



**SilverScript Plus (PDP)**  
an Aetna<sup>®</sup> Medicare prescription drug plan

# 2024 Formulary

## List of covered drugs

**PLEASE READ:**

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

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

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This document includes a list of the covered drugs (formulary) for our plan which is current as of August 1, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

To view the most recent document including any changes that have been made visit [Aetna-PDP.MemberDoc.com](https://www.aetna.com/members/memberdoc.com).



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

## The SilverScript® formulary



A formulary is a list of covered drugs selected in consultation with a team of health care providers. It represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed on our formulary as long as the drug is medically necessary, the prescription is filled at a network pharmacy, and other plan rules are followed.

## Save with generic drugs



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

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

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

## Insulin and vaccine information

<b>Insulin</b>	<p>You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on or which Part D stage you are in.</p> <p>Once in the Catastrophic stage the plan will pick up the cost of your insulins – you pay \$0.</p>
<b>Vaccine</b>	<p>Your prescription drug coverage includes \$0 cost-sharing for preventative adult (ages 19 and older) vaccines. A full list of covered vaccines can be found on the below drug list under <b>VACCINES</b>.</p> <p><b><i>The shingles vaccine (Shingrix) is an example of a \$0 Part D vaccine because it is preventive against shingles.</i></b></p> <p>Your medical coverage also includes vaccines, but vaccines covered under your medical coverage are for treatment. Please see your <i>Evidence of Coverage</i> (EOC) for vaccines covered under your medical benefit.</p> <p><i>Tetanus booster is an example of a medical coverage vaccine because it is related to an injury.</i></p> <p>For additional information on recommended vaccines and age limitations, go to <a href="https://cdc.gov/vaccines/hcp/acip-recs/">cdc.gov/vaccines/hcp/acip-recs/</a>.</p>

## Potential changes to your formulary

Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year. There are some exceptions. We describe them here.

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

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

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

<b>New generic drugs</b>	We may 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.
<b>Drugs removed from the market</b>	If the U.S. Food and Drug Administration (FDA) 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 notify members who take the drug.
<b>Other drug changes</b>	We may make other changes that affect members currently taking a drug. For example, we may: <ul style="list-style-type: none"><li>Replace a brand name drug with an existing generic drug that is not currently on our formulary</li><li>Add new restrictions to a drug</li><li>Move a drug to a different cost-sharing tier</li><li>Make changes based on new clinical guidelines</li></ul>

## Using the formulary

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

<b>Alphabetical order</b>	<p>Find your drug in the index that begins on page 81. Both brand name drugs and generic drugs are listed in alphabetical order.</p> <p><b>Step 1</b> Look in the index and find your drug.</p> <p><b>Step 2</b> Look at the page number where you can find coverage information.</p> <p><b>Step 3</b> Turn to the page listed to find coverage information about your drug. This will include the tier and any restrictions.</p> <p><b>Step 4</b> View the cost-sharing chart on page 13 to find the cost for the tier your drug is on.</p>
<b>Medical condition</b>	<p>The formulary begins on page 15 with drugs grouped into categories based on the type of medical conditions they treat. Medical conditions are listed in alphabetical order on the formulary.</p> <p><b>Step 1</b> Look for your medical condition.</p> <p><b>Step 2</b> Look under the medical condition header for your drug.</p> <p><b>Step 3</b> Find coverage information about your drug. This will include the tier and any restrictions.</p> <p><b>Step 4</b> View the cost-sharing chart on page 13 to find the cost for the tier your drug is on.</p>

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

	The drug(s) covered by your plan	The “tier” level or pricing category	The coverage rules for a drug									
	↓	↓	↓									
<p><b>Lower case italics:</b> generic drugs</p> <p>→</p> <p><b>All uppercase:</b> BRAND NAME DRUGS</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #663399; color: white;"> <th style="padding: 5px;">Drug Name</th> <th style="padding: 5px;">Drug Tier</th> <th style="padding: 5px;">Requirements/Limits</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><i>sample generic drug</i></td> <td style="padding: 5px;">1</td> <td style="padding: 5px;">MO</td> </tr> <tr> <td style="padding: 5px;">SAMPLE BRAND DRUG</td> <td style="padding: 5px;">4</td> <td style="padding: 5px;">QL (30 ea per 30 days) MO</td> </tr> </tbody> </table>			Drug Name	Drug Tier	Requirements/Limits	<i>sample generic drug</i>	1	MO	SAMPLE BRAND DRUG	4	QL (30 ea per 30 days) MO
Drug Name	Drug Tier	Requirements/Limits										
<i>sample generic drug</i>	1	MO										
SAMPLE BRAND DRUG	4	QL (30 ea per 30 days) MO										

## Requirements or limitations

<p><b>PA</b></p>	<p><b>Prior Authorization</b> Some drugs require you or your physician to get prior authorization. You must get approval from us before you can get your prescription filled.</p>	<p>There are two ways you, or your doctor, can ask us to make a Prior Authorization, Quantity Limit, or Step Therapy determination to one of these requirements.</p> <p>Request an exception online at <a href="https://www.aetna.com">AetnaMedicare.com</a>. Call Customer Care at the number on your member ID card.</p> <p>Standard requests are processed within 72 hours of getting your prescriber’s supporting statement. Expedited (fast) requests must be processed no later than 24 hours after getting your prescriber’s supporting statement.</p> <p>See the section titled “Requesting an exception” for additional details.</p>
<p><b>QL</b></p>	<p><b>Quantity Limit</b> For certain drugs, there is a quantity limit on the amount of the drug that we will cover. Quantity limits are based on the manufacturer’s and FDA’s recommended dosage. If you take more than the recommended amount, you will need to request an exception. For example, our plan provides up to 30 tablets per 30-day prescription for <i>atorvastatin</i>.</p>	
<p><b>ST</b></p>	<p><b>Step Therapy</b> In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for your condition.</p> <p>For example, if drug A and drug B both treat your medical condition, we may not cover drug B unless you try drug A first. If drug A does not work for you, SilverScript Plus (PDP) will then cover drug B.</p>	
<p><b>LA</b></p>	<p><b>Limited Access</b> This prescription may only be available at certain pharmacies. Some drugs may not be used in high volume and may require special handling and other considerations. As a result, these drugs may only be dispensed by a small number of special pharmacies based upon the type of the conditions they support. This can make it difficult for patients to obtain these medications as needed. Often, your physician is the most informed person to help identify a pharmacy able to dispense the prescribed limited access drug.</p> <p>For more information consult your Pharmacy Directory, online pharmacy finder tool, or call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week (TTY: 711).</p>	



<b>MO</b>	<b>Mail-Order</b> <p>This indicates if a drug is available at our CVS Caremark® Mail Service Pharmacy, which is our preferred mail-order pharmacy. When using mail-order, you may save money when you get your prescription drugs shipped directly to your home and may have the option to sign up for automated mail-order delivery. Call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week (TTY: 711), to get started today.</p>
<b>B/D</b>	<b>Medicare Part B or Part D</b> <p>Medicare determines when a drug is covered under medical or prescription coverage. There are a number of cases that can alter how a drug or supply is covered, such as how the drug is administered and the setting of care. It is not unusual to require more information for drugs and supplies that can be covered under medical or prescription coverage to make a determination of coverage and applicable cost-sharing. In these instances, know that we are following the rules set by Medicare to provide you with appropriate coverage. Your pharmacy may need to submit more information describing the use and setting of the drug to help make the determination between medical and prescription coverage.</p>
<b>HRM</b>	<b>High Risk Medication</b> <p>According to medical experts, these drugs may cause adverse side effects if you are 65 years of age or older. If you are taking one of these drugs, ask your doctor if there are safer options available.</p>
<b>ACS</b>	<b>Available from CVS Specialty® Pharmacy</b> <p>These drugs are for complex medical conditions and may require special handling and/or close monitoring. They are available through CVS Specialty Pharmacy Services and may be available at other specialty pharmacies in the network. You may not be able to get them at your local pharmacy.</p>
<b>GC</b>	<b>Gap Coverage</b> <p>We continue to provide coverage of Tier 1 and Tier 2 prescription drugs to help keep your costs down during the coverage gap stage. You will continue to pay the same cost-share as you do in the initial coverage stage.</p>
<b>ED</b>	<b>Excluded Drug</b> <p>Our plan includes coverage for some excluded drugs not normally covered by Medicare. These prescription drugs are not normally covered in a Medicare prescription drug plan. On our plan, we provide coverage of some vitamins and minerals and some erectile dysfunction medications. These drugs are listed on our Enhanced Benefit Drug List, following the index.</p> <ul style="list-style-type: none"><li>• The amount you pay when you fill a prescription for an excluded drug does not count toward your total drug cost.</li></ul> <p>If you are receiving Extra Help to pay for your prescriptions, it will not help pay for this drug. You will pay the indicated tier cost share amount.</p>

## My drug is not on the formulary or has restrictions



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

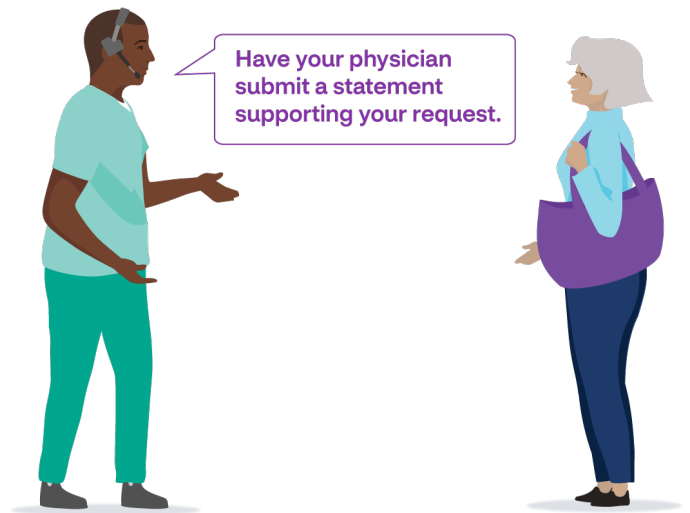
<p><b>Talk with your doctor</b></p>	<p>Access your formulary online, or request a paper copy, to show to your doctor for help finding a similar drug that is covered. In the medical condition section of the formulary, you will often find alternative drugs in the same therapeutic class used to treat your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

## Requesting an exception

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

There are multiple ways to request an initial coverage decision for a formulary, tier or restriction exception to the requirements or limitations we've mentioned.

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



Follow these steps to find the form on our website.

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

Mail or fax us your completed form:

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

Fax: 1-855-633-7673

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. If you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision, you can request an expedited (fast) exception.

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.

### Transition of coverage

Talk to your doctor. We may cover your drug in certain cases during the first 90 days of your membership in the plan if you are new and during the first 90 days of the calendar year if you were in the plan last year.

1. Drugs not on our formulary may be covered temporarily for a 30-day supply. If your prescription is less than 30 days, we allow refills up to a maximum of a 30-day supply of medication.
2. If you are a resident of a long-term care facility, refer to Chapter 3 of your *Evidence of Coverage*.

*After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 Days.*

### Vacation supply

Our plan allows an early refill of a one-month supply of your medication if you will be on vacation and away from your regular pharmacy when your next refill occurs. This can be requested one time per medication, per year. Please contact Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week (TTY: 711), for help with a vacation supply.

*Note, some medications may not be eligible for a vacation supply.*

## Finding a network pharmacy

We have more than 65,000 pharmacies in our network with more than 23,000 that offer preferred cost-sharing. Using a preferred network pharmacy may help you save on your prescription drug costs. Visit our online pharmacy finder tool, at [AetnaMedicare.com/PharmacyHelp](https://www.aetna.com/PharmacyHelp), to locate your closest pharmacy, including those offering preferred cost-sharing.

