EXPRESS SCRIPTS®
Medicare (PDP)

Express Scripts Medicare (PDP)
2022 Formulary (List of Covered Drugs)

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

Formulary ID Number: 22027, v8

This formulary was updated on 08/23/2021. For more recent information or to price a medication, you can visit us on the Web at **express-scripts.com**. Or you can contact **Express Scripts Medicare**® (PDP) Customer Service at the numbers located on the back of your member ID card. Customer Service is available 24 hours a day, 7 days a week.

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

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

This document includes the list of the covered drugs (formulary) for our plan, which is current as of August 23, 2021. For more recent information, please contact us. Our contact information, along with the date we last updated the formulary, appears above and on the back cover.

You must use network pharmacies to fill your prescriptions to get the most from your benefit. Benefits, premium and/or copayments/coinsurance may change on January 1, 2023. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

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

What is the Express Scripts Medicare formulary?

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

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

Can my drug coverage change?

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

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

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

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

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

This drug list was updated in August 2021.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

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

How do I use the formulary?

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

Medical Condition

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

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 132. The Index provides an alphabetical list of all of the drugs included in this document. Both brand-name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the "Drug Name" column of the list.

What are generic drugs?

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

Are there any restrictions on my coverage?

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

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

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

This drug list was updated in August 2021.

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

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

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

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

What if my drug is not listed on this formulary?

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

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

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

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

How do I request an exception to the formulary?

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

- You can request coverage of a drug that is not currently covered by this plan. If approved, the drug will be covered at a pre-determined cost-sharing level, and you will not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level. If approved, this would lower the amount you must pay for your drug. In certain Express Scripts Medicare plans, you cannot ask us to change the cost-sharing tier for any drug in the specialty tier, if applicable.

This drug list was updated in August 2021.

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

You should contact us to ask for an initial coverage decision for a formulary, tier or utilization restriction exception. **When you are requesting an exception, you should submit a statement from your prescriber or physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

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

How do I request an appeal?

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

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

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

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

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

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

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

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

This drug list was updated in August 2021.

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

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

Other coverage that your plan may provide

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

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

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

Formulary

The formulary that begins on page 1 provides coverage information about some of the drugs covered by this plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 132.

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

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

Your Costs

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

This drug list was updated in August 2021.

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

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

Drug Tiers

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

If you qualify for Extra Help

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

For more information

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

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

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

This drug list was updated in August 2021.

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

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

List of abbreviations

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

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

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

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

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

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Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	3	PA; MO
AMBISOME	2	PA; MO
amphotericin b	1	PA; MO
ANCOBON	3	MO
CANCIDAS	3	PA
caspofungin	1	PA
clotrimazole mucous membrane	1	MO
CRESEMBA ORAL	2	PA
DIFLUCAN	3	MO
ERAXIS(WATER DILUENT)	3	MO
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
flucytosine	1	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize	1	MO
itraconazole oral capsule	1	MO; QL (120 per 30 days)
itraconazole oral solution	1	MO
ketoconazole oral	1	MO
micafungin	1	MO
MYCAMINE	3	MO
NOXAFIL ORAL SUSPENSION	3	PA; MO; QL (630 per 30 days)
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	3	PA; MO; QL (96 per 30 days)
nystatin oral	1	MO
ORAVIG	3	MO
posaconazole oral tablet,delayed release (dr/ec)	1	PA; MO; QL (96 per 30 days)
SPORANOX ORAL CAPSULE	3	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	3	MO
terbinafine hcl oral	1	MO
TOLSURA	3	PA; MO; QL (120 per 30 days)
VFEND	3	PA; MO
VFEND IV	3	PA; MO
voriconazole	1	PA; MO

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

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Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO
abacavir-lamivudine-zidovudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	PA; MO
adefovir	1	MO
amantadine hcl	1	MO
APTIVUS	2	MO
atazanavir	1	MO
ATRIPLA	3	MO
BARACLUDE	3	MO
BIKTARVY	2	MO
CIMDUO	3	MO
COMBIVIR	3	MO
COMPLERA	2	MO
DELSTRIGO	3	MO
DESCOVY	2	MO
DOVATO	2	MO
EDURANT	2	MO
efavirenz	1	MO
efavirenz-emtricitabin-tenofov	1	MO
efavirenz-lamivu-tenofov disop	1	MO

Drug Name	Drug Tier	Requirements/Limits
emtricitabine	1	MO
emtricitabine-tenofovir (tdf)	1	MO
EMTRIVA ORAL CAPSULE	3	MO
EMTRIVA ORAL SOLUTION	2	MO
entecavir	1	MO
EPCLUSA ORAL TABLET 200-50 MG	2	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	2	PA; MO; QL (28 per 28 days)
EPIVIR	3	MO
EPIVIR HBV	3	MO
EPZICOM	3	MO
EVOTAZ	3	MO
famciclovir	1	MO
fosamprenavir	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	2	MO
GENVOYA	2	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	2	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	2	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	2	PA; MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HARVONI ORAL TABLET 90-400 MG	2	PA; MO; QL (28 per 28 days)
HEPSERA	3	MO
INTELENCE ORAL TABLET 100 MG, 200 MG	2	MO
INTELENCE ORAL TABLET 25 MG	3	MO
INVIRASE ORAL TABLET	2	MO
ISENTRESS	2	MO
ISENTRESS HD	3	MO
JULUCA	3	MO
KALETRA	3	MO
lamivudine	1	MO
lamivudine-zidovudine	1	MO
LEDIPASVIR-SOFOSBUVIR	3	PA; MO; QL (28 per 28 days)
LEXIVA	3	MO
lopinavir-ritonavir oral solution	1	MO
MAVYRET	3	PA; MO; QL (84 per 28 days)
nevirapine oral suspension	1	
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr	1	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 25 MG, 50 MG	3	MO
TIVICAY PD	3	MO
TRIUMEQ	2	MO
TRIZIVIR	3	MO
TRUVADA	3	MO
TYBOST	3	MO
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
VALCYTE	3	MO
valganciclovir	1	MO
VALTREX ORAL TABLET 1 GRAM	3	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	3	MO; QL (60 per 30 days)
VEMLIDY	2	MO
VIEKIRA PAK	3	PA; MO; QL (112 per 28 days)
VIRACEPT ORAL TABLET	2	MO
VIRAMUNE ORAL SUSPENSION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 400 MG	3	MO
VIREAD	3	MO
VOSEVI	2	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 20 MG, 40 MG	2	MO
ZEPATIER	3	PA; MO; QL (28 per 28 days)
ZIAGEN	3	MO
zidovudine	1	MO
ZOVIRAX ORAL SUSPENSION	3	MO
CEPHALOSPORINS		
AVYCAZ	3	PA; MO
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefaclor oral suspension for reconstitution 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr	1	MO
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefadroxil oral tablet	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram	1	
cefdinir	1	MO
cefepime injection	1	MO
cefixime	1	MO
cefotetan injection	1	PA
cefoxitin intravenous recon soln 1 gram, 2 gram	1	PA; MO
cefoxitin intravenous recon soln 10 gram	1	PA
cefpodoxime	1	MO
cefprozil	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	PA; MO
ceftazidime injection recon soln 6 gram	1	PA
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ceftriaxone injection recon soln 10 gram	1	
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	PA; MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	PA; MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	PA
cephalexin	1	MO
SUPRAX ORAL CAPSULE	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML	3	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	3	
SUPRAX ORAL TABLET,CHEWABLE	3	MO
tazicef injection recon soln 1 gram, 2 gram	1	PA
tazicef injection recon soln 6 gram	1	PA; MO
TEFLARO	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ZERBAXA	3	PA
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	PA; MO
azithromycin oral packet	1	MO
azithromycin oral suspension for reconstitution	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	MO
clarithromycin	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	3	QL (136 per 10 days)
DIFICID ORAL TABLET	3	MO; QL (20 per 10 days)
E.E.S. GRANULES	3	MO
ERYPED 200	3	MO
ERYPED 400	3	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	3	MO
erythrocin (as stearate) oral tablet 250 mg	1	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
erythromycin ethylsuccinate oral suspension for reconstitution	1	MO
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral	1	MO
ZITHROMAX INTRAVENOUS	3	PA; MO
ZITHROMAX ORAL PACKET	3	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	3	MO
ZITHROMAX ORAL TABLET 250 MG, 500 MG	3	MO
ZITHROMAX TRI-PAK	3	MO
ZITHROMAX Z-PAK	3	MO

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	3	MO; QL (12 per 30 days)
albendazole	1	MO
ALBENZA	3	MO
amikacin injection solution 500 mg/2 ml	1	PA; MO
ARIKAYCE	2	PA; LA
atovaquone	1	MO
atovaquone-proguanil	1	MO
AZACTAM	3	PA; MO
aztreonam injection recon soln 1 gram	1	PA; MO
BENZNIDAZOLE	2	MO
BETHKIS	3	PA; MO; QL (224 per 28 days)
BILTRICIDE	3	MO
CAYSTON	2	PA; MO; LA; QL (84 per 28 days)
chloroquine phosphate	1	MO
CLEOCIN HCL	3	MO
CLEOCIN PEDIATRIC	3	MO
clindamycin hcl	1	MO

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Drug Name	Drug Tier	Requirements/Limits
clindamycin in 5 % dextrose	1	PA; MO
clindamycin pediatric	1	MO
clindamycin phosphate injection	1	PA; MO
clindamycin phosphate intravenous solution 600 mg/4 ml	1	PA; MO
COARTEM	3	MO
colistin (colistimethate na)	1	PA; MO
CUBICIN	3	MO
DALVANCE	3	PA; MO
dapsone oral	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	2	MO
daptomycin intravenous recon soln 500 mg	1	MO
DARAPRIM	3	PA
EMVERM	2	MO
ertapenem	1	PA; MO; QL (14 per 14 days)
ethambutol	1	MO
FIRVANQ ORAL RECON SOLN 25 MG/ML	3	QL (400 per 10 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML	3	QL (450 per 10 days)

Drug Name	Drug Tier	Requirements/Limits
FLAGYL ORAL CAPSULE	3	MO
FLAGYL ORAL TABLET 500 MG	3	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml	1	PA; MO
gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml	1	PA
gentamicin injection solution 40 mg/ml	1	PA; MO
HUMATIN	3	
hydroxychloroquine	1	MO
imipenem-cilastatin	1	PA; MO
IMPAVIDO	2	PA; MO
INVANZ INJECTION	3	PA; MO; QL (14 per 14 days)
isoniazid oral	1	MO
ivermectin oral	1	MO
KITABIS PAK	3	PA; MO; QL (280 per 28 days)
KRINTAFEL	3	MO
LAMPIT	3	
linezolid	1	MO
linezolid in dextrose 5%	1	PA

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Drug Name	Drug Tier	Requirements/Limits
MALARONE	3	MO
MALARONE PEDIATRIC	3	MO
mefloquine	1	MO
MEPRON	3	MO
meropenem intravenous recon soln 1 gram	1	PA; MO; QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
MERREM INTRAVENOUS RECON SOLN 500 MG	3	PA; QL (10 per 10 days)
metronidazole in nacl (iso-os)	1	PA; MO
metronidazole oral	1	MO
MYAMBUTOL ORAL TABLET 400 MG	3	MO
MYCOBUTIN	3	MO
NEBUPENT	3	PA; MO; QL (1 per 28 days)
neomycin	1	MO
nitazoxanide	1	MO
paromomycin	1	MO
PASER	2	MO
PENTAM	3	MO
pentamidine inhalation	1	PA; MO; QL (1 per 28 days)
pentamidine injection	1	MO

Drug Name	Drug Tier	Requirements/Limits
PLAQUENIL	3	MO
polymyxin b sulfate	1	PA; MO
praziquantel	1	MO
PRETOMANID	3	PA
PRIFTIN	2	MO
PRIMAQUINE	2	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	3	PA; MO
pyrazinamide	1	MO
pyrimethamine	1	PA; MO
QUALAQUIN	3	MO
quinine sulfate	1	MO
rifabutin	1	MO
rifampin	1	MO
SIRTURO	3	PA; LA
SIVEXTRO INTRAVENOUS	3	PA
SIVEXTRO ORAL	3	MO
SOLOSEC	3	MO
STREPTOMYCIN	2	PA; MO
STROMECTOL	3	MO
tigecycline	1	PA; MO
tinidazole	1	MO
TOBI	3	PA; MO; QL (280 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	2	MO; QL (224 per 28 days)
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days)
tobramycin inhalation	1	PA; MO; QL (224 per 28 days)
tobramycin sulfate injection solution	1	PA; MO
TRECATOR	3	MO
TYGACIL	3	PA; MO
VABOMERE	3	PA
VANCOCIN ORAL CAPSULE 125 MG	3	PA; QL (40 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	3	PA; MO; QL (80 per 10 days)
vancomycin intravenous recon soln 1,000 mg, 750 mg	1	PA; MO; QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram	1	PA; QL (2 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 250 MG	3	PA; QL (28 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
vancomycin intravenous recon soln 500 mg	1	PA; MO; QL (10 per 10 days)
vancomycin oral capsule 125 mg	1	PA; MO; QL (40 per 10 days)
vancomycin oral capsule 250 mg	1	PA; MO; QL (80 per 10 days)
vancomycin oral recon soln	1	MO; QL (450 per 10 days)
XENLETA INTRAVENOUS	3	
XENLETA ORAL	3	MO
XIFAXAN ORAL TABLET 200 MG	2	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	2	PA; MO; QL (90 per 30 days)
ZEMDRI	3	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	3	PA; MO
ZYVOX ORAL	3	MO
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO

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Drug Name	Drug Tier	Requirements/Limits
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg	1	PA; MO
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	1	PA
BICILLIN C-R	2	PA; MO
BICILLIN L-A	3	PA; MO
dicloxacillin	1	MO
nafcillin injection recon soln 1 gram, 2 gram	1	PA; MO
nafcillin injection recon soln 10 gram	1	PA
oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml	1	PA
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	PA; MO

Drug Name	Drug Tier	Requirements/Limits
oxacillin injection recon soln 1 gram, 10 gram	1	PA
oxacillin injection recon soln 2 gram	1	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	3	PA
penicillin g potassium injection recon soln 20 million unit	1	PA; MO
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml	1	PA; MO
penicillin g sodium	1	PA; MO
penicillin v potassium	1	MO
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
piperacillin-tazobactam intravenous recon soln 40.5 gram	1	

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Drug Name	Drug Tier	Requirements/Limits
UNASYN INJECTION RECON SOLN 15 GRAM	3	PA
UNASYN INJECTION RECON SOLN 3 GRAM	3	PA; MO
ZOSYN IN DEXTROSE (ISO-OSM) INTRAVENOUS PIGGYBACK 2.25 GRAM/50 ML, 3.375 GRAM/50 ML	3	
QUINOLONES		
BAXDELA INTRAVENOUS	3	PA
BAXDELA ORAL	3	MO
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	3	
CIPRO ORAL TABLET 250 MG, 500 MG	3	MO
ciprofloxacin hcl oral	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	PA; MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	PA; MO
levofloxacin intravenous	1	PA; MO
levofloxacin oral	1	MO
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	PA; MO
ofloxacin oral tablet 300 mg, 400 mg	1	MO
SULFA'S / RELATED AGENTS		
BACTRIM	3	MO
BACTRIM DS	3	MO
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim oral	1	MO
TETRACYCLINES		
ACTICLATE	3	ST; MO
demeclocycline	1	MO
DORYX MPC	3	ST; MO
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG	3	ST; MO
doxy-100	1	PA; MO
doxycycline hyclate oral capsule	1	MO

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Drug Name	Drug Tier	Requirements/Limits
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	MO
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	MO
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	3	ST; MO
doxycycline monohydrate oral capsule	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet	1	MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
minocycline oral tablet extended release 24 hr	1	MO
MINOLIRA ER	3	ST; MO
mondoxyne nl oral capsule 100 mg, 75 mg	1	MO
NUZYRA INTRAVENOUS	3	PA
NUZYRA ORAL	3	ST; MO
ORACEA	3	ST; MO
SEYSARA	3	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3	ST; MO
TARGADOX	3	ST; MO
tetracycline	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	3	ST; MO
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION	3	MO
VIBRAMYCIN ORAL SYRUP	2	MO
URINARY TRACT AGENTS		
fosfomycin tromethamine	1	MO
HIPREX	3	MO
MACROBID	3	MO
MACRODANTIN	3	MO
methenamine hippurate	1	MO
MONUROL	3	MO
nitrofurantoin	1	MO

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Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin macrocrystal	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
trimethoprim	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral	1	MO
MESNEX ORAL	2	MO
XGEVA	2	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; QL (60 per 30 days)
AFINITOR	3	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ALECENSA	2	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	3	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	3	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	3	PA; QL (30 per 30 days)
anastrozole	1	MO
ARIMIDEX	3	MO
AROMASIN	3	MO
ASTAGRAF XL	3	PA; MO
AYVAKIT ORAL TABLET 100 MG, 200 MG, 300 MG	3	PA; LA; QL (30 per 30 days)
AZASAN	3	PA; MO
azathioprine	1	PA; MO
BALVERSA	2	PA; LA
bexarotene	1	PA; MO
bicalutamide	1	MO
BOSULIF ORAL TABLET 100 MG	2	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	2	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	2	PA; MO; LA; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BRUKINSA	3	PA; LA
CABOMETYX	2	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	3	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	2	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	2	PA; LA; QL (30 per 30 days)
CASODEX	3	MO
CELLCEPT	3	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	2	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	2	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	2	PA; MO; QL (84 per 28 days)
COPIKTRA	3	PA; LA; QL (60 per 30 days)
COTELLIC	2	PA; MO; LA; QL (63 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
cyclophosphamide oral capsule	1	PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	2	PA; MO
cyclosporine modified oral capsule	1	PA; MO
cyclosporine modified oral solution	1	PA
cyclosporine oral capsule	1	PA; MO
DAURISMO ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
DROXIA	2	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
EMCYT	3	MO
ENSPRYNG	3	PA; MO
ENVARSUS XR	3	PA; MO
ERIVEDGE	2	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ERLEADA	2	PA; MO; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days)
everolimus (antineoplastic)	1	PA; MO; QL (30 per 30 days)
everolimus (immunosuppressive)	1	PA; MO
exemestane	1	MO
FARESTON	3	MO
FARYDAK	3	PA; MO; QL (6 per 21 days)
FEMARA	3	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	2	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	3	PA; MO
flutamide	1	MO

Drug Name	Drug Tier	Requirements/Limits
FOTIVDA	3	PA; LA; QL (21 per 28 days)
GAVRETO	3	PA; MO; LA; QL (120 per 30 days)
gengraf	1	PA; MO
GILOTRIF	2	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	3	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	3	PA; MO; QL (60 per 30 days)
HYDREA	3	MO
hydroxyurea	1	MO
IBRANCE	2	PA; MO; QL (21 per 28 days)
ICLUSIG	3	PA; QL (30 per 30 days)
IDHIFA	2	PA; MO; LA; QL (30 per 30 days)
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	2	PA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA ORAL CAPSULE 70 MG	2	PA; QL (30 per 30 days)
IMBRUVICA ORAL TABLET 140 MG	3	PA; QL (30 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG	2	PA; QL (30 per 30 days)
IMURAN	3	PA; MO
INLYTA ORAL TABLET 1 MG	2	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	2	PA; MO; QL (120 per 30 days)
INQOVI	3	PA; MO; QL (5 per 28 days)
INREBIC	3	PA; MO; LA; QL (120 per 30 days)
IRESSA	2	PA; MO; QL (30 per 30 days)
JAKAFI	2	PA; MO; QL (60 per 30 days)
KANJINTI	3	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	3	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	3	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	3	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	3	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	3	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	3	PA; MO; QL (63 per 28 days)
KLISYRI	3	MO
KOSELUGO	3	PA
lapatinib	1	PA; MO; QL (180 per 30 days)
LENVIMA	2	PA; MO
letrozole	1	MO
LEUKERAN	2	MO
leuprolide subcutaneous kit	1	PA; MO
LONSURF	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 100 MG	2	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	2	PA; MO; QL (90 per 30 days)
LUPKYNIS	3	PA; LA
LUPRON DEPOT	2	PA; MO
LUPRON DEPOT (3 MONTH)	2	PA; MO
LUPRON DEPOT (4 MONTH)	2	PA; MO
LUPRON DEPOT (6 MONTH)	2	PA; MO
LYNPARZA ORAL TABLET	2	PA; MO; QL (120 per 30 days)
LYSODREN	2	
MATULANE	2	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet	1	PA; MO
MEKINIST ORAL TABLET 0.5 MG	2	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	2	PA; MO; QL (30 per 30 days)
MEKTOVI	2	PA; MO; LA; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
mercaptopurine	1	MO
methotrexate sodium	1	PA; MO
methotrexate sodium (pf) injection solution	1	PA; MO
MVASI	3	PA; MO
MYCAPSSA	3	PA; LA
mycophenolate mofetil	1	PA; MO
mycophenolate sodium	1	PA; MO
MYFORTIC	3	PA; MO
NEORAL	3	PA; MO
NERLYNX	2	PA; MO; LA
NEXAVAR	2	PA; MO; LA; QL (120 per 30 days)
NILANDRON	3	PA; MO
nilutamide	1	PA; MO
NINLARO	2	PA; MO; QL (3 per 28 days)
NUBEQA	2	PA; MO; LA; QL (120 per 30 days)
octreotide acetate injection solution	1	PA; MO
ODOMZO	3	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ONUREG	3	PA; MO; QL (14 per 14 days)
ORGOVYX	3	PA; LA; QL (30 per 30 days)
PEMAZYRE	3	PA; LA; QL (14 per 21 days)
PIQRAY	2	PA; MO
POMALYST	2	PA; MO; LA
PROGRAF ORAL	3	PA; MO
PURIXAN	3	
QINLOCK	3	PA; LA; QL (90 per 30 days)
RAPAMUNE	3	PA; MO
RETEVMO ORAL CAPSULE 40 MG	3	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	3	PA; MO; LA; QL (120 per 30 days)
REVLIMID	2	PA; MO; LA; QL (28 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	3	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	3	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RUBRACA	2	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	2	PA; MO
RYDAPT	2	PA; MO
SANDIMMUNE ORAL	3	PA; MO
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	3	PA; MO
SIGNIFOR	2	PA
SIKLOS	3	MO
sirolimus	1	PA; MO
SOLTAMOX	3	MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	2	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	2	PA; MO; QL (60 per 30 days)
STIVARGA	2	PA; MO; QL (84 per 28 days)
SUTENT	2	PA; MO; QL (30 per 30 days)
SYNRIBO	2	PA
TABLOID	3	MO
TABRECTA	3	PA; MO
tacrolimus oral	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
TAFINLAR	2	PA; MO; QL (120 per 30 days)
TAGRISSO	2	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	3	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	3	PA; MO; QL (30 per 30 days)
tamoxifen	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	3	PA; MO; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	3	PA; MO; QL (60 per 30 days)
TARGRETIN ORAL	3	PA; MO
TARGRETIN TOPICAL	2	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	2	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	2	PA; MO; QL (120 per 30 days)
TAZVERIK	3	PA; LA
TEPMETKO	3	PA; LA
THALOMID	3	PA; MO
TIBSOVO	2	PA
toremifene	1	MO
TRAZIMERA	2	PA; MO

Drug Name	Drug Tier	Requirements/Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	2	PA; MO
tretinoin (antineoplastic)	1	MO
TREXALL	3	PA; MO
TUKYSA ORAL TABLET 150 MG	3	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	3	PA; LA; QL (300 per 30 days)
TURALIO	3	PA; LA; QL (120 per 30 days)
TYKERB	3	PA; MO; LA; QL (180 per 30 days)
UKONIQ	3	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	2	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	2	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	2	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	2	PA; LA; QL (42 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VERZENIO	2	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	2	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	2	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	2	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	3	PA; MO; QL (30 per 30 days)
VOTRIENT	2	PA; MO; QL (120 per 30 days)
XALKORI	2	PA; MO; QL (60 per 30 days)
XATMEP	3	PA; MO
XERMELO	2	PA; LA; QL (90 per 30 days)
XOSPATA	2	PA; LA
XPOVIO	3	PA; LA
XTANDI ORAL CAPSULE	2	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	2	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	2	PA; MO; QL (60 per 30 days)
YONSA	2	PA; MO; QL (120 per 30 days)
ZEJULA	2	PA; LA; QL (90 per 30 days)
ZELBORAF	2	PA; MO; QL (240 per 30 days)
ZIRABEV	2	PA; MO
ZOLINZA	2	PA; MO
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG	3	PA; MO
ZORTRESS ORAL TABLET 1 MG	2	PA; MO
ZYDELIG	2	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	2	PA; MO; QL (90 per 30 days)
ZYTIGA ORAL TABLET 250 MG	3	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	3	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	3	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	3	MO; QL (60 per 30 days)
BANZEL	3	PA; MO
BRIVIACT INTRAVENOUS	3	QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	3	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	3	MO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable	1	MO
CARBATROL	3	MO
CELONTIN ORAL CAPSULE 300 MG	3	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DEPAKOTE	3	MO
DEPAKOTE ER	3	MO
DEPAKOTE SPRINKLES	3	MO
DIACOMIT	3	PA; LA
DIASTAT	3	MO
DIASTAT ACUDIAL	3	MO
diazepam rectal	1	MO

