
<i>methotrexate sodium tablet 2.5mg</i>	2	MO
XATMEP	4	MO
IMMUNOGLOBULINS		
GAMUNEX-C	5	PA; ACS
PRIVIGEN	5	PA; ACS
IMMUNOMODULATORS		
ACTIMMUNE	5	PA; ACS LD
ARCALYST	5	PA; ACS LD
IMMUNOSUPPRESSANTS		

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

Drug Name	Drug Tier	Requirements/Limits
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	4	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	5	B/D MO
AZATHIOPRINE INJECTION	4	B/D
<i>azathioprine tablet 50mg</i>	3	B/D MO
BENLYSTA INJECTION 200MG/ML	5	PA; ACS LD
<i>cyclosporine capsule, injection</i>	4	B/D MO
<i>cyclosporine modified</i>	4	B/D MO
<i>everolimus tablet 0.25mg, 0.5mg, 0.75mg, 1mg</i>	5	B/D MO
<i>engraft capsule</i>	4	B/D
<i>engraft solution</i>	4	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	3	B/D MO
<i>mycophenolate mofetil injection</i>	4	B/D MO
<i>mycophenolate mofetil suspension reconstituted</i>	5	B/D MO
<i>mycophenolic acid dr</i>	4	B/D MO
NULOJIX	5	B/D
PROGRAF PACKET	4	B/D MO
REZUROCK	5	QL (30 EA per 30 days) PA MO; LD
SANDIMMUNE ORAL SOLUTION	4	B/D MO
<i>sirolimus tablet</i>	4	B/D MO
<i>sirolimus solution</i>	5	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg, 5mg</i>	4	B/D MO
VACCINES		
ABRYSVO	3	
ACTHIB	1	
ADACEL	1	
AREXVY	3	
BCG VACCINE	1	
BEXSERO	1	
BOOSTRIX	1	
DAPTACEL	1	
DENG VAXIA	1	
DIPHTheria/TETANUS TOXoids ADSORBED	1	
PEDIATRIC		
ENGRIX-B	1	B/D
GARDASIL 9	1	
HAVRIX	1	
HEPLISAV-B	1	B/D
HIBERIX	1	
IMOVAX RABIES (H.D.C.V.)	1	B/D
INFANRIX	1	
IPOL INACTIVATED IPV	1	
IXCHIQ	3	

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Drug Name	Drug Tier	Requirements/Limits
IXIARO	1	
JYNNEOS	1	B/D
KINRIX	1	
M-M-R II	1	
MENACTRA	1	
MENQUADFI	1	
MENVEO	1	
PEDIARIX	1	
PEDVAX HIB	1	
PENBRAYA	1	
PENTACEL	1	
PREHEVBRIO	1	B/D
PRIORIX	1	
PROQUAD	1	
QUADRACEL	1	
RABAVERT	1	B/D
RECOMBIVAX HB	1	B/D
ROTARIX	1	
ROTATEQ	1	
SHINGRIX	1	QL (2 EA per 999 days)
TDVAX	1	
TENIVAC	1	
TICOVAC	1	
TRUMENBA	1	
TWINRIX	1	
TYPHIM VI	1	
VAQTA	1	
VARIVAX	1	
YF-VAX	1	
NUTRITIONAL/SUPPLEMENTS		
<i>ELECTROLYTES/MINERALS, INJECTABLE</i>		
DEXTROSE 10%/SODIUM CHLORIDE 0.2%	4	
DEXTROSE 10%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 2.5%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.2%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.45%	4	
DEXTROSE 5%/SODIUM CHLORIDE 0.9%	4	MO
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	