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

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

## Important notes

- In the **online pharmacy finder** tool:
  - If the pharmacy is a preferred network pharmacy, it will be listed as preferred under the pharmacy's address.
  - Preferred pharmacies have a purple circle on the map and standard pharmacies have a blue square.
- **Long-term care (LTC) pharmacies** do not offer preferred pharmacy cost-sharing because LTC pharmacies pay higher packaging and dispensing costs compared to those at a retail pharmacy. LTC pharmacies contract with individual and chain facilities and members typically do not have a choice of LTC pharmacy. The facility determines which pharmacy you can use. Please use caution when reviewing LTC cost-sharing as retail pharmacy pricing does not apply to LTC dispensing.
- **Specialty drugs** are used to treat complex, chronic conditions, such as rheumatoid arthritis, multiple sclerosis and cancer. Specialty drugs often require special handling and can be very expensive. Their costs are rising 15 to 20 percent or more each year. Our plan has a separate tier (Tier 5) reserved for specialty drugs. This requires members to pay a percentage of the drug cost. Specialty drugs may be available at some retail pharmacies, like CVS®, Walgreens or Walmart, but often these drugs are only available at a specialty pharmacy such as the CVS Specialty® pharmacy. Drug pricing tools do not know whether a specific pharmacy stocks a given drug. You should calculate your cost-share using a specialty pharmacy.

## Drug stages and costs

Up to  
**\$200**

### Deductible stage

You'll pay the plan's negotiated drug cost up to the deductible limit. The deductible applies to drugs on tiers 3 - 5.

**Once you reach the deductible limit, you'll pay a copayment or coinsurance in the initial coverage stage.**

Up to  
**\$5,030**

### Initial coverage stage

During this stage, the plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription you fill until your total drug costs reach \$5,030.

**Once you reach \$5,030, you'll enter the coverage gap stage or "donut hole."**



Most people will remain in this stage.

Up to  
**\$8,000**

### Coverage gap stage

(Also known as the donut hole.)

During this stage, you'll pay 25% of the cost for generics and brands. Our plan offers additional coverage in the gap for Tier 1 and Tier 2 drugs. This stage continues until your yearly out-of-pocket drug costs reach \$8,000.

**Once your yearly out-of-pocket costs reach \$8,000, you'll move to catastrophic coverage.**



Some people will move into this stage.

Through  
the end  
of the year

### Catastrophic coverage stage

You pay \$0 for all Part D covered drugs during this stage.

You pay \$0 (Tier 1 and Tier 2) at preferred pharmacies and \$5 (Tier 1) and \$10 (Tier 2) at standard pharmacies for excluded drugs covered under the SilverScript Plus plan's enhanced benefit.



Few people will reach this stage.

The tables below tell you the copayment or coinsurance amount you will pay during the initial coverage stage. You will pay a yearly deductible of \$200 for Tier 3, Tier 4 and Tier 5 drugs. You must pay the full cost of your Tier 3, Tier 4 and Tier 5 drugs until you reach the plan’s deductible amount. For drugs on Tier 1 and Tier 2 you will not pay any deductible and will start receiving coverage immediately.

**Initial coverage stage copayment/coinsurance levels**

**Preferred retail/mail-order and standard retail/mail-order cost-sharing (in-network)  
(Up to a 30-day supply)**

Pharmacy type (Retail & mail)	Tier 1 (Preferred generic)	Tier 2 (Generic)	Tier 3 (Preferred brand)	Tier 4 (Non-preferred drug)	Tier 5 (Specialty)
Preferred	\$0.00	\$0.00	\$47.00	50%*	30%
Standard	\$5.00	\$10.00			

\*Tier 4 coinsurance is 48% in the state of New York only. The coinsurance in all other states is 50%.

**Preferred retail/mail-order and standard retail/mail-order cost-sharing (in-network)  
(Up to a 90-day supply)**

Pharmacy type (Retail & mail)	Tier 1 (Preferred generic)	Tier 2 (Generic)	Tier 3 (Preferred brand)	Tier 4 (Non-preferred drug)	Tier 5 (Specialty)
Preferred	\$0.00	\$0.00	\$141.00	50%*	A long-term supply is not available for drugs in Tier 5.
Standard	\$15.00	\$30.00			

\*Tier 4 coinsurance is 48% in the state of New York only. The coinsurance in all other states is 50%.



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

## Get more information



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



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

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

## Formulary key

Drug name	Drug tier	Requirements/Limits
<p>UPPERCASE = Brand name prescription drugs</p> <p><i>lowercase italics</i> = Generic prescription drugs</p>	<p>1, 2, 3, 4, 5:</p> <p>The number in this column tells you what drug tier your drug is on. The amount you pay for a drug depends on what tier it is on.</p>	<p>PA = Prior Authorization</p> <p>QL = Quantity Limit</p> <p>ST = Step Therapy</p> <p>MO = Mail-order Delivery</p> <p>LA = Limited Access</p> <p>B/D = Part B vs. Part D</p> <p>HRM = High Risk Medication</p> <p>ACS = Available from CVS Specialty Pharmacy</p> <p>GC = Gap Coverage</p> <p>ED = Excluded Drug</p> <p><i>See page 6 for details about these abbreviations.</i></p>



Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS</b>		
<b>GOUT</b>		
<i>allopurinol tablet 100mg, 300mg</i>	1	MO GC
<i>colchicine tablet</i>	2	QL (120 EA per 30 days) MO GC
<i>febuxostat</i>	4	ST MO
MITIGARE	3	QL (60 EA per 30 days) MO
<i>probenecid</i>	4	MO
<i>probenecid/colchicine</i>	2	MO GC
<b>NSAIDS</b>		
<i>celecoxib capsule 400mg</i>	2	QL (30 EA per 30 days) MO GC
<i>celecoxib capsule 100mg, 200mg, 50mg</i>	2	QL (60 EA per 30 days) MO GC
<i>diclofenac potassium tablet 50mg</i>	2	QL (120 EA per 30 days) MO GC
<i>diclofenac sodium dr</i>	1	MO GC
<i>diclofenac sodium er</i>	2	QL (60 EA per 30 days) MO GC
<i>diclofenac sodium/misoprostol tablet delayed release 50mg; 200mcg</i>	4	QL (120 EA per 30 days) MO
<i>diclofenac sodium/misoprostol tablet delayed release 75mg; 200mcg</i>	4	QL (90 EA per 30 days) MO
<i>diflunisal</i>	2	QL (90 EA per 30 days) MO GC
<i>ec-naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) GC
<i>ec-naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO GC
<i>etodolac er tablet extended release 24 hour 600mg</i>	4	QL (30 EA per 30 days) MO
<i>etodolac er tablet extended release 24 hour 400mg, 500mg</i>	4	QL (60 EA per 30 days) MO
<i>etodolac capsule 300mg</i>	2	QL (120 EA per 30 days) MO GC
<i>etodolac capsule 200mg</i>	2	QL (90 EA per 30 days) MO GC
<i>etodolac tablet 500mg</i>	2	QL (60 EA per 30 days) MO GC
<i>etodolac tablet 400mg</i>	2	QL (90 EA per 30 days) MO GC
<i>fenoprofen calcium tablet 600mg</i>	4	QL (150 EA per 30 days) MO
<i>flurbiprofen tablet 100mg</i>	2	QL (90 EA per 30 days) MO GC
<i>ibu tablet 400mg, 600mg, 800mg</i>	1	MO GC
<i>ibuprofen tablet 400mg, 600mg, 800mg, oral suspension</i>	1	MO GC
<i>ketoprofen extended release capsule 200mg</i>	4	QL (30 EA per 30 days) MO
<i>ketorolac tromethamine tablet 10mg</i>	2	QL (20 EA per 30 days) PA MO GC
<i>meloxicam tablet</i>	1	MO GC
<i>nabumetone</i>	1	MO GC
<i>naproxen sodium tablet 275mg, 550mg</i>	2	MO GC
<i>naproxen tablet 250mg, 375mg, 500mg</i>	1	MO GC
<i>naproxen oral suspension</i>	4	MO
<i>naproxen tablet delayed release 375mg</i>	1	QL (120 EA per 30 days) MO GC
<i>naproxen tablet delayed release 500mg</i>	1	QL (90 EA per 30 days) MO GC
<i>oxaprozin</i>	2	QL (90 EA per 30 days) MO GC
<i>piroxicam capsule 20mg</i>	2	QL (30 EA per 30 days) MO GC
<i>piroxicam capsule 10mg</i>	2	QL (60 EA per 30 days) MO GC
<i>sulindac</i>	2	QL (60 EA per 30 days) MO GC

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

Drug Name	Drug Tier	Requirements/Limits
<b>OPIOID ANALGESICS, LONG-ACTING</b>		
BUTRANS	3	QL (4 EA per 28 days) PA MO
<i>fentanyl transdermal patch</i>	4	QL (10 EA per 30 days) PA MO
<i>hydrocodone bitartrate er tablet extended release 24 hour</i>	2	QL (30 EA per 30 days) PA MO GC
HYSINGLA ER	3	QL (30 EA per 30 days) PA MO
<i>methadone hcl oral concentrate 10mg/ml</i>	2	QL (90 ML per 30 days) PA MO GC
<i>methadone hcl oral solution 10mg/5ml, 5mg/ml</i>	2	QL (450 ML per 30 days) PA MO GC
<i>methadone hcl tablet 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO GC
<i>morphine sulfate er capsule extended release 24 hour (generic 4 Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i>	4	QL (30 EA per 30 days) MO
<i>morphine sulfate er capsule extended release 24 hour (generic 4 Kadian) 100mg, 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg</i>	4	QL (60 EA per 30 days) MO
<i>morphine sulfate er tablet extended release 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO GC
<i>morphine sulfate er tablet extended release 100mg</i>	2	QL (60 EA per 30 days) PA MO GC
<i>morphine sulfate er tablet extended release 15mg</i>	2	QL (90 EA per 30 days) MO GC
<i>morphine sulfate er tablet extended release 200mg</i>	4	QL (60 EA per 30 days) PA MO
MORPHINE SULFATE/SODIUM CHLORIDE	4	B/D
<i>tramadol hcl extended release tablet</i>	4	QL (30 EA per 30 days) MO; HRM
<b>OPIOID ANALGESICS, SHORT-ACTING</b>		
<i>acetaminophen/codeine tablet</i>	2	QL (180 EA per 30 days) MO GC
<i>acetaminophen/codeine solution 120mg/5ml; 12mg/5ml</i>	2	QL (2700 ML per 30 days) MO GC
<i>butorphanol tartrate nasal solution</i>	4	QL (5 ML per 30 days) MO
<i>butorphanol tartrate injection 1mg/ml</i>	4	
<i>butorphanol tartrate injection 2mg/ml</i>	4	MO
<i>endocet tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	4	QL (180 EA per 30 days)
<i>fentanyl citrate oral transmucosal lozenge on a handle 200mcg</i>	4	QL (120 EA per 30 days) PA MO
<i>fentanyl citrate oral transmucosal lozenge on a handle 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i>	5	QL (120 EA per 30 days) PA MO
<i>hydrocodone bitartrate/acetaminophen tablet</i>	4	QL (180 EA per 30 days) MO
<i>hydrocodone bitartrate/acetaminophen solution</i>	4	QL (2700 ML per 30 days) MO
<i>hydrocodone/acetaminophen</i>	4	QL (180 EA per 30 days) MO
<i>hydrocodone/ibuprofen tablet 7.5mg; 200mg</i>	2	QL (150 EA per 30 days) MO GC
<i>hydrocodone/ibuprofen tablet 10mg; 200mg, 5mg; 200mg</i>	4	QL (150 EA per 30 days) MO
<i>hydromorphone hcl tablet</i>	2	QL (180 EA per 30 days) MO GC
<i>hydromorphone hcl injection 10mg/ml</i>	4	B/D
<i>hydromorphone hcl liquid</i>	4	QL (600 ML per 30 days) MO
<i>hydromorphone hydrochloride injection 50mg/5ml</i>	4	B/D
<i>hydromorphone hydrochloride injection 2mg/ml</i>	4	B/D MO
<i>morphine sulfate tablet 15mg, 30mg</i>	2	QL (180 EA per 30 days) MO GC