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Drug Name	Drug Tier	Requirements/Limits
DILANTIN 30 MG	2	MO
DILANTIN EXTENDED 100 MG	3	MO
DILANTIN INFATABS 50 MG	3	MO
DILANTIN-125 125 MG/5 ML	3	MO
divalproex oral capsule, delayed rel sprinkle	1	
divalproex oral tablet extended release 24 hr	1	MO
divalproex oral tablet,delayed release (dr/ec)	1	MO
EPIDIOLEX	3	PA; MO; LA
epitol	1	MO
EQUETRO	3	MO
ethosuximide	1	MO
felbamate	1	MO
FELBATOL	3	MO
FINTEPLA	3	PA; LA; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION	3	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	3	MO; QL (60 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
GABITRIL	3	MO
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	2	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	2	PA; MO; QL (90 per 30 days)
KEPPRA ORAL	3	MO
KEPPRA XR	3	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
KLONOPIN ORAL TABLET 2 MG	3	MO; QL (300 per 30 days)
LAMICTAL ODT	3	MO
LAMICTAL ORAL TABLET	3	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	3	MO
LAMICTAL STARTER (BLUE) KIT	3	MO
LAMICTAL STARTER (GREEN) KIT	3	MO
LAMICTAL STARTER (ORANGE) KIT	3	MO
LAMICTAL XR	3	MO
LAMICTAL XR STARTER (BLUE)	3	MO
LAMICTAL XR STARTER (GREEN)	3	MO
LAMICTAL XR STARTER (ORANGE)	3	MO
lamotrigine oral tablet	1	MO

Drug Name	Drug Tier	Requirements/Limits
lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)	1	MO
lamotrigine oral tablet extended release 24hr	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO
lamotrigine oral tablet,disintegrating	1	MO
lamotrigine oral tablets,dose pack	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	3	PA; MO; QL (30 per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (90 per 30 days)
LYRICA ORAL CAPSULE 225 MG, 300 MG	3	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	3	MO; QL (900 per 30 days)
MYSOLINE	3	MO
NAYZILAM	2	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	3	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	3	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	3	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	3	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	3	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	3	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxcarbazepine	1	MO
OXTELLAR XR	3	MO
phenobarbital oral elixir	1	PA; MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	PA
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	PA; MO
PHENYTEK	3	MO
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended	1	MO
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution	1	MO; QL (900 per 30 days)
pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg	1	PA; MO; QL (30 per 30 days)
pregabalin oral tablet extended release 24 hr 330 mg	1	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
primidone	1	MO
QUDEXY XR	3	PA; MO
roweepra oral tablet 500 mg	1	MO
rufinamide	1	PA; MO
SABRIL	3	MO; LA
SPRITAM	3	MO
SYMPAZAN	3	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	3	MO
TEGRETOL ORAL TABLET	3	MO
TEGRETOL XR	3	MO
tiagabine	1	MO
TOPAMAX	3	PA; MO
topiramate	1	PA; MO
TRILEPTAL	3	MO
TROKENDI XR	3	PA; MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
VALTOCO	3	PA; MO; QL (10 per 30 days)
vigabatrin	1	MO; LA
vigadrone	1	LA
VIMPAT INTRAVENOUS	2	MO; QL (1200 per 30 days)
VIMPAT ORAL SOLUTION	2	MO; QL (1200 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	2	MO; QL (60 per 30 days)
VIMPAT ORAL TABLET 50 MG	2	MO; QL (120 per 30 days)
XCOPRI MAINTENANCE PACK	3	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	3	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	3	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	3	MO; QL (56 per 28 days)
ZARONTIN	3	MO
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	3	PA; MO
zonisamide	1	PA; MO
ANTIPARKINSONISM AGENTS		
APOKYN	3	PA; MO; LA; QL (90 per 30 days)
AZILECT	3	MO

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Drug Name	Drug Tier	Requirements/Limits
benztropine oral	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa	1	MO
carbidopa-levodopa-entacapone	1	MO
COMTAN	3	MO
DUOPA	3	PA; MO
entacapone	1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	3	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	3	PA; QL (30 per 30 days)
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	3	PA; QL (300 per 30 days)
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	2	PA; MO; QL (150 per 30 days)
LODOSYN	3	MO
MIRAPEX ER	3	MO
NEUPRO	3	MO
NOURIANZ	3	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ONGENTYS	3	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG, 193 MG	3	PA; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 322 MG/DAY(129 MG X1-193MG X1)	3	PA; QL (60 per 30 days)
PARLODEL	3	MO
pramipexole	1	MO
rasagiline	1	MO
ropinirole	1	MO
RYTARY	3	MO
selegiline hcl	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	3	MO
STALEVO 100	3	MO
STALEVO 125	3	MO
STALEVO 150	3	MO
STALEVO 200	3	MO
STALEVO 75	3	MO
TASMAR ORAL TABLET 100 MG	3	PA; MO
tolcapone	1	PA
ZELAPAR	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	2	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	2	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	2	PA; MO; QL (1.5 per 30 days)
almotriptan malate oral tablet 12.5 mg	1	MO; QL (24 per 28 days)
almotriptan malate oral tablet 6.25 mg	1	MO; QL (18 per 28 days)
AMERGE	3	MO; QL (18 per 28 days)
CAFERGOT	3	MO
dihydroergotamine nasal	1	QL (8 per 28 days)
eletriptan	1	MO; QL (18 per 28 days)
EMGALITY PEN	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	2	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	3	PA; MO; QL (3 per 30 days)
ergotamine-caffeine	1	MO
FROVA	3	MO; QL (27 per 28 days)
frovatriptan	1	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 20 MG/ACTUATION	3	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY,NON-AEROSOL 5 MG/ACTUATION	3	MO; QL (36 per 28 days)
IMITREX ORAL	3	MO; QL (18 per 28 days)
IMITREX STATDOSE SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 6 MG/0.5 ML	3	MO; QL (8 per 28 days)
IMITREX SUBCUTANEOUS	3	QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MAXALT ORAL TABLET 10 MG	3	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	3	MO; QL (36 per 28 days)
migergot	1	MO
MIGRANAL	3	QL (8 per 28 days)
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	2	PA; QL (16 per 30 days)
ONZETRA XSAIL	3	MO; QL (32 per 28 days)
RELPAX	3	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	3	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	3	PA; QL (8 per 30 days)
rizatriptan	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
sumatriptan-naproxen	1	MO; QL (18 per 28 days)
TOSYMRA	3	MO; QL (24 per 28 days)
TREXIMET ORAL TABLET 85-500 MG	3	MO; QL (18 per 28 days)
UBRELVY	2	PA; QL (20 per 30 days)
ZEMBRACE SYMTOUCH	3	MO; QL (8 per 28 days)
zolmitriptan oral	1	MO; QL (18 per 28 days)
ZOMIG	3	MO; QL (18 per 28 days)
ZOMIG ZMT	3	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
AMPYRA	3	PA; MO; LA; QL (60 per 30 days)
ARICEPT	3	MO
AUBAGIO	3	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	3	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	3	PA; MO; LA; QL (60 per 30 days)
BAFIERTAM	2	PA; MO; QL (120 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	3	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	3	PA; MO; QL (12 per 28 days)
dalfampridine	1	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; QL (14 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; QL (60 per 30 days)
donepezil	1	MO
EVRYSDI	3	PA; MO; LA; QL (240 per 30 days)
EXELON PATCH	3	MO
FIRDAPSE	2	PA; LA
galantamine	1	MO
GILENYA ORAL CAPSULE 0.5 MG	2	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	3	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	3	PA; MO; QL (60 per 30 days)
INGREZZA	3	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	3	PA; LA; QL (28 per 28 days)
KESIMPTA PEN	3	PA; MO; QL (1.6 per 28 days)
KEVEYIS	3	PA
MAVENCLAD (10 TABLET PACK)	3	PA; MO; LA; QL (10 per 28 days)
MAVENCLAD (4 TABLET PACK)	3	PA; MO; LA; QL (4 per 28 days)
MAVENCLAD (5 TABLET PACK)	3	PA; MO; LA; QL (5 per 28 days)
MAVENCLAD (6 TABLET PACK)	3	PA; MO; LA; QL (6 per 28 days)
MAVENCLAD (7 TABLET PACK)	3	PA; MO; LA; QL (7 per 28 days)
MAVENCLAD (8 TABLET PACK)	3	PA; MO; LA; QL (8 per 28 days)
MAVENCLAD (9 TABLET PACK)	3	PA; MO; LA; QL (9 per 28 days)
MAYZENT ORAL TABLET 0.25 MG	3	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 2 MG	3	PA; MO; QL (30 per 30 days)
MAYZENT STARTER PACK	3	PA; MO; QL (12 per 180 days)
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMENDA ORAL TABLET	3	PA; MO
NAMENDA TITRATION PAK	3	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NAMZARIC	2	PA; MO
NUEDEXTA	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PONVORY	3	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	3	PA; MO; QL (14 per 180 days)
RAZADYNE ER	3	MO
rivastigmine	1	MO
rivastigmine tartrate	1	MO
RUZURGI	3	PA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG	3	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	3	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 240 MG	3	PA; MO; LA; QL (60 per 30 days)
TEGSEDI	3	PA; MO; LA
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VUMERITY	2	PA; MO; QL (120 per 30 days)
XENAZINE ORAL TABLET 12.5 MG	3	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	3	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA	2	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT	2	PA; MO; QL (37 per 30 days)
ZEPOSIA STARTER PACK	2	PA; MO; QL (7 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral	1	MO
cyclobenzaprine oral tablet	1	PA; MO
DANTRIUM ORAL CAPSULE 25 MG, 50 MG	3	MO
dantrolene oral	1	MO
FEXMID	3	PA
MESTINON ORAL	3	MO
MESTINON TIMESPAN	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
BUTRANS	3	PA; MO; QL (4 per 28 days)
codeine sulfate	1	MO; QL (180 per 30 days)
DILAUDID ORAL LIQUID	3	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	3	MO; QL (180 per 30 days)
endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
fentanyl	1	PA; MO; QL (10 per 30 days)
fentanyl citrate buccal lozenge on a handle	1	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT	3	PA; QL (120 per 30 days)
FENTORA	3	PA; MO; QL (120 per 30 days)
hydrocodone bitartrate, oral only, er 12hr	1	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate, oral only,ext.rel.24 hr	1	PA; MO; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
hydrocodone-ibuprofen	1	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	1	QL (240 per 30 days)
hydromorphone oral liquid	1	MO; QL (2400 per 30 days)
hydromorphone oral tablet	1	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; MO; QL (60 per 30 days)
HYSINGLA ER	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LAZANDA NASAL SPRAY,NON-AEROSOL 100 MCG/SPRAY	3	PA; QL (45 per 30 days)
LAZANDA NASAL SPRAY,NON-AEROSOL 400 MCG/SPRAY	3	PA; MO; QL (30 per 30 days)
levorphanol tartrate	1	MO; QL (120 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; QL (240 per 30 days)
morphine concentrate oral solution	1	MO; QL (900 per 30 days)
morphine oral capsule, er multiphase 24 hr	1	PA; MO; QL (60 per 30 days)
morphine oral capsule,extend.release pellets	1	PA; MO; QL (90 per 30 days)
morphine oral solution	1	MO; QL (900 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
morphine oral tablet	1	MO; QL (180 per 30 days)
morphine oral tablet extended release	1	PA; MO; QL (120 per 30 days)
MS CONTIN	3	PA; MO; QL (120 per 30 days)
OXAYDO	3	MO; QL (360 per 30 days)
oxycodone oral capsule	1	MO; QL (360 per 30 days)
oxycodone oral concentrate	1	MO; QL (180 per 30 days)
oxycodone oral solution	1	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; QL (360 per 30 days)
OXYCODONE, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; QL (90 per 30 days)
OXYCODONE, ORAL ONLY, EXT.REL.12 HR 80 MG	3	PA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	MO; QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	2	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	2	PA; MO; QL (60 per 30 days)
oxymorphone oral tablet 10 mg	1	MO; QL (360 per 30 days)
oxymorphone oral tablet 5 mg	1	MO; QL (180 per 30 days)
oxymorphone oral tablet extended release 12 hr	1	PA; MO; QL (90 per 30 days)
PERCOCET	3	MO; QL (360 per 30 days)
prolate oral tablet	1	QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	3	MO; QL (180 per 30 days)
ROXICODONE ORAL TABLET 5 MG	3	QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
SUBSYS	3	PA; MO; QL (120 per 30 days)
TREZIX	3	MO; QL (300 per 30 days)
XTAMPZA ER	3	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ARTHROTEC 50	3	ST; MO
ARTHROTEC 75	3	ST; MO
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol nasal	1	MO; QL (10 per 28 days)
CAMBIA	3	ST; MO; QL (9 per 30 days)
CELEBREX	3	MO

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

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Drug Name	Drug Tier	Requirements/Limits
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
INDOCIN RECTAL	3	MO
ketoprofen oral capsule 25 mg	1	MO
ketoprofen oral capsule 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	MO
KETOROLAC NASAL	3	ST
KLOXXADO	2	
LICART	3	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	3	ST
LUCEMYRA	3	PA; MO
meclofenamate	1	MO
mefenamic acid	1	MO
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
meloxicam submicronized oral capsule 10 mg	1	MO

Drug Name	Drug Tier	Requirements/Limits
meloxicam submicronized oral capsule 5 mg	1	MO; QL (30 per 30 days)
MOBIC ORAL TABLET 15 MG	3	ST; MO
MOBIC ORAL TABLET 7.5 MG	3	ST; MO; QL (30 per 30 days)
nabumetone	1	MO
NALFON ORAL CAPSULE 400 MG	3	ST; MO
NALFON ORAL TABLET	3	ST; MO
naloxone injection solution	1	MO
naloxone injection syringe	1	MO
naltrexone	1	MO
NAPRELAN CR	3	ST; MO
naproxen oral suspension	1	MO
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	MO
naproxen oral tablet,delayed release (dr/ec) 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg	1	MO
naproxen-esomeprazole	1	MO
NARCAN	2	MO
NUCYNTA ER	3	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	3	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	3	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	3	MO; QL (242 per 30 days)
oxaprozin	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	3	ST; MO; QL (224 per 28 days)
piroxicam	1	MO
RELAFEN DS	3	ST; MO
SPRIX	3	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	3	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	3	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	3	MO; QL (90 per 30 days)
sulindac	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL TABLET 100 MG	3	MO; QL (120 per 30 days)
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol oral tablet extended release 24 hr	1	PA; MO; QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr	1	PA; MO; QL (30 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
ULTRACET	3	MO; QL (240 per 30 days)
ULTRAM	3	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VIMOVO	3	ST; MO
VIVITROL	2	MO
VIVLODEX ORAL CAPSULE 10 MG	3	ST; MO
VIVLODEX ORAL CAPSULE 5 MG	3	ST; MO; QL (30 per 30 days)
ZIPSOR	3	ST; MO
ZORVOLEX	3	ST; MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	2	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	2	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	2	MO; QL (1 per 28 days)
ABILIFY MYCITE	3	QL (30 per 30 days)
ABILIFY ORAL TABLET	3	MO; QL (30 per 30 days)
ADDERALL ORAL TABLET 20 MG, 5 MG, 7.5 MG	3	MO
ADDERALL XR	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
ADZENYS ER	3	ST; MO
ADZENYS XR-ODT	3	ST; MO
AMBIEN	3	MO; QL (30 per 30 days)
AMBIEN CR	3	MO; QL (30 per 30 days)
amitriptyline	1	MO
amoxapine	1	MO
AMPHETAMINE	3	ST
amphetamine sulfate	1	PA; MO
ANAFRANIL	3	MO
APLENZIN	3	MO; QL (30 per 30 days)
APTENSIO XR	3	ST; MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA INITIO	2	MO; QL (4.8 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	2	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	2	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	2	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	2	MO; QL (3.2 per 28 days)
armodafinil	1	PA; MO; QL (30 per 30 days)
asenapine maleate	1	MO; QL (60 per 30 days)
ATIVAN ORAL TABLET 0.5 MG, 1 MG	3	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ATIVAN ORAL TABLET 2 MG	3	PA; MO; QL (150 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
BELSOMRA	3	MO; QL (30 per 30 days)
BRISDELLE	3	MO; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone	1	MO
CAPLYTA	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CELEXA ORAL TABLET	3	MO; QL (30 per 30 days)
chlorpromazine oral tablet	1	MO
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
clozapine	1	
CLOZARIL	3	
CONCERTA	3	ST; MO
COTEMPLA XR-ODT	3	ST; MO
CYMBALTA	3	MO; QL (60 per 30 days)
DAYTRANA	3	ST; MO
DAYVIGO	3	MO; QL (30 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	3	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	3	MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (90 per 30 days)
DYANAVEL XR	3	ST; MO
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG	3	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 75 MG	3	MO; QL (90 per 30 days)
EMSAM	2	MO
ergoloid	1	MO

Drug Name	Drug Tier	Requirements/Limits
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
EVEKEO	3	PA; MO
EVEKEO ODT	3	PA; MO
FANAPT ORAL TABLET	3	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	3	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	2	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	2	MO; QL (30 per 30 days)
fluoxetine (pmdd) oral tablet 10 mg	1	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg, 20 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluoxetine oral tablet 60 mg	1	MO; QL (30 per 30 days)
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
FOCALIN	3	MO
FOCALIN XR	3	ST; MO
FORFIVO XL	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
GEODON INTRAMUSCULAR	3	MO
GEODON ORAL	3	MO; QL (60 per 30 days)
HALDOL	3	MO
HALDOL DECANOATE	3	MO
haloperidol	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml	1	MO
haloperidol decanoate intramuscular solution 50 mg/ml(1ml)	1	
haloperidol lactate injection	1	MO
haloperidol lactate oral	1	MO
HETLIOZ	3	PA; MO; QL (30 per 30 days)
HETLIOZ LQ	3	PA; MO; QL (158 per 30 days)
imipramine hcl	1	MO
imipramine pamoate	1	MO

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Drug Name	Drug Tier	Requirements/Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG	3	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	3	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	2	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	2	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	2	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	2	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	2	MO; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML	2	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.315 ML	2	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	2	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.625 ML	2	MO; QL (2.63 per 90 days)
JORNAY PM	3	ST; MO
KAPVAY	3	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	3	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	3	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	3	MO; QL (30 per 30 days)
lithium carbonate	1	MO
lithium citrate oral solution 8 meq/5 ml	1	MO
LITHOBID	3	MO

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Drug Name	Drug Tier	Requirements/Limits
lorazepam intensol	1	PA; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)
loxapine succinate	1	MO
LUNESTA	3	MO; QL (30 per 30 days)
MARPLAN	3	MO
methamphetamine	1	PA; MO
METHYLIN ORAL SOLUTION	3	MO
methylphenidate hcl oral cap,er sprinkle,biphasic 40-60	1	MO
methylphenidate hcl oral capsule, er biphasic 30-70	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release	1	MO

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	ST; MO
methylphenidate hcl oral tablet,chewable	1	MO
mirtazapine	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone	1	MO
MYDAYIS	3	ST; MO
NARDIL	3	MO
nefazodone	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	3	MO
nortriptyline	1	MO

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Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL CAPSULE	3	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	3	PA; MO; QL (30 per 30 days)
NUVIGIL	3	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	1	MO
olanzapine oral	1	MO; QL (30 per 30 days)
olanzapine-fluoxetine	1	MO
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
PAMELOR	3	MO
PARNATE	3	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
paroxetine mesylate(menop.sym)	1	MO; QL (30 per 30 days)
PAXIL CR	3	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	3	MO
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
perphenazine	1	MO
PERSERIS	2	MO; QL (1 per 30 days)
PEXEVA ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO; QL (30 per 30 days)
PEXEVA ORAL TABLET 30 MG	3	MO; QL (60 per 30 days)
phenelzine	1	MO
pimozide	1	MO
PRISTIQ	3	MO; QL (30 per 30 days)
procentra	1	MO
protriptyline	1	MO
PROVIGIL ORAL TABLET 100 MG	3	PA; MO; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROZAC ORAL CAPSULE 10 MG, 20 MG	3	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 40 MG	3	MO; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	3	ST; MO; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	3	ST; MO; QL (60 per 30 days)
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
QUILLICHEWER	3	ST; MO
QUILLIVANT XR	3	ST; MO
ramelteon	1	MO; QL (30 per 30 days)
RELEXXII	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
REMERON ORAL TABLET 15 MG, 30 MG	3	MO
REMERON SOLTAB	3	MO
REXULTI	3	MO; QL (30 per 30 days)
RISPERDAL CONSTA	2	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	3	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	3	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	3	MO; QL (120 per 30 days)
risperidone oral solution	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RITALIN	3	MO
RITALIN LA	3	ST; MO
ROZEREM	3	MO; QL (30 per 30 days)
SAPHRIS	3	MO; QL (60 per 30 days)
SECUADO	3	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	3	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	3	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	3	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	3	MO; QL (60 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SILENOR	3	MO; QL (30 per 30 days)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	3	MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	3	MO; QL (30 per 30 days)
SUNOSI	3	PA; MO; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	3	MO
thioridazine	1	MO
thiothixene	1	MO
TRANXENE T-TAB	3	PA; MO; QL (360 per 30 days)
tranylcypromine	1	MO
trazodone	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	2	MO; QL (30 per 30 days)
VALIUM	3	PA; MO; QL (120 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr	1	MO; QL (30 per 30 days)
VERSACLOZ	2	
VIIBRYD ORAL TABLET	2	MO; QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	2	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	3	MO; QL (7 per 30 days)
VYVANSE	3	ST; MO
WAKIX	3	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR	3	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	3	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	MO; QL (30 per 30 days)
XYREM	2	PA; LA; QL (540 per 30 days)
XYWAV	3	PA; LA; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
zenzedi oral tablet 10 mg, 5 mg	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	3	MO
ziprasidone hcl	1	MO; QL (60 per 30 days)
ziprasidone mesylate	1	
ZOLOFT ORAL CONCENTRATE	3	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	3	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
zolpidem oral	1	MO; QL (30 per 30 days)
ZOLPIMIST	3	MO; QL (7.7 per 30 days)
ZYPREXA INTRAMUSCULAR	3	MO
ZYPREXA ORAL	3	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	2	MO; QL (2 per 28 days)
ZYPREXA ZYDIS	3	MO; QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	1	
amiodarone oral tablet 200 mg	1	MO
BETAPACE AF	3	MO
dofetilide	1	MO
flecainide	1	MO
mexiletine	1	MO
MULTAQ	3	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	1	MO
propafenone	1	MO
quinidine gluconate oral	1	MO
quinidine sulfate oral tablet	1	MO
RYTHMOL SR	3	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	1	MO
sorine oral tablet 240 mg	1	
sotalol af	1	
sotalol oral	1	MO
SOTYLIZE	3	MO
TIKOSYN	3	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	3	MO
ACCURETIC	3	MO
acebutolol	1	MO
ALDACTAZIDE	3	MO
ALDACTONE	3	MO
aliskiren	1	MO
ALTACE	3	MO
amiloride	1	MO

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Drug Name	Drug Tier	Requirements/Limits
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
ATACAND	3	ST; MO
ATACAND HCT	3	ST; MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
AVALIDE	3	ST; MO
AVAPRO	3	ST; MO
AZOR	3	ST; MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
BENICAR	3	ST; MO
BENICAR HCT	3	ST; MO
betaxolol oral	1	MO
BIDIL	2	MO; QL (180 per 30 days)
bisoprolol fumarate	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide	1	MO
BYSTOLIC	2	MO
CALAN SR	3	MO

Drug Name	Drug Tier	Requirements/Limits
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
CARDIZEM CD	3	MO
CARDIZEM LA	3	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	3	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	3	ST; MO; QL (60 per 30 days)
CARDURA XL	3	ST; MO; QL (30 per 30 days)
CAROSPIR	3	MO
cartia xt	1	MO
carvedilol	1	MO
carvedilol phosphate	1	
CATAPRES-TTS-1	3	MO; QL (4 per 28 days)
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine	1	MO; QL (4 per 28 days)
clonidine hcl oral tablet	1	MO
COREG	3	MO
COREG CR	3	MO
CORGARD	3	MO

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Drug Name	Drug Tier	Requirements/Limits
COZAAR	3	ST; MO
DEMSER	3	PA; MO
DIBENZYLINE	3	PA; MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	
diltiazem hcl oral tablet	1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg	1	
dilt-xr	1	MO
DIOVAN	3	ST; MO
DIOVAN HCT	3	ST; MO
DIURIL	3	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
DUTOPROL	3	MO
DYRENIUM	3	MO
EDARBI	2	MO