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Drug Name	Drug Tier	Requirements/Limits
KCL 0.3%/D5W/NACL 0.9%	4	
<i>magnesium sulfate injection 50%</i>	4	
<i>multiple electrolytes injection type 1</i>	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	4	
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 20meq/l; 0.9%</i>	4	
POTASSIUM CHLORIDE INJECTION 10MEQ/100ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride injection 2meq/ml</i>	4	MO
<i>sodium chloride injection 0.45%</i>	4	
SODIUM CHLORIDE INJECTION 5%	4	MO
<i>sodium chloride injection 0.9%, 3%</i>	4	MO
TPN ELECTROLYTES	4	B/D
<i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i>		
<i>effe-k tablet effervescent 25meq</i>	2	MO
<i>klor-con 10</i>	2	
<i>klor-con 8</i>	2	
<i>klor-con m10</i>	3	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	3	MO
<i>klor-con effervescent tablet</i>	2	
<i>potassium chloride er capsule extended release</i>	2	MO
<i>potassium chloride er tablet extended release 15meq</i>	2	
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	MO
<i>potassium chloride oral solution 10%, 20%</i>	4	MO
PRENATAL	3	MO
<i>IV NUTRITION</i>		
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
<i>dextrose 10%</i>	3	
<i>dextrose 5%</i>	3	MO
<i>plenamine</i>	4	B/D
PREMASOL	5	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE	4	B/D

OPHTHALMIC

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
<i>neo-polycin hc</i>	2	
<i>neomycin/polymyxin/bacitracin/hydrocortisone</i>	4	MO
<i>neomycin/polymyxin/dexamethasone</i>	2	MO
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	MO
TOBRADEX OINTMENT	4	MO
<i>tobramycin/dexamethasone</i>	3	MO
ANTI-INFECTIVES		
<i>bacitracin ophthalmic ointment 500units/gm</i>	4	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	2	MO
<i>ciprofloxacin hydrochloride solution 0.3%</i>	3	QL (30 ML per 30 days) MO
<i>erythromycin ointment 5mg/gm</i>	2	QL (42 GM per 30 days) MO
<i>gatifloxacin</i>	2	QL (20 ML per 30 days) MO
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 1.5%</i>	3	QL (20 ML per 30 days) MO
<i>levofloxacin ophthalmic solution 0.5%</i>	3	QL (30 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	3	QL (12 ML per 30 days) MO
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	4	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin</i>	2	
<i>neomycin/bacitracin/polymyxin</i>	3	MO
<i>neomycin/polymyxin/gramicidin</i>	3	MO
<i>ofloxacin ophthalmic solution 0.3%</i>	3	QL (60 ML per 30 days) MO
<i>polycin</i>	2	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	2	MO
<i>sulfacetamide sodium ointment 10%</i>	4	MO
<i>sulfacetamide sodium solution 10%</i>	3	QL (90 ML per 30 days) MO
<i>tobramycin solution 0.3%</i>	2	QL (30 ML per 30 days) MO
<i>trifluridine</i>	3	MO
XDEM VY	5	QL (10 ML per 42 days) PA MO; ACS LD
ZIRGAN	4	MO
ANTI-INFLAMMATORIES		
<i>bromfenac</i>	4	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	2	MO
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	QL (10 ML per 30 days) MO
<i>difluprednate</i>	4	MO
FLUOROMETHOLONE	3	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	2	MO
<i>ketorolac tromethamine solution 0.4%, 0.5%</i>	2	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate gel 0.5%, suspension 0.5%</i>	3	MO
<i>prednisolone acetate</i>	2	MO
ANTIALLERGICS		
<i>azelastine hcl ophthalmic solution 0.05%</i>	3	MO
<i>cromolyn sodium solution 4%</i>	4	MO
<i>epinastine hcl</i>	3	MO
ANTIGLAUCOMA		
AZOPT	4	MO
<i>betaxolol hcl solution 0.5%</i>	3	MO
BRIMONIDINE TARTRATE SOLUTION 0.15%	3	MO
<i>brimonidine tartrate solution 0.2%</i>	1	MO
<i>carteolol hcl</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide hcl/timolol maleate</i>	2	MO
<i>dorzolamide hydrochloride</i>	2	MO
<i>dorzolamide hydrochloride/timolol maleate preservative free solution 2%; 0.5%</i>	4	MO
<i>latanoprost</i>	1	MO
<i>levobunolol hcl</i>	2	MO
PHOSPHOLINE IODIDE	5	MO
<i>pilocarpine hcl ophthalmic solution</i>	4	MO
RHOPRESSA	4	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	4	MO
<i>timolol maleate (generic Timoptic) soln 0.25%, 0.5%</i>	1	MO
<i>timolol maleate once-daily ophthalmic (generic Istalol) soln 0.5%</i>	4	MO
<i>travoprost</i>	3	MO
MISCELLANEOUS		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	3	MO
CYSTARAN	5	PA; LD
MIEBO	3	QL (12 ML per 30 days) MO
<i>proparacaine hcl</i>	2	MO
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO

OTIC**OTIC AGENTS**

<i>acetic acid</i>	3	MO
<i>ciprofloxacin/dexamethasone</i>	4	MO
<i>hydrocortisone/acetic acid</i>	4	MO
<i>neomycin/polymyxin/hc</i>	4	MO
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic solution 0.3%</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate</i>	2	B/D MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
ANTICHOLINERGICS		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D MO
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL (30 ML per 28 days) MO
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL (45 ML per 30 days) MO
ANTI-HISTAMINES		
<i>azelastine hcl nasal solution 0.15%</i>	3	QL (30 ML per 25 days) MO
<i>azelastine hydrochloride nasal spray 0.1%</i>	3	QL (30 ML per 25 days) MO
<i>carbinoxamine maleate oral solution, tablet 4mg</i>	2	PA MO
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	2	QL (300 ML per 30 days) MO
<i>clemastine fumarate tablet</i>	2	PA MO
<i>cyproheptadine hcl syrup</i>	2	PA MO; HRM
<i>cyproheptadine hydrochloride tablet</i>	4	PA MO; HRM
<i>desloratadine</i>	2	QL (30 EA per 30 days) MO
<i>hydroxyzine hcl tablet, syrup</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride tablet, syrup</i>	4	PA MO; HRM
<i>hydroxyzine pamoate</i>	4	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	2	QL (30 EA per 30 days) MO
BETA AGONISTS		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	3	QL (13.4 GM per 30 days) MO
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	3	QL (17 GM per 30 days) MO
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	3	QL (36 GM per 30 days) MO
<i>albuterol sulfate nebulization solution</i>	4	B/D MO
<i>albuterol sulfate syrup, tablet</i>	4	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	4	B/D MO
<i>levalbuterol hydrochloride nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	B/D MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
terbutaline sulfate tablet	4	MO
LEUKOTRIENE MODULATORS		
<i>montelukast sodium tablet chewable, tablet</i>	2	QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>montelukast sodium packet</i>	3	QL (30 EA per 30 days) MO
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
MISCELLANEOUS		
<i>acetylcysteine inhalation solution 10%, 20%</i>	3	B/D MO
BRONCHITOL	5	QL (560 EA per 28 days) PA
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	3	B/D MO
<i>epinephrine injection 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i>	3	QL (2 EA per 30 days) MO
FASENRA PEN	5	QL (1 ML per 28 days) PA; ACS LD
FASENRA INJECTION 10MG/0.5ML	5	QL (0.5 ML per 28 days) PA; ACS LD
FASENRA INJECTION 30MG/ML	5	QL (1 ML per 28 days) PA; ACS LD
KALYDECO PACKET	5	QL (56 EA per 28 days) PA MO; LD
KALYDECO TABLET	5	QL (60 EA per 30 days) PA MO; LD
OFEV	5	QL (60 EA per 30 days) PA; ACS LD
ORKAMBI TABLET	5	QL (112 EA per 28 days) PA MO; LD
ORKAMBI PACKET	5	QL (56 EA per 28 days) PA MO; LD
<i>pirfenidone capsule</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C INJECTION 1000MG	5	PA MO; LD
PULMOZYME	5	PA; ACS
<i>roflumilast</i>	4	MO
<i>theophylline solution</i>	2	MO
<i>theophylline er tablet extended release 24 hour</i>	3	MO
<i>theophylline er tablet extended release 12 hour 200mg</i>	4	
<i>theophylline er tablet extended release 12 hour 100mg, 300mg, 450mg</i>	4	MO
TRIKAFTA GRANULES THERAPY PACK	5	QL (56 EA per 28 days) PA; LD
TRIKAFTA TABLET THERAPY PACK	5	QL (84 EA per 28 days) PA MO; LD
XOLAIR	5	PA; ACS LD
NASAL STEROIDS		
<i>flunisolide</i>	3	QL (75 ML per 30 days) MO
<i>fluticasone propionate suspension 50mcg/act</i>	2	QL (16 GM per 30 days) MO
<i>mometasone furoate suspension 50mcg/act</i>	3	QL (34 GM per 30 days) MO
XHANCE	4	QL (32 ML per 30 days) PA MO
STEROID INHALANTS		
ALVESCO	4	QL (12.2 GM per 30 days) MO
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
STEROID/BETA-AGONIST COMBINATIONS		
BREO ELLIPTA	3	QL (60 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide/formoterol fumarate dihydrate</i>	3	QL (10.2 GM per 30 days) MO
DULERA	4	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol aerosol powder breath activated 500mcg/act; 50mcg/act</i>	2	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (60 EA per 30 days) MO
<i>fluticasone propionate/salmeterol hfa</i>	4	QL (12 GM per 30 days) MO
<i>wixela inhub</i>	2	QL (60 EA per 30 days) MO