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

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE INJECTION 10MG/ML PF VIAL IV OR IM, 2MG/ML, 4MG/ML IV OR IM VIAL AND PREFILLED SYRINGE, 5MG/ML, 8MG/ML PF VIAL IV OR IM	4	B/D
<i>morphine sulfate inj 0.5mg/ml pf vial, 10mg/ml iv only vial and carpupject, 4mg/ml iv vial and prefilled syringe, 50mg/ml, 8mg/ml vial and pf carpupject</i>	4	B/D
<i>morphine sulfate injection 1mg/ml</i>	4	B/D MO
<i>morphine sulfate oral solution 10mg/5ml, 20mg/5ml</i>	2	QL (900 ML per 30 days) MO GC
<i>morphine sulfate oral solution 20mg/ml</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride capsule</i>	4	QL (180 EA per 30 days) MO
<i>oxycodone hydrochloride concentrate</i>	4	QL (180 ML per 30 days) MO
<i>oxycodone hydrochloride solution</i>	4	QL (900 ML per 30 days) MO
<i>oxycodone hydrochloride tablet 30mg</i>	2	QL (120 EA per 30 days) MO GC
<i>oxycodone hydrochloride tablet 10mg, 15mg, 20mg, 5mg</i>	2	QL (180 EA per 30 days) MO GC
<i>oxycodone/acetaminophen tablet 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i>	4	QL (180 EA per 30 days) MO
<i>tramadol hcl tablet 50mg</i>	2	QL (240 EA per 30 days) MO; HRM GC
<i>tramadol hydrochloride/acetaminophen</i>	2	QL (240 EA per 30 days) MO; HRM GC

**ANESTHETICS****LOCAL ANESTHETICS**

<i>lidocaine hcl injection 0.5%, 1%, 1.5% pf, 2% pf, 4% pf</i>	4	
<i>lidocaine hydrochloride pf inj 1%, 2%</i>	4	

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

<i>albendazole</i>	5	MO
<i>amikacin sulfate injection 1gm/4ml, 500mg/2ml</i>	4	MO
<i>atovaquone oral suspension</i>	4	PA MO
<i>aztreonam</i>	4	MO
CAYSTON	5	PA LA; ACS
<i>chloramphenicol sodium succinate</i>	4	
<i>clindamycin hcl capsule 150mg, 75mg</i>	2	MO GC
<i>clindamycin hcl capsule 300mg</i>	2	MO GC
<i>clindamycin palmitate hcl</i>	4	MO
<i>clindamycin phosphate/dextrose</i>	4	
<i>clindamycin phosphate injection 300mg/2ml, 9000mg/60ml, 900mg/6ml</i>	4	
<i>clindamycin phosphate injection 600mg/4ml</i>	4	MO
CLINDAMYCIN/SODIUM CHLORIDE	4	
<i>colistimethate sodium</i>	4	PA MO
<i>dapsone tablet 100mg, 25mg</i>	2	MO GC
DAPTOMYCIN INJECTION 350MG	5	

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

Drug Name	Drug Tier	Requirements/Limits
<i>daptomycin injection 500mg</i>	5	
EMVERM	5	QL (12 EA per 365 days) MO
<i>ertapenem</i>	4	MO
<i>gentamicin sulfate pediatric</i>	4	MO
<i>gentamicin sulfate/0.9% sodium chloride injection 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i>	4	
<i>gentamicin sulfate/0.9% sodium chloride injection 1.6mg/ml; 0.9%</i>	4	MO
<i>gentamicin sulfate injection 40mg/ml</i>	4	MO
<i>imipenem/cilastatin</i>	4	MO
<i>gentamicin isotonic/0.9% sodium chloride injection 0.8mg/ml</i>	4	
<i>ivermectin tablet 3mg</i>	2	QL (12 EA per 90 days) PA MO GC
<i>linezolid tablet</i>	4	QL (56 EA per 28 days) PA MO
<i>linezolid oral suspension reconstituted 100mg/5ml</i>	5	QL (1800 ML per 30 days) PA MO
LINEZOLID INJECTION 600MG/300ML; 0.9%	4	PA
<i>linezolid injection 600mg/300ml</i>	4	PA
<i>meropenem</i>	4	MO
<i>methenamine hippurate</i>	2	MO GC
<i>methenamine mandelate tablet</i>	4	MO
<i>metronidazole capsule 375mg</i>	2	MO GC
<i>metronidazole injection 500mg/100ml</i>	4	
<i>metronidazole tablet 250mg, 500mg</i>	2	MO GC
<i>neomycin sulfate</i>	2	MO GC
<i>nitazoxanide</i>	5	QL (6 EA per 30 days) MO
<i>nitrofurantoin macrocrystals capsule 100mg, 50mg</i>	2	MO GC
<i>nitrofurantoin macrocrystals capsule 25mg</i>	4	MO
<i>nitrofurantoin monohydrate/macrocrystals capsule 100mg</i>	2	MO GC
<i>paromomycin sulfate</i>	4	
<i>pentamidine isethionate inhalation solution reconstituted</i>	4	B/D MO
<i>pentamidine isethionate injection</i>	4	MO
<i>praziquantel</i>	2	MO GC
SIVEXTRO INJECTION	5	
SIVEXTRO TABLET	5	MO
<i>streptomycin sulfate</i>	4	MO
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole/trimethoprim ds</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim tablet</i>	1	MO GC
<i>sulfamethoxazole/trimethoprim suspension</i>	2	MO GC
<i>sulfamethoxazole/trimethoprim injection IV 400mg/5ml; 80mg/5ml</i>	4	MO
<i>tinidazole</i>	2	MO GC
<i>tobramycin sulfate injection 10mg/ml, 40mg/ml</i>	4	
<i>tobramycin sulfate injection 1.2gm/30ml, 80mg/2ml</i>	4	MO
<i>tobramycin sulfate injection 1.2gm</i>	5	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin nebulization solution 300mg/5ml</i>	5	QL (280 ML per 56 days) PA; ACS
<i>trimethoprim tablet 100mg</i>	2	MO GC
VANCOMYCIN INJECTION 0.9%; 500MG/100ML, 0.9%; 750MG/150ML	4	
VANCOMYCIN HCL INJECTION 0.9%; 1GM/200ML	4	
<i>vancomycin hcl injection 100gm, 10gm</i>	4	
<i>vancomycin hydrochloride capsule 125mg</i>	4	QL (120 EA per 30 days) MO
<i>vancomycin hydrochloride capsule 250mg</i>	4	QL (240 EA per 30 days) MO
<i>vancomycin hydrochloride injection 1gm, 5gm, 750mg</i>	4	
<i>vancomycin hydrochloride injection 500mg</i>	4	MO
<b>ANTIFUNGALS</b>		
ABELCET SUSPENSION INJECTION 5MG/ML	4	B/D
<i>amphotericin b</i>	4	B/D MO
<i>amphotericin b liposome</i>	5	B/D MO
<i>casprofungin acetate</i>	4	
<i>fluconazole in sodium chloride injection 200mg; 100ml, 400mg; 100ml</i>	4	
<i>fluconazole tablet, oral suspension</i>	2	MO GC
<i>fluconazole/sodium chloride injection 100mg/50ml</i>	4	
<i>flucytosine capsule 250mg</i>	4	PA MO
<i>flucytosine capsule 500mg</i>	5	PA MO
<i>griseofulvin microsize tablet 500mg, oral suspension 125mg/5ml</i>	4	MO
<i>griseofulvin ultramicrosize tablet 125mg, 250mg</i>	4	MO
<i>itraconazole capsule 200mg</i>	4	PA MO
<i>ketoconazole tablet 200mg</i>	2	PA MO GC
<i>micafungin</i>	5	
<i>nystatin tablet 500000unit</i>	2	MO GC
<i>posaconazole oral suspension 40mg/ml</i>	5	QL (630 ML per 30 days) MO
<i>posaconazole dr tablet delayed release 100mg</i>	5	QL (93 EA per 30 days) PA MO
<i>terbinafine hcl tablet 250mg</i>	1	QL (90 EA per 365 days) MO GC
<i>voriconazole injection</i>	4	PA
<i>voriconazole oral suspension reconstituted</i>	4	PA MO
<i>voriconazole tablet 200mg</i>	4	QL (120 EA per 30 days) MO
<i>voriconazole tablet 50mg</i>	4	QL (480 EA per 30 days) MO
<b>ANTIMALARIALS</b>		
<i>atovaquone/proguanil hcl</i>	4	MO
<i>chloroquine phosphate</i>	2	MO GC
COARTEM	4	MO
<i>mefloquine hcl</i>	2	MO GC
<i>primaquine phosphate</i>	2	GC
<i>quinine sulfate capsule 324mg</i>	4	PA MO
<b>ANTIRETROVIRAL AGENTS</b>		
<i>abacavir</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
APTIVUS	5	MO
<i>atazanavir sulfate</i>	4	MO
<i>darunavir tablet 800mg</i>	5	QL (30 EA per 30 days) MO
<i>darunavir tablet 600mg</i>	5	QL (60 EA per 30 days) MO
EDURANT	5	MO
<i>efavirenz</i>	4	MO
<i>emtricitabine</i>	4	MO
EMTRIVA ORAL SOLUTION	4	MO
<i>etravirine</i>	5	MO
<i>fosamprenavir calcium</i>	5	MO
FUZEON	5	LA MO
INTELENCE TABLET 25MG	4	
ISENTRESS HD	5	MO
ISENTRESS PACKET, TABLET	5	MO
ISENTRESS TABLET CHEWABLE 25MG	4	MO
ISENTRESS TABLET CHEWABLE 100MG	5	MO
<i>lamivudine solution 10mg/ml</i>	4	MO
<i>lamivudine tablet 150mg, 300mg</i>	4	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>maraviroc</i>	5	MO
<i>nevirapine er tablet extended release 24 hour 100mg</i>	2	GC
<i>nevirapine er tablet extended release 24 hour 400mg</i>	4	MO
<i>nevirapine immediate release tablet 200mg</i>	2	MO GC
<i>nevirapine oral suspension 50mg/5ml</i>	4	MO
NORVIR ORAL POWDER PACKET, ORAL SOLUTION	4	MO
PIFELTRO	5	MO
PREZISTA ORAL SUSPENSION	5	QL (400 ML per 30 days) MO
PREZISTA TABLET 75MG	4	QL (480 EA per 30 days) MO
PREZISTA TABLET 150MG	5	QL (240 EA per 30 days) MO
REYATAZ ORAL POWDER PACKET	4	MO
<i>ritonavir</i>	2	MO GC
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	5	MO
SELZENTRY TABLET 25MG	3	
SELZENTRY TABLET 75MG	5	
<i>stavudine capsule</i>	4	MO
SUNLENCA INJECTION	5	QL (3 ML per 180 days) LA MO
SUNLENCA TABLET THERAPY PACK (5 TAB PACK) 300MG	5	QL (10 EA per 365 days) LA MO
SUNLENCA TABLET THERAPY PACK (4 TAB PACK) 300MG	5	QL (8 EA per 365 days) LA MO
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY PD	5	MO
TIVICAY TABLET 10MG	3	MO