Drug Name	Drug Tier	Requirements/Limits
EDARBYCLOR	2	MO
EDECRIN	3	MO
enalapril maleate	1	MO
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
ethacrynic acid	1	MO
EXFORGE	3	ST; MO
EXFORGE HCT	3	ST; MO
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO
furosemide oral tablet	1	MO
hydralazine oral	1	MO
hydrochlorothiazide	1	MO
HYZAAR	3	ST; MO
indapamide	1	MO
INDERAL LA	3	MO
INNOPRAN XL	3	MO
INSPRA	3	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isradipine	1	MO
KAPSPARGO SPRINKLE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
KATERZIA	3	MO
labetalol oral	1	MO
LASIX	3	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
LOPRESSOR ORAL	3	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	3	MO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	3	MO
matzim la	1	MO
MAXZIDE	3	MO
MAXZIDE-25MG	3	MO
methyldopa	1	MO
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate oral	1	MO
metyrosine	1	PA; MO
MICARDIS	3	ST; MO
MICARDIS HCT	3	ST; MO
MINIPRESS	3	MO

Drug Name	Drug Tier	Requirements/Limits
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine	1	MO
nisoldipine	1	MO
NORVASC	3	MO
NYMALIZE ORAL SYRINGE 60 MG/10 ML	3	
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
ORENITRAM	3	PA; MO
perindopril erbumine	1	MO
phenoxybenzamine	1	PA; MO
pindolol	1	MO
prazosin	1	MO
PRINIVIL ORAL TABLET 20 MG	3	MO
PROCARDIA XL	3	MO
propranolol oral	1	MO
QBRELIS	3	MO
quinapril	1	MO

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Drug Name	Drug Tier	Requirements/Limits
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
spironolactone	1	MO
spironolacton-hydrochlorothiaz	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	3	MO
taztia xt	1	MO
TEKTURNA	3	MO
TEKTURNA HCT	2	MO
telmisartan	1	MO
telmisartan-amlodipine	1	MO
telmisartan-hydrochlorothiazid	1	MO
TENORETIC 100	3	MO
TENORETIC 50	3	MO
TENORMIN	3	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er	1	MO
TIAZAC	3	MO
timolol maleate oral	1	MO
TOPROL XL	3	MO
torsemide oral	1	MO

Drug Name	Drug Tier	Requirements/Limits
trandolapril	1	MO
trandolapril-verapamil	1	MO
treprostinil sodium	1	PA; MO; LA
triamterene	1	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet	1	MO
TRIBENZOR	3	ST; MO
UPTRAVI	2	PA; MO; LA
valsartan	1	MO
valsartan-hydrochlorothiazide	1	MO
VASERETIC	3	MO
VASOTEC	3	MO
verapamil oral	1	MO
VERELAN	3	MO
VERELAN PM	3	MO
ZESTORETIC	3	MO
ZESTRIL	3	MO
ZIAC	3	MO
COAGULATION THERAPY		
ARIXTRA	3	MO
aspirin-dipyridamole	1	MO
BRILINTA	2	MO

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Drug Name	Drug Tier	Requirements/Limits
CABLIVI INJECTION KIT	2	PA; LA
cilostazol	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	2	PA; MO; LA
DOPTELET (15 TAB PACK)	2	PA; MO; LA
DOPTELET (30 TAB PACK)	2	PA; MO; LA
ELIQUIS	2	MO
ELIQUIS DVT-PE TREAT 30D START	2	MO
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)
fondaparinux	1	MO

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SUBCUTANEOUS SOLUTION	3	MO
FRAGMIN SUBCUTANEOUS SYRINGE	3	MO
heparin (porcine) injection solution	1	MO
jantoven	1	MO
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	3	MO; QL (28 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	3	MO; QL (22.4 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	3	MO; QL (16.8 per 28 days)
LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	3	MO; QL (11.2 per 28 days)
MULPLETA	2	PA; MO
pentoxifylline	1	MO
PLAVIX ORAL TABLET 75 MG	3	MO; QL (30 per 30 days)
PRADAXA	3	PA; MO
prasugrel	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PROMACTA	3	PA; MO; LA
SAVAYSA	3	PA; MO
TAVALISSE	3	PA; LA; QL (60 per 30 days)
warfarin	1	MO
XARELTO	2	MO
XARELTO DVT-PE TREAT 30D START	2	MO
ZONTIVITY	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	3	ST; MO; QL (30 per 30 days)
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG	3	MO
atorvastatin	1	MO; QL (30 per 30 days)
CADUET	3	ST; MO; QL (30 per 30 days)
cholestyramine (with sugar) oral powder in packet	1	MO
cholestyramine light oral powder in packet	1	
colesevelam	1	MO
COLESTID ORAL PACKET	3	MO
COLESTID ORAL TABLET	3	MO
colestipol oral packet	1	MO
colestipol oral tablet	1	MO
CRESTOR	3	ST; MO; QL (30 per 30 days)
EZALLOR SPRINKLE	3	ST; MO; QL (30 per 30 days)
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized	1	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	MO
FENOFIBRATE ORAL CAPSULE	3	MO
fenofibrate oral tablet	1	MO
fenofibric acid (choline)	1	MO
FENOGLIDE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
FLOLIPID	3	ST; MO; QL (300 per 30 days)
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr	1	MO; QL (30 per 30 days)
gemfibrozil	1	MO
icosapent ethyl	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	2	PA; MO; LA
LESCOL XL	3	ST; MO; QL (30 per 30 days)
LIPITOR	3	ST; MO; QL (30 per 30 days)
LIPOFEN	3	MO
LIVALO	2	MO; QL (30 per 30 days)
LOPID	3	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
LOVAZA	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
NEXLETOL	2	PA; MO
NEXLIZET	2	PA; MO
niacin oral tablet extended release 24 hr	1	
NIACOR	3	MO
NIASPAN EXTENDED-RELEASE	3	MO
omega-3 acid ethyl esters	1	MO
PRALUENT PEN	3	PA; QL (2 per 28 days)
pravastatin	1	MO; QL (30 per 30 days)
prevalite oral powder in packet	1	MO
QUESTRAN LIGHT	3	MO
QUESTRAN ORAL POWDER	3	MO
REPATHA	2	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX	2	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	2	PA; QL (3 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
ROSZET	3	ST; MO; QL (30 per 30 days)

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simvastatin oral tablet	1	MO; QL (30 per 30 days)
TRICOR	3	MO
TRILIPIX	3	MO
VASCEPA ORAL CAPSULE 0.5 GRAM	2	ST; MO
VASCEPA ORAL CAPSULE 1 GRAM	3	ST; MO
VYTORIN 10-10	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	3	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	3	ST; MO; QL (30 per 30 days)
WELCHOL	3	MO
ZETIA	3	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	3	ST; MO; QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	3	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	2	QL (450 per 30 days)
CORLANOR ORAL TABLET	2	MO; QL (60 per 30 days)
digitek	1	MO
digox	1	MO
digoxin oral	1	MO
ENTRESTO	2	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 125 MCG (0.125 MG), 250 MCG (0.25 MG)	3	MO
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	2	MO
RANEXA	3	MO
ranolazine	1	MO
VECAMYL	3	
VERQUVO	2	MO; QL (30 per 30 days)
VYNDAMAX	2	PA; MO
VYNDAQEL	2	PA; MO
NITRATES		
GONITRO	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
calcipotriene topical cream	1	MO; QL (120 per 30 days)
CALCIPOTRIENE TOPICAL FOAM	3	QL (120 per 30 days)
calcipotriene topical ointment	1	MO; QL (120 per 30 days)
calcipotriene-betamethasone	1	MO; QL (400 per 30 days)
calcitriol topical	1	
COSENTYX (2 SYRINGES)	3	PA; MO; QL (10 per 28 days)
COSENTYX PEN (2 PENS)	3	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; MO; QL (2.5 per 28 days)
DOVONEX TOPICAL	3	MO; QL (120 per 30 days)
ENSTILAR	3	MO; QL (400 per 30 days)
ILUMYA	3	PA; MO; QL (2 per 28 days)
selenium sulfide topical lotion	1	MO

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Drug Name	Drug Tier	Requirements/Limits
SILIQ	3	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	2	PA; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	2	PA; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
SORIATANE ORAL CAPSULE 10 MG, 25 MG	3	MO
SORILUX	3	MO; QL (120 per 30 days)
STELARA INTRAVENOUS	2	PA; MO; QL (104 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	2	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	2	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	2	PA; MO; QL (1 per 28 days)
TACLONEX	3	MO; QL (400 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
TALTZ AUTOINJECTOR	2	PA; MO; QL (1 per 28 days)
TALTZ SYRINGE	2	PA; MO; QL (1 per 28 days)
TREMFYA	3	PA; MO; QL (2 per 28 days)
VECTICAL	3	
MISCELLANEOUS DERMATOLOGICALS		
ALDARA	3	MO
ammonium lactate	1	MO
CARAC	3	MO
CONDYLOX TOPICAL GEL	3	MO
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
doxepin topical	1	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	2	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	2	PA; MO; QL (4.56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	2	PA; MO; QL (8 per 28 days)
EFUDEX TOPICAL CREAM	3	MO
ELIDEL	3	PA; MO; QL (100 per 30 days)
EUCRISA	3	PA; MO; QL (120 per 30 days)
FLUOROPLEX	3	MO
FLUOROURACIL TOPICAL CREAM 0.5 %	3	MO
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
imiquimod topical cream in packet	1	MO
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	MO; QL (36 per 30 days)
lidocaine viscous	1	MO
lidocaine-prilocaine topical cream	1	MO; QL (30 per 30 days)
LIDODERM	3	PA; MO; QL (90 per 30 days)
methoxsalen	1	MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	3	PA; QL (30 per 30 days)
podofilox	1	MO
PROTOPIC	3	PA; MO; QL (100 per 30 days)
prudoxin	1	MO; QL (45 per 30 days)
QBREXZA	3	MO
REGRANEX	2	MO
SANTYL	2	MO
SILVADENE	3	MO
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
VALCHLOR	2	PA; MO
VEREGEN	3	MO; QL (30 per 30 days)
ZONALON	3	MO; QL (45 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZTLIDO	3	PA; MO; QL (90 per 30 days)
ZYCLARA TOPICAL CREAM IN METERED-DOSE PUMP 2.5 %	3	MO
ZYCLARA TOPICAL CREAM IN PACKET	3	MO
THERAPY FOR ACNE		
ABSORICA	3	
ABSORICA LD	3	
ACANYA TOPICAL GEL WITH PUMP	3	MO
accutane oral capsule 20 mg, 30 mg, 40 mg	1	
ACZONE	3	MO
adapalene topical cream	1	PA; MO
adapalene topical gel	1	PA; MO
adapalene topical solution	1	PA
adapalene topical swab	1	PA
adapalene-benzoyl peroxide	1	PA; MO
AKLIEF	3	PA; MO
ALTRENO	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
amnesteem	1	
AMZEEQ	3	MO
ARAZLO	3	PA; MO
ATRALIN	3	PA; MO
avita topical cream	1	PA; MO
AVITA TOPICAL GEL	3	PA; MO
azelaic acid	1	MO
AZELEX	3	MO
BENZACLIN PUMP	3	MO
BENZAMYCIN	3	MO
claravis	1	
CLEOCIN T TOPICAL LOTION	3	MO; QL (120 per 30 days)
clindacin p	1	MO; QL (69 per 30 days)
CLINDAGEL	3	MO; QL (150 per 30 days)
clindamycin phosphate topical foam	1	QL (100 per 30 days)
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate topical swab	1	MO; QL (60 per 30 days)
clindamycin-benzoyl peroxide topical gel	1	MO
clindamycin-benzoyl peroxide topical gel with pump 1.2-2.5 %	1	MO
clindamycin-tretinoin	1	PA; MO
dapsone topical gel	1	MO
DAPSONE TOPICAL GEL WITH PUMP	3	MO
DIFFERIN TOPICAL CREAM	3	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	3	PA; MO
DIFFERIN TOPICAL LOTION	3	PA; MO
EPIDUO FORTE	3	PA; MO
EPIDUO TOPICAL GEL WITH PUMP	3	PA
ery pads	1	MO
erygel	1	MO
erythromycin with ethanol topical gel	1	MO
erythromycin with ethanol topical solution	1	MO
erythromycin-benzoyl peroxide	1	MO

Drug Name	Drug Tier	Requirements/Limits
EVOCLIN	3	QL (100 per 30 days)
FABIOR	3	PA; MO
FINACEA	3	ST; MO
isotretinoin	1	
METROCREAM	3	ST; MO
METROGEL TOPICAL GEL 1 %	3	ST; MO
METROLOTION	3	ST
metronidazole topical cream	1	MO
metronidazole topical gel	1	MO
metronidazole topical lotion	1	MO
MIRVASO TOPICAL GEL WITH PUMP	3	PA; MO
myorisan	1	
neuac	1	MO
NORITATE	3	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	3	MO
RETIN-A	3	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	3	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	3	PA; MO
RHOFADE	3	PA; MO
SOOLANTRA	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
tazarotene topical cream	1	PA; MO
TAZAROTENE TOPICAL FOAM	3	PA
TAZORAC	3	PA; MO
tretinoin microspheres topical gel	1	PA; MO
tretinoin topical	1	PA; MO
VELTIN	3	PA
zenatane	1	
ZIANA	3	PA
ZILXI	3	ST; MO
TOPICAL ANTIBACTERIALS		
ALTABAX	3	MO; QL (30 per 30 days)
gentamicin topical	1	MO; QL (60 per 30 days)
KLARON	3	MO
mafenide acetate	1	MO
mupirocin	1	MO; QL (44 per 30 days)
mupirocin calcium	1	MO; QL (30 per 30 days)
NEO-SYNALAR	3	MO
sulfacetamide sodium (acne)	1	MO

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON TOPICAL CREAM	2	MO
SULFAMYLON TOPICAL PACKET	3	MO
XEPI	3	QL (30 per 30 days)
TOPICAL ANTIFUNGALS		
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (45 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole topical cream	1	MO; QL (45 per 28 days)
clotrimazole topical solution	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
econazole	1	MO; QL (85 per 28 days)
ERTACZO	3	MO; QL (60 per 28 days)
EXTINA	3	QL (100 per 28 days)
JUBLIA	3	MO
KERYDIN	3	MO
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical foam	1	MO; QL (100 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
ketodan	1	MO; QL (100 per 28 days)
LOPROX (AS OLAMINE) TOPICAL CREAM	3	MO; QL (90 per 28 days)
LOPROX TOPICAL SHAMPOO	3	MO; QL (120 per 28 days)
LULICONAZOLE	3	MO; QL (60 per 28 days)
LUZU	3	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
MENTAX	3	MO; QL (30 per 28 days)
naftifine topical cream	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	3	MO; QL (60 per 28 days)
nyamyc	1	MO; QL (180 per 30 days)
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	QL (180 per 30 days)
nystatin-triamcinolone	1	MO; QL (60 per 28 days)
nystop	1	MO; QL (180 per 30 days)
oxiconazole	1	MO; QL (60 per 28 days)
OXISTAT	3	MO; QL (60 per 28 days)
tavaborole	1	MO
XOLEGEL	3	MO; QL (45 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TOPICAL ANTIVIRALS		
acyclovir topical cream	1	PA; MO; QL (5 per 30 days)
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)
DENAVIR	3	MO; QL (5 per 30 days)
XERESE	3	MO
ZOVIRAX TOPICAL CREAM	3	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	3	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
ala-cort topical cream 2.5 %	1	
ALA-SCALP	3	MO
alclometasone	1	MO
amcinonide topical cream	1	MO
amcinonide topical lotion	1	MO
apexicon e	1	MO; QL (120 per 30 days)
beser	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate	1	MO
betamethasone, augmented	1	MO
BRYHALI	3	MO
CAPEX	3	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol topical spray,non-aerosol	1	MO; QL (125 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
clobetasol-emollient topical foam	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	3	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	3	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	3	MO; QL (125 per 28 days)
CLOCORTOLONE PIVALATE	3	MO
clodan	1	MO; QL (236 per 28 days)
CLODERM	3	MO
CORDRAN TAPE LARGE ROLL	3	MO
CORDRAN TOPICAL CREAM	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL LOTION	3	MO; QL (120 per 30 days)
CORDRAN TOPICAL OINTMENT	3	MO; QL (120 per 30 days)
CUTIVATE TOPICAL LOTION	3	MO
DERMA-SMOOTHE/FS SCALP OIL	3	MO

Drug Name	Drug Tier	Requirements/Limits
DESONATE	3	MO
desonide	1	MO
DESOWEN TOPICAL CREAM	3	
desoximetasone	1	MO
diflorasone	1	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	3	MO
DUOBRII	3	MO; QL (200 per 30 days)
fluocinolone and shower cap	1	MO
fluocinolone topical cream	1	MO
fluocinolone topical ointment	1	MO
fluocinolone topical solution	1	MO
fluocinonide	1	MO; QL (120 per 30 days)
fluocinonide-e	1	MO; QL (120 per 30 days)
flurandrenolide	1	MO; QL (120 per 30 days)
fluticasone propionate topical	1	MO
halcinonide	1	MO

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Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate topical cream	1	MO
HALOBETASOL PROPIONATE TOPICAL FOAM	3	MO
halobetasol propionate topical ointment	1	MO
HALOG	3	MO
hydrocortisone butyrate topical cream	1	MO; QL (120 per 30 days)
hydrocortisone butyrate topical lotion	1	MO; QL (118 per 30 days)
hydrocortisone butyrate topical ointment	1	MO; QL (120 per 30 days)
hydrocortisone butyrate topical solution	1	MO; QL (120 per 30 days)
hydrocortisone topical cream 1 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate	1	MO
IMPEKLO	3	MO; QL (136 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KENALOG TOPICAL	3	MO; QL (126 per 28 days)
LEXETTE	3	MO
LOCOID LIPOCREAM	3	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	3	MO; QL (118 per 30 days)
LUXIQ	3	MO
mometasone topical	1	MO
nolix	1	MO; QL (120 per 30 days)
OLUX	3	MO; QL (100 per 28 days)
OLUX-E	3	MO; QL (100 per 28 days)
PANDEL	3	MO
prednicarbate topical ointment	1	MO
PSORCON	3	QL (120 per 30 days)
SYNALAR TOPICAL CREAM	3	MO
TEMOVATE TOPICAL CREAM	3	MO; QL (120 per 28 days)
TEXACORT	3	MO
TOPICORT	3	MO

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Drug Name	Drug Tier	Requirements/Limits
tovet emollient	1	MO; QL (100 per 28 days)
triamcinolone acetonide topical aerosol	1	MO; QL (126 per 28 days)
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment	1	MO
trianex	1	MO
triderm topical cream	1	MO
ULTRAVATE TOPICAL LOTION	3	MO
VANOS	3	MO; QL (120 per 30 days)
VERDESO	3	MO
TOPICAL SCABICIDES / PEDICULICIDES		
ivermectin topical lotion	1	MO
lindane topical shampoo	1	MO
malathion	1	MO
NATROBA	3	MO

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

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Drug Name	Drug Tier	Requirements/Limits
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox	1	PA; MO
deferiprone	1	PA; MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 5 % in water (d5w) intravenous piggyback	1	MO
dextrose 5%-0.2 % sod chloride	1	
disulfiram	1	MO
droxidopa	1	PA; MO
ENDARI	3	PA; MO
EVOXAC	3	MO
EXJADE	3	PA; MO; LA
FERRIPROX	2	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	3	MO; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG	3	MO; QL (135 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	3	MO; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	3	MO; QL (180 per 30 days)
GLASSIA	3	PA; MO; LA
INCRELEX	2	MO; LA
JADENU	3	PA; MO
JADENU SPRINKLE	3	PA; MO
lanthanum oral tablet,chewable 1,000 mg	1	MO; QL (135 per 30 days)
lanthanum oral tablet,chewable 500 mg	1	MO; QL (270 per 30 days)
lanthanum oral tablet,chewable 750 mg	1	MO; QL (180 per 30 days)
levocarnitine (with sugar)	1	MO
levocarnitine oral tablet	1	MO
LITHOSTAT	3	
LOKELMA	2	MO
midodrine	1	MO
nitisinone	1	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
NITYR	3	PA; MO; LA
NORTHERA	3	PA; MO
ORFADIN	3	PA; LA
OXBRYTA	3	PA; MO; LA; QL (90 per 30 days)
pilocarpine hcl oral	1	MO
PROLASTIN-C	2	PA; LA
RAVICTI	2	PA; MO
RENAGEL ORAL TABLET 800 MG	3	MO
RENVELA ORAL POWDER IN PACKET 0.8 GRAM	3	MO; QL (180 per 30 days)
RENVELA ORAL POWDER IN PACKET 2.4 GRAM	3	MO; QL (90 per 30 days)
RENVELA ORAL TABLET	3	MO; QL (270 per 30 days)
RILUTEK	3	PA; MO
riluzole	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE)	3	MO
sevelamer carbonate oral powder in packet 0.8 gram	1	MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
sevelamer carbonate oral powder in packet 2.4 gram	1	MO; QL (90 per 30 days)
sevelamer carbonate oral tablet	1	MO; QL (270 per 30 days)
sevelamer hcl oral tablet 400 mg	1	MO
sevelamer hcl oral tablet 800 mg	1	
sodium chloride 0.9 % intravenous piggyback	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	1	PA; MO
sodium phenylbutyrate oral tablet	1	PA
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
SYPRINE	3	PA; MO
THIOLA	3	
THIOLA EC	3	
TIGLUTIK	3	PA
tiopronin	1	MO
trientine	1	PA; MO
VELPHORO	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VELTASSA	2	MO
XURIDEN	2	PA
ZEMAIRA	3	PA; MO; LA
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
CHANTIX	3	MO
CHANTIX CONTINUING MONTH BOX	3	MO
CHANTIX STARTING MONTH BOX	3	MO
NICOTROL	3	MO
NICOTROL NS	3	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal	1	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
olopatadine nasal	1	MO; QL (30.5 per 30 days)
PATANASE	3	MO; QL (30.5 per 30 days)
periogard	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
ciprofloxacin hcl otic (ear)	1	MO
DERMOTIC OIL	3	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	3	MO
CIPRODEX	3	MO
ciprofloxacin-dexamethasone	1	MO
CIPROFLOXACIN-FLUOCINOLONE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic (ear)	1	MO
OTOVEL	3	MO
ENDOCRINE/ DIABETES		
ADRENAL HORMONES		
ACTHAR	3	PA; MO
ALKINDI SPRINKLE	3	
CORTEF	3	MO
dexabliss	1	
dexamethasone oral elixir	1	MO
dexamethasone oral tablet	1	MO
dexamethasone oral tablets,dose pack	1	MO
EMFLAZA	3	PA; MO; LA
fludrocortisone	1	MO
HEMADY	3	MO
hydrocortisone oral	1	MO
MEDROL	3	PA; MO
MEDROL (PAK)	3	MO
methylprednisolone oral tablet	1	PA; MO
methylprednisolone oral tablets,dose pack	1	MO
millipred oral tablet	1	PA; MO
ORAPRED ODT	3	PA; MO

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

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Drug Name	Drug Tier	Requirements/Limits
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
ACTOPLUS MET	3	MO; QL (90 per 30 days)
ACTOS	3	MO; QL (30 per 30 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 10 MCG/0.2 ML-20 MCG/0.2 ML	3	PA; MO; QL (6 per 180 days)
ADLYXIN SUBCUTANEOUS PEN INJECTOR 20 MCG/0.2 ML	3	PA; MO; QL (6 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	3	ST; MO
ADMELOG U-100 INSULIN LISPRO	3	ST; MO
AFREZZA	3	MO
ALCOHOL PADS	2	
ALOGLIPTIN	3	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	3	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE	3	MO; QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG	3	MO; QL (240 per 30 days)
AMARYL ORAL TABLET 2 MG	3	MO; QL (120 per 30 days)
AMARYL ORAL TABLET 4 MG	3	MO; QL (60 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	3	ST; MO
APIDRA U-100 INSULIN	3	ST; MO
BAQSIMI	2	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	ST; MO
BYDUREON BCISE	2	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	2	PA; MO; QL (2.4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	2	PA; MO; QL (1.2 per 30 days)
CYCLOSET	3	MO; QL (180 per 30 days)
diazoxide	1	MO
DUETACT	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG	2	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	2	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	ST; MO
FIASP PENFILL U-100 INSULIN	3	ST; MO
FIASP U-100 INSULIN	3	ST; MO
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 1,000 MG	3	ST; MO; QL (60 per 30 days)
FORTAMET ORAL TABLET EXTENDED RELEASE 24HR 500 MG	3	ST; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	ST; MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	3	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	3	MO; QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	3	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	3	ST; MO; QL (60 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	3	ST; MO; QL (120 per 30 days)
GLYXAMBI	2	MO; QL (30 per 30 days)
GVOKE HYPOPEN 2-PACK	2	MO
GVOKE PFS 1-PACK SYRINGE	2	MO
HUMALOG JUNIOR KWIKPEN U-100	2	MO

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN INSULIN	2	MO
HUMALOG MIX 50-50 INSULN U-100	2	MO
HUMALOG MIX 50-50 KWIKPEN	2	MO
HUMALOG MIX 75-25 KWIKPEN	2	MO
HUMALOG MIX 75-25(U-100)INSULN	2	MO
HUMALOG U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 INSULIN	2	MO
HUMULIN 70/30 U-100 KWIKPEN	2	MO
HUMULIN N NPH INSULIN KWIKPEN	2	MO
HUMULIN N NPH U-100 INSULIN	2	MO
HUMULIN R REGULAR U-100 INSULN	2	MO
HUMULIN R U-500 (CONC) INSULIN	2	MO
HUMULIN R U-500 (CONC) KWIKPEN	2	MO