TOPICAL**DERMATOLOGY, ACNE**

<i>accutane</i>	4	PA
<i>amnestem</i>	4	PA
<i>claravis</i>	4	PA
<i>clindamycin phosphate gel tube 1%</i>	3	QL (75 GM per 30 days) MO
<i>clindamycin phosphate gel bottle 1%</i>	3	QL (75 ML per 30 days) MO
<i>clindamycin phosphate lotion 1%</i>	4	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	3	QL (60 ML per 30 days) MO
<i>ery pad 2%</i>	4	MO
<i>erythromycin/benzoyl peroxide</i>	4	MO
<i>erythromycin gel 2%</i>	4	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	4	QL (60 ML per 30 days) MO
<i>isotretinoin capsule 10mg, 20mg, 30mg, 40mg</i>	4	PA
<i>sulfacetamide sodium lotion 10%</i>	4	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	4	PA

DERMATOLOGY, ANTIBIOTICS

<i>gentamicin sulfate cream 0.1%</i>	3	QL (30 GM per 30 days) MO
<i>gentamicin sulfate ointment 0.1%</i>	3	QL (30 GM per 30 days) MO
<i>mupirocin ointment</i>	2	QL (30 GM per 30 days) MO
<i>silver sulfadiazine</i>	2	MO

DERMATOLOGY, ANTIFUNGALS

<i>ciclopirox olamine cream 0.77%</i>	3	QL (90 GM per 30 days) MO
<i>ciclopirox shampoo</i>	2	QL (120 ML per 30 days) MO
<i>ciclopirox gel</i>	3	QL (100 GM per 30 days) MO
<i>ciclopirox suspension</i>	3	QL (60 ML per 30 days) MO
<i>clotrimazole/betamethasone dipropionate cream</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	3	QL (45 GM per 30 days) MO
<i>clotrimazole solution 1%</i>	3	QL (30 ML per 30 days) MO
<i>econazole nitrate</i>	4	QL (85 GM per 30 days) MO
<i>ketoconazole cream 2%</i>	3	QL (60 GM per 30 days) MO
<i>ketoconazole shampoo 2%</i>	2	QL (120 ML per 30 days) MO
<i>klayesta</i>	3	QL (60 GM per 30 days)
<i>nyamyc</i>	3	QL (60 GM per 30 days)
<i>nystatin cream 100000unit/gm</i>	2	QL (30 GM per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin ointment 100000unit/gm</i>	4	QL (30 GM per 30 days) MO
<i>nystatin powder 100000unit/gm</i>	3	QL (60 GM per 30 days) MO
<i>nystop</i>	3	QL (60 GM per 30 days)
<i>selenium sulfide lotion</i>	2	MO
DERMATOLOGY, ANTIPSORIATICS		
<i>acitretin</i>	4	PA MO
<i>calcipotriene solution</i>	3	QL (60 ML per 30 days) PA MO
<i>calcipotriene cream</i>	4	QL (120 GM per 30 days) PA MO
<i>methoxsalen</i>	5	MO
<i>tazarotene gel</i>	3	QL (100 GM per 30 days) PA MO
<i>tazarotene cream</i>	3	QL (60 GM per 30 days) PA MO
DERMATOLOGY, CORTICOSTEROIDS		
<i>ala-cort</i>	2	
<i>alclometasone dipropionate</i>	4	QL (60 GM per 30 days) MO
<i>betamethasone dipropionate augmented cream</i>	3	MO
<i>betamethasone dipropionate augmented gel, ointment</i>	4	MO
<i>betamethasone dipropionate augmented lotion</i>	4	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	3	MO
<i>betamethasone dipropionate cream, ointment</i>	4	MO
<i>betamethasone valerate cream, lotion, ointment</i>	3	MO
<i>clobetasol propionate e</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate solution</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	4	QL (60 GM per 30 days) MO
<i>desonide cream, ointment</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone cream 0.25%, ointment 0.25%</i>	4	QL (100 GM per 30 days) MO
<i>fluocinolone acetonide scalp</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution</i>	4	QL (60 ML per 30 days) MO
<i>fluocinonide emulsified base</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	3	MO
<i>fluticasone propionate ointment 0.005%</i>	3	MO
<i>halobetasol propionate cream, ointment</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	2	MO
<i>hydrocortisone cream 2.5%</i>	2	QL (30 GM per 30 days) MO