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

Drug Name	Drug Tier	Requirements/Limits
TIVICAY TABLET 25MG, 50MG	5	MO
TYBOST	4	MO
VIRACEPT	5	MO
VIREAD ORAL POWDER, TABLET 150MG, 200MG, 250MG	5	MO
<i>zidovudine</i>	2	MO GC
<b>ANTIRETROVIRAL COMBINATION AGENTS</b>		
<i>abacavir sulfate/lamivudine</i>	4	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
<i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i>	5	MO
<i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i>	5	MO
<i>emtricitabine/tenofovir disoproxil tablet 167mg; 250mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 200mg; 300mg</i>	4	QL (30 EA per 30 days) MO
<i>emtricitabine/tenofovir disoproxil fumarate tablet 100mg; 150mg, 133mg; 200mg</i>	5	QL (30 EA per 30 days) MO
EVOTAZ	5	MO
GENVOYA	5	MO
JULUCA	5	MO
<i>lamivudine/zidovudine</i>	4	MO
<i>lopinavir/ritonavir</i>	4	MO
ODEFSEY	5	MO
PREZCOBIX	5	MO
STRIBILD	5	MO
SYMTUZA	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TRIZIVIR	5	MO
<b>ANTITUBERCULAR AGENTS</b>		
<i>cycloserine</i>	5	MO
<i>ethambutol hydrochloride</i>	2	MO GC
<i>isoniazid tablet</i>	1	MO GC
<i>isoniazid injection</i>	4	
<i>isoniazid syrup</i>	4	MO
PRIFTIN	4	MO
<i>pyrazinamide</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin capsule</i>	2	MO GC
<i>rifampin injection</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
SIRTURO	5	PA LA; ACS
TRECTOR	4	MO
<b>ANTIVIRALS</b>		
<i>acyclovir</i>	2	MO GC
<i>acyclovir sodium injection</i>	4	B/D
<i>adefovir dipivoxil</i>	4	QL (30 EA per 30 days) MO
BARACLUDE ORAL SOLUTION	4	QL (630 ML per 30 days) MO
<i>entecavir</i>	4	QL (30 EA per 30 days) MO
EPCLUSA	5	PA; ACS
EPIVIR HBV ORAL SOLUTION	4	MO
<i>famciclovir tablet 500mg</i>	2	QL (21 EA per 30 days) MO GC
<i>famciclovir tablet 125mg, 250mg</i>	2	QL (60 EA per 30 days) MO GC
<i>ganciclovir</i>	4	B/D
HARVONI	5	PA; ACS
<i>lamivudine tablet 100mg</i>	2	MO GC
MAVYRET	5	PA; ACS
<i>oseltamivir phosphate capsule 30mg</i>	2	QL (168 EA per 365 days) MO GC
<i>oseltamivir phosphate capsule 45mg, 75mg</i>	2	QL (84 EA per 365 days) MO GC
<i>oseltamivir phosphate oral suspension reconstituted</i>	2	QL (1080 ML per 365 days) MO GC
PEGASYS	5	PA; ACS
PREVYMIS TABLET	5	QL (28 EA per 28 days) PA MO
RELENZA DISKHALER	3	QL (120 EA per 365 days) MO
<i>ribavirin capsule</i>	3	ACS
<i>ribavirin tablet</i>	4	ACS
<i>rimantadine hydrochloride</i>	4	MO
SOVALDI TABLET	5	QL (28 EA per 28 days) PA; ACS
<i>valacyclovir hcl tablet 1gm</i>	2	MO GC
<i>valacyclovir hydrochloride tablet 500mg</i>	2	MO GC
<i>valganciclovir hydrochloride oral solution</i>	5	MO
<i>valganciclovir tablet 450mg</i>	3	MO
VOSEVI	5	PA; ACS
XOFLUZA	3	QL (1 EA per 180 days) MO
<b>CEPHALOSPORINS</b>		
<i>cefaclor capsule</i>	2	MO GC
<i>cefaclor suspension reconstituted 250mg/5ml</i>	2	GC
<i>cefaclor suspension reconstituted 125mg/5ml, 375mg/5ml</i>	2	MO GC
<i>cefadroxil</i>	2	MO GC
CEFAZOLIN SODIUM INJECTION 100GM, 1GM/50ML; 4%, 300GM	4	
<i>cefazolin sodium injection 1gm iv</i>	4	
<i>cefazolin sodium injection 10gm, 1gm, 500mg</i>	4	MO
CEFAZOLIN INJECTION 2GM/100ML; 4%, 2GM, 3GM	4	
<i>cefazolin injection 2gm</i>	4	
<i>cefdinir</i>	2	MO GC

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefepime injection 1gm, 2gm</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefotetan injection 1gm/10ml, 2gm/20ml</i>	4	
<i>cefoxitin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>cefpodoxime proxetil tablet</i>	4	MO
<i>cefpodoxime proxetil oral suspension reconstituted 100mg/5ml</i>	2	MO GC
<i>cefpodoxime proxetil oral suspension reconstituted 50mg/5ml</i>	4	MO
<i>cefprozil</i>	2	MO GC
<b>CEFTAZIDIME/DEXTROSE</b>	4	
<i>ceftazidime injection 6gm</i>	4	
<i>ceftazidime injection 1gm, 2gm</i>	4	MO
<i>ceftriaxone in iso-osmotic dextrose</i>	4	
<i>ceftriaxone iv injection 1gm</i>	4	
<i>ceftriaxone sodium injection 10gm, 1gm, 250mg, 2gm, 500mg</i>	4	MO
<i>cefuroxime axetil tablet</i>	2	MO GC
<i>cefuroxime sodium injection 1.5gm</i>	4	
<i>cefuroxime sodium injection 750mg</i>	4	MO
<i>cephalexin capsule 250mg, 500mg</i>	1	MO GC
<i>cephalexin capsule 750mg</i>	4	MO
<i>cephalexin oral suspension reconstituted, tablet</i>	1	MO GC
<i>tazicef</i>	4	
<b>TEFLARO</b>	5	
<b>ERYTHROMYCINS/MACROLIDES</b>		
<b>AZITHROMYCIN PACKET</b>	3	MO
<i>azithromycin tablet</i>	1	MO GC
<i>azithromycin oral suspension reconstituted</i>	2	MO GC
<i>azithromycin injection</i>	4	MO
<i>clarithromycin er tablet</i>	4	MO
<i>clarithromycin immediate release tablet</i>	2	MO GC
<i>clarithromycin oral suspension reconstituted</i>	4	MO
<b>DIFICID ORAL SUSPENSION RECONSTITUTED</b>	5	
<b>DIFICID TABLET</b>	5	MO
<i>erythrocin stearate tablet 250mg</i>	4	MO
<i>erythromycin base</i>	4	MO
<i>erythromycin dr tablet</i>	4	MO
<i>erythromycin ethylsuccinate tablet</i>	4	MO
<i>erythromycin lactobionate injection</i>	5	
<i>erythromycin capsule delayed release particles 250mg</i>	4	MO
<b>FLUOROQUINOLONES</b>		
<i>ciprofloxacin hcl tablet 100mg, 750mg</i>	1	MO GC
<i>ciprofloxacin hydrochloride tablet 250mg, 500mg</i>	1	MO GC
<i>ciprofloxacin i.v.-in d5w injection 200mg/100ml; 5%</i>	4	
<i>ciprofloxacin i.v.-in d5w injection 400mg/200ml; 5%</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin in d5w</i>	4	
<i>levofloxacin injection 25mg/ml</i>	4	
<i>levofloxacin oral solution 25mg/ml</i>	4	MO
<i>levofloxacin tablet 250mg, 500mg, 750mg</i>	2	MO GC
<i>moxifloxacin hydrochloride/sodium hydrochloride</i>	4	
<i>moxifloxacin hydrochloride injection 400mg/250ml</i>	4	
<i>moxifloxacin hydrochloride tablet 400mg</i>	2	MO GC
<b>PENICILLINS</b>		
<i>amoxicillin/clavulanate potassium extended release tablet 1000mg; 62.5mg</i>	4	MO
<i>amoxicillin/clavulanate potassium oral suspension reconstituted 200mg/5ml; 28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i>	2	MO GC
<i>amoxicillin/clavulanate potassium oral suspension reconstituted 250mg/5ml; 62.5mg/5ml</i>	4	MO
<i>amoxicillin/clavulanate potassium tablet chewable 200mg; 28.5mg</i>	2	MO GC
<i>amoxicillin/clavulanate potassium tablet chewable 400mg; 57mg</i>	4	MO
<i>amoxicillin/clavulanate potassium tablet 500mg; 125mg, 875mg; 125mg</i>	2	MO GC
<i>amoxicillin/clavulanate potassium tablet 250mg; 125mg</i>	4	MO
<i>amoxicillin capsule, tablet chewable, tablet</i>	1	MO GC
<i>amoxicillin oral suspension reconstituted 125mg/5ml, 200mg/5ml, 250mg/5ml</i>	1	MO GC
<i>amoxicillin oral suspension reconstituted 400mg/5ml</i>	2	MO GC
<i>ampicillin capsule 500mg</i>	2	MO GC
<i>ampicillin sodium injection 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i>	4	
<i>ampicillin sodium injection 1gm, 2gm, 500mg</i>	4	MO
<i>ampicillin-sulbactam</i>	4	
<b>BICILLIN L-A</b>	4	MO
<i>dicloxacillin sodium</i>	2	MO GC
<i>nafcillin sodium injection 1gm, 2gm iv</i>	4	
<i>nafcillin sodium injection 2gm</i>	4	MO
<i>nafcillin sodium injection 10gm</i>	5	
<i>oxacillin sodium injection 10gm, 1gm, 2gm</i>	4	
<i>penicillin g potassium</i>	4	MO
<b>PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE</b>	4	
<b>PENICILLIN G PROCAINE</b>	4	MO
<i>penicillin g sodium</i>	4	
<i>penicillin v potassium tablet</i>	1	MO GC
<i>penicillin v potassium solution reconstituted</i>	2	MO GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sodium/tazobactam sodium</i>	4	
<b>TETRACYCLINES</b>		
<i>doxy 100 injection</i>	4	MO
<i>doxycycline hyclate capsule 100mg, 50mg, tablet 100mg, 20mg</i>	2	MO GC
<i>doxycycline hyclate injection i.v. solution reconstituted 100mg</i>	4	MO
<i>doxycycline monohydrate capsule 50mg</i>	2	MO GC
<i>doxycycline monohydrate capsule 100mg, 150mg, 75mg</i>	4	MO
<i>doxycycline monohydrate tablet 100mg, 50mg, 75mg</i>	2	MO GC
<i>doxycycline monohydrate tablet 150mg</i>	4	MO
<i>minocycline hcl capsule 100mg, 50mg</i>	2	MO GC
<i>minocycline hcl capsule 75mg</i>	2	MO GC
<i>minocycline hcl tablet 50mg, 75mg</i>	4	ST MO
<i>mondoxyne nl</i>	4	
NUZYRA	5	LA; ACS
<i>tetracycline hydrochloride</i>	4	MO
<i>tigecycline</i>	5	
<b>ANTINEOPLASTIC AGENTS</b>		
<b>ALKYLATING AGENTS</b>		
CYCLOPHOSPHAMIDE TABLET	3	PA
<i>cyclophosphamide capsule</i>	2	PA MO GC
GLEOSTINE CAPSULE 10MG, 40MG	4	ACS
GLEOSTINE CAPSULE 100MG	5	ACS
LEUKERAN	4	MO
<b>ANTIMETABOLITES</b>		
INQOVI	5	QL (5 EA per 28 days) PA LA; ACS
LONSURF	5	PA LA; ACS
<i>mercaptopurine</i>	2	MO GC
<i>methotrexate sodium injection pf 50mg/2ml</i>	2	MO GC
<i>methotrexate sodium injection 250mg/10ml, 50mg/2ml</i>	2	MO GC
<i>methotrexate sodium injection 1gm</i>	4	
ONUREG	4	QL (14 EA per 28 days) PA LA; ACS
PURIXAN	5	LA; ACS
TABLOID	4	MO
<b>HORMONAL ANTINEOPLASTIC AGENTS</b>		
<i>abiraterone acetate</i>	5	PA; ACS
<i>anastrozole</i>	2	MO GC
<i>bicalutamide</i>	2	MO GC
ELIGARD	4	PA; ACS
EMCYT	4	MO
ERLEADA	5	PA LA; ACS
<i>exemestane</i>	4	MO
FIRMAGON INJECTION 80MG	4	PA; ACS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIRMAGON INJECTION 120MG/VIAL	5	PA; ACS
<i>letrozole</i>	2	MO GC
<i>leuprolide acetate injection kit 1mg/0.2ml</i>	4	PA; ACS
LUPRON DEPOT (1-MONTH) 3.75MG	5	PA; ACS
LUPRON DEPOT (3-MONTH) 11.25MG	5	PA; ACS
LYSODREN	5	LA
<i>megestrol acetate tablet 20mg, 40mg</i>	2	MO GC
<i>nilutamide</i>	5	MO
NUBEQA	5	PA LA; ACS
ORGOVYX	5	PA LA
ORSERDU TABLET 345MG	5	QL (30 EA per 30 days) PA LA
ORSERDU TABLET 86MG	5	QL (90 EA per 30 days) PA LA
SOLTAMOX ORAL SOLUTION 10MG/5ML	5	MO
<i>tamoxifen citrate</i>	2	MO GC
<i>toremifene citrate</i>	4	PA MO
XTANDI	5	PA LA; ACS
ZYTIGA TABLET 500MG	5	PA LA; ACS
<b>IMMUNOMODULATORS</b>		
<i>lenalidomide capsule 20mg, 25mg</i>	5	QL (21 EA per 28 days) PA LA; ACS
<i>lenalidomide capsule 10mg, 15mg, 2.5mg, 5mg</i>	5	QL (28 EA per 28 days) PA LA; ACS
POMALYST	5	QL (21 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 100MG, 50MG	5	QL (28 EA per 28 days) PA LA; ACS
THALOMID CAPSULE 150MG, 200MG	5	QL (56 EA per 28 days) PA LA; ACS
<b>MISCELLANEOUS</b>		
ASPARLAS	5	PA LA; ACS
BESREMI	5	QL (2 ML per 28 days) PA LA
<i>bexarotene capsule 75mg</i>	5	PA; ACS
<i>hydroxyurea capsule 500mg</i>	2	MO GC
KISQALI FEMARA 200 DOSE	5	PA; ACS
KISQALI FEMARA 400 DOSE	5	PA; ACS
KISQALI FEMARA 600 DOSE	5	PA; ACS
MATULANE	5	LA
ONCASPAR	5	PA LA
SYNRIBO	5	PA; ACS
<i>tretinoin capsule 10mg</i>	5	MO
WELIREG	5	QL (90 EA per 30 days) PA LA
<b>MOLECULAR TARGET AGENTS</b>		
ALECENSA	5	QL (240 EA per 30 days) PA LA; ACS