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Drug Name	Drug Tier	Requirements/Limits
INSULIN ASP PRT-INSULIN ASPART	3	ST; MO
INSULIN ASPART U-100	3	ST; MO
INSULIN LISPRO	3	ST; MO
INSULIN LISPRO PROTAMIN-LISPRO	3	ST; MO
INVOKAMET	3	ST; MO; QL (60 per 30 days)
INVOKAMET XR	3	ST; MO; QL (60 per 30 days)
INVOKANA	3	ST; MO; QL (30 per 30 days)
JANUMET	2	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	2	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	2	MO; QL (60 per 30 days)
JANUVIA	2	MO; QL (30 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR FLEXTOUCH U-100 INSULN	3	ST; MO
LEVEMIR U-100 INSULIN	3	ST; MO
LYUMJEV KWIKPEN U-100 INSULIN	2	MO
LYUMJEV KWIKPEN U-200 INSULIN	2	MO
LYUMJEV U-100 INSULIN	2	MO
metformin oral solution	1	MO; QL (765 per 30 days)
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 1,000 mg	1	ST; MO; QL (60 per 30 days)
metformin oral tablet extended release (osm) 24 hr 500 mg	1	ST; MO; QL (150 per 30 days)
metformin oral tablet,er gast.retention 24 hr 1,000 mg	1	ST; MO; QL (60 per 30 days)
metformin oral tablet,er gast.retention 24 hr 500 mg	1	ST; MO; QL (120 per 30 days)
miglitol oral tablet 100 mg	1	MO; QL (90 per 30 days)
miglitol oral tablet 25 mg	1	MO; QL (360 per 30 days)
miglitol oral tablet 50 mg	1	MO; QL (180 per 30 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NESINA	3	ST; MO; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	3	ST; MO
NOVOLIN N FLEXPEN	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N NPH U-100 INSULIN	3	ST; MO
NOVOLIN R FLEXPEN	3	ST; MO
NOVOLIN R REGULAR U-100 INSULN	3	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	3	ST; MO
NOVOLOG MIX 70-30 U-100 INSULN	3	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	ST; MO
NOVOLOG PENFILL U-100 INSULIN	3	ST; MO
NOVOLOG U-100 INSULIN ASPART	3	ST; MO
ONGLYZA	2	MO; QL (30 per 30 days)
OSENI	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	2	PA; MO; QL (1.5 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	2	PA; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	2	PA; MO; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
pioglitazone-glimepiride	1	MO; QL (30 per 30 days)
pioglitazone-metformin	1	MO; QL (90 per 30 days)
PROGLYCEM	3	MO
QTERN	2	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RIOMET	3	MO; QL (765 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RYBELSUS	2	PA; MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	2	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	2	MO; QL (120 per 30 days)
SEMGLEE PEN U-100 INSULIN	3	ST
SEMGLEE U-100 INSULIN	3	ST
SOLIQUA 100/33	2	MO; QL (90 per 30 days)
STEGLATRO	2	MO; QL (30 per 30 days)
STEGLUJAN	3	ST; MO; QL (30 per 30 days)
SYMLINPEN 120	2	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	2	PA; MO; QL (6 per 30 days)
SYNJARDY	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	2	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	2	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	2	MO
TOUJEO SOLOSTAR U-300 INSULIN	2	MO
TRADJENTA	3	ST; MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	ST; MO
TRESIBA FLEXTOUCH U-200	3	ST; MO
TRESIBA U-100 INSULIN	3	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	2	MO; QL (60 per 30 days)
TRULICITY	2	PA; MO; QL (2 per 28 days)
VICTOZA 3-PAK	2	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	2	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	2	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	2	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ANDRODERM	2	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1 % (25 MG/2.5GRAM), 1 % (50 MG/5 GRAM)	3	PA; MO; QL (300 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	3	PA; MO; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	3	PA; MO; QL (150 per 30 days)
AVEED	3	PA; LA
cabergoline	1	MO
calcitonin (salmon) nasal	1	MO
calcitriol oral capsule	1	MO
calcitriol oral solution	1	
CERDELGA	2	PA; MO
cinacalcet	1	PA; MO
danazol	1	MO
DDAVP ORAL	3	MO
DEPO-TESTOSTERONE	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
desmopressin nasal spray with pump	1	MO
desmopressin oral	1	MO
doxercalciferol oral	1	MO
FORTESTA	3	PA; MO; QL (120 per 30 days)
GALAFOLD	3	PA; MO; LA; QL (15 per 30 days)
ISTURISA ORAL TABLET 1 MG	3	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 10 MG	3	PA; LA; QL (180 per 30 days)
ISTURISA ORAL TABLET 5 MG	3	PA; LA; QL (60 per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG	3	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	3	PA; MO; QL (60 per 30 days)
JYNARQUE	3	PA; LA
KORLYM	3	PA
KUVAN	3	PA; MO
METHITEST	3	MO
methyltestosterone oral capsule	1	MO
miglustat	1	PA; MO; LA
MYALEPT	2	PA; MO; LA

Drug Name	Drug Tier	Requirements/Limits
NATESTO	3	PA; MO; QL (21.96 per 30 days)
NATPARA	2	PA; MO; LA
NOCDURNA (MEN)	3	PA; MO; QL (30 per 30 days)
NOCDURNA (WOMEN)	3	PA; MO; QL (30 per 30 days)
ORILISSA	3	MO
oxandrolone	1	PA; MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	2	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	2	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	2	PA; MO; LA; QL (60 per 30 days)
paricalcitol oral	1	MO
RAYALDEE	3	MO
ROCALTROL ORAL CAPSULE	3	MO
ROCALTROL ORAL SOLUTION	3	
SAMSCA ORAL TABLET 15 MG	2	PA; MO
SAMSCA ORAL TABLET 30 MG	3	PA; MO

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sapropterin	1	PA; MO
SENSIPAR	3	PA; MO
SOMAVERT	2	PA; MO
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	2	PA; LA
SYNAREL	2	PA; MO
TESTIM	3	PA; MO; QL (300 per 30 days)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	1	PA; MO
testosterone enanthate	1	PA; MO
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; MO; QL (120 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
TOLVAPTAN ORAL TABLET 15 MG	3	PA; MO
tolvaptan oral tablet 30 mg	1	PA; MO
VOGELXO TRANSDERMAL GEL	3	PA; MO; QL (300 per 30 days)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP	3	PA; MO; QL (300 per 30 days)
XYOSTED	3	PA; MO; QL (2 per 28 days)
ZAVESCA	3	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	3	MO
THYROID HORMONES		
CYTOMEL	3	MO
euthyrox	1	MO
levo-t	1	
LEVOTHYROXINE ORAL CAPSULE	3	MO
levothyroxine oral tablet	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine oral	1	MO
SYNTHROID	3	MO
THYQUIDITY	3	MO
TIROSINT	3	MO

Drug Name	Drug Tier	Requirements/Limits
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML	3	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
CUVPOSA	3	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet	1	MO
diphenoxylate-atropine	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
LOMOTIL	3	MO

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Drug Name	Drug Tier	Requirements/Limits
loperamide oral capsule	1	MO
methscopolamine	1	MO
MOTOFEN	3	MO
MYTESI	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	1	PA; MO
AMITIZA	3	ST; MO; QL (60 per 30 days)
ANUSOL-HC TOPICAL	3	MO
aprepitant	1	PA; MO
APRISO	3	MO
ASACOL HD	3	MO
AZULFIDINE	3	MO
AZULFIDINE EN-TABS	3	MO
balsalazide	1	MO
BONJESTA	3	MO
budesonide oral capsule,delayed,extend.release	1	MO
budesonide oral tablet,delayed and ext.release	1	
CANASA	3	MO
CHENODAL	2	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	2	PA

Drug Name	Drug Tier	Requirements/Limits
CHOLBAM ORAL CAPSULE 50 MG	2	PA; QL (120 per 30 days)
CIMZIA	3	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	3	PA; MO; QL (2 per 28 days)
CLENPIQ	3	ST; MO
COLAZAL	3	MO
compro	1	MO
constulose	1	MO
CORTIFOAM	2	MO
CREON	2	MO
cromolyn oral	1	MO
CYSTADANE	2	
DELZICOL	3	MO
DICLEGIS	3	MO
DIPENTUM	3	MO
doxylamine-pyridoxine (vit b6)	1	MO
dronabinol	1	PA; MO
EMEND ORAL CAPSULE 80 MG	3	PA; MO
EMEND ORAL CAPSULE,DOSE PACK	3	PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	3	PA
enulose	1	MO

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GASTROCROM	3	MO
GATTEX 30-VIAL	3	PA; MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	MO
generlac	1	MO
GIMOTI	3	
GOLYTELY ORAL RECON SOLN	3	ST; MO
granisetron hcl oral	1	PA; MO
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	MO
hydrocortisone-pramoxine rectal cream 1-1 %	1	MO
INFLECTRA	3	PA; MO; QL (20 per 28 days)
KRISTALOSE	3	MO
lactulose oral packet	1	MO
lactulose oral solution 10 gram/15 ml	1	MO
LIALDA	3	MO
LINZESS	2	MO; QL (30 per 30 days)
LOTRONEX	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
LUBIPROSTONE	3	ST; MO; QL (60 per 30 days)
MARINOL	3	PA; MO
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine oral capsule (with del rel tablets)	1	MO
mesalamine oral capsule,extended release 24hr	1	
mesalamine oral tablet,delayed release (dr/ec)	1	MO
mesalamine rectal	1	MO
metoclopramide hcl oral	1	MO
MOTEGRITY	3	ST; MO; QL (30 per 30 days)
MOVANTIK	2	MO; QL (30 per 30 days)
MOVIPREP	3	ST; MO
NULYTELY LEMON-LIME	3	ST; MO
OCALIVA	2	PA; MO; LA; QL (30 per 30 days)
ondansetron	1	PA; MO
ondansetron hcl oral solution	1	PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	PA; MO

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ORTIKOS	3	MO
OSMOPREP	3	ST; MO
PANCREAZE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,500-35,500-61,500 UNIT, 16,800-56,800-98,400 UNIT, 2,600-8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 37,000-97,300- 149,900 UNIT, 4,200-14,200- 24,600 UNIT	3	ST; MO
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
peg3350-sod sul-nacl-kcl-asb-c	1	MO
peg-electrolyte	1	MO
PENTASA	2	MO
PERTZYE	3	ST; MO
PLENVU	3	ST; MO
prochlorperazine	1	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
procto-pak	1	MO
proctosol hc topical	1	MO

Drug Name	Drug Tier	Requirements/Limits
proctozone-hc	1	MO
RECTIV	2	MO
REGLAN ORAL	3	MO
RELISTOR ORAL	3	MO; QL (90 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	3	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	3	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	3	MO; QL (12 per 30 days)
RELTONE	3	
REMICADE	2	PA; MO; QL (20 per 28 days)
RENFLEXIS	3	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	3	MO
SANCUSO	2	MO
scopolamine base	1	MO
SUCRAID	2	PA
sulfasalazine	1	MO
SUPREP BOWEL PREP KIT	3	ST; MO
SUTAB	3	ST; MO

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SYMPROIC	3	MO; QL (30 per 30 days)
SYNDROS	3	PA; MO
TRANSDERM-SCOP	3	MO
trilyte with flavor packets	1	MO
TRULANCE	2	MO
UCERIS	3	MO
URSO 250	3	MO
URSO FORTE	3	MO
ursodiol	1	MO
VARUBI ORAL	2	PA
VIBERZI	3	PA; MO; QL (60 per 30 days)
VIOKACE	2	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	2	MO

Drug Name	Drug Tier	Requirements/Limits
ZUPLENZ	3	PA; MO
ULCER THERAPY		
ACIPHEX	3	MO
amoxicil-clarithromy-lansopraz	1	MO; QL (112 per 30 days)
CARAFATE	3	MO
cimetidine	1	MO
cimetidine hcl oral	1	MO
CYTOTEC	3	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG	3	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 60 MG	3	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO
esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
esomeprazole magnesium oral granules dr for susp in packet 40 mg	1	MO
famotidine oral suspension	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	MO
misoprostol	1	MO
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG	3	MO

Drug Name	Drug Tier	Requirements/Limits
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	3	MO
nizatidine oral capsule	1	
nizatidine oral solution	1	MO
OMECLAMOX-PAK	3	MO; QL (80 per 28 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	MO
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	MO; QL (30 per 30 days)

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omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	MO
pantoprazole oral granules dr for susp in packet	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
PEPCID ORAL TABLET	3	MO
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	3	QL (30 per 30 days)
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	3	MO
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 15 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	3	MO
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	3	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	3	MO; QL (480 per 30 days)
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG	3	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 40 MG	3	MO
PYLERA	3	MO; QL (120 per 30 days)
rabeprazole oral tablet,delayed release (dr/ec)	1	MO
sucralfate	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TALICIA	3	MO; QL (168 per 28 days)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	3	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	3	MO
ZEGERID ORAL PACKET 20-1,680 MG	3	MO; QL (30 per 30 days)
ZEGERID ORAL PACKET 40-1,680 MG	3	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	2	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE	3	PA; MO
ARCALYST	2	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	2	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	2	PA; MO; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT	2	PA; MO; QL (14 per 28 days)
EGRIFTA SV	3	PA; MO
EPOGEN INJECTION SOLUTION 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
EXTAVIA SUBCUTANEOUS KIT	3	PA; MO; QL (15 per 28 days)
FULPHILA	3	PA; MO
GENOTROPIN	3	PA; MO
GENOTROPIN MINIQUICK	3	PA; MO
GRANIX	3	PA; MO
HUMATROPE INJECTION CARTRIDGE	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
INTRON A INJECTION	2	PA; MO
LEUKINE INJECTION RECON SOLN	2	PA; MO
NEULASTA	3	PA; MO
NEUPOGEN	3	PA; MO
NIVESTYM	2	PA; MO
NORDITROPIN FLEXPRO	3	PA; MO
NUTROPIN AQ NUSPIN	3	PA; MO
NYVEPRIA	2	PA; MO
OMNITROPE	2	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	2	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	2	MO; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML-94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	2	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	2	PA; MO; QL (1 per 180 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	2	PA; MO
REBIF (WITH ALBUMIN)	3	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	3	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	3	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	3	PA; MO; QL (4.2 per 180 days)
RETACRIT	2	PA; MO
SAIZEN	3	PA; MO
SAIZEN SAIZENPREP	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	3	PA; MO
UDENYCA	3	PA; MO
ZARXIO	2	PA; MO
ZIEXTENZO	2	PA; MO
ZOMACTON	3	PA; MO
ZORBTIVE	3	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	2	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	2	MO
BCG VACCINE, LIVE (PF)	2	MO
BEXSERO	2	MO
BIVIGAM	3	PA; MO
BOOSTRIX TDAP	2	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	2	MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	2	PA; MO
ENGERIX-B PEDIATRIC (PF)	2	PA; MO
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	3	PA

Drug Name	Drug Tier	Requirements/Limits
GAMMAGARD LIQUID	3	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	3	PA; MO
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GAMMAPLEX	3	PA; MO
GAMMAPLEX (WITH SORBITOL)	3	PA; MO
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %)	3	PA; MO
GARDASIL 9 (PF)	2	MO
GRASTEK	3	PA; MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
HIBERIX (PF)	2	MO
IMOVAX RABIES VACCINE (PF)	2	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	2	MO
IPOL	2	
IXIARO (PF)	2	
KINRIX (PF) INTRAMUSCULAR SUSPENSION	2	

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Drug Name	Drug Tier	Requirements/Limits
KINRIX (PF) INTRAMUSCULAR SYRINGE	2	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	2	MO
MENQUADFI (PF)	2	MO
MENVEO A-C-Y-W-135-DIP (PF)	2	MO
M-M-R II (PF)	2	MO
OCTAGAM	3	PA; MO
ODACTRA	3	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	3	PA
PANZYGA	3	PA; MO
PEDIARIX (PF)	2	MO
PEDVAX HIB (PF)	2	
PRIVIGEN	2	PA; MO
PROQUAD (PF)	2	
QUADRACEL (PF)	2	
RABAVERT (PF)	2	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	2	PA; MO

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

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
1ST TIER UNIFINE PENTIPS	3	ST
1ST TIER UNIFINE PENTIPS PLUS	3	ST
ABOUTTIME PEN NEEDLE	3	ST
ADVOCATE PEN NEEDLE	3	ST; MO
ADVOCATE SYRINGES	3	ST; MO
ASSURE ID PEN NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	3	ST; MO
ASSURE ID PEN NEEDLE 31 GAUGE X 3/16"	3	ST
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2"	2	MO
BD NANO 2ND GEN PEN NEEDLE	2	MO
BD SAFETYGLIDE INSULIN SYRINGE	2	MO
BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"	2	MO
BD ULTRA-FINE MICRO PEN NEEDLE	2	MO
BD ULTRA-FINE MINI PEN NEEDLE	2	MO
BD ULTRA-FINE NANO PEN NEEDLE	2	MO
BD ULTRA-FINE ORIG PEN NEEDLE	2	MO
BD ULTRA-FINE SHORT PEN NEEDLE	2	MO
BD VEO INSULIN SYR (HALF UNIT)	2	MO
BD VEO INSULIN SYRINGE UF	2	MO
CAREFINE PEN NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16"	3	ST

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Drug Name	Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
CARETOUCH INSULIN SYRINGE 1 ML 28 X 5/16", 1 ML 29 GAUGE X 5/16	3	ST
CARETOUCH PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	3	ST; MO
CLICKFINE PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	3	ST
CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
COMFORT EZ PEN NEEDLES	3	ST; MO
DROPLET INSULIN SYR(HALF UNIT)	3	ST

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Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64"	3	ST
DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	3	ST; MO
DROPLET MICRON PEN NEEDLE	3	ST; MO
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
DROPLET PEN NEEDLE 30 GAUGE X 5/16"	3	ST
DROPSAFE PEN NEEDLE	3	ST; MO
EASY COMFORT INSULIN SYRINGE	3	ST
EASY COMFORT PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
EASY COMFORT PEN NEEDLE 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	3	ST
EASY GLIDE INSULIN SYRINGE	3	ST

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Drug Name	Drug Tier	Requirements/Limits
EASY GLIDE PEN NEEDLE	3	ST
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	3	ST
EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16"	3	ST; MO
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST
EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	3	ST; MO
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"	3	ST

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	2	ST; MO
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"	2	ST
EASY TOUCH LUER LOCK INSULIN	3	ST
EASY TOUCH NEEDLE	3	ST; MO
EASY TOUCH PEN NEEDLE	3	ST

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Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"	2	ST; MO
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 5/16"	2	ST
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16"	3	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	3	ST
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"	3	ST; MO
EASY TOUCH UNI-SLIP SYRINGE 1 ML	3	ST
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	ST; MO
FREESTYLE PRECISION SYRINGE 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST
GAUZE PADS 2 X 2	2	
HEALTHWISE INSULIN SYRINGE	3	ST
HEALTHWISE PEN NEEDLE	3	ST
HEALTHY ACCENTS UNIFINE PENTIP	3	ST
INCONTROL PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
INCONTROL PEN NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16"	3	ST
INSULIN PEN NEEDLE	2	MO
INSULIN SYRINGE NEEDLELESS	2	
INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	2	MO

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML	2	
INSULIN SYRINGE (DISP) U-100 1 ML	2	MO
INSUPEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16"	3	ST
INSUPEN NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; MO
LITE TOUCH INSULIN PEN NEEDLES	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1/2 ML 28 GAUGE X 1/2"	3	ST
LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	3	ST; MO
MAGELLAN INSULIN SAFETY SYRNG	3	ST; MO
MAGELLAN SYRINGE 0.3 ML 30 X 5/16"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"	3	ST
MAXICOMFORT II PEN NEEDLE	3	ST
MAXICOMFORT INSULIN SYRINGE	3	ST
MAXI-COMFORT INSULIN SYRINGE	3	ST; MO
MAXICOMFORT SAFETY PEN NEEDLE	3	ST
MICRODOT INSULIN PEN NEEDLE	3	ST
MINI ULTRA-THIN II	3	ST; MO
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 29 GAUGE X 1/2"	3	ST; MO
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"	3	ST

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 25 GAUGE X 5/8", 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML , 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
MONOJECT SYRINGE 1/2 ML 28 GAUGE	3	ST
MONOJECT ULTRA COMFORT INSULIN	3	ST; MO
NEEDLES, INSULIN DISP.,SAFETY	2	MO
NOVOFINE 32	2	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOFINE AUTOCOVER	2	MO
NOVOFINE PLUS	2	MO
NOVOTWIST	2	MO
OMNIPOD DASH 5 PACK POD	2	MO
OMNIPOD INSULIN MANAGEMENT	2	MO
OMNIPOD INSULIN REFILL	2	MO
PENTIPS	3	ST
PRO COMFORT INSULIN SYRINGE	3	ST
PRO COMFORT PEN NEEDLE	3	ST
PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	3	ST; MO
PURE COMFORT PEN NEEDLE	3	ST
RELION PEN NEEDLES	3	ST

Drug Name	Drug Tier	Requirements/Limits
SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	ST
SAFETY PEN NEEDLE	3	ST
SECURESAFE PEN NEEDLE	3	ST
SURE COMFORT INS. SYR. U-100	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST; MO
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	3	ST
SURE COMFORT PEN NEEDLE	3	ST; MO
SURE-FINE PEN NEEDLES	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	3	ST
SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16	3	ST; MO
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	3	ST
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	ST
TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64"	3	ST; MO
TECHLITE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
TECHLITE PEN NEEDLE 29 GAUGE X 3/8"	3	ST

Drug Name	Drug Tier	Requirements/Limits
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
thinpro insulin syringe 0.3 ml 29 gauge x 1/2", 0.5 ml 29 gauge x 1/2", 1 ml 29 gauge x 1/2"	1	ST
THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8", 1 ML 30 GAUGE X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	3	ST
THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8", 0.5 ML 31 X 3/8", 1 ML 28 GAUGE X 1/2", 1 ML 31 X 3/8"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
TOPCARE CLICKFINE	3	ST
TOPCARE ULTRA COMFORT	3	ST
TRUE COMFORT INSULIN SYRINGE	3	ST
TRUE COMFORT PEN NEEDLE	3	ST
TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	ST
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
TRUEPLUS PEN NEEDLE	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4"	3	ST; MO
ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"	3	ST
ULTICARE INSULN SYR(HALF UNIT)	3	ST; MO
ULTICARE PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO
ULTICARE PEN NEEDLE 32 GAUGE X 1/4"	3	ST
ULTICARE SAFETY PEN NEEDLE	3	ST
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
ULTICARE SYRINGE 0.3 ML 31 GAUGE X 5/16"	3	ST
ULTIGUARD SAFEPACK-INSULIN SYR	2	ST
ULTIGUARD SAFEPACK-PEN NEEDLE	3	ST
ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST
ULTILET PEN NEEDLE 29 GAUGE	3	ST
ULTILET PEN NEEDLE 32 GAUGE X 5/32"	3	ST; MO
ULTRA CMFT INS SYR (HALF UNIT)	3	ST

Drug Name	Drug Tier	Requirements/Limits
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	3	ST
ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	3	ST; MO
ULTRA FLO INSUL SYR(HALF UNIT)	3	ST
ULTRA FLO INSULIN SYRINGE	3	ST

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Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST
ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16"	3	ST; MO
ULTRA THIN PEN NEEDLE	3	ST
ULTRACARE INSULIN SYRINGE	3	ST
ULTRACARE PEN NEEDLE	3	ST; MO
ULTRA-THIN II (SHORT) INS SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	ST; MO
ULTRA-THIN II (SHORT) INS SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	ST
ULTRA-THIN II (SHORT) PEN NDL	3	ST; MO

Drug Name	Drug Tier	Requirements/Limits
ULTRA-THIN II INS PEN NEEDLES	3	ST; MO
ULTRA-THIN II INSULIN SYRINGE	3	ST; MO
UNIFINE PEN NEEDLE	3	ST
UNIFINE PENTIPS MAXFLOW	3	ST
UNIFINE PENTIPS NEEDLE 29 GAUGE	3	ST
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	3	ST; MO
UNIFINE PENTIPS PLUS MAXFLOW	3	ST
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	3	ST; MO

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Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS PLUS NEEDLE 33 GAUGE X 5/32"	3	ST
UNIFINE SAFECONTROL	3	ST
VANISHPOINT INSULIN SYRINGE	3	ST
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	ST; MO
V-GO 20	2	MO
V-GO 30	2	MO
V-GO 40	2	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol	1	MO
COLCHICINE ORAL CAPSULE	3	ST; MO
colchicine oral tablet	1	MO
COLCRYS	3	ST; MO
febuxostat	1	MO
GLOPERBA	3	ST; MO
MITIGARE	3	ST; MO
probenecid	1	MO
probenecid-colchicine	1	MO
ULORIC	3	MO
ZYLOPRIM	3	MO
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	3	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	3	ST; MO; QL (4 per 28 days)
alendronate oral solution	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ATELVIA	3	ST; MO; QL (4 per 28 days)
BINOSTO	3	ST; MO; QL (4 per 28 days)
BONIVA ORAL	3	ST; MO; QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	3	PA; MO; QL (2.34 per 30 days)
EVISTA	3	MO