<i>hydrocortisone lotion 2.5%</i>	2	MO
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL (30 GM per 30 days) MO
<i>mometasone furoate cream 0.1%</i>	3	MO
<i>mometasone furoate ointment 0.1%</i>	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate solution 0.1%</i>	3	MO
<i>proctosol hc</i>	4	
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	2	MO
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 GM per 30 days) MO
<i>triamcinolone acetonide ointment</i>	2	MO
<i>triamcinolone acetonide lotion</i>	3	MO
DERMATOLOGY, LOCAL ANESTHETICS		
<i>lidocaine patch</i>	4	QL (90 EA per 30 days) PA MO
<i>lidocaine/prilocaine</i>	3	QL (30 GM per 30 days) MO
<i>lidocan</i>	4	QL (90 EA per 30 days) PA
<i>tridacaine</i>	4	QL (90 EA per 30 days) PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
<i>ammonium lactate cream, lotion</i>	3	MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium external solution 1.5%</i>	3	QL (300 ML per 28 days) MO
<i>fluorouracil solution</i>	4	QL (10 ML per 30 days) MO
<i>fluorouracil cream</i>	4	QL (40 GM per 30 days) MO
<i>hydrocortisone perianal cream 1%</i>	2	MO
<i>imiquimod cream 5%</i>	3	QL (24 EA per 30 days) MO
<i>metronidazole cream 0.75%</i>	4	MO
<i>metronidazole gel 0.75%, 1%</i>	4	MO
<i>metronidazole lotion 0.75%</i>	4	MO
<i>nitroglycerin ointment 0.4%</i>	4	QL (30 GM per 30 days) MO
PANRETIN	5	QL (60 GM per 30 days) PA
<i>pimecrolimus</i>	4	QL (100 GM per 30 days) MO
<i>podofilox solution</i>	4	MO
<i>procto-med hc</i>	2	
<i>proctocort</i>	2	
<i>proctozone-hc</i>	4	
RECTIV	4	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
VALCHLOR	5	QL (60 GM per 30 days) PA MO; LD
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>malathion</i>	3	MO
<i>permethrin cream 5%</i>	4	MO
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	QL (180 GM per 30 days) MO
<i>sodium chloride 0.9% irrigation soln</i>	2	MO
<i>sterile water for irrigation</i>	2	MO
MOUTH/THROAT/DENTAL AGENTS		
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clotrimazole troche 10mg</i>	3	MO
<i>kourzeq</i>	2	
<i>lidocaine hydrochloride viscous solution 2%</i>	4	MO
<i>lidocaine viscous solution 2%</i>	4	MO
<i>nystatin suspension 100000unit/ml</i>	4	MO
<i>oralone dental paste</i>	2	
<i>periogard</i>	1	
<i>pilocarpine hydrochloride tablet</i>	4	MO
<i>triamcinolone acetonide dental paste</i>	4	MO

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

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

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

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

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

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

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

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We're listening

If you have comments on this formulary or any other plan material, we'd love to hear them. Visit [AetnaMedicare.com](https://www.aetna.com/pdp), scroll to the bottom of the page and click "Email Member Services." Use your PDP log in information, fill in the required information, and provide your suggestions in the comments section.

This formulary was updated on August 1, 2024. For more recent information or other questions, please contact SilverScript Choice (PDP) Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week (TTY: [711](tel:711)), or visit [AetnaMedicare.com](https://www.aetna.com/pdp).

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