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Drug Name	Drug Tier	Requirements/Limits
ALUNBRIG TABLET THERAPY PACK	5	PA LA
ALUNBRIG TABLET 30MG	5	QL (120 EA per 30 days) PA LA
ALUNBRIG TABLET 180MG, 90MG	5	QL (30 EA per 30 days) PA LA
AYVAKIT	5	QL (30 EA per 30 days) PA LA
BALVERSA TABLET 5MG	5	QL (28 EA per 28 days) PA LA; ACS
BALVERSA TABLET 4MG	5	QL (56 EA per 28 days) PA LA; ACS
BALVERSA TABLET 3MG	5	QL (84 EA per 28 days) PA LA; ACS
BOSULIF TABLET 100MG	5	QL (180 EA per 30 days) PA; ACS
BOSULIF TABLET 400MG, 500MG	5	QL (30 EA per 30 days) PA; ACS
BRAFTOVI CAPSULE 75MG	5	QL (180 EA per 30 days) PA LA; ACS
BRUKINSA	5	QL (120 EA per 30 days) PA LA
CABOMETYX	5	QL (30 EA per 30 days) PA LA; ACS
CALQUENCE	5	QL (60 EA per 30 days) PA LA
CAPRELSA TABLET 300MG	5	QL (30 EA per 30 days) PA LA
CAPRELSA TABLET 100MG	5	QL (60 EA per 30 days) PA LA
COMETRIQ KIT 140MG/DAY	5	QL (112 EA per 28 days) PA LA; ACS
COMETRIQ KIT 100MG/DAY	5	QL (56 EA per 28 days) PA LA; ACS
COMETRIQ KIT 60MG/DAY	5	QL (84 EA per 28 days) PA LA; ACS
COPIKTRA	5	QL (56 EA per 28 days) PA LA; ACS
COTELLIC	5	QL (63 EA per 28 days) PA LA; ACS
DAURISMO TABLET 100MG	5	QL (30 EA per 30 days) PA LA; ACS
DAURISMO TABLET 25MG	5	QL (60 EA per 30 days) PA LA; ACS
ERIVEDGE	5	PA LA; ACS
<i>erlotinib hydrochloride tablet 100mg, 150mg</i>	5	QL (30 EA per 30 days) PA; ACS
<i>erlotinib hydrochloride tablet 25mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 2mg</i>	5	QL (150 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 5mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>everolimus tablet soluble 3mg</i>	5	QL (90 EA per 30 days) PA; ACS
<i>everolimus tablet 10mg, 2.5mg, 5mg, 7.5mg</i>	5	QL (30 EA per 30 days) PA; ACS
EXKIVITY	5	QL (120 EA per 30 days) PA LA
FOTIVDA	5	QL (21 EA per 28 days) PA LA

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

Drug Name	Drug Tier	Requirements/Limits
GAVRETO	5	QL (120 EA per 30 days) PA LA; ACS
<i>gefitinib</i>	5	QL (30 EA per 30 days) PA; ACS
GILOTRIF	5	QL (30 EA per 30 days) PA LA
IBRANCE	5	QL (21 EA per 28 days) PA LA; ACS
ICLUSIG TABLET 10MG, 30MG	5	PA LA
ICLUSIG TABLET 15MG, 45MG	5	QL (30 EA per 30 days) PA LA
IDHIFA	5	QL (30 EA per 30 days) PA LA; ACS
<i>imatinib mesylate tablet 400mg</i>	5	QL (60 EA per 30 days) PA; ACS
<i>imatinib mesylate tablet 100mg</i>	5	QL (90 EA per 30 days) PA; ACS
IMBRUVICA ORAL SUSPENSION RECONSTITUTED	5	QL (216 ML per 27 days) PA LA
IMBRUVICA TABLET	5	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPSULE 70MG	5	QL (30 EA per 30 days) PA LA
IMBRUVICA CAPSULE 140MG	5	QL (90 EA per 30 days) PA LA
INLYTA TABLET 5MG	5	QL (120 EA per 30 days) PA LA; ACS
INLYTA TABLET 1MG	5	QL (180 EA per 30 days) PA LA; ACS
INREBIC	5	QL (120 EA per 30 days) PA LA; ACS
JAKAFI	5	QL (60 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 50MG	5	QL (30 EA per 30 days) PA LA; ACS
JAYPIRCA TABLET 100MG	5	QL (60 EA per 30 days) PA LA; ACS
KISQALI	5	PA; ACS
KOSELUGO	5	PA LA
KRAZATI	5	QL (180 EA per 30 days) PA LA
<i>lapatinib ditosylate</i>	5	QL (180 EA per 30 days) PA LA; ACS
LENVIMA 10 MG DAILY DOSE	5	PA LA; ACS
LENVIMA 12MG DAILY DOSE	5	PA LA; ACS
LENVIMA 14 MG DAILY DOSE	5	PA LA; ACS
LENVIMA 18 MG DAILY DOSE	5	PA LA; ACS
LENVIMA 20 MG DAILY DOSE	5	PA LA; ACS
LENVIMA 24 MG DAILY DOSE	5	PA LA; ACS
LENVIMA 4 MG DAILY DOSE	5	PA LA; ACS
LENVIMA 8 MG DAILY DOSE	5	PA LA; ACS
LORBRENA TABLET 100MG	5	QL (30 EA per 30 days) PA LA; ACS

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Drug Name	Drug Tier	Requirements/Limits
LORBRENA TABLET 25MG	5	QL (90 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 120MG	5	QL (240 EA per 30 days) PA LA; ACS
LUMAKRAS TABLET 320MG	5	QL (90 EA per 30 days) PA LA; ACS
LYNPARZA TABLET 100MG, 150MG	5	QL (120 EA per 30 days) PA LA; ACS
LYTGOBI TABLET THERAPY PACK16MG	5	QL (112 EA per 28 days) PA LA
LYTGOBI TABLET THERAPY PACK20MG	5	QL (140 EA per 28 days) PA LA
LYTGOBI TABLET THERAPY PACK12MG	5	QL (84 EA per 28 days) PA LA
MEKINIST ORAL SOLUTION RECONSTITUTED	5	QL (1260 ML per 30 days) PA LA; ACS
MEKINIST TABLET 2MG	5	QL (30 EA per 30 days) PA LA; ACS
MEKINIST TABLET 0.5MG	5	QL (90 EA per 30 days) PA LA; ACS
MEKTOVI	5	QL (180 EA per 30 days) PA LA; ACS
NERLYNX	5	QL (180 EA per 30 days) PA LA; ACS
NEXAVAR	5	QL (120 EA per 30 days) PA LA; ACS
NINLARO	5	PA; ACS
ODOMZO	5	PA LA; ACS
PEMAZYRE	5	QL (14 EA per 21 days) PA LA
PIQRAY 200MG DAILY DOSE	5	QL (28 EA per 28 days) PA; ACS
PIQRAY 250MG DAILY DOSE	5	QL (56 EA per 28 days) PA; ACS
PIQRAY 300MG DAILY DOSE	5	QL (56 EA per 28 days) PA; ACS
QINLOCK	5	QL (90 EA per 30 days) PA LA
RETEVMO CAPSULE 80MG	5	QL (120 EA per 30 days) PA LA; ACS
RETEVMO CAPSULE 40MG	5	QL (180 EA per 30 days) PA LA; ACS
REZLIDHIA	5	QL (60 EA per 30 days) PA LA
ROZLYTREK CAPSULE 100MG	5	QL (150 EA per 30 days) PA LA; ACS
ROZLYTREK CAPSULE 200MG	5	QL (90 EA per 30 days) PA LA; ACS
RUBRACA	5	PA LA; ACS
RYDAPT	5	QL (224 EA per 28 days) PA; ACS
SCSEMBLIX TABLET 40MG	5	QL (300 EA per 30 days) PA; ACS
SCSEMBLIX TABLET 20MG	5	QL (60 EA per 30 days) PA; ACS
<i>sorafenib tosylate</i>	5	QL (120 EA per 30 days) PA; ACS

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Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TABLET 100MG, 140MG, 50MG, 70MG, 80MG	5	QL (30 EA per 30 days) PA; ACS
SPRYCEL TABLET 20MG	5	QL (90 EA per 30 days) PA; ACS
STIVARGA	5	QL (84 EA per 28 days) PA LA; ACS
<i>sunitinib malate</i>	5	QL (30 EA per 30 days) PA; ACS
TABRECTA	5	QL (112 EA per 28 days) PA; ACS
TAFINLAR CAPSULE	5	QL (120 EA per 30 days) PA LA; ACS
TAFINLAR TABLET SOLUBLE	5	QL (900 EA per 30 days) PA LA; ACS
TAGRISO	5	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.1MG, 0.35MG, 0.5MG, 0.75MG, 1MG	5	QL (30 EA per 30 days) PA LA; ACS
TALZENNA CAPSULE 0.25MG	5	QL (90 EA per 30 days) PA LA; ACS
TASIGNA CAPSULE 150MG, 200MG	5	QL (112 EA per 28 days) PA; ACS
TASIGNA CAPSULE 50MG	5	QL (120 EA per 30 days) PA; ACS
TAZVERIK	5	QL (240 EA per 30 days) PA LA
TECVAYLI	5	PA LA
TEPMETKO	5	QL (60 EA per 30 days) PA LA
TIBSOVO	5	PA LA
TRUSELTIQ CAPSULE THERAPY PACK 100MG	5	QL (21 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 0, 25MG	5	QL (42 EA per 28 days) PA LA; ACS
TRUSELTIQ CAPSULE THERAPY PACK 25MG	5	QL (63 EA per 28 days) PA LA; ACS
TRUXIMA	5	PA; ACS
TUKYSA TABLET 150MG	5	QL (120 EA per 30 days) PA LA
TUKYSA TABLET 50MG	5	QL (240 EA per 30 days) PA LA
TURALIO	5	QL (120 EA per 30 days) PA LA
VENCLEXTA STARTING PACK	5	QL (42 EA per 28 days) PA LA
VENCLEXTA TABLET 10MG	3	QL (120 EA per 30 days) PA LA
VENCLEXTA TABLET 50MG	5	QL (120 EA per 30 days) PA LA
VENCLEXTA TABLET 100MG	5	QL (180 EA per 30 days) PA LA
VERZENIO	5	PA LA; ACS
VITRAKVI SOLUTION	5	QL (300 ML per 30 days) PA LA; ACS
VITRAKVI CAPSULE 25MG	5	QL (180 EA per 30 days) PA LA; ACS
VITRAKVI CAPSULE 100MG	5	QL (60 EA per 30 days) PA LA; ACS