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Drug Name	Drug Tier	Requirements/Limits
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	3	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	3	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	3	ST; MO; QL (4 per 28 days)
ibandronate oral	1	MO; QL (1 per 30 days)
PROLIA	2	PA; MO; QL (1 per 180 days)
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (drlec)	1	MO; QL (4 per 28 days)
TERIPARATIDE	2	PA; MO; QL (2.48 per 28 days)
TYMLOS	3	PA; MO; QL (1.56 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	3	PA; MO; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	3	PA; MO; QL (3.6 per 28 days)
ARAVA	3	MO; QL (30 per 30 days)
BENLYSTA SUBCUTANEOUS	2	PA; MO
CUPRIMINE	3	PA; MO
DEPEN TITRATABS	3	PA; MO
ENBREL MINI	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	2	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	2	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	2	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	2	PA; MO; QL (8 per 28 days)
HUMIRA PEN	2	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN CROHNS-UC-HS START	2	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	2	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	2	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	2	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	2	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	2	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	2	PA; MO; QL (4 per 28 days)
KEVZARA	3	PA; MO; QL (2.28 per 28 days)
KINERET	3	PA; QL (20.1 per 30 days)
leflunomide	1	MO; QL (30 per 30 days)
OLUMIANT	3	PA; MO; QL (30 per 30 days)
ORENCIA CLICKJECT	2	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	2	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	2	PA; MO; QL (1.6 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	2	PA; MO; QL (2.8 per 28 days)
OTEZLA	2	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	2	PA; MO; QL (55 per 28 days)
OTREXUP (PF)	3	MO
penicillamine	1	PA; MO
RASUVO (PF)	3	MO
REDITREX (PF)	3	MO
RIDAURA	3	MO
RINVOQ	2	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	2	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	2	MO; QL (55 per 30 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	3	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	3	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	2	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	2	PA; MO; QL (60 per 30 days)
XELJANZ XR	2	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA ORAL TABLET 1-0.5 MG	3	PA; MO
ALORA	3	PA; MO; QL (8 per 28 days)
amabelz	1	PA; MO
ANGELIQ	3	PA; MO
AYGESTIN	3	MO
BIJUVA	3	PA; MO
camila	1	MO

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Drug Name	Drug Tier	Requirements/Limits
CLIMARA	3	PA; MO; QL (4 per 28 days)
CLIMARA PRO	3	PA; MO
COMBIPATCH	3	PA; MO
CRINONE VAGINAL GEL 4 %	3	MO
CRINONE VAGINAL GEL 8 %	3	PA; MO
deblitane	1	MO
DELESTROGEN	3	MO
DEPO-ESTRADIOL	3	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	3	MO
DEPO-SUBQ PROVERA 104	3	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %)	3	PA; MO; QL (30 per 30 days)
dotti	1	PA; MO; QL (8 per 28 days)
DUAVEE	2	MO
ELESTRIN	3	PA; MO; QL (52 per 30 days)
errin	1	MO
ESTRACE ORAL	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
ESTRACE VAGINAL	3	ST; MO
estradiol oral	1	PA; MO
estradiol transdermal patch semiweekly	1	PA; MO; QL (8 per 28 days)
estradiol transdermal patch weekly	1	PA; QL (4 per 28 days)
estradiol vaginal	1	MO
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet	1	PA; MO
ESTRING	2	MO
ESTROGEL	3	MO; QL (50 per 30 days)
EVAMIST	3	PA; MO; QL (16.2 per 30 days)
FEMHRT LOW DOSE	3	PA; MO
FEMRING	3	ST; MO
fyavolv	1	PA; MO
IMVEXXY MAINTENANCE PACK	3	ST; MO
IMVEXXY STARTER PACK	3	ST; MO
incassia	1	MO
jinteli	1	PA; MO
lyleq	1	MO

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

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

Drug Name	Drug Tier	Requirements/Limits
cryselle (28)	1	MO
cyclafem 1/35 (28)	1	MO
cyclafem 7/7/7 (28)	1	MO
cyred eq	1	MO
desog-e.estradiol/e.estradiol	1	
desogestrel-ethinyl estradiol	1	
dolishale	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)	1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
emoquette	1	MO
enpresse	1	MO
enskyce	1	MO
estarylla	1	MO
ethynodiol diac-eth estradiol	1	
falmina (28)	1	MO
fayosim	1	MO
femynor	1	MO
gemmily	1	MO
GENERESS FE	3	MO
hailey 24 fe	1	MO
iclevia	1	
introvale	1	MO

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Drug Name	Drug Tier	Requirements/Limits
isibloom	1	MO
jasmiel (28)	1	MO
juleber	1	MO
junel 1.5/30 (21)	1	MO
junel 1/20 (21)	1	MO
junel fe 1.5/30 (28)	1	MO
junel fe 1/20 (28)	1	MO
junel fe 24	1	MO
kaitlib fe	1	MO
kariva (28)	1	MO
kelnor 1/35 (28)	1	MO
kelnor 1-50 (28)	1	MO
kurvelo (28)	1	MO
l norgestl/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
l norgestl/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	MO
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
larissia	1	MO
layolis fe	1	MO
leena 28	1	MO

Drug Name	Drug Tier	Requirements/Limits
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	MO
levonorg-eth estrad triphasic	1	MO
levora-28	1	MO
LO LOESTRIN FE	3	MO
LOESTRIN 1.5/30 (21)	3	MO
LOESTRIN 1/20 (21)	3	MO
LOESTRIN FE 1.5/30 (28-DAY)	3	MO
LOESTRIN FE 1/20 (28-DAY)	3	MO
loryna (28)	1	MO
LOSEASONIQUE	3	MO
low-ogestrel (28)	1	MO
lutera (28)	1	MO
marlissa (28)	1	MO
mibelas 24 fe	1	MO
microgestin 1.5/30 (21)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	1	MO
MINASTRIN 24 FE	3	MO
NATAZIA	3	MO
necon 0.5/35 (28)	1	MO
NEXTSTELLIS	3	MO
nikki (28)	1	MO
noreth-ethinyl estradiol-iron	1	
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norethindrone-e.estradiol-iron oral capsule	1	
norethindrone-e.estradiol-iron oral tablet,chewable	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	1	
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	MO
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
nylia 7/7/7 (28)	1	
nymyo	1	MO
ocella	1	MO
orsythia	1	MO
pimtrea (28)	1	MO
pirmella oral tablet 1-35 mg-mcg	1	MO
portia 28	1	MO
previfem	1	MO
QUARTETTE	3	MO
reclipsen (28)	1	MO
rivelsa	1	MO
SAFYRAL	3	MO
SEASONIQUE	3	MO
setlakin	1	MO
SLYND	3	MO
sprintec (28)	1	MO
sronyx	1	MO
syeda	1	MO
tarina 24 fe	1	MO
tarina fe 1-20 eq (28)	1	MO
tilia fe	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-lo-estarylla	1	MO
tri-lo-sprintec	1	MO
tri-mili	1	MO
tri-nymyo	1	
tri-previfem (28)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
tri-sprintec (28)	1	MO
trivora (28)	1	MO
tri-vylibra	1	MO
tri-vylibra lo	1	MO
tydemy	1	MO
velivet triphasic regimen (28)	1	MO
vestura (28)	1	
vienva	1	MO
vyfemla (28)	1	MO
vylibra	1	MO
wymzya fe	1	MO
YASMIN (28)	3	MO
YAZ (28)	3	MO
zarah	1	MO
zovia 1-35 (28)	1	
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	2	MO
bacitracin ophthalmic (eye)	1	MO
bacitracin-polymyxin b ophthalmic (eye)	1	MO
BESIVANCE	2	MO
CILOXAN	3	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO; QL (3.5 per 14 days)

Drug Name	Drug Tier	Requirements/Limits
gatifloxacin	1	MO
gentak ophthalmic (eye) ointment	1	MO; QL (3.5 per 30 days)
gentamicin ophthalmic (eye) drops	1	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye)	1	MO
MOXEZA	3	MO
moxifloxacin ophthalmic (eye) drops	1	MO
NATACYN	3	
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
OCUFLOX	3	MO
ofloxacin ophthalmic (eye)	1	MO
polymyxin b sulf-trimethoprim	1	MO
POLYTRIM	3	MO
tobramycin ophthalmic (eye)	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) DROPS	3	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
VIGAMOX	3	MO
ZYMAXID	3	MO
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	3	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO
BETIMOL	3	MO
BETOPTIC S	3	MO
carteolol	1	MO
ISTALOL	3	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate (pf)	1	MO
timolol maleate ophthalmic (eye)	1	MO
TIMOPTIC OCUDOSE (PF)	3	MO
TIMOPTIC-XE	3	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	3	MO
ALOMIDE	3	MO
atropine ophthalmic (eye) drops	1	MO
azelastine ophthalmic (eye)	1	MO
bepotastine besilate	1	MO

Drug Name	Drug Tier	Requirements/Limits
BEPREVE	3	MO
BLEPH-10	3	MO
BLEPHAMIDE	3	MO
BLEPHAMIDE S.O.P.	3	MO
CEQUA	3	ST; MO; QL (60 per 30 days)
cromolyn ophthalmic (eye)	1	MO
CYSTADROPS	3	PA
CYSTARAN	2	PA
epinastine	1	MO
ISOPTO CARPINE	3	MO
LACRISERT	3	PA; MO
LASTACAFT	3	MO
olopatadine ophthalmic (eye)	1	MO
OXERVATE	2	PA; MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
RESTASIS	2	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	2	MO; QL (5.5 per 30 days)
sulfacetamide sodium ophthalmic (eye)	1	MO
sulfacetamide-prednisolone	1	MO

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Drug Name	Drug Tier	Requirements/Limits
XIIDRA	3	ST; MO; QL (60 per 30 days)
ZERVIATE	3	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	3	ST; MO
ACULAR LS	3	ST; MO
ACUVAIL (PF)	3	ST; MO
bromfenac	1	MO
BROMSITE	2	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ILEVRO	3	ST; MO
ketorolac ophthalmic (eye)	1	MO
NEVANAC	3	ST; MO
PROLENSA	2	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	3	MO
bimatoprost ophthalmic (eye)	1	MO
brinzolamide	1	MO
COMBIGAN	2	MO
COSOPT	3	MO
COSOPT (PF)	3	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
dorzolamide-timolol (pf) ophthalmic (eye) dropperette	1	MO
latanoprost	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	2	MO
RHOPRESSA	2	MO
ROCKLATAN	2	MO
SIMBRINZA	3	MO
TRAVATAN Z	3	ST; MO
travoprost	1	MO
TRUSOPT	3	MO
VYZULTA	3	ST; MO
XALATAN	3	ST; MO
XELPROS	3	ST
ZIOPTAN (PF)	3	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	3	MO
neomycin-bacitracin-poly-hc	1	MO

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Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
PRED-G	3	MO
PRED-G S.O.P.	3	MO
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO; QL (10 per 14 days)
TOBRADEX OPHTHALMIC (EYE) OINTMENT	2	MO; QL (3.5 per 14 days)
TOBRADEX ST	3	MO; QL (10 per 14 days)
tobramycin-dexamethasone	1	MO; QL (10 per 14 days)
ZYLET	3	MO; QL (10 per 14 days)
STEROIDS		
ALREX	2	MO
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
DUREZOL	3	MO
EYSUVIS	2	PA; MO; QL (8.3 per 14 days)
FLAREX	3	MO
fluorometholone	1	MO
FML FORTE	3	MO
FML LIQUIFILM	3	MO
FML S.O.P.	3	MO
INVELTYS	2	MO
LOTEMAX	3	MO
LOTEMAX SM	3	MO
loteprednol etabonate	1	MO
MAXIDEX	3	MO
PRED FORTE	3	MO
PRED MILD	3	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	2	MO
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 %	3	MO
apraclonidine	1	MO
brimonidine ophthalmic (eye) drops 0.15 %	1	
brimonidine ophthalmic (eye) drops 0.2 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	3	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
AUVI-Q	3	QL (2 per 30 days)
cetirizine oral solution 1 mg/ml	1	MO
CLARINEX ORAL TABLET	3	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	3	MO; QL (60 per 30 days)
desloratadine	1	MO; QL (30 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	MO; QL (2 per 30 days)
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	3	QL (2 per 30 days)
EPIPEN 2-PAK	3	MO; QL (2 per 30 days)
EPIPEN JR 2-PAK	3	MO; QL (2 per 30 days)
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
promethazine oral	1	PA; MO
SYMJEPI	3	MO; QL (2 per 30 days)
PULMONARY AGENTS		
ACCOLATE	3	MO
acetylcysteine	1	PA; MO
ADCIRCA	3	PA; MO; QL (60 per 30 days)
ADEMPAS	2	PA; MO; LA
ADVAIR DISKUS	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA	2	MO; QL (12 per 30 days)
AIRDUO DIGIHALER	3	ST; MO; QL (1 per 30 days)
AIRDUO RESPICLICK	3	ST; MO; QL (1 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	1	QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	3	ST; QL (36 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	PA; MO
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO

Drug Name	Drug Tier	Requirements/Limits
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	2	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	2	MO; QL (6.1 per 30 days)
alyq	1	PA; QL (60 per 30 days)
ambrisentan	1	PA; MO; LA
ANORO ELLIPTA	3	ST; MO; QL (60 per 30 days)
ARMONAIR DIGIHALER	3	MO; QL (1 per 30 days)
ARNUITY ELLIPTA	2	MO; QL (30 per 30 days)
ASMANEX HFA	2	MO; QL (13 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	2	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	2	MO; QL (2 per 30 days)
ATROVENT HFA	2	MO; QL (25.8 per 30 days)
azelastine-fluticasone	1	MO; QL (23 per 30 days)
BECONASE AQ	3	ST; MO; QL (50 per 30 days)
BERINERT INTRAVENOUS KIT	3	PA; MO
BEVESPI AEROSPHERE	3	ST; MO; QL (10.7 per 30 days)

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

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

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Drug Name	Drug Tier	Requirements/Limits
fluticasone propion-salmeterol inhalation blister with device	3	ST; QL (60 per 30 days)
HAEGARDA	3	PA; MO; LA
icatibant	1	PA; MO
INCRUSE ELLIPTA	3	ST; MO; QL (30 per 30 days)
ipratropium bromide inhalation	1	PA; MO
ipratropium-albuterol	1	PA; MO
KALBITOR	3	PA; MO
KALYDECO ORAL GRANULES IN PACKET	3	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	3	PA; MO; QL (60 per 30 days)
LETAIRIS	3	PA; MO; LA
levalbuterol hcl	1	PA; MO
LEVALBUTEROL TARTRATE	3	ST; MO; QL (30 per 30 days)
LONHALA MAGNAIR REFILL	3	MO; QL (60 per 30 days)
LONHALA MAGNAIR STARTER	3	MO; QL (60 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	2	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	2	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	3	PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	3	PA; MO; QL (60 per 30 days)
PULMOZYME	2	PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	ST; MO; QL (4.9 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	ST; MO; QL (8.7 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	2	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	2	MO; QL (21.2 per 30 days)
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	3	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	3	PA; MO; QL (90 per 30 days)
RUCONEST	3	PA; MO
SEREVENT DISKUS	3	ST; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
sildenafil (pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml	1	PA; MO; QL (224 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SINGULAIR	3	MO
SPIRIVA RESPIMAT	2	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	2	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	2	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	2	MO; QL (4 per 30 days)
SYMBICORT	2	MO; QL (10.2 per 30 days)
SYMDEKO	3	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; QL (60 per 30 days)
TAKHZYRO	3	PA; MO; LA
terbutaline oral	1	MO
THEO-24	2	MO
theophylline oral solution	1	MO

Drug Name	Drug Tier	Requirements/Limits
theophylline oral tablet extended release 12 hr 300 mg	1	MO
theophylline oral tablet extended release 24 hr	1	MO
TRACLEER	3	PA; MO; LA
TRELEGY ELLIPTA	2	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	3	PA; MO; QL (84 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	3	ST; MO; QL (1 per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	3	ST; QL (1 per 30 days)
VENTAVIS	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VENTOLIN HFA	3	ST; MO; QL (36 per 30 days)
wixela inhub	3	ST; QL (60 per 30 days)
XHANCE	3	ST; MO; QL (32 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	3	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	3	PA; MO; LA; QL (1 per 28 days)
XOPENEX	3	PA; MO
XOPENEX CONCENTRATE	3	PA; MO
XOPENEX HFA	3	ST; MO; QL (30 per 30 days)
YUPELRI	3	PA; MO; QL (90 per 30 days)
zafirlukast	1	MO
ZETONNA	3	ST; MO; QL (6.1 per 30 days)
zileuton	1	MO
ZYFLO	3	MO

Drug Name	Drug Tier	Requirements/Limits
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
darifenacin	1	MO
DETROL	3	MO
DETROL LA	3	MO
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG	3	MO
flavoxate	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	3	MO; QL (30 per 30 days)
GEMTESA	3	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	2	MO
oxybutynin chloride	1	MO
OXYTROL	3	MO; QL (8 per 28 days)
solifenacin	1	MO
tolterodine	1	MO
TOVIAZ	2	MO
trospium	1	MO
VESICARE	3	MO
VESICARE LS	3	MO

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This drug list was updated in August 2021.

Drug Name	Drug Tier	Requirements/Limits
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
AVODART	3	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
FLOMAX	3	ST; MO
JALYN	3	MO
PROSCAR	3	MO
RAPAFLO	3	ST; MO
silodosin	1	MO
tamsulosin	1	MO
UROXATRAL	3	ST; MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride	1	MO
CIALIS ORAL TABLET 2.5 MG, 5 MG	3	PA; MO; QL (30 per 30 days)
CYSTAGON	3	PA; LA
ELMIRON	2	MO
potassium citrate	1	MO
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
tadalafil oral tablet 2.5 mg, 5 mg	1	PA; MO; QL (30 per 30 days)
UROCIT-K 10	3	MO
UROCIT-K 15	3	MO
UROCIT-K 5	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
calcium acetate(phosphat bind)	1	MO; QL (360 per 30 days)
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con oral packet 20	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ	3	MO
k-tab oral tablet extended release 8 meq	1	MO
magnesium sulfate injection solution	1	MO

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This drug list was updated in August 2021.

Drug Name	Drug Tier	Requirements/Limits
magnesium sulfate injection syringe	1	
PHOSLYRA	3	MO; QL (1800 per 30 days)
potassium chlorid-d5-0.45%nacl	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1	
potassium chloride intravenous	1	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	1	MO
potassium chloride oral packet	1	

Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq	1	MO
potassium chloride oral tablet,er particles/crystals 20 meq	1	
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl	1	
sodium chloride 0.45 % intravenous parenteral solution	1	MO
sodium chloride 3 %	1	
sodium chloride 5 %	1	MO
TPN ELECTROLYTES	3	
MISCELLANEOUS NUTRITION PRODUCTS		
AMINOSYN II 15 %	3	PA

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This drug list was updated in August 2021.

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF 7 % (SULFITE-FREE)	3	PA
CLINIMIX 5%/D15W SULFITE FREE	3	PA
CLINIMIX 4.25%/D10W SULF FREE	3	PA
CLINIMIX 5%-D20W(SULFITE-FREE)	3	PA
CLINIMIX E 4.25%/D10W SUL FREE	3	PA
CLINIMIX E 4.25%/D5W SULF FREE	3	PA
CLINIMIX E 5%/D15W SULFIT FREE	3	PA
CLINIMIX E 5%/D20W SULFIT FREE	3	PA
CLINISOL SF 15 %	3	PA
DOJOLVI	3	PA; MO; LA
HEPATAMINE 8%	2	PA
intralipid intravenous emulsion 20 %	1	PA
INTRALIPID INTRAVENOUS EMULSION 30 %	3	PA

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE S PH 7.4	3	
ISOLYTE-P IN 5 % DEXTROSE	3	
NUTRILIPID	3	PA
PLASMA-LYTE 148	2	
PLASMA-LYTE A	2	
PLENAMINE	3	PA
premasol 10 %	1	PA
PROCALAMINE 3%	3	PA
PROSOL 20 %	3	PA
travasol 10 %	1	PA
TROPHAMINE 10 %	3	PA
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	1	
prenatal vitamin oral tablet	1	

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This drug list was updated in August 2021.

Index

1ST TIER UNIFINE PENTIPS 95
1ST TIER UNIFINE PENTIPS PLUS 95
abacavir 2
abacavir-lamivudine 2
abacavir-lamivudine-zidovudine 2
ABELCET 1
ABILIFY 39
ABILIFY MAINTENA 39
ABILIFY MYCITE 39
abiraterone 14
ABOUTTIME PEN NEEDLE 95
ABSORICA 62
ABSORICA LD 62
acamprosate 69
ACANYA 62
acarbose 74
ACCOLATE 121
ACCUPRIL 50
ACCURETIC 50
accutane 62
acebutolol 50
acetaminophen-caff-dihydrocod 33
acetaminophen-codeine 33
acetazolamide 119
acetic acid 72
acetylcysteine 121
ACIPHEX 88
acitretin 59
ACTEMRA 109
ACTEMRA ACTPEN 109
ACTHAR 73
ACTHIB (PF) 93
ACTICLATE 12
ACTIMMUNE 91
ACTIQ 33
ACTIVELLA 111
ACTONEL 108
ACTOPLUS MET 74
ACTOS 74
ACULAR 119
ACULAR LS 119
ACUVAIL (PF) 119
acyclovir 2, 66
acyclovir sodium 2
ACZONE 62
ADACEL(TDAP ADOLESN/ADULT)(PF) 93
adapalene 62
adapalene-benzoyl peroxide 62
ADCIRCA 121
ADDERALL 39
ADDERALL XR 39
adefovir 2
ADEMPAS 121
ADLYXIN 74
ADMELOG SOLOSTAR U-100 INSULIN 74
ADMELOG U-100 INSULIN LISPRO 74
ADVAIR DISKUS 121
ADVAIR HFA 122
ADVOCATE PEN NEEDLE 95
ADVOCATE SYRINGES 95
ADZENYS ER 39
ADZENYS XR-ODT 39
AEMCOLO 7
AFINITOR 14
AFINITOR DISPERZ 14
AFREZZA 74
AGRYLIN 69
AIMOVIG AUTOINJECTOR 28
AIRDUO DIGIHALER 122
AIRDUO RESPICLICK 122
AJOVY AUTOINJECTOR 28
AJOVY SYRINGE 28
AKLIEF 62
ala-cort 66
ALA-SCALP 66
albendazole 7
ALBENZA 7
albuterol sulfate 122
ALBUTEROL SULFATE 122
alclometasone 66
ALCOHOL PADS 74
ALDACTAZIDE 50
ALDACTONE 50
ALDARA 60
ALECENSA 14
alendronate 108
alfuzosin 129
aliskiren 50
ALKINDI SPRINKLE 73
allopurinol 108
almotriptan malate 28
ALOCRIL 118
ALOGLIPTIN 74
ALOGLIPTIN-METFORMIN 74
ALOGLIPTIN-PIOGLITAZONE 74
ALOMIDE 118
ALORA 111
alosetron 85
ALPHAGAN P 120
ALREX 120
ALTABAX 64
ALTACE 50
altavera (28) 114
ALTOPREV 56
ALTRENO 62
ALUNBRIG 14
ALVESCO 122
alyacen 1/35 (28) 114
alyq 122
amabelz 111
amantadine hcl 2
AMARYL 74
AMBIEN 39
AMBIEN CR 39

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

This drug list was updated in August 2021.

AMBISOME 1
ambrisentan 122
amcinonide 66
AMERGE 28
amethia 114
amikacin 7
amiloride 50
amiloride-hydrochlorothiazide 51
AMINOSYN II 15 % 130
AMINOSYN-PF 7 % (SULFITE-FREE) 131
amiodarone 50
AMITIZA 85
amitriptyline 39
amlodipine 51
amlodipine-atorvastatin 56
amlodipine-benazepril 51
amlodipine-olmesartan 51
amlodipine-valsartan 51
amlodipine-valsartan-hcthiazid 51
ammonium lactate 60
amnesteem 62
amoxapine 39
amoxicil-clarithromy-lansopraz 88
amoxicillin 10, 11
amoxicillin-pot clavulanate 11
AMPHETAMINE 39
amphetamine sulfate 39
amphotericin b 1
ampicillin 11
ampicillin sodium 11
ampicillin-sulbactam 11
AMPYRA 30
AMZEEQ 62
ANAFRANIL 39
anagrelide 69
anastrozole 14
ANCOBON 1
ANDRODERM 81
ANDROGEL 81
ANGELIQ 111
ANNOVERA 113
ANORO ELLIPTA 122
ANTARA 56
ANUSOL-HC 85
apexicon e 66
APIDRA SOLOSTAR U-100 INSULIN 74
APIDRA U-100 INSULIN ... 74
APLENZIN 39
APOKYN 26
apraclonidine 120
aprepitant 85
apri 114
APRISO 85
APTENSIO XR 39
APTIOM 22
APTIVUS 2
ARALAST NP 69
aranelle (28) 114
ARANESP (IN POLYSORBATE) 91
ARAVA 109
ARAZLO 62
ARCALYST 91
ARICEPT 30
ARIKAYCE 7
ARIMIDEX 14
aripiprazole 39
ARISTADA 40
ARISTADA INITIO 39
ARIXTRA 54
armodafinil 40
ARMONAIR DIGIHALER 122
ARNUITY ELLIPTA 122
AROMASIN 14
ARTHROTEC 50 36
ARTHROTEC 75 36
ASACOL HD 85
asenapine maleate 40
ashlyna 114
ASMANEX HFA 122
ASMANEX TWISTHALER 123
aspirin-dipyridamole 54
ASSURE ID PEN NEEDLE 95
ASTAGRAF XL 14
ATACAND 51
ATACAND HCT 51
atazanavir 2
ATELVIA 108
atenolol 51
atenolol-chlorthalidone 51
ATIVAN 40
atomoxetine 40
atorvastatin 56
atovaquone 7
atovaquone-proguanil 7
ATRALIN 62
ATRIPLA 2
atropine 118
ATROVENT HFA 123
AUBAGIO 30
aubra eq 114
AURYXIA 69
AUSTEDO 30
AUVI-Q 121
AVALIDE 51
AVAPRO 51
AVEED 81
aviane 114
avita 62
AVITA 62
AVODART 129
AVONEX 91
AVYCAZ 5
AYGESTIN 111
AYVAKIT 14
AZACTAM 7
AZASAN 14
AZASITE 117
azathioprine 14
azelaic acid 62
azelastine 72, 118
azelastine-fluticasone 123

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

This drug list was updated in August 2021.

AZELEX....62
AZILECT....26
azithromycin.... 6
AZOPT....119
AZOR.... 51
aztreonam.... 7
AZULFIDINE....85
AZULFIDINE EN-TABS.... 85
bacitracin.... 117
bacitracin-polymyxin b.... 117
baclofen....32
BACTRIM.... 12
BACTRIM DS.... 12
BAFIERTAM....30
BALCOLTRA....114
balsalazide.... 85
BALVERSA....14
balziva (28).... 114
BANZEL....22
BAQSIMI....74
BARACLUDE....2
BASAGLAR KWIKPEN U-100 INSULIN.... 74
BAXDELA.... 12
BCG VACCINE, LIVE (PF).93
BD ECLIPSE LUER-LOK...95
BD NANO 2ND GEN PEN NEEDLE.... 95
BD SAFETYGLIDE INSULIN SYRINGE.... 95
BD SAFETYGLIDE SYRINGE....95
BD ULTRA-FINE MICRO PEN NEEDLE....95
BD ULTRA-FINE MINI PEN NEEDLE....95
BD ULTRA-FINE NANO PEN NEEDLE....95
BD ULTRA-FINE ORIG PEN NEEDLE....95
BD ULTRA-FINE SHORT PEN NEEDLE....95
BD VEO INSULIN SYR (HALF UNIT).... 95
BD VEO INSULIN SYRINGE UF.... 95
BECONASE AQ.... 123
BELBUCA....33
BELSOMRA....40
benazepril....51
benazepril-hydrochlorothiazide.... 51
BENICAR....51
BENICAR HCT....51
BENLYSTA....109
BENZACLIN PUMP.... 62
BENZAMYCIN.... 62
BENZNIDAZOLE.... 7
benztropine....27
bepotastine besilate....118
BEPREVE....118
BERINERT....123
beser.... 66
BESIVANCE.... 117
betamethasone dipropionate....66
betamethasone valerate....66
betamethasone, augmented.... 66
BETAPACE AF....50
BETASERON....91
betaxolol....51, 118
bethanechol chloride.... 129
BETHKIS.... 7
BETIMOL....118
BETOPTIC S....118
BEVESPI AEROSPHERE..123
bexarotene.... 14
BEXSERO.... 93
BEYAZ.... 114
bicalutamide....14
BICILLIN C-R.... 11
BICILLIN L-A....11
BIDIL....51
BIJUVA.... 111
BIKTARVY....2
BILTRICIDE....7
bimatoprost.... 119
BINOSTO.... 108
bisoprolol fumarate.... 51
bisoprolol-hydrochlorothiazide.... 51
BIVIGAM....93
BLEPH-10....118
BLEPHAMIDE.... 118
BLEPHAMIDE S.O.P.... 118
blisovi 24 fe.... 114
blisovi fe 1.5/30 (28).... 114
BONIVA.... 108
BONJESTA....85
BOOSTRIX TDAP.... 93
bosentan.... 123
BOSULIF....14
BRAFTOVI.... 14
BREO ELLIPTA....123
BREZTRI AEROSPHERE.123
briellyn....114
BRILINTA.... 54
brimonidine.... 120
brinzolamide....119
BRISDELLE....40
BRIVIACT....22
bromfenac.... 119
bromocriptine....27
BROMSITE.... 119
BRONCHITOL.... 123
BROVANA....123
BRUKINSA....15
BRYHALI.... 66
budesonide.... 85, 123
BUDESONIDE-FORMOTEROL....123
bumetanide....51
BUPHENYL....69
buprenorphine hcl.... 33
buprenorphine transdermal patch....33
buprenorphine-naloxone.... 36
bupropion hcl....40
BUPROPION HCL.... 40

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

This drug list was updated in August 2021.

bupropion hcl (smoking deter) ... 72
buspirone ... 40
butorphanol ... 36
BUTRANS ... 33
BYDUREON BCISE ... 74
BYETTA ... 74, 75
BYSTOLIC ... 51
cabergoline ... 81
CABLIVI ... 55
CABOMETYX ... 15
CADUET ... 56
CAFERGOT ... 28
CALAN SR ... 51
calcipotriene ... 59
CALCIPOTRIENE ... 59
calcipotriene-betamethasone ... 59
calcitonin (salmon) ... 81
calcitriol ... 59, 81
calcium acetate(phosphat bind) ... 129
CALQUENCE ... 15
CAMBIA ... 36
camila ... 111
camrese lo ... 114
CANASA ... 85
CANCIDAS ... 1
candesartan ... 51
candesartan-hydrochlorothiazid ... 51
CAPEX ... 66
CAPLYTA ... 40
CAPRELSA ... 15
captopril ... 51
CARAC ... 60
CARAFATE ... 88
CARBAGLU ... 69
carbamazepine ... 22
CARBATROL ... 22
carbidopa ... 27
carbidopa-levodopa ... 27
carbidopa-levodopa-entacapone ... 27
CARDIZEM ... 51
CARDIZEM CD ... 51
CARDIZEM LA ... 51
CARDURA ... 51
CARDURA XL ... 51
CAREFINE PEN NEEDLE ... 95, 96
CARETOUCH INSULIN SYRINGE ... 96
CARETOUCH PEN NEEDLE ... 96
CARNITOR ... 69
CAROSPIR ... 51
carteolol ... 118
cartia xt ... 51
carvedilol ... 51
carvedilol phosphate ... 51
CASODEX ... 15
caspofungin ... 1
CATAPRES-TTS-1 ... 51
CAYSTON ... 7
caziant (28) ... 114
cefaclor ... 5
cefadroxil ... 5
cefazolin ... 5
cefdinir ... 5
cefepime ... 5
cefixime ... 5
cefotetan ... 5
cefoxitin ... 5
cefpodoxime ... 5
cefprozil ... 5
ceftazidime ... 5
ceftriaxone ... 5, 6
cefuroxime axetil ... 6
cefuroxime sodium ... 6
CELEBREX ... 36
celecoxib ... 36
CELEXA ... 41
CELLCEPT ... 15
CELONTIN ... 22
cephalexin ... 6
CEQUA ... 118
CERDELGA ... 81
cetirizine ... 121
cevimeline ... 69
CHANTIX ... 72
CHANTIX CONTINUING MONTH BOX ... 72
CHANTIX STARTING MONTH BOX ... 72
CHEMET ... 69
CHENODAL ... 85
chlorhexidine gluconate ... 72
chloroquine phosphate ... 7
chlorpromazine ... 41
chlorthalidone ... 51
CHOLBAM ... 85
cholestyramine (with sugar) ... 56
cholestyramine light ... 56
CIALIS ... 129
ciclopirox ... 64
cilostazol ... 55
CILOXAN ... 117
CIMDUO ... 2
cimetidine ... 88
cimetidine hcl ... 88
CIMZIA ... 85
CIMZIA POWDER FOR RECONST ... 85
cinacalcet ... 81
CINRYZE ... 123
CIPRO ... 12
CIPRO HC ... 72
CIPRODEX ... 72
ciprofloxacin hcl ... 12, 72, 117
ciprofloxacin in 5 % dextrose ... 12
ciprofloxacin-dexamethasone ... 72
CIPROFLOXACIN-FLUOCINOLONE ... 72
citalopram ... 41
claravis ... 62
CLARINEX ... 121
CLARINEX-D 12 HOUR ... 121
clarithromycin ... 6
CLENPIQ ... 85

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

This drug list was updated in August 2021.

CLEOCIN 113
CLEOCIN HCL 7
CLEOCIN PEDIATRIC 7
CLEOCIN T 62
CLICKFINE PEN NEEDLE 96
CLIMARA 112
CLIMARA PRO 112
clindacin p 62
CLINDAGEL 62
clindamycin hcl 7
clindamycin in 5 % dextrose 8
clindamycin pediatric 8
clindamycin phosphate 8, 62, 63, 113
clindamycin-benzoyl peroxide . 63
clindamycin-tretinoin 63
CLINDESSE 113
CLINIMIX 5%/D15W SULFITE FREE 131
CLINIMIX 4.25%/D10W SULF FREE 131
CLINIMIX 4.25%/D5W SULFIT FREE 69
CLINIMIX 5%-D20W(SULFITE-FREE) 131
CLINIMIX E 2.75%/D5W SULF FREE 69
CLINIMIX E 4.25%/D10W SUL FREE 131
CLINIMIX E 4.25%/D5W SULF FREE 131
CLINIMIX E 5%/D15W SULFIT FREE 131
CLINIMIX E 5%/D20W SULFIT FREE 131
CLINISOL SF 15 % 131
clobazam 22
clobetasol 66
clobetasol-emollient 66, 67
CLOBEX 67
CLOCORTOLONE PIVALATE 67
clodan 67
CLODERM 67
clomipramine 41
clonazepam 22
clonidine 51
clonidine hcl 41, 51
clopidogrel 55
clorazepate dipotassium 41
clotrimazole 1, 64
clotrimazole-betamethasone 64
clovique 69
clozapine 41
CLOZARIL 41
COARTEM 8
codeine sulfate 33
COLAZAL 85
COLCHICINE 108
colchicine 108
COLCRYS 108
colesevelam 56
COLESTID 56
colestipol 56
colistin (colistimethate na) 8
COMBIGAN 119
COMBIPATCH 112
COMBIVENT RESPIMAT 123
COMBIVIR 2
COMETRIQ 15
COMFORT EZ INSULIN SYRINGE 96
COMFORT EZ PEN NEEDLES 96
COMPLERA 2
compro 85
COMTAN 27
CONCERTA 41
CONDYLOX 60
constulose 85
CONZIP 36
COPAXONE 30
COPIKTRA 15
CORDRAN 67
CORDRAN TAPE LARGE ROLL 67
COREG 51
COREG CR 51
CORGARD 51
CORLANOR 58
CORTEF 73
CORTIFOAM 85
COSENTYX 59
COSENTYX (2 SYRINGES) 59
COSENTYX PEN (2 PENS) . 59
COSOPT 119
COSOPT (PF) 119
COTELLIC 15
COTEMPLA XR-ODT 41
COZAAR 52
CREON 85
CRESEMBA 1
CRESTOR 56
CRINONE 112
cromolyn 85, 118, 123
cryselle (28) 114
CUBICIN 8
CUPRIMINE 109
CUTIVATE 67
CUVPOSA 84
cyclafem 1/35 (28) 114
cyclafem 7/7/7 (28) 114
cyclobenzaprine 32
cyclophosphamide 15
CYCLOPHOSPHAMIDE 15
CYCLOSET 75
cyclosporine 15
cyclosporine modified 15
CYMBALTA 41
cyred eq 114
CYSTADANE 85
CYSTADROPS 118
CYSTAGON 129
CYSTARAN 118
CYTOMEL 84
CYTOTEC 88

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

This drug list was updated in August 2021.

d10 %-0.45 % sodium chloride 70
d2.5 %-0.45 % sodium chloride ... 70
d5 % and 0.9 % sodium chloride ... 70
d5 %-0.45 % sodium chloride .. 70
dalfampridine ... 30
DALIRESP ... 123
DALVANCE ... 8
danazol ... 81
DANTRIUM ... 32
dantrolene ... 32
dapsone ... 8, 63
DAPSONE ... 63
DAPTACEL (DTAP PEDIATRIC) (PF) ... 93
DAPTOMYCIN ... 8
daptomycin ... 8
DARAPRIM ... 8
darifenacin ... 128
DAURISMO ... 15
DAYPRO ... 36
DAYTRANA ... 41
DAYVIGO ... 41
DDAVP ... 81
deblitane ... 112
deferasirox ... 70
deferiprone ... 70
DELESTROGEN ... 112
DELSTRIGO ... 2
DELZICOL ... 85
demeclocycline ... 12
DEMSER ... 52
DENAVIR ... 66
DEPAKOTE ... 22
DEPAKOTE ER ... 22
DEPAKOTE SPRINKLES .. 22
DEPEN TITRATABS ... 109
DEPO-ESTRADIOL ... 112
DEPO-PROVERA ... 112
DEPO-SUBQ PROVERA 104 ... 112
DEPO-TESTOSTERONE ... 81
DERMA-SMOOTHE/FS SCALP OIL ... 67
DERMOTIC OIL ... 72
DESCOVY ... 2
desipramine ... 41
desloratadine ... 121
desmopressin ... 82
desog-e.estradiol/e.estradiol .. 114
desogestrel-ethinyl estradiol .. 114
DESONATE ... 67
desonide ... 67
DESOWEN ... 67
desoximetasone ... 67
DESOXYN ... 41
DESVENLAFAXINE ... 41
desvenlafaxine succinate ... 41
DETROL ... 128
DETROL LA ... 128
dexabliss ... 73
dexamethasone ... 73
dexamethasone sodium phosphate ... 120
DEXEDRINE SPANSULE .. 41
DEXILANT ... 88
dexmethylphenidate ... 41
dextroamphetamine ... 41
dextroamphetamine-amphetamine ... 41
dextrose 10 % and 0.2 % nacl . 70
dextrose 10 % in water (d10w) ... 70
dextrose 5 % in water (d5w) ... 70
dextrose 5%-0.2 % sod chloride ... 70
DIACOMIT ... 22
DIASTAT ... 22
DIASTAT ACUDIAL ... 22
diazepam ... 22, 41
diazoxide ... 75
DIBENZYLINE ... 52
DICLEGIS ... 85
DICLOFENAC EPOLAMINE ... 36
diclofenac potassium ... 36
diclofenac sodium ... 36, 60, 119
diclofenac-misoprostol ... 36
dicloxacillin ... 11
dicyclomine ... 84
DIFFERIN ... 63
DIFICID ... 6
diflorasone ... 67
DIFLUCAN ... 1
diflunisal ... 36
digitek ... 58
digox ... 58
digoxin ... 58
dihydroergotamine ... 28
DILANTIN 30 MG ... 23
DILANTIN EXTENDED 100 MG ... 23
DILANTIN INFATABS 50 MG ... 23
DILANTIN-125 125 MG/5 ML ... 23
DILAUDID ... 33
diltiazem hcl ... 52
dilt-xr ... 52
dimethyl fumarate ... 30
DIOVAN ... 52
DIOVAN HCT ... 52
DIPENTUM ... 85
diphenoxylate-atropine ... 84
DIPROLENE (AUGMENTED) ... 67
dipyridamole ... 55
disulfiram ... 70
DITROPAN XL ... 128
DIURIL ... 52
divalproex ... 23
DIVIGEL ... 112
dofetilide ... 50
DOJOLVI ... 131
dolishale ... 114
donepezil ... 30
DOPTELET (10 TAB PACK) ... 55

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

This drug list was updated in August 2021.

DOPTELET (15 TAB PACK) 55
DOPTELET (30 TAB PACK) 55
DORYX 12
DORYX MPC 12
dorzolamide 119
dorzolamide-timolol 119
dorzolamide-timolol (pf) 119
dotti 112
DOVATO 2
DOVONEX 59
doxazosin 52
doxepin 41, 42, 60
doxercalciferol 82
doxy-100 12
doxycycline hyclate 12, 13
DOXYCYCLINE HYCLATE 13
doxycycline monohydrate 13
doxylamine-pyridoxine (vit b6) 85
DRIZALMA SPRINKLE 42
dronabinol 85
DROPLET INSULIN SYR(HALF UNIT) 96
DROPLET INSULIN SYRINGE 97
DROPLET MICRON PEN NEEDLE 97
DROPLET PEN NEEDLE 97
DROPSAFE PEN NEEDLE 97
drospirenone-e.estradiol-lm.fa 114
drospirenone-ethinyl estradiol 114
DROXIA 15
droxidopa 70
DUAKLIR PRESSAIR 123
DUAVEE 112
DUETACT 75
DUEXIS 36
DULERA 124
duloxetine 42
DUOBRII 67
DUOPA 27
DUPIXENT PEN 60
DUPIXENT SYRINGE 60, 61
DUREZOL 120
dutasteride 129
dutasteride-tamsulosin 129
DUTOPROL 52
DYANAVEL XR 42
DYMISTA 124
DYRENIUM 52
E.E.S. GRANULES 6
EASY COMFORT INSULIN SYRINGE 97
EASY COMFORT PEN NEEDLES 97
EASY GLIDE INSULIN SYRINGE 97
EASY GLIDE PEN NEEDLE 98
EASY TOUCH 98
EASY TOUCH FLIPLOCK INSULIN 98
EASY TOUCH INSULIN SAFETY SYR 98
EASY TOUCH INSULIN SYRINGE 98
EASY TOUCH LUER LOCK INSULIN 98
EASY TOUCH PEN NEEDLE 98
EASY TOUCH SAFETY PEN NEEDLE 99
EASY TOUCH SHEATHLOCK INSULIN 99
EASY TOUCH UNI-SLIP 99
econazole 65
EDARBI 52
EDARBYCLOR 52
EDECRIN 52
EDURANT 2
efavirenz 2
efavirenz-emtricitabin-tenofov 2
efavirenz-lamivu-tenofov disop 2
EFFEXOR XR 42
EFUDEX 61
EGRIFTA SV 91
ELESTRIN 112
eletriptan 28
ELIDEL 61
ELIGARD 15
ELIGARD (3 MONTH) 15
ELIGARD (4 MONTH) 15
ELIGARD (6 MONTH) 15
ELIQUIS 55
ELIQUIS DVT-PE TREAT 30D START 55
ELMIRON 129
eluryng 113
EMCYT 15
EMEND 85
EMFLAZA 73
EMGALITY PEN 28
EMGALITY SYRINGE 28
emoquette 114
EMSAM 42
emtricitabine 2
emtricitabine-tenofovir (tdf) 2
EMTRIVA 2
EMVERM 8
enalapril maleate 52
enalapril-hydrochlorothiazide 52
ENBREL 109
ENBREL MINI 109
ENBREL SURECLICK 109
ENDARI 70
endocet 33
ENGERIX-B (PF) 93
ENGERIX-B PEDIATRIC (PF) 93
enoxaparin 55
enpresse 114
enskyce 114
ENSPRYNG 15
ENSTILAR 59

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

This drug list was updated in August 2021.

entacapone 27
entecavir 2
ENTRESTO 58
enulose 85
ENVARSUS XR 15
EPCLUSA 2
EPIDIOLEX 23
EPIDUO 63
EPIDUO FORTE 63
epinastine 118
EPINEPHRINE 121
epinephrine 121
EPIPEN 2-PAK 121
EPIPEN JR 2-PAK 121
epitol 23
EPIVIR 2
EPIVIR HBV 2
eplerenone 52
EPOGEN 91
EPZICOM 2
EQUETRO 23
ERAXIS(WATER DILUENT) 1
ergoloid 42
ergotamine-caffeine 28
ERIVEDGE 15
ERLEADA 16
erlotinib 16
errin 112
ERTACZO 65
ertapenem 8
ery pads 63
erygel 63
ERYPED 200 6
ERYPED 400 6
ery-tab 6
ERY-TAB 7
ERYTHROCIN 7
erythrocin (as stearate) 7
erythromycin 7, 117
erythromycin ethylsuccinate 7
erythromycin with ethanol 63
erythromycin-benzoyl peroxide 63
ESBRIET 124
escitalopram oxalate 42
esomeprazole magnesium .. 88, 89
estarylla 114
ESTRACE 112
estradiol 112
estradiol valerate 112
estradiol-norethindrone acet .. 112
ESTRING 112
ESTROGEL 112
eszopiclone 42
ethacrynic acid 52
ethambutol 8
ethosuximide 23
ethynodiol diac-eth estradiol . 114
etodolac 36
etonogestrel-ethinyl estradiol 113
EUCRISA 61
euthyrox 84
EVAMIST 112
EVEKEO 42
EVEKEO ODT 42
EVENITY 108
everolimus (antineoplastic) 16
everolimus (immunosuppressive) 16
EVISTA 108
EVOCLIN 63
EVOTAZ 2
EVOXAC 70
EVRYSDI 30
EXELON PATCH 30
exemestane 16
EXFORGE 52
EXFORGE HCT 52
EXJADE 70
EXTAVIA 91
EXTINA 65
EYSUVIS 120
EZALLOR SPRINKLE 56
ezetimibe 56
ezetimibe-simvastatin 56
FABIOR 63
falmina (28) 114
famciclovir 2
famotidine 89
FANAPT 42
FARESTON 16
FARXIGA 75
FARYDAK 16
FASENRA 124
FASENRA PEN 124
fayosim 114
febuxostat 108
felbamate 23
FELBATOL 23
FELDENE 36
felodipine 52
FEMARA 16
FEMHRT LOW DOSE 112
FEMRING 112
femynor 114
FENOFIBRATE 56
fenofibrate 56
fenofibrate micronized 56
fenofibrate nanocrystallized 56
fenofibric acid (choline) 56
FENOGLIDE 56
FENOPROFEN 36
fenoprofen 36
fentanyl 33
fentanyl citrate 33
FENTANYL CITRATE 33
FENTORA 33
FERRIPROX 70
FETZIMA 42
FEXMID 32
FIASP FLEXTOUCH U-100 INSULIN 75
FIASP PENFILL U-100 INSULIN 75
FIASP U-100 INSULIN 75
FINACEA 63
finasteride 129

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

This drug list was updated in August 2021.

FINTEPLA 23
FIRAZYR 124
FIRDAPSE 30
FIRMAGON KIT W DILUENT SYRINGE 16
FIRVANQ 8
flac otic oil 72
FLAGYL 8
FLAREX 120
flavoxate 128
FLEBOGAMMA DIF 93
flecainide 50
FLECTOR 36
FLOLIPID 57
FLOMAX 129
FLOVENT DISKUS 124
FLOVENT HFA 124
fluconazole 1
fluconazole in nacl (iso-osm) 1
flucytosine 1
fludrocortisone 73
flunisolide 124
fluocinolone 67
fluocinolone acetonide oil 72
fluocinolone and shower cap 67
fluocinonide 67
fluocinonide-e 67
fluoride (sodium) 131
fluorometholone 120
FLUOROPLEX 61
FLUOROURACIL 61
fluorouracil 61
fluoxetine 42, 43
fluoxetine (pmdd) 42
fluphenazine decanoate 43
fluphenazine hcl 43
flurandrenolide 67
flurbiprofen 36
flurbiprofen sodium 119
flutamide 16
fluticasone propionate 67, 124
FLUTICASONE PROPION-SALMETEROL 124
fluticasone propion-salmeterol 125
fluvastatin 57
fluvoxamine 43
FML FORTE 120
FML LIQUIFILM 120
FML S.O.P. 120
FOCALIN 43
FOCALIN XR 43
fondaparinux 55
FORFIVO XL 43
FORTAMET 75
FORTEO 109
FORTESTA 82
FOSAMAX 109
FOSAMAX PLUS D 109
fosamprenavir 2
fosfomycin tromethamine 13
fosinopril 52
fosinopril-hydrochlorothiazide 52
FOSRENOL 70
FOTIVDA 16
FRAGMIN 55
FREESTYLE PRECISION .. 99
FROVA 28
frovatriptan 28
FULPHILA 91
furosemide 52
FUZEON 2
fyavolv 112
FYCOMPA 23
gabapentin 23
GABITRIL 23
GALAFOLD 82
galantamine 30
GAMMAGARD LIQUID ... 93
GAMMAGARD S-D (IGA < 1 MCG/ML) 93
GAMMAKED 93
GAMMAPLEX 93
GAMMAPLEX (WITH SORBITOL) 93
GAMUNEX-C 93
GARDASIL 9 (PF) 93
GASTROCROM 86
gatifloxacin 117
GATTEX 30-VIAL 86
GAUZE PAD 99
gavilyte-c 86
gavilyte-g 86
gavilyte-n 86
GAVRETO 16
GELNIQUE 128
gemfibrozil 57
gemmily 114
GEMTESA 128
GENERESS FE 114
generlac 86
gengraf 16
GENOTROPIN 91
GENOTROPIN MINIQUICK 91
gentak 117
gentamicin 8, 64, 117
gentamicin in nacl (iso-osm) 8
GENVOYA 2
GEODON 43
GILENYA 30
GILOTRIF 16
GIMOTI 86
GLASSIA 70
glatiramer 30
glatopa 30
GLEEVEC 16
glimepiride 75
glipizide 75
glipizide-metformin 75
GLOPERBA 108
GLUCAGEN HYPOKIT 75
GLUCAGON EMERGENCY KIT (HUMAN) 75
GLUCOTROL XL 76
GLUMETZA 76
glycopyrrolate 84
GLYXAMBI 76

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

This drug list was updated in August 2021.