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Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO	5	QL (30 EA per 30 days) PA LA; ACS
VONJO	5	QL (120 EA per 30 days) PA LA
VOTRIENT	5	QL (120 EA per 30 days) PA LA; ACS
XALKORI	5	QL (120 EA per 30 days) PA LA; ACS
XOSPATA	5	PA LA; ACS
XPOVIO 60 MG TWICE WEEKLY (20MG TABS)	5	QL (24 EA per 28 days) PA LA
XPOVIO 80 MG TWICE WEEKLY (20MG TABS)	5	QL (32 EA per 28 days) PA LA
XPOVIO TABLET THERAPY PACK 40MG ONCE WEEKLY, 60MG ONCE WEEKLY	5	QL (4 EA per 28 days) PA LA
XPOVIO TABLET THERAPY PACK 100MG ONCE WEEKLY, 40MG TWICE WEEKLY, 80MG ONCE WEEKLY	5	QL (8 EA per 28 days) PA LA
ZEJULA CAPSULE 100MG	5	PA LA; ACS
ZEJULA TABLET	5	QL (30 EA per 30 days) PA LA; ACS
ZELBORAF	5	QL (240 EA per 30 days) PA LA; ACS
ZIRABEV	5	PA LA; ACS
ZOLINZA	5	PA; ACS
ZYDELIG	5	QL (60 EA per 30 days) PA LA; ACS
ZYKADIA TABLET 150MG	5	QL (84 EA per 28 days) PA LA; ACS
<b>PROTECTIVE AGENTS</b>		
<i>leucovorin calcium tablet</i>	2	MO GC
MESNEX TABLET 400MG	5	MO
<b>CARDIOVASCULAR</b>		
<b>ACE INHIBITOR COMBINATIONS</b>		
<i>amlodipine besylate/benazepril hydrochloride</i>	1	QL (30 EA per 30 days) MO GC
<i>benazepril hcl/hydrochlorothiazide tablet 10mg; 12.5mg, 20mg; 12.5mg, 20mg; 25mg</i>	2	MO GC
<i>benazepril hcl/hydrochlorothiazide tablet 5mg; 6.25mg</i>	2	MO GC
<i>captopril/hydrochlorothiazide</i>	4	MO
<i>enalapril maleate/hydrochlorothiazide</i>	1	MO GC
<i>fosinopril sodium/hydrochlorothiazide</i>	2	MO GC
<i>lisinopril/hydrochlorothiazide</i>	1	MO GC
<i>quinapril/hydrochlorothiazide</i>	2	MO GC
<i>trandolapril/verapamil hcl er tablet extended release 1mg; 240mg, 2mg; 180mg, 2mg; 240mg</i>	2	MO GC
<i>trandolapril/verapamil hcl er tablet extended release 4mg; 240mg</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>ACE INHIBITORS</b>		
<i>benazepril hcl tablet 10mg, 40mg, 5mg</i>	1	MO GC
<i>benazepril hydrochloride tablet 20mg</i>	1	MO GC
<i>captopril</i>	4	MO
<i>enalapril maleate tablet</i>	1	MO GC
<i>fosinopril sodium</i>	1	MO GC
<i>lisinopril</i>	1	MO GC
<i>moexipril hcl</i>	2	MO GC
<i>perindopril erbumine</i>	2	MO GC
<i>quinapril hcl tablet 20mg, 40mg</i>	1	MO GC
<i>quinapril hydrochloride tablet 10mg, 5mg</i>	1	MO GC
<i>ramipril</i>	1	MO GC
<i>trandolapril</i>	1	MO GC
<b>ALDOSTERONE RECEPTOR ANTAGONISTS</b>		
<i>eplerenone</i>	2	MO GC
KERENDIA	3	QL (30 EA per 30 days) MO
<i>spironolactone</i>	1	MO GC
<b>ALPHA BLOCKERS</b>		
<i>doxazosin mesylate</i>	2	MO GC
<i>prazosin hydrochloride</i>	2	MO GC
<i>terazosin hcl capsule 10mg, 1mg, 5mg</i>	1	MO GC
<i>terazosin hydrochloride capsule 2mg</i>	1	MO GC
<b>ANGIOTENSIN II RECEPTOR ANTAGONIST</b>		
<b>COMBINATIONS</b>		
<i>amlodipine besylate/valsartan</i>	2	QL (30 EA per 30 days) MO GC
<i>amlodipine/olmesartan medoxomil</i>	2	QL (30 EA per 30 days) MO GC
<i>amlodipine/valsartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil/hydrochlorothiazide tablet 32mg; 12.5mg, 32mg; 25mg</i>	4	QL (30 EA per 30 days) MO
<i>candesartan cilexetil/hydrochlorothiazide tablet 16mg; 12.5mg</i>	4	QL (60 EA per 30 days) MO
EDARBYCLOR	4	QL (30 EA per 30 days) MO
ENTRESTO	3	MO
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 300mg</i>	1	QL (30 EA per 30 days) MO GC
<i>irbesartan/hydrochlorothiazide tablet 12.5mg; 150mg</i>	1	QL (60 EA per 30 days) MO GC
<i>losartan potassium/hydrochlorothiazide</i>	1	QL (30 EA per 30 days) MO GC
<i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i>	4	QL (30 EA per 30 days) MO
<i>olmesartan medoxomil/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC
<i>telmisartan/amlodipine tablet 10mg; 40mg, 5mg; 40mg</i>	2	QL (30 EA per 30 days) MO GC
<i>telmisartan/amlodipine tablet 10mg; 80mg, 5mg; 80mg</i>	4	QL (30 EA per 30 days) MO
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 40mg, 25mg; 80mg</i>	2	QL (30 EA per 30 days) MO GC
<i>telmisartan/hydrochlorothiazide tablet 12.5mg; 80mg</i>	2	QL (60 EA per 30 days) MO GC
<i>valsartan/hydrochlorothiazide</i>	2	QL (30 EA per 30 days) MO GC

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Drug Name	Drug Tier	Requirements/Limits
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tablet 32mg</i>	2	QL (30 EA per 30 days) MO GC
<i>candesartan cilexetil tablet 16mg, 4mg, 8mg</i>	2	QL (60 EA per 30 days) MO GC
EDARBI	4	QL (30 EA per 30 days) MO
<i>irbesartan</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tablet 100mg</i>	1	QL (30 EA per 30 days) MO GC
<i>losartan potassium tablet 25mg, 50mg</i>	1	QL (60 EA per 30 days) MO GC
<i>olmesartan medoxomil tablet 20mg, 40mg</i>	1	QL (30 EA per 30 days) MO GC
<i>olmesartan medoxomil tablet 5mg</i>	1	QL (60 EA per 30 days) MO GC
<i>telmisartan</i>	2	QL (30 EA per 30 days) MO GC
<i>valsartan tablet 320mg</i>	2	QL (30 EA per 30 days) MO GC
<i>valsartan tablet 160mg, 40mg, 80mg</i>	2	QL (60 EA per 30 days) MO GC
<b>ANTIARRHYTHMICS</b>		
<i>amiodarone hcl injection 50mg/ml, 900mg/18ml</i>	4	
<i>amiodarone hydrochloride injection</i>	4	
<i>amiodarone hydrochloride tablet 100mg, 200mg</i>	2	MO GC
<i>amiodarone hydrochloride tablet 400mg</i>	4	MO
<i>disopyramide phosphate</i>	4	PA MO
<i>dofetilide</i>	4	ACS
<i>flecainide acetate</i>	2	MO GC
<i>lidocaine hcl injection 100mg/5ml prefilled syringe, 50mg/5ml prefilled syringe with needle</i>	4	
MULTAQ	4	MO
NORPACE CR	4	MO
<i>pacerone tablet 100mg, 200mg</i>	2	GC
<i>pacerone tablet 400mg</i>	4	
<i>propafenone hcl tablet</i>	2	MO GC
<i>propafenone hydrochloride er capsule</i>	4	MO
<i>quinidine sulfate</i>	2	MO GC
<i>sorine tablet 160mg, 240mg, 80mg</i>	2	GC
<i>sorine tablet 120mg</i>	2	MO GC
<i>sotalol hcl tablet</i>	2	MO GC
<i>sotalol hydrochloride (af)</i>	2	MO GC
<b>ANTILIPEMICS, FIBRATES</b>		
<i>fenofibrate micronized capsule 134mg, 130mg, 200mg, 43mg, 67mg</i>	2	MO GC
<i>fenofibrate non-micronized capsule 50mg, 150mg</i>	2	MO GC
<i>fenofibrate tablet 145mg, 160mg, 40mg, 48mg, 54mg</i>	2	MO GC
<i>fenofibrate tablet 120mg</i>	4	MO
<i>fenofibric acid dr</i>	2	MO GC
<i>gemfibrozil</i>	1	MO GC
<b>ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS</b>		
<i>atorvastatin calcium</i>	1	QL (30 EA per 30 days) MO GC
<i>fluvastatin capsule</i>	4	QL (60 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium er tablet</i>	4	QL (30 EA per 30 days) MO
<i>lovastatin</i>	1	MO GC
<i>pravastatin sodium</i>	1	QL (30 EA per 30 days) MO GC
<i>rosuvastatin calcium</i>	1	QL (30 EA per 30 days) MO GC
<i>simvastatin</i>	1	QL (30 EA per 30 days) MO GC
<b>ANTILIPEMICS, MISCELLANEOUS</b>		
<i>cholestyramine</i>	4	MO
<i>cholestyramine light</i>	4	MO
<i>colesevelam hydrochloride oral packet, tablet</i>	3	MO
<i>colestipol hcl</i>	4	MO
<i>ezetimibe</i>	1	MO GC
<i>ezetimibe/simvastatin</i>	2	QL (30 EA per 30 days) MO GC
<i>niacin er tablet extended release 1000mg, 750mg</i>	2	MO GC
<i>niacin er tablet extended release 500mg</i>	2	QL (60 EA per 30 days) MO GC
<i>niacin immediate release tablet 500mg</i>	4	MO
<i>niacor</i>	4	MO
<i>omega-3-acid ethyl esters</i>	4	QL (120 EA per 30 days) PA MO
<i>prevalite powder</i>	4	
REPATHA	3	PA
REPATHA PUSHTRONEX SYSTEM	3	PA
REPATHA SURECLICK	3	PA
VASCEPA	4	MO
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>		
<i>atenolol/chlorthalidone</i>	1	MO GC
<i>bisoprolol fumarate/hydrochlorothiazide</i>	1	MO GC
<i>metoprolol/hydrochlorothiazide</i>	1	MO GC
<b>BETA-BLOCKERS</b>		
<i>acebutolol hydrochloride</i>	2	MO GC
<i>atenolol</i>	1	MO GC
<i>betaxolol hcl tablet 10mg, 20mg</i>	2	MO GC
<i>bisoprolol fumarate</i>	2	MO GC
<i>carvedilol phosphate er capsule extended release 24 hour</i>	4	QL (30 EA per 30 days) MO
<i>carvedilol tablet</i>	1	MO GC
<i>labetalol hydrochloride tablet</i>	2	MO GC
<i>labetalol hydrochloride injection 5mg/ml</i>	4	MO
<i>metoprolol succinate er</i>	1	MO GC
<i>metoprolol tartrate tablet</i>	1	MO GC
<i>metoprolol tartrate injection</i>	4	
<i>nadolol</i>	2	MO GC
<i>nebivolol hydrochloride tablet 10mg, 2.5mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>nebivolol hydrochloride tablet 20mg</i>	4	QL (60 EA per 30 days) MO
<i>pindolol</i>	2	MO GC
<i>propranolol hcl er capsule extended release 24 hour 120mg, 160mg</i>	2	MO GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl oral solution</i>	2	MO GC
<i>propranolol hcl injection</i>	4	
<i>propranolol hydrochloride tablet</i>	2	MO GC
<i>propranolol hydrochloride er capsule extended release 24 hour 60mg, 80mg</i>	2	MO GC
<i>timolol maleate tablet 20mg</i>	1	MO GC
<i>timolol maleate tablet 10mg, 5mg</i>	2	MO GC
<b>CALCIUM CHANNEL BLOCKERS</b>		
<i>amlodipine besylate</i>	1	MO GC
<i>cartia xt</i>	2	GC
<i>dilt-xr</i>	2	MO GC
<i>diltiazem hcl cd capsule 360mg</i>	4	MO
<i>diltiazem hcl er capsule extended release 24 hour, tablet extended release 24 hour</i>	2	MO GC
<i>diltiazem hcl er capsule extended release 12 hour</i>	4	MO
<i>diltiazem hcl immediate release tablet</i>	2	MO GC
<i>diltiazem hcl injection 125mg/25ml, 50mg/10ml</i>	4	
<i>diltiazem hydrochloride er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	MO GC
<i>diltiazem hydrochloride er capsule extended release 24 hour 360mg</i>	4	MO
<i>diltiazem hydrochloride er tablet extended release 24 hour</i>	2	MO GC
<i>diltiazem hydrochloride injection solution 25mg/5ml</i>	4	
<i>felodipine er tablet extended release 24 hour 10mg, 5mg</i>	2	MO GC
<i>felodipine er tablet extended release 24 hour 2.5mg</i>	4	MO
<i>isradipine</i>	2	MO GC
<i>matzim la tablet extended release 24 hour 180mg</i>	2	GC
<i>matzim la tablet extended release 24 hour 240mg, 300mg, 360mg, 420mg</i>	4	
<i>nicardipine hcl capsule 20mg, 30mg</i>	4	MO
<i>nifedipine er tablet extended release 24 hour 30mg (osmotic release), 60mg (osmotic release), 90mg</i>	2	MO GC
<i>nifedipine er tablet extended release 24 hour 30mg, 60mg</i>	4	MO
<i>nisoldipine er</i>	4	MO
<i>taztia xt</i>	2	GC
<i>tiadylt er capsule extended release 24 hour 120mg, 180mg, 240mg, 300mg, 360mg</i>	2	GC
<i>tiadylt er capsule extended release 24 hour 420mg</i>	2	MO GC
<i>verapamil hcl er capsule 24 hour 100mg, 120mg, 180mg, 240mg, 300mg</i>	2	MO GC
<i>verapamil hcl immediate release tablet 40mg, 80mg</i>	1	MO GC
<b>VERAPAMIL HCL SR CAPSULE EXTENDED RELEASE 24 HOUR 360MG</b>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil hcl sr capsule extended release 24 hour 120mg, 180mg, 240mg</i>	2	MO GC
<i>verapamil hcl sr tablet extended release 240mg</i>	2	MO GC
<i>verapamil hydrochloride er tablet extended release</i>	2	MO GC
<i>verapamil hydrochloride er capsule extended release 24 hour 200mg</i>	4	MO
<i>verapamil hcl immediate release tablet 120mg</i>	1	MO GC
<i>verapamil hydrochloride injection</i>	4	MO
<b>DIURETICS</b>		
<i>acetazolamide er capsule</i>	2	MO GC
<i>acetazolamide tablet</i>	4	MO
<i>amiloride hcl</i>	2	MO GC
<i>amiloride/hydrochlorothiazide</i>	2	MO GC
<i>bumetanide tablet</i>	2	MO GC
<i>bumetanide injection</i>	4	MO
<i>chlorthalidone</i>	2	MO GC
<i>furosemide oral solution, tablet</i>	1	MO GC
<i>furosemide injection</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO GC
<i>indapamide</i>	1	MO GC
<i>methazolamide</i>	4	MO
<i>metolazone</i>	2	MO GC
<i>spironolactone/hydrochlorothiazide</i>	2	MO GC
<i>toremide</i>	2	MO GC
<i>triamterene/hydrochlorothiazide</i>	1	MO GC
<b>MISCELLANEOUS</b>		
<i>aliskiren</i>	4	MO
<i>amlodipine besylate/atorvastatin calcium</i>	4	MO
<i>clonidine hcl patch weekly 0.1mg/24hr</i>	1	QL (8 EA per 28 days) MO GC
<i>clonidine hcl patch weekly 0.2mg/24hr, 0.3mg/24hr</i>	4	QL (8 EA per 28 days) MO
<i>clonidine hydrochloride immediate release tablet</i>	1	MO GC
<b>CORLANOR SOLUTION</b>	4	
<b>CORLANOR TABLET</b>	4	MO
<i>digox tablet 250mcg, 125mcg</i>	2	QL (30 EA per 30 days) GC
<i>digoxin oral solution</i>	2	MO GC
<i>digoxin injection</i>	4	MO
<i>digoxin tablet 125mcg, 250mcg</i>	2	QL (30 EA per 30 days) MO GC
<i>digoxin tablet 62.5mcg</i>	2	QL (90 EA per 30 days) MO GC
<i>droxidopa capsule 100mg</i>	4	QL (90 EA per 30 days) PA; ACS
<i>droxidopa capsule 200mg, 300mg</i>	5	QL (180 EA per 30 days) PA; ACS
<i>guanfacine hcl immediate release tablet 1mg, 2mg</i>	4	PA MO
<i>hydralazine hcl tablet 10mg</i>	1	MO GC
<i>hydralazine hcl injection</i>	4	MO
<i>hydralazine hydrochloride tablet 25mg, 50mg, 100mg</i>	1	MO GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide dinitrate/hydralazine hydrochloride</i>	4	MO
<i>metirosine</i>	5	PA MO
<i>midodrine hcl tablet 2.5mg, 5mg</i>	2	MO GC
<i>midodrine hcl tablet 10mg</i>	4	MO
<i>minoxidil tablet 10mg, 2.5mg</i>	2	MO GC
<i>ranolazine er</i>	4	MO
VERQUVO	3	MO
<b>NITRATES</b>		
<i>isosorbide dinitrate tablet 10mg, 20mg, 30mg, 5mg</i>	2	MO GC
<i>isosorbide mononitrate</i>	1	MO GC
<i>isosorbide mononitrate er</i>	1	MO GC
NITRO-BID	3	MO
<i>nitroglycerin sublingual tablet 0.3mg, 0.4mg, 0.6mg</i>	2	MO GC
<i>nitroglycerin lingual spray</i>	4	MO
<i>nitroglycerin transdermal</i>	2	MO GC
<b>PULMONARY ARTERIAL HYPERTENSION</b>		
ADEMPAS	5	QL (90 EA per 30 days) PA LA; ACS
<i>alyq</i>	5	PA; ACS
<i>ambrisentan</i>	5	QL (30 EA per 30 days) PA LA; ACS
<i>epoprostenol sodium</i>	4	B/D LA; ACS
OPSUMIT	5	QL (30 EA per 30 days) PA LA; ACS
<i>sildenafil injection</i>	5	QL (1125 ML per 30 days) PA; ACS
<i>sildenafil citrate (generic Revatio) tablet 20mg</i>	2	QL (360 EA per 30 days) PA; ACS GC
<i>tadalafil tablet (generic Adcirca) 20mg</i>	5	PA; ACS
VENTAVIS	5	PA LA; ACS
<b>CENTRAL NERVOUS SYSTEM</b>		
<b>ANTI-ANXIETY</b>		
<i>alprazolam extended release tablet 0.5mg</i>	4	QL (600 EA per 30 days) MO; HRM
<i>alprazolam immediate release tablet 0.25mg, 0.5mg</i>	1	QL (120 EA per 30 days) MO; HRM GC
<i>alprazolam immediate release tablet 1mg, 2mg</i>	1	QL (150 EA per 30 days) MO; HRM GC
<i>buspirone hcl tablet 15mg, 30mg</i>	1	MO GC
<i>buspirone hydrochloride tablet 5mg, 7.5mg, 10mg</i>	1	MO GC
<i>chlordiazepoxide hcl capsule 5mg, 10mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>chlordiazepoxide hydrochloride capsule 25mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>fluvoxamine maleate er capsule</i>	4	QL (60 EA per 30 days) MO; HRM
<i>fluvoxamine maleate tablet</i>	2	MO; HRM GC