GOCOVRI 27
GOLYTELY 86
GONITRO 58
GRALISE 23
granisetron hcl 86
GRANIX 91
GRASTEK 93
griseofulvin microsize 1
griseofulvin ultramicrosize 1
GVOKE HYPOPEN 2-PACK 76
GVOKE PFS 1-PACK SYRINGE 76
GYNAZOLE-1 113
HAEGARDA 125
hailey 24 fe 114
halcinonide 67
HALDOL 43
HALDOL DECANOATE 43
halobetasol propionate 68
HALOBETASOL PROPIONATE 68
HALOG 68
haloperidol 43
haloperidol decanoate 43
haloperidol lactate 43
HARVONI 2, 3
HAVRIX (PF) 93
HEALTHWISE INSULIN SYRINGE 99
HEALTHWISE PEN NEEDLE 99
HEALTHY ACCENTS UNIFINE PENTIP 99
HEMADY 73
heparin (porcine) 55
HEPATAMINE 8% 131
HEPSERA 3
HETLIOZ 43
HETLIOZ LQ 43
HIBERIX (PF) 93
HIPREX 13
HORIZANT 31
HUMALOG JUNIOR KWIKPEN U-100 76
HUMALOG KWIKPEN INSULIN 76
HUMALOG MIX 50-50 INSULN U-100 76
HUMALOG MIX 50-50 KWIKPEN 76
HUMALOG MIX 75-25 KWIKPEN 76
HUMALOG MIX 75-25(U-100)INSULN 76
HUMALOG U-100 INSULIN 76
HUMATIN 8
HUMATROPE 91
HUMIRA 110
HUMIRA PEN 109
HUMIRA PEN CROHNS-UC-HS START 110
HUMIRA PEN PSOR-UVEITS-ADOL HS 110
HUMIRA(CF) 110
HUMIRA(CF) PEDI CROHNS STARTER 110
HUMIRA(CF) PEN 110
HUMIRA(CF) PEN CROHNS-UC-HS 110
HUMIRA(CF) PEN PEDIATRIC UC 110
HUMIRA(CF) PEN PSOR-UV-ADOL HS 110
HUMULIN 70/30 U-100 INSULIN 76
HUMULIN 70/30 U-100 KWIKPEN 76
HUMULIN N NPH INSULIN KWIKPEN 76
HUMULIN N NPH U-100 INSULIN 76
HUMULIN R REGULAR U-100 INSULN 76
HUMULIN R U-500 (CONC) INSULIN 76
HUMULIN R U-500 (CONC) KWIKPEN 76
hydralazine 52
HYDREA 16
hydrochlorothiazide 52
hydrocodone bitartrate 33, 34
hydrocodone-acetaminophen ... 34
hydrocodone-ibuprofen 34
hydrocortisone 68, 73, 86
hydrocortisone butyrate 68
hydrocortisone valerate 68
hydrocortisone-acetic acid 72
hydrocortisone-pramoxine 86
hydromorphone 34
hydromorphone (pf) 34
hydroxychloroquine 8
hydroxyurea 16
hydroxyzine hcl 121
HYSINGLA ER 34
HYZAAR 52
ibandronate 109
IBRANCE 16
ibu 36
ibuprofen 37
icatibant 125
iclevia 114
ICLUSIG 16
icosapent ethyl 57
IDHIFA 16
ILEVRO 119
ILUMYA 59
imatinib 16
IMBRUVICA 16, 17
imipenem-cilastatin 8
imipramine hcl 43
imipramine pamoate 43
imiquimod 61
IMITREX 28
IMITREX STATDOSE PEN 28

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

This drug list was updated in August 2021.

IMITREX STATDOSE REFILL ... 28
IMOVAX RABIES VACCINE (PF) ... 93
IMPAVIDO ... 8
IMPEKLO ... 68
IMURAN ... 17
IMVEXXY MAINTENANCE PACK ... 112
IMVEXXY STARTER PACK ... 112
INBRIJA ... 27
incassia ... 112
INCONTROL PEN NEEDLE ... 99
INCRELEX ... 70
INCRUSE ELLIPTA ... 125
indapamide ... 52
INDERAL LA ... 52
INDOCIN ... 37
INFANRIX (DTAP) (PF) ... 93
INFLECTRA ... 86
INGREZZA ... 31
INGREZZA INITIATION PACK ... 31
INLYTA ... 17
INNOPRAN XL ... 52
INQOVI ... 17
INREBIC ... 17
INSPRA ... 52
INSULIN ASP PRT-INSULIN ASPART ... 77
INSULIN ASPART U-100 ... 77
INSULIN LISPRO ... 77
INSULIN LISPRO PROTAMIN-LISPRO ... 77
INSULIN PEN NEEDLE ... 99
INSULIN SYRINGE ... 99
INSULIN SYRINGE NEEDLELESS ... 99
INSULIN SYRINGE-NEEDLE U-100 ... 100
INSUPEN ... 100
INTELENCE ... 3
intralipid ... 131
INTRALIPID ... 131
INTRAROSA ... 113
INTRON A ... 92
introvale ... 114
INVANZ ... 8
INVEGA ... 44
INVEGA SUSTENNA ... 44
INVEGA TRINZA ... 44
INVELTYS ... 120
INVIRASE ... 3
INVOKAMET ... 77
INVOKAMET XR ... 77
INVOKANA ... 77
IOPIDINE ... 121
IPOL ... 93
ipratropium bromide ... 72, 125
ipratropium-albuterol ... 125
irbesartan ... 52
irbesartan-hydrochlorothiazide ... 52
IRESSA ... 17
ISENTRESS ... 3
ISENTRESS HD ... 3
isibloom ... 115
ISOLYTE S PH 7.4 ... 131
ISOLYTE-P IN 5 % DEXTROSE ... 131
isoniazid ... 8
ISOPTO CARPINE ... 118
ISORDIL ... 59
ISORDIL TITRADOSE ... 59
isosorbide dinitrate ... 59
isosorbide mononitrate ... 59
isotretinoin ... 63
isradipine ... 52
ISTALOL ... 118
ISTURISA ... 82
itraconazole ... 1
ivermectin ... 8, 69
IXIARO (PF) ... 93
JADENU ... 70
JADENU SPRINKLE ... 70
JAKAFI ... 17
JALYN ... 129
jantoven ... 55
JANUMET ... 77
JANUMET XR ... 77
JANUVIA ... 77
JARDIANCE ... 77
jasmiel (28) ... 115
JATENZO ... 82
JENTADUETO ... 77
JENTADUETO XR ... 77
jinteli ... 112
JORNAY PM ... 44
JUBLIA ... 65
juleber ... 115
JULUCA ... 3
junel 1.5/30 (21) ... 115
junel 1/20 (21) ... 115
junel fe 1.5/30 (28) ... 115
junel fe 1/20 (28) ... 115
junel fe 24 ... 115
JUXTAPID ... 57
JYNARQUE ... 82
kaitlib fe ... 115
KALBITOR ... 125
KALETRA ... 3
KALYDECO ... 125
KANJINTI ... 17
KAPSPARGO SPRINKLE ... 52
KAPVAY ... 44
kariva (28) ... 115
KATERZIA ... 53
KAZANO ... 77
kelnor 1/35 (28) ... 115
kelnor 1-50 (28) ... 115
KENALOG ... 68
KEPPRA ... 23
KEPPRA XR ... 23
KERYDIN ... 65
KESIMPTA PEN ... 31
ketoconazole ... 1, 65
ketodan ... 65

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

This drug list was updated in August 2021.

ketoprofen 37
KETOROLAC 37
ketorolac 119
KEVEYIS 31
KEVZARA 110
KINERET 110
KINRIX (PF) 93, 94
KISQALI 17
KISQALI FEMARA CO-PACK 17
KITABIS PAK 8
KLARON 64
KLISYRI 17
KLONOPIN 23, 24
klor-con 10 129
klor-con 8 129
klor-con m10 129
klor-con m15 129
klor-con m20 129
klor-con oral packet 20 129
KLOXXADO 37
KOMBIGLYZE XR 77
KORLYM 82
KOSELUGO 17
KRINTAFEL 8
KRISTALOSE 86
K-TAB 129
k-tab 129
kurvelo (28) 115
KUVAN 82
KYNMOBI 27
l norgest/e.estradiol-e.estrad . 115
labetalol 53
LACRISERT 118
lactulose 86
LAMICTAL 24
LAMICTAL ODT 24
LAMICTAL STARTER (BLUE) KIT 24
LAMICTAL STARTER (GREEN) KIT 24
LAMICTAL STARTER (ORANGE) KIT 24
LAMICTAL XR 24
LAMICTAL XR STARTER (BLUE) 24
LAMICTAL XR STARTER (GREEN) 24
LAMICTAL XR STARTER (ORANGE) 24
lamivudine 3
lamivudine-zidovudine 3
lamotrigine 24
LAMPIT 8
LANOXIN 58
lansoprazole 89
lanthanum 70
LANTUS SOLOSTAR U-100 INSULIN 77
LANTUS U-100 INSULIN .. 77
lapatinib 17
larin 1.5/30 (21) 115
larin 1/20 (21) 115
larin fe 1.5/30 (28) 115
larin fe 1/20 (28) 115
larissia 115
LASIX 53
LASTACAFT 118
latanoprost 119
LATUDA 44
layolis fe 115
LAZANDA 34
LEDIPASVIR-SOFOSBUVIR 3
leena 28 115
leflunomide 110
LENVIMA 17
LESCOL XL 57
lessina 115
LETAIRIS 125
letrozole 17
leucovorin calcium 14
LEUKERAN 17
LEUKINE 92
leuprolide 17
levalbuterol hcl 125
LEVALBUTEROL TARTRATE 125
LEVEMIR FLEXTOUCH U-100 INSULN 78
LEVEMIR U-100 INSULIN 78
levetiracetam 24
levobunolol 118
levocarnitine 70
levocarnitine (with sugar) 70
levocetirizine 121
levofloxacin 12, 117
levofloxacin in d5w 12
levonest (28) 115
levonorgestrel-ethinyl estrad . 115
levonorg-eth estrad triphasic . 115
levora-28 115
levorphanol tartrate 34
levo-t 84
LEVOTHYROXINE 84
levothyroxine 84
levoxyl 84
LEXAPRO 44
LEXETTE 68
LEXIVA 3
LIALDA 86
LICART 37
lidocaine 61
lidocaine hcl 61
lidocaine viscous 61
lidocaine-prilocaine 61
LIDODERM 61
lindane 69
linezolid 8
linezolid in dextrose 5% 8
LINZESS 86
liothyronine 84
LIPITOR 57
LIPOFEN 57
lisinopril 53
lisinopril-hydrochlorothiazide . 53
LITE TOUCH INSULIN PEN NEEDLES 100

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

This drug list was updated in August 2021.

LITE TOUCH INSULIN SYRINGE....100
lithium carbonate....44
lithium citrate....44
LITHOBID.... 44
LITHOSTAT.... 70
LIVALO....57
LO LOESTRIN FE....115
LOCOID.... 68
LOCOID LIPOCREAM....68
LODINE.... 37
LODOSYN.... 27
LOESTRIN 1.5/30 (21)....115
LOESTRIN 1/20 (21).... 115
LOESTRIN FE 1.5/30 (28-DAY)....115
LOESTRIN FE 1/20 (28-DAY)....115
LOKELMA....70
LOMOTIL.... 84
LONHALA MAGNAIR REFILL.... 125
LONHALA MAGNAIR STARTER....125
LONSURF....17
loperamide.... 85
LOPID.... 57
lopinavir-ritonavir.... 3
LOPRESSOR....53
LOPROX.... 65
LOPROX (AS OLAMINE).. 65
lorazepam.... 45
lorazepam intensol....45
LORBRENA....18
loryna (28).... 115
losartan....53
losartan-hydrochlorothiazide.. 53
LOSEASONIQUE.... 115
LOTEMAX....120
LOTEMAX SM.... 120
LOTENSIN....53
loteprednol etabonate....120
LOTREL....53
LOTRONEX....86
lovastatin.... 57
LOVAZA.... 57
LOVENOX.... 55
low-ogestrel (28)....115
loxapine succinate.... 45
LUBIPROSTONE.... 86
LUCEMYRA....37
LULICONAZOLE.... 65
LUMIGAN....119
LUNESTA....45
LUPANETA PACK (1 MONTH).... 113
LUPANETA PACK (3 MONTH).... 113
LUPKYNIS.... 18
LUPRON DEPOT....18
LUPRON DEPOT (3 MONTH).... 18
LUPRON DEPOT (4 MONTH).... 18
LUPRON DEPOT (6 MONTH).... 18
lutera (28).... 115
LUXIQ....68
LUZU.... 65
lyleq.... 112
lyllana.... 113
LYNPARZA....18
LYRICA.... 25
LYRICA CR....24
LYSODREN....18
LYSTEDA.... 113
LYUMJEV KWIKPEN U-100 INSULIN.... 78
LYUMJEV KWIKPEN U-200 INSULIN.... 78
LYUMJEV U-100 INSULIN....78
lyza.... 113
MACROBID....13
MACRODANTIN....13
mafenide acetate....64
MAGELLAN INSULIN SAFETY SYRNG....100
MAGELLAN SYRINGE 100, 101
magnesium sulfate....129, 130
MALARONE.... 9
MALARONE PEDIATRIC...9
malathion....69
MARINOL.... 86
marlissa (28).... 115
MARPLAN.... 45
MATULANE....18
matzim la.... 53
MAVENCLAD (10 TABLET PACK).... 31
MAVENCLAD (4 TABLET PACK).... 31
MAVENCLAD (5 TABLET PACK).... 31
MAVENCLAD (6 TABLET PACK).... 31
MAVENCLAD (7 TABLET PACK).... 31
MAVENCLAD (8 TABLET PACK).... 31
MAVENCLAD (9 TABLET PACK).... 31
MAVYRET.... 3
MAXALT.... 29
MAXALT-MLT.... 29
MAXICOMFORT II PEN NEEDLE....101
MAXICOMFORT INSULIN SYRINGE.... 101
MAXI-COMFORT INSULIN SYRINGE.... 101
MAXICOMFORT SAFETY PEN NEEDLE....101
MAXIDEX.... 120
MAXITROL.... 119
MAXZIDE....53
MAXZIDE-25MG.... 53
MAYZENT....31

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

This drug list was updated in August 2021.

MAYZENT STARTER PACK....31
meclizine....86
meclofenamate....37
MEDROL....73
MEDROL (PAK)....73
medroxyprogesterone....113
mefenamic acid....37
mefloquine....9
megestrol....18
MEKINIST....18
MEKTOVI....18
meloxicam....37
meloxicam submicronized....37
memantine....31
MEMANTINE....31
MENACTRA (PF)....94
MENEST....113
MENOSTAR....113
MENQUADFI (PF)....94
MENTAX....65
MENVEO A-C-Y-W-135-DIP (PF)....94
MEPRON....9
mercaptopurine....18
meropenem....9
MERREM....9
mesalamine....86
MESNEX....14
MESTINON....32
MESTINON TIMESPAN....32
metformin....78
methadone....34
methamphetamine....45
methazolamide....119
methenamine hippurate....13
methimazole....73
METHITEST....82
methotrexate sodium....18
methotrexate sodium (pf)....18
methoxsalen....61
methscopolamine....85
methyldopa....53
METHYLIN....45
methylphenidate hcl....45
METHYLPHENIDATE HCL....45
methylprednisolone....73
methyltestosterone....82
metoclopramide hcl....86
metolazone....53
metoprolol succinate....53
metoprolol ta-hydrochlorothiaz....53
metoprolol tartrate....53
METROCREAM....63
METROGEL....63
METROLOTION....63
metronidazole....9, 63, 113
metronidazole in nacl (iso-os)....9
metyrosine....53
mexiletine....50
mibelas 24 fe....115
micafungin....1
MICARDIS....53
MICARDIS HCT....53
miconazole-3....114
MICRODOT INSULIN PEN NEEDLE....101
microgestin 1.5/30 (21)....115
microgestin 1/20 (21)....116
microgestin fe 1.5/30 (28)....116
microgestin fe 1/20 (28)....116
midodrine....70
migergot....29
miglitol....78
miglustat....82
MIGRANAL....29
mili....116
millipred....73
mimvey....113
MINASTRIN 24 FE....116
MINI ULTRA-THIN II....101
MINIPRESS....53
MINITRAN....59
MINIVELLE....113
minocycline....13
MINOLIRA ER....13
minoxidil....53
MIRAPEX ER....27
mirtazapine....45
MIRVASO....63
misoprostol....89
MITIGARE....108
M-M-R II (PF)....94
MOBIC....37
modafinil....45
moexipril....53
molindone....45
mometasone....68, 125
mondoxyne nl....13
MONOJECT INSULIN SAFETY SYRING....101
MONOJECT INSULIN SYRINGE....101
MONOJECT SYRINGE....101
MONOJECT ULTRA COMFORT INSULIN....101
montelukast....125
MONUROL....13
morphine....34, 35
morphine concentrate....34
MOTEGRITY....86
MOTOFEN....85
MOVANTIK....86
MOVIPREP....86
MOXEZA....117
moxifloxacin....12, 117
moxifloxacin-sod.chloride(iso)....12
MS CONTIN....35
MULPLETA....55
MULTAQ....50
mupirocin....64
mupirocin calcium....64
MVASI....18
MYALEPT....82
MYAMBUTOL....9
MYCAMINE....1

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

This drug list was updated in August 2021.

MYCAPSSA 18
MYCOBUTIN 9
mycophenolate mofetil 18
mycophenolate sodium 18
MYDAYIS 45
MYFORTIC 18
myorisan 63
MYRBETRIQ 128
MYSOLINE 25
MYTESI 85
nabumetone 37
nadolol 53
nafcillin 11
naftifine 65
NAFTIN 65
NALFON 37
naloxone 37
naltrexone 37
NAMENDA 31
NAMENDA TITRATION PAK 31
NAMENDA XR 31
NAMZARIC 31
NAPRELAN CR 37
naproxen 37
naproxen sodium 37, 38
naproxen-esomeprazole 38
naratriptan 29
NARCAN 38
NARDIL 45
NASONEX 125
NATACYN 117
NATAZIA 116
nateglinide 78
NATESTO 82
NATPARA 82
NATROBA 69
NAYZILAM 25
NEBUPENT 9
necon 0.5/35 (28) 116
NEEDLES, INSULIN DISP.,SAFETY 101
nefazodone 45
neomycin 9
neomycin-bacitracin-poly-hc . 119
neomycin-bacitracin-polymyxin 117
neomycin-polymyxin b-dexameth 120
neomycin-polymyxin-gramicidin 117
neomycin-polymyxin-hc .. 73, 120
NEORAL 18
NEO-SYNALAR 64
NERLYNX 18
NESINA 78
neuac 63
NEULASTA 92
NEUPOGEN 92
NEUPRO 27
NEURONTIN 25
NEVANAC 119
nevirapine 3
NEXAVAR 18
NEXIUM 89
NEXIUM PACKET 89
NEXLETOL 57
NEXLIZET 57
NEXTSTELLIS 116
niacin 57
NIACOR 57
NIASPAN EXTENDED-RELEASE 57
nicardipine 53
NICOTROL 72
NICOTROL NS 72
nifedipine 53
nikki (28) 116
NILANDRON 18
nilutamide 18
nimodipine 53
NINLARO 18
nisoldipine 53
nitazoxanide 9
nitisinone 70
nitro-bid 59
NITRO-DUR 59
nitrofurantoin 13
nitrofurantoin macrocrystal 14
nitrofurantoin monohyd/m-cryst 14
nitroglycerin 59
NITROLINGUAL 59
NITROSTAT 59
NITYR 71
NIVESTYM 92
nizatidine 89
NOCDURNA (MEN) 82
NOCDURNA (WOMEN) 82
nolix 68
nora-be 113
NORDITROPIN FLEXPRO 92
noreth-ethinyl estradiol-iron .. 116
norethindrone (contraceptive) 113
norethindrone acetate 113
norethindrone ac-eth estradiol 113, 116
norethindrone-e.estradiol-iron 116
norgestimate-ethinyl estradiol 116
NORITATE 63
NORPRAMIN 45
NORTHERA 71
nortrel 0.5/35 (28) 116
nortrel 1/35 (21) 116
nortrel 1/35 (28) 116
nortrel 7/7/7 (28) 116
nortriptyline 45
NORVASC 53
NORVIR 3
NOURIANZ 27
NOVOFINE 32 101
NOVOFINE AUTOCOVER 102
NOVOFINE PLUS 102

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

This drug list was updated in August 2021.

NOVOLIN 70/30 U-100 INSULIN 78
NOVOLIN 70-30 FLEXPEN U-100 78
NOVOLIN N FLEXPEN 78
NOVOLIN N NPH U-100 INSULIN 79
NOVOLIN R FLEXPEN 79
NOVOLIN R REGULAR U-100 INSULN 79
NOVOLOG FLEXPEN U-100 INSULIN 79
NOVOLOG MIX 70-30 U-100 INSULN 79
NOVOLOG MIX 70-30FLEXPEN U-100 79
NOVOLOG PENFILL U-100 INSULIN 79
NOVOLOG U-100 INSULIN ASPART 79
NOVOTWIST 102
NOXAFIL 1
NUBEQA 18
NUCALA 125
NUCYNTA 38
NUCYNTA ER 38
NUEDEXTA 31
NULYTELY LEMON-LIME 86
NUPLAZID 46
NURTEC ODT 29
NUTRILIPID 131
NUTROPIN AQ NUSPIN ... 92
NUVARING 114
NUVIGIL 46
NUZYRA 13
nyamyc 65
nylia 7/7/7 (28) 116
NYMALIZE 53
nymyo 116
nystatin 1, 65
nystatin-triamcinolone 65
nystop 65
NYVEPRIA 92
OCALIVA 86
ocella 116
OCTAGAM 94
octreotide acetate 18
OCUFLOX 117
ODACTRA 94
ODEFSEY 3
ODOMZO 18
OFEV 125
ofloxacin 12, 72, 117
olanzapine 46
olanzapine-fluoxetine 46
olmesartan 53
olmesartan-amlodipin-hcthiazid 53
olmesartan-hydrochlorothiazide 53
olopatadine 72, 118
OLUMIANT 110
OLUX 68
OLUX-E 68
OMECLAMOX-PAK 89
omega-3 acid ethyl esters 57
omeprazole 89
omeprazole-sodium bicarbonate 89, 90
OMNARIS 125
OMNIPOD DASH 5 PACK POD 102
OMNIPOD INSULIN MANAGEMENT 102
OMNIPOD INSULIN REFILL 102
OMNITROPE 92
ondansetron 86
ondansetron hcl 86
ONEXTON 63
ONFI 25
ONGENTYS 27
ONGLYZA 79
ONUREG 19
ONZETRA XSAIL 29
OPSUMIT 125
ORACEA 13
ORALAIR 94
ORAPRED ODT 73
ORAVIG 1
ORENCIA 110, 111
ORENCIA CLICKJECT 110
ORENITRAM 53
ORFADIN 71
ORGOVYX 19
ORIAHNN 114
ORILISSA 82
ORKAMBI 125
ORLADEYO 125
orsythia 116
ORTIKOS 87
oseltamivir 3
OSENI 79
OSMOLEX ER 27
OSMOPREP 87
OSPHENA 114
OTEZLA 111
OTEZLA STARTER 111
OTOVEL 73
OTREXUP (PF) 111
OVIDE 69
oxacillin 11
oxacillin in dextrose(iso-osm) 11
oxandrolone 82
oxaprozin 38
OXAYDO 35
OXBRYTA 71
oxcarbazepine 25
OXERVATE 118
oxiconazole 65
OXISTAT 65
OXTELLAR XR 25
oxybutynin chloride 128
oxycodone 35
OXYCODONE 35
oxycodone-acetaminophen 35
OXYCONTIN 35
oxymorphone 35

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

This drug list was updated in August 2021.