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Drug Name	Drug Tier	Requirements/Limits
<i>lorazepam intensol</i>	2	QL (150 ML per 30 days) MO; HRM GC
<i>lorazepam injection</i>	4	QL (150 ML per 30 days) MO; HRM
<i>lorazepam tablet 0.5mg</i>	2	QL (120 EA per 30 days) MO; HRM GC
<i>lorazepam tablet 1mg, 2mg</i>	2	QL (150 EA per 30 days) MO; HRM GC
<i>oxazepam</i>	4	QL (120 EA per 30 days) PA MO; HRM
<b>ANTIDEMENTIA</b>		
<i>donepezil hcl tablet, oral disintegrating tablet (odt)</i>	2	QL (30 EA per 30 days) MO GC
<i>donepezil hydrochloride tablet 5mg</i>	2	QL (30 EA per 30 days) MO GC
EXELON TRANSDERMAL PATCH	3	QL (30 EA per 30 days) MO
<i>galantamine hydrobromide er capsule</i>	2	QL (30 EA per 30 days) MO GC
<i>galantamine hydrobromide tablet</i>	2	QL (60 EA per 30 days) MO GC
<i>galantamine hydrobromide solution</i>	4	QL (200 ML per 30 days) MO
<i>memantine hcl titration pak</i>	2	QL (98 EA per 365 days) PA MO GC
<i>memantine hydrochloride er capsule</i>	4	PA MO
<i>memantine hydrochloride solution</i>	2	QL (360 ML per 30 days) PA MO GC
<i>memantine hydrochloride tablet</i>	2	QL (60 EA per 30 days) PA MO GC
NAMZARIC	4	MO
<i>rivastigmine tartrate capsule</i>	4	QL (60 EA per 30 days) MO
<b>ANTIDEPRESSANTS</b>		
<i>amitriptyline hcl tablet 100mg, 150mg, 75mg, 25mg</i>	2	PA MO; HRM GC
<i>amitriptyline hydrochloride tablet 10mg, 50mg</i>	2	PA MO; HRM GC
<i>amoxapine</i>	2	MO; HRM GC
<i>bupropion hcl tablet 100mg</i>	2	QL (120 EA per 30 days) MO GC
<i>bupropion hydrochloride er (sr) tablet extended release 12 hour 100mg, 150mg, 200mg</i>	2	QL (60 EA per 30 days) MO GC
<i>bupropion hydrochloride er (xl) tablet extended release 24 hour 150mg, 300mg</i>	2	QL (30 EA per 30 days) MO GC
<i>bupropion hydrochloride tablet 75mg</i>	2	QL (180 EA per 30 days) MO GC
<i>citalopram hydrobromide solution</i>	2	QL (600 ML per 30 days) MO; HRM GC
<i>citalopram hydrobromide tablet 10mg</i>	1	QL (120 EA per 30 days) MO; HRM GC
<i>citalopram hydrobromide tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM GC
<i>citalopram hydrobromide tablet 20mg</i>	1	QL (60 EA per 30 days) MO; HRM GC
<i>clomipramine hydrochloride capsule</i>	4	PA MO; HRM

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



Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hydrochloride tablet 10mg, 150mg, 25mg, 50mg, 75mg</i>	2	PA MO; HRM GC
<i>desipramine hydrochloride tablet 100mg</i>	4	PA MO; HRM
<i>desvenlafaxine er tablet (generic Pristiq) extended release 24 hour 100mg, 25mg, 50mg</i>	2	QL (30 EA per 30 days) PA MO; HRM GC
<i>doxepin hcl capsule 75mg, oral concentrate 10mg/ml</i>	2	PA MO; HRM GC
<i>doxepin hydrochloride capsule 100mg, 10mg, 150mg, 25mg, 50mg</i>	2	PA MO; HRM GC
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20MG, 30MG, 60MG	4	QL (60 EA per 30 days) PA MO; HRM
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40MG	4	QL (90 EA per 30 days) PA MO; HRM
<i>duloxetine hcl capsule 40mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>duloxetine hydrochloride capsule 20mg, 30mg, 60mg</i>	2	QL (60 EA per 30 days) MO; HRM GC
EMSAM	4	QL (30 EA per 30 days) PA MO
<i>escitalopram oxalate solution</i>	4	QL (600 ML per 30 days) MO; HRM
<i>escitalopram oxalate tablet 20mg</i>	1	QL (30 EA per 30 days) MO; HRM GC
<i>escitalopram oxalate tablet 10mg, 5mg</i>	1	QL (45 EA per 30 days) MO; HRM GC
FETZIMA TITRATION PACK	4	PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120MG, 80MG	4	QL (30 EA per 30 days) PA MO; HRM
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20MG, 40MG	4	QL (60 EA per 30 days) PA MO; HRM
<i>fluoxetine dr capsule delayed release 90mg</i>	4	QL (4 EA per 28 days) MO; HRM
<i>fluoxetine hcl capsule 20mg</i>	1	QL (120 EA per 30 days) MO; HRM GC
<i>fluoxetine hydrochloride capsule 10mg</i>	1	QL (30 EA per 30 days) MO; HRM GC
<i>fluoxetine hydrochloride capsule 40mg</i>	1	QL (60 EA per 30 days) MO; HRM GC
<i>fluoxetine hydrochloride solution</i>	1	HRM GC
<i>fluoxetine hydrochloride (generic Prozac) tablet 10mg, 20mg, 60mg</i>	1	MO; HRM GC
<i>imipramine hcl tablet 25mg, 50mg</i>	2	PA MO; HRM GC
<i>imipramine hydrochloride tablet 10mg</i>	2	PA MO; HRM GC
MARPLAN	4	QL (180 EA per 30 days) MO
<i>mirtazapine odt</i>	2	QL (30 EA per 30 days) MO GC
<i>mirtazapine tablet 15mg, 30mg, 45mg</i>	1	QL (30 EA per 30 days) MO GC
<i>mirtazapine tablet 7.5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>nefazodone hydrochloride</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl caps 25mg, 75mg, oral solution 10mg/5ml</i>	2	MO; HRM GC
<i>nortriptyline hydrochloride capsule 10mg, 50mg</i>	2	MO; HRM GC
<i>paroxetine hcl er tablet extended release 24 hour 37.5mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>paroxetine hcl er tablet extended release 24 hour 12.5mg, 25mg</i>	4	QL (90 EA per 30 days) MO; HRM
<i>paroxetine hcl tablet 40mg</i>	1	QL (30 EA per 30 days) MO; HRM GC
<i>paroxetine hcl tablet 30mg</i>	1	QL (60 EA per 30 days) MO; HRM GC
<i>paroxetine hcl tablet 10mg, 20mg</i>	1	QL (30 EA per 30 days) MO; HRM GC
<i>paroxetine hydrochloride suspension</i>	4	QL (900 ML per 30 days) MO; HRM
<i>perphenazine/amitriptyline</i>	4	PA MO; HRM
<i>phenelzine sulfate</i>	2	MO GC
<i>protriptyline hcl</i>	4	PA MO; HRM
<i>sertraline hcl concentrate</i>	4	QL (300 ML per 30 days) MO; HRM
<i>sertraline hcl tablet 25mg</i>	1	QL (30 EA per 30 days) MO; HRM GC
<i>sertraline hcl tablet 50mg</i>	1	QL (60 EA per 30 days) MO; HRM GC
<i>sertraline hydrochloride tablet 100mg</i>	1	QL (60 EA per 30 days) MO; HRM GC
<i>tranlycypromine sulfate</i>	4	MO
<i>trazodone hydrochloride tablet 100mg, 150mg, 50mg</i>	1	MO GC
<i>trazodone hydrochloride tablet 300mg</i>	4	MO
<i>trimipramine maleate capsule 50mg</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 25mg</i>	4	QL (240 EA per 30 days) PA MO; HRM
<i>trimipramine maleate capsule 100mg</i>	4	QL (60 EA per 30 days) PA MO; HRM
TRINTELLIX	4	QL (30 EA per 30 days) MO
VENLAFAXINE BESYLATE ER TABLET EXTENDED RELEASE 24 HOUR 112.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>venlafaxine hcl er capsule extended release 24 hour 37.5mg</i>	2	QL (30 EA per 30 days) MO; HRM GC
<i>venlafaxine hcl er capsule extended release 24 hour 150mg</i>	2	QL (60 EA per 30 days) MO; HRM GC
<i>venlafaxine hydrochloride tablet 100mg, 25mg, 37.5mg, 50mg, 75mg</i>	2	MO; HRM GC
<i>venlafaxine hydrochloride er capsule extended release 24 hour 75mg</i>	2	QL (30 EA per 30 days) MO; HRM GC

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

Drug Name	Drug Tier	Requirements/Limits
VIIBRYD STARTER PACK	4	MO
<i>vilazodone hydrochloride</i>	4	QL (30 EA per 30 days) MO
<b>ANTIPARKINSONIAN AGENTS</b>		
<i>amantadine hcl solution, tablet</i>	2	MO GC
<i>amantadine hcl capsule</i>	2	QL (120 EA per 30 days) MO GC
<i>benztropine mesylate injection</i>	2	MO GC
<i>benztropine mesylate tablet</i>	2	PA MO; HRM GC
<i>bromocriptine mesylate capsule, tablet</i>	4	MO
<i>carbidopa tablet</i>	4	MO
<i>carbidopa/levodopa</i>	2	MO GC
<i>carbidopa/levodopa er</i>	2	MO GC
<i>carbidopa/levodopa odt</i>	2	MO GC
CARBIDOPA/LEVODOPA/ENTACAPONE	4	MO
<i>entacapone</i>	4	MO
INBRIJA	5	QL (300 EA per 30 days) PA LA
NEUPRO	4	MO
<i>pramipexole dihydrochloride immediate release tablet</i>	2	MO GC
<i>rasagiline mesylate</i>	2	MO GC
<i>ropinirole er tablet extended release 24 hour 6mg</i>	4	QL (120 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 4mg</i>	4	QL (150 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 2mg</i>	4	QL (30 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 12mg</i>	4	QL (60 EA per 30 days) MO
<i>ropinirole er tablet extended release 24 hour 8mg</i>	4	QL (90 EA per 30 days) MO
<i>ropinirole hcl immediate release tablet 0.5mg, 1mg, 2mg, 4mg, 5mg</i>	2	MO GC
<i>ropinirole hcl immediate release tablet 0.25mg, 3mg</i>	2	MO GC
RYTARY	4	ST MO
<i>selegiline hcl capsule, tablet</i>	4	MO
<i>trihexyphenidyl hcl oral solution</i>	4	PA MO; HRM
<i>trihexyphenidyl hydrochloride tablet</i>	2	PA MO; HRM GC
<b>ANTIPSYCHOTICS</b>		
ABILIFY MAINTENA	4	QL (1 EA per 28 days) MO; HRM
<i>aripiprazole odt</i>	4	QL (60 EA per 30 days) MO; HRM
<i>aripiprazole tablet</i>	4	QL (30 EA per 30 days) MO; HRM
<i>aripiprazole solution</i>	4	QL (900 ML per 30 days) MO; HRM
ARISTADA INITIO	4	HRM
ARISTADA INJECTION 441MG/1.6ML	4	QL (1.6 ML per 28 days); HRM
ARISTADA INJECTION 662MG/2.4ML	4	QL (2.4 ML per 28 days); HRM
ARISTADA INJECTION 882MG/3.2ML	4	QL (3.2 ML per 28 days); HRM
ARISTADA INJECTION 1064MG/3.9ML	4	QL (3.9 ML per 56 days); HRM
<i>asenapine maleate sl</i>	4	QL (60 EA per 30 days) MO; HRM
CAPLYTA	4	QL (30 EA per 30 days) MO; HRM
<i>chlorpromazine hcl tablet</i>	4	MO; HRM

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine odt</i>	2	QL (30 EA per 30 days) MO; HRM GC
<i>olanzapine injection</i>	4	QL (3 EA per 1 days) MO; HRM
<i>olanzapine tablet 10mg, 15mg, 20mg, 7.5mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>olanzapine tablet 2.5mg, 5mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 1.5mg, 3mg, 9mg</i>	4	QL (30 EA per 30 days) MO; HRM
<i>paliperidone er tablet extended release 24 hour 6mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>perphenazine tablet 16mg, 2mg</i>	2	MO; HRM GC
<i>perphenazine tablet 4mg, 8mg</i>	4	MO; HRM
PERSERIS	4	QL (1 EA per 30 days); HRM
<i>pimozide</i>	4	MO
<i>quetiapine fumarate er tablet extended release 24 hour 150mg, 200mg</i>	2	QL (30 EA per 30 days) PA MO; HRM GC
<i>quetiapine fumarate er tablet extended release 24 hour 300mg, 400mg, 50mg</i>	2	QL (60 EA per 30 days) PA MO; HRM GC
<i>quetiapine fumarate tablet 200mg</i>	2	QL (120 EA per 30 days) MO; HRM GC
<i>quetiapine fumarate tablet 25mg</i>	2	QL (180 EA per 30 days) MO; HRM GC
<i>quetiapine fumarate tablet 300mg, 400mg</i>	2	QL (60 EA per 30 days) MO; HRM GC
<i>quetiapine fumarate tablet 100mg, 150mg, 50mg</i>	2	QL (90 EA per 30 days) MO; HRM GC
REXULTI TABLET 3MG, 4MG	4	QL (30 EA per 30 days) MO; HRM
REXULTI TABLET 0.25MG, 0.5MG, 1MG, 2MG	4	QL (60 EA per 30 days) MO; HRM
RISPERDAL CONSTA	4	QL (2 EA per 28 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.5mg</i>	1	QL (90 EA per 30 days) MO; HRM GC
<i>risperidone odt tablet disintegrating 4mg</i>	4	QL (120 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 1mg, 2mg, 3mg</i>	4	QL (60 EA per 30 days) MO; HRM
<i>risperidone odt tablet disintegrating 0.25mg</i>	4	QL (90 EA per 30 days) MO; HRM
<i>risperidone solution</i>	1	QL (480 ML per 30 days) MO; HRM GC
<i>risperidone tablet 4mg</i>	1	QL (120 EA per 30 days) MO; HRM GC
<i>risperidone tablet 1mg, 2mg</i>	1	QL (60 EA per 30 days) MO; HRM GC
<i>risperidone tablet 0.25mg, 0.5mg, 3mg</i>	1	QL (90 EA per 30 days) MO; HRM GC
SECUADO	4	QL (30 EA per 30 days) MO; HRM
<i>thioridazine hcl tablet</i>	2	PA MO; HRM GC
<i>thiothixene</i>	4	MO; HRM
<i>trifluoperazine hcl tablet 2mg, 5mg</i>	2	MO; HRM GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>trifluoperazine hcl tablet 10mg</i>	4	MO; HRM
<i>trifluoperazine hydrochloride tablet 1mg</i>	2	MO; HRM GC
VERSACLOZ	4	QL (600 ML per 30 days) PA; HRM
VRAYLAR CAPSULE THERAPY PACK	4	MO; HRM
VRAYLAR CAPSULE 3MG, 4.5MG, 6MG	4	QL (30 EA per 30 days) MO; HRM
VRAYLAR CAPSULE 1.5MG	4	QL (60 EA per 30 days) MO; HRM
<i>ziprasidone hcl capsule</i>	2	QL (60 EA per 30 days) MO; HRM GC
<i>ziprasidone mesylate injection</i>	4	QL (6 EA per 3 days) MO; HRM
ZYPREXA RELPREVV INJECTION 405MG	4	QL (1 EA per 28 days) PA; ACS HRM
ZYPREXA RELPREVV INJECTION 210MG, 300MG	4	QL (2 EA per 28 days) PA; ACS HRM
<b>ANTISEIZURE AGENTS</b>		
APTIOM TABLET 200MG, 400MG	4	QL (30 EA per 30 days) MO
APTIOM TABLET 600MG, 800MG	4	QL (60 EA per 30 days) MO
BRIVIACT TABLET	4	QL (60 EA per 30 days) PA MO
BRIVIACT INJECTION	4	QL (600 ML per 30 days) PA
BRIVIACT ORAL SOLUTION	4	QL (600 ML per 30 days) PA MO
<i>carbamazepine er capsule extended release 12 hour</i>	4	MO; HRM
<i>carbamazepine er tablet extended release 12 hour 100mg</i>	2	MO; HRM GC
<i>carbamazepine er tablet extended release 12 hour 200mg, 400mg</i>	4	MO; HRM
<i>carbamazepine tablet chewable, tablet</i>	2	MO; HRM GC
<i>carbamazepine suspension</i>	4	MO; HRM
<i>clobazam suspension</i>	4	QL (480 ML per 30 days) PA MO; HRM
<i>clobazam tablet</i>	4	QL (60 EA per 30 days) PA MO; HRM
<i>clonazepam odt tablet disintegrating 2mg</i>	2	QL (300 EA per 30 days) MO GC
<i>clonazepam odt tablet disintegrating 0.125mg, 0.25mg, 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO GC
<i>clonazepam tablet 2mg</i>	2	QL (300 EA per 30 days) MO GC
<i>clonazepam tablet 0.5mg, 1mg</i>	2	QL (90 EA per 30 days) MO GC
<i>clorazepate dipotassium tablet 15mg</i>	4	QL (180 EA per 30 days) PA MO; HRM
<i>clorazepate dipotassium tablet 3.75mg, 7.5mg</i>	4	QL (90 EA per 30 days) PA MO; HRM
DIACOMIT CAPSULE 500MG	4	QL (180 EA per 30 days) PA LA
DIACOMIT CAPSULE 250MG	4	QL (360 EA per 30 days) PA LA
DIACOMIT PACKET 500MG	