OXYTROL 128
OZEMPIC 79
pacerone 50
paliperidone 46
PALYNZIQ 82
PAMELOR 46
PANCREAZE 87
PANDEL 68
pantoprazole 90
PANZYGA 94
paricalcitol 82
PARLODEL 27
PARNATE 46
paromomycin 9
paroxetine hcl 46
paroxetine mesylate(menop.sym) 46
PASER 9
PATANASE 72
PAXIL 46
PAXIL CR 46
PEDIARIX (PF) 94
PEDVAX HIB (PF) 94
peg 3350-electrolytes 87
peg3350-sod sul-nacl-kcl-asb-c 87
PEGASYS 92
peg-electrolyte 87
PEMAZYRE 19
penicillamine 111
PENICILLIN G POT IN DEXTROSE 11
penicillin g potassium 11
penicillin g procaine 11
penicillin g sodium 11
penicillin v potassium 11
PENNSAID 38
PENTAM 9
pentamidine 9
PENTASA 87
PENTIPS 102
pentoxifylline 55
PEPCID 90
PERCOCET 35
PERFOROMIST 125
perindopril erbumine 53
periogard 72
permethrin 69
perphenazine 46
PERSERIS 46
PERTZYE 87
PEXEVA 46
phenelzine 46
phenobarbital 25
phenoxybenzamine 53
PHENYTEK 25
phenytoin 25
phenytoin sodium extended 25
PHOSLYRA 130
PIFELTRO 3
pilocarpine hcl 71, 118
pimecrolimus 61
pimozide 46
pimtrea (28) 116
pindolol 53
pioglitazone 79
pioglitazone-glimepiride 79
pioglitazone-metformin 79
piperacillin-tazobactam 11
PIQRAY 19
pirmella 116
piroxicam 38
PLAQUENIL 9
PLASMA-LYTE 148 131
PLASMA-LYTE A 131
PLAVIX 55
PLEGRIDY 92
PLENAMINE 131
PLENVU 87
PLIAGLIS 61
podofilox 61
polymyxin b sulfate 9
polymyxin b sulf-trimethoprim 117
POLYTRIM 117
POMALYST 19
PONVORY 32
PONVORY 14-DAY STARTER PACK 32
portia 28 116
posaconazole 1
potassium chlorid-d5-0.45%nacl 130
potassium chloride 130
potassium chloride in 0.9%nacl 130
potassium chloride in 5 % dex 130
potassium chloride in lr-d5 130
potassium chloride in water 130
potassium chloride-0.45 % nacl 130
potassium chloride-d5-0.2%nacl 130
potassium chloride-d5-0.9%nacl 130
potassium citrate 129
PRADAXA 55
PRALUENT PEN 57
pramipexole 27
prasugrel 55
pravastatin 57
praziquantel 9
prazosin 53
PRED FORTE 120
PRED MILD 120
PRED-G 120
PRED-G S.O.P. 120
prednicarbate 68
prednisolone 73
prednisolone acetate 120
prednisolone sodium phosphate 73, 120
prednisone 73
prednisone intensol 73
PREFEST 113
pregabalin 25
PREMARIN 113
premasol 10 % 131
PREMPHASE 113

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

This drug list was updated in August 2021.

PREMPRO 113
prenatal vitamin oral tablet ... 131
PRETOMANID 9
PREVACID 90
PREVACID SOLUTAB 90
prevalite 57
previfem 116
PREVYMIS 3
PREZCOBIX 3
PREZISTA 3
PRIFTIN 9
PRILOSEC 90
PRIMAQUINE 9
PRIMAXIN IV 9
primidone 26
PRINIVIL 53
PRISTIQ 46
PRIVIGEN 94
PRO COMFORT INSULIN SYRINGE 102
PRO COMFORT PEN NEEDLE 102
PROAIR DIGIHALER 125
PROAIR HFA 125
PROAIR RESPICLICK 125
probenecid 108
probenecid-colchicine 108
PROCALAMINE 3% 131
PROCARDIA XL 53
procentra 46
prochlorperazine 87
prochlorperazine maleate oral . 87
PROCRIT 92
procto-med hc 87
procto-pak 87
proctosol hc 87
proctozone-hc 87
PROCYSBI 129
PRODIGY INSULIN SYRINGE 102
progesterone micronized 113
PROGLYCEM 79
PROGRAF 19
PROLASTIN-C 71
prolate 35
PROLENSA 119
PROLIA 109
PROMACTA 56
promethazine 121
PROMETRIUM 113
propafenone 50
propranolol 53
propylthiouracil 73
PROQUAD (PF) 94
PROSCAR 129
PROSOL 20 % 131
PROTONIX 90
PROTOPIC 61
protriptyline 46
PROVERA 113
PROVIGIL 46
PROZAC 47
prudoxin 61
PSORCON 68
PULMICORT 126
PULMICORT FLEXHALER 126
PULMOZYME 126
PURE COMFORT PEN NEEDLE 102
PURIXAN 19
PYLERA 90
pyrazinamide 9
pyridostigmine bromide 33
PYRIDOSTIGMINE BROMIDE 33
pyrimethamine 9
QBRELIS 53
QBREXZA 61
QELBREE 47
QINLOCK 19
QNASL 126
QTERN 79
QUADRACEL (PF) 94
QUALAQUIN 9
QUARTETTE 116
QUDEXY XR 26
QUESTRAN 57
QUESTRAN LIGHT 57
quetiapine 47
QUILLICHEW ER 47
QUILLIVANT XR 47
quinapril 53
quinapril-hydrochlorothiazide . 54
quinidine gluconate 50
quinidine sulfate 50
quinine sulfate 9
QVAR REDIHALER 126
RABAVERT (PF) 94
rabeprazole 90
RAGWITEK 94
raloxifene 109
ramelteon 47
ramipril 54
RANEXA 58
ranolazine 58
RAPAFLO 129
RAPAMUNE 19
rasagiline 27
RASUVO (PF) 111
RAVICTI 71
RAYALDEE 82
RAYOS 73
RAZADYNE ER 32
REBIF (WITH ALBUMIN) . 92
REBIF REBIDOSE 92
REBIF TITRATION PACK 92
reclipsen (28) 116
RECOMBIVAX HB (PF) 94
RECTIV 87
REDITREX (PF) 111
REGLAN 87
REGRANEX 61
RELAFEN DS 38
RELENZA DISKHALER 3
RELEXXII 47
RELION PEN NEEDLES .. 102
RELISTOR 87
RELPAX 29

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

This drug list was updated in August 2021.

RELTONE 87
REMERON 47
REMERON SOLTAB 47
REMICADE 87
RENAGEL 71
RENFLEXIS 87
RENVELA 71
repaglinide 79
REPATHA 57
REPATHA PUSHTRONEX 57
REPATHA SURECLICK 57
RESTASIS 118
RESTASIS MULTIDOSE 118
RETACRIT 92
RETEVMO 19
RETIN-A 63
RETIN-A MICRO 63
RETROVIR 3
REVATIO 126
REVLIMID 19
REXULTI 47
REYATAZ 3
REYVOW 29
RHOFADE 63
RHOPRESSA 119
ribavirin 3, 4
RIDAURA 111
rifabutin 9
rifampin 9
RILUTEK 71
riluzole 71
rimantadine 4
RINVOQ 111
RIOMET 79
risedronate 71, 109
RISPERDAL 47
RISPERDAL CONSTA 47
risperidone 47
RITALIN 48
RITALIN LA 48
ritonavir 4
rivastigmine 32
rivastigmine tartrate 32
rivelsa 116
rizatriptan 29
ROCALTROL 82
ROCKLATAN 119
ropinirole 27
rosuvastatin 57
ROSZET 57
ROTARIX 94
ROTATEQ VACCINE 94
ROWASA 87
roweepra 26
ROXICODONE 35
ROZEREM 48
ROZLYTREK 19
RUBRACA 19
RUCONEST 126
rufinamide 26
RUKOBIA 4
RUXIENCE 19
RUZURGI 32
RYBELSUS 80
RYDAPT 19
RYTARY 27
RYTHMOL SR 50
SABRIL 26
SAFESNAP INSULIN SYRINGE 102
SAFETY PEN NEEDLE 102
SAFYRAL 116
SAIZEN 92
SAIZEN SAIZENPREP 92
SALAGEN (PILOCARPINE) 71
SAMSCA 82
SANCUSO 87
SANDIMMUNE 19
SANDOSTATIN 19
SANTYL 61
SAPHRIS 48
sapropterin 83
SAVAYSA 56
SAVELLA 111
scopolamine base 87
SEASONIQUE 116
SECUADO 48
SECURESAFE PEN NEEDLE 102
SEGLUROMET 80
selegiline hcl 27
selenium sulfide 59
SELZENTRY 4
SEMGLEE PEN U-100 INSULIN 80
SEMGLEE U-100 INSULIN 80
SENSIPAR 83
SEREVENT DISKUS 126
SEROQUEL 48
SEROQUEL XR 48
SEROSTIM 93
sertraline 48
setlakin 116
sevelamer carbonate 71
sevelamer hcl 71
SEYSARA 13
sharobel 113
SHINGRIX (PF) 94
SIGNIFOR 19
SIKLOS 19
sildenafil (pulmonary arterial hypertension) 127
SILENOR 48
SILIQ 60
silodosin 129
SILVADENE 61
silver sulfadiazine 61
SIMBRINZA 119
SIMPONI 111
simvastatin 58
SINEMET 27
SINGULAIR 127
sirolimus 19
SIRTURO 9
SITAVIG 4
SIVEXTRO 9

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

This drug list was updated in August 2021.

SKYRIZI 60
SLYND 116
sodium chloride 71
sodium chloride 0.45 % 130
sodium chloride 0.9 % 71
sodium chloride 3 % 130
sodium chloride 5 % 130
sodium phenylbutyrate 71
sodium polystyrene sulfonate .. 71
SOFOSBUVIR-VELPATASVIR 4
solifenacin 128
SOLIQUA 100/33 80
SOLODYN 13
SOLOSEC 9
SOLTAMOX 19
SOMAVERT 83
SOOLANTRA 63
SORIATANE 60
SORILUX 60
sorine 50
sotalol 50
sotalol af 50
SOTYLIZE 50
SOVALDI 4
spinosad 69
SPIRIVA RESPIMAT 127
SPIRIVA WITH HANDIHALER 127
spironolactone 54
spironolacton-hydrochlorothiaz 54
SPORANOX 1
sprintec (28) 116
SPRITAM 26
SPRIX 38
SPRYCEL 19
sps (with sorbitol) 71
sronyx 116
ssd 61
STALEVO 100 27
STALEVO 125 27
STALEVO 150 27
STALEVO 200 27
STALEVO 75 27
STEGLATRO 80
STEGLUJAN 80
STELARA 60
STIOLTO RESPIMAT 127
STIVARGA 19
STRATTERA 48
STRENSIQ 83
STREPTOMYCIN 9
STRIBILD 4
STRIVERDI RESPIMAT .. 127
STROMECTOL 9
SUBOXONE 38
SUBSYS 36
SUCRAID 87
sucralfate 90
SULAR 54
sulfacetamide sodium 118
sulfacetamide sodium (acne) .. 64
sulfacetamide-prednisolone ... 118
sulfadiazine 12
sulfamethoxazole-trimethoprim 12
SULFAMYLON 64
sulfasalazine 87
sulindac 38
sumatriptan 29
sumatriptan succinate 29
sumatriptan-naproxen 29
SUNOSI 48
SUPRAX 6
SUPREP BOWEL PREP KIT 87
SURE COMFORT INS. SYR. U-100 102
SURE COMFORT INSULIN SYRINGE 103
SURE COMFORT PEN NEEDLE 103
SURE-FINE PEN NEEDLES 103
SURE-JECT INSULIN SYRINGE 103
SUSTIVA 4
SUTAB 87
SUTENT 19
syeda 116
SYMBICORT 127
SYMBYAX 48
SYMDEKO 127
SYMFI 4
SYMFI LO 4
SYMJEPI 121
SYMLINPEN 120 80
SYMLINPEN 60 80
SYMPAZAN 26
SYMPROIC 88
SYMTUZA 4
SYNALAR 68
SYNAREL 83
SYNDROS 88
SYNJARDY 80
SYNJARDY XR 80
SYNRIBO 19
SYNTHROID 84
SYPRINE 71
TABLOID 19
TABRECTA 19
TACLONEX 60
tacrolimus 19, 61
tadalafil 129
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg 127
TAFINLAR 20
TAGRISSO 20
TAKHZYRO 127
TALICIA 91
TALTZ AUTOINJECTOR .. 60
TALTZ SYRINGE 60
TALZENNA 20
TAMIFLU 4
tamoxifen 20
tamsulosin 129

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

This drug list was updated in August 2021.

TAPAZOLE 73
TAPERDEX 73
TARCEVA 20
TARGADOX 13
TARGRETIN 20
tarina 24 fe 116
tarina fe 1-20 eq (28) 116
TASIGNA 20
TASMAR 27
tavaborole 65
TAVALISSE 56
tazarotene 64
TAZAROTENE 64
tazicef 6
TAZORAC 64
taztia xt 54
TAZVERIK 20
TDVAX 94
TECFIDERA 32
TECHLITE INSULIN SYRINGE 103
TECHLITE INSULN SYR(HALF UNIT) 104
TECHLITE PEN NEEDLE 104
TEFLARO 6
TEGRETOL 26
TEGRETOL XR 26
TEGSEDI 32
TEKTURNA 54
TEKTURNA HCT 54
telmisartan 54
telmisartan-amlodipine 54
telmisartan-hydrochlorothiazid 54
TEMIXYS 4
TEMOVATE 68
TENIVAC (PF) 94
tenofovir disoproxil fumarate 4
TENORETIC 100 54
TENORETIC 50 54
TENORMIN 54
TEPMETKO 20
terazosin 54
terbinafine hcl 1
terbutaline 127
terconazole 114
TERIPARATIDE 109
TERUMO INSULIN SYRINGE 104
TESTIM 83
testosterone 83
TESTOSTERONE 83
testosterone cypionate 83
testosterone enanthate 83
TETANUS,DIPHTHERIA TOX PED(PF) 94
tetrabenazine 32
tetracycline 13
TEXACORT 68
THALOMID 20
THEO-24 127
theophylline 127
thinpro insulin syringe 104
THINPRO INSULIN SYRINGE 104
THIOLA 71
THIOLA EC 71
thioridazine 48
thiothixene 48
THYQUIDITY 84
tiadylt er 54
tiagabine 26
TIAZAC 54
TIBSOVO 20
tigecycline 9
TIGLUTIK 71
TIKOSYN 50
tilia fe 116
timolol maleate 54, 118
timolol maleate (pf) 118
TIMOPTIC OCUDOSE (PF) 118
TIMOPTIC-XE 118
tinidazole 9
tiopronin 71
TIROSINT 84
TIROSINT-SOL 84
TIVICAY 4
TIVICAY PD 4
tizanidine 33
TOBI 9
TOBI PODHALER 10
TOBRADEX 120
TOBRADEX ST 120
tobramycin 10, 117
tobramycin in 0.225 % nacl 10
tobramycin sulfate 10
tobramycin-dexamethasone 120
TOBREX 117
tolcapone 27
TOLSURA 1
tolterodine 128
TOLVAPTAN 83
tolvaptan 83
TOPAMAX 26
TOPCARE CLICKFINE 105
TOPCARE ULTRA COMFORT 105
TOPICORT 68
topiramate 26
TOPROL XL 54
toremifene 20
torsemide 54
TOSYMRA 29
TOUJEO MAX U-300 SOLOSTAR 80
TOUJEO SOLOSTAR U-300 INSULIN 80
tovet emollient 69
TOVIAZ 128
TPN ELECTROLYTES 130
TRACLEER 127
TRADJENTA 80
TRAMADOL 38
tramadol 38
tramadol-acetaminophen 38
trandolapril 54
trandolapril-verapamil 54
tranexamic acid 114

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

This drug list was updated in August 2021.

TRANSDERM-SCOP..... 88
TRANXENE T-TAB..... 48
tranylcypromine..... 48
travasol 10 %.....131
TRAVATAN Z..... 119
travoprost.....119
TRAZIMERA.....20
trazodone..... 48
TRECATOR..... 10
TRELEGY ELLIPTA.....127
TRELSTAR..... 20
TREMFYA.....60
treprostinil sodium.....54
TRESIBA FLEXTOUCH U-100.....80
TRESIBA FLEXTOUCH U-200.....80
TRESIBA U-100 INSULIN..80
tretinoin (antineoplastic).....20
tretinoin microspheres..... 64
tretinoin topical..... 64
TREXALL..... 20
TREXIMET.....29
TREZIX.....36
triamcinolone acetonide.... 69, 72
triamterene.....54
triamterene-hydrochlorothiazid.....54
trianex..... 69
TRIBENZOR.....54
TRICOR..... 58
triderm..... 69
trientine.....71
tri-estarylla..... 116
trifluoperazine.....48
trifluridine..... 118
TRIJARDY XR..... 80, 81
TRIKAFTA..... 127
tri-legest fe..... 116
TRILEPTAL.....26
TRILIPIX..... 58
tri-lo-estarylla..... 116
tri-lo-sprintec.....116
trilyte with flavor packets..... 88
trimethoprim..... 14
tri-mili.....116
trimipramine..... 48
TRINTELLIX..... 48
tri-nymyo..... 116
tri-previfem (28)..... 116
tri-sprintec (28)..... 117
TRIUMEQ..... 4
trivora (28).....117
tri-vylibra..... 117
tri-vylibra lo..... 117
TRIZIVIR.....4
TROKENDI XR.....26
TROPHAMINE 10 %..... 131
trospium..... 128
TRUE COMFORT INSULIN SYRINGE..... 105
TRUE COMFORT PEN NEEDLE.....105
TRUEPLUS INSULIN.....105
TRUEPLUS PEN NEEDLE 105
TRULANCE.....88
TRULICITY.....81
TRUMENBA.....94
TRUSOPT.....119
TRUVADA..... 4
TUDORZA PRESSAIR..... 127
TUKYSA..... 20
TURALIO..... 20
TWINRIX (PF).....94
TYBOST..... 4
tydemy..... 117
TYGACIL.....10
TYKERB..... 20
TYMLOS..... 109
TYPHIM VI.....94
UBRELVY.....29
UCERIS.....88
UDENYCA..... 93
UKONIQ..... 20
ULORIC..... 108
ULTICARE.....105, 106
ULTICARE INSULIN SYRINGE.....105
ULTICARE INSULN SYR(HALF UNIT).....105
ULTICARE PEN NEEDLE 105
ULTICARE SAFETY PEN NEEDLE.....105
ULTIGUARD SAFEPACK-INSULIN SYR.....106
ULTIGUARD SAFEPACK-PEN NEEDLE.....106
ULTILET INSULIN SYRINGE.....106
ULTILET PEN NEEDLE.. 106
ULTRA CMFT INS SYR (HALF UNIT)..... 106
ULTRA COMFORT INSULIN SYRINGE..... 106
ULTRA FLO INSUL SYR(HALF UNIT).....106
ULTRA FLO INSULIN SYRINGE.....106
ULTRA FLO PEN NEEDLE.....107
ULTRA THIN PEN NEEDLE.....107
ULTRACARE INSULIN SYRINGE.....107
ULTRACARE PEN NEEDLE.....107
ULTRACET..... 38
ULTRAM..... 38
ULTRA-THIN II (SHORT) INS SYR..... 107
ULTRA-THIN II (SHORT) PEN NDL..... 107
ULTRA-THIN II INS PEN NEEDLES.....107

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

This drug list was updated in August 2021.

ULTRA-THIN II INSULIN SYRINGE 107
ULTRAVATE 69
UNASYN 12
UNIFINE PEN NEEDLE .. 107
UNIFINE PENTIPS 107
UNIFINE PENTIPS MAXFLOW 107
UNIFINE PENTIPS PLUS 107, 108
UNIFINE PENTIPS PLUS MAXFLOW 107
UNIFINE SAFECONTROL 108
unithroid 84
UPTRAVI 54
UROCIT-K 10 129
UROCIT-K 15 129
UROCIT-K 5 129
UROXATRAL 129
URSO 250 88
URSO FORTE 88
ursodiol 88
VABOMERE 10
VAGIFEM 113
valacyclovir 4
VALCHLOR 61
VALCYTE 4
valganciclovir 4
VALIUM 48
valproic acid 26
valproic acid (as sodium salt) . 26
valsartan 54
valsartan-hydrochlorothiazide . 54
VALTOCO 26
VALTREX 4
VANCOCIN 10
vancomycin 10
VANCOMYCIN 10
vandazole 114
VANISHPOINT INSULIN SYRINGE 108
VANISHPOINT SYRINGE 108
VANOS 69
VAQTA (PF) 94
VARIVAX (PF) 94
VARIZIG 94
VARUBI 88
VASCEPA 58
VASERETIC 54
VASOTEC 54
VECAMYL 58
VECTICAL 60
velivet triphasic regimen (28) 117
VELPHORO 71
VELTASSA 72
VELTIN 64
VEMLIDY 4
VENCLEXTA 20
VENCLEXTA STARTING PACK 20
venlafaxine 48, 49
VENTAVIS 127
VENTOLIN HFA 128
verapamil 54
VERDESO 69
VEREGEN 61
VERELAN 54
VERELAN PM 54
VERQUVO 58
VERSACLOZ 49
VERZENIO 21
VESICARE 128
VESICARE LS 128
vestura (28) 117
VFEND 1
VFEND IV 1
V-GO 20 108
V-GO 30 108
V-GO 40 108
VIBERZI 88
VIBRAMYCIN 13
VICTOZA 3-PAK 81
VIEKIRA PAK 4
vienva 117
vigabatrin 26
vigadrone 26
VIGAMOX 118
VIIBRYD 49
VIMOVO 39
VIMPAT 26
VIOKACE 88
VIRACEPT 4
VIRAMUNE 4
VIRAMUNE XR 5
VIREAD 5
VITRAKVI 21
VIVELLE-DOT 113
VIVITROL 39
VIVLODEX 39
VIZIMPRO 21
VOGELXO 83
voriconazole 1
VOSEVI 5
VOTRIENT 21
VRAYLAR 49
VUMERITY 32
vyfemla (28) 117
vylibra 117
VYNDAMAX 58
VYNDAQEL 58
VYTORIN 10-10 58
VYTORIN 10-20 58
VYTORIN 10-40 58
VYTORIN 10-80 58
VYVANSE 49
VYZULTA 119
WAKIX 49
warfarin 56
WELCHOL 58
WELLBUTRIN SR 49
WELLBUTRIN XL 49
wixela inhub 128
wymzya fe 117
XALATAN 119
XALKORI 21
XARELTO 56

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

This drug list was updated in August 2021.

XARELTO DVT-PE TREAT 30D START 56
XATMEP 21
XCOPRI 26
XCOPRI MAINTENANCE PACK 26
XCOPRI TITRATION PACK 26
XELJANZ 111
XELJANZ XR 111
XELPROS 119
XENAZINE 32
XENLETA 10
XEPI 64
XERESE 66
XERMELO 21
XGEVA 14
XHANCE 128
XIFAXAN 10
XIGDUO XR 81
XIIDRA 119
XOFLUZA 5
XOLAIR 128
XOLEGEL 65
XOPENEX 128
XOPENEX CONCENTRATE 128
XOPENEX HFA 128
XOSPATA 21
XPOVIO 21
XTAMPZA ER 36
XTANDI 21
xulane 114
XULTOPHY 100/3.6 81
XURIDEN 72
XYOSTED 83
XYREM 49
XYWAV 49
YASMIN (28) 117
YAZ (28) 117
YF-VAX (PF) 94
YONSA 21
YUPELRI 128
yuvafem 113
zafemy 114
zafirlukast 128
zaleplon 49
ZANAFLEX 33
zarah 117
ZARONTIN 26
ZARXIO 93
ZAVESCA 83
ZEGERID 91
ZEJULA 21
ZELAPAR 27
ZELBORAF 21
ZEMAIRA 72
ZEMBRACE SYMTOUCH 29
ZEMDRI 10
ZEMPLAR 84
zenatane 64
ZENPEP 88
zenzedi 49
ZENZEDI 49
ZEPATIER 5
ZEPOSIA 32
ZEPOSIA STARTER KIT 32
ZEPOSIA STARTER PACK 32
ZERBAXA 6
ZERVIATE 119
ZESTORETIC 54
ZESTRIL 54
ZETIA 58
ZETONNA 128
ZIAC 54
ZIAGEN 5
ZIANA 64
zidovudine 5
ZIEXTENZO 93
zileuton 128
ZILXI 64
ZIOPTAN (PF) 119
ziprasidone hcl 49
ziprasidone mesylate 49
ZIPSOR 39
ZIRABEV 21
ZIRGAN 118
ZITHROMAX 7
ZITHROMAX TRI-PAK 7
ZITHROMAX Z-PAK 7
ZOCOR 58
ZOLINZA 21
zolmitriptan 29
ZOLOFT 49
zolpidem 50
ZOLPIMIST 50
ZOMACTON 93
ZOMIG 29
ZOMIG ZMT 29
ZONALON 61
ZONEGRAN 26
zonisamide 26
ZONTIVITY 56
ZORBTIVE 93
ZORTRESS 21
ZORVOLEX 39
ZOSYN IN DEXTROSE (ISO-OSM) 12
zovia 1-35 (28) 117
ZOVIRAX 5, 66
ZTLIDO 62
ZUBSOLV 39
ZUPLENZ 88
ZYCLARA 62
ZYDELIG 21
ZYFLO 128
ZYKADIA 21
ZYLET 120
ZYLOPRIM 108
ZYMAXID 118
ZYPITAMAG 58
ZYPREXA 50
ZYPREXA RELPREVV 50
ZYPREXA ZYDIS 50
ZYTIGA 21
ZYVOX 10

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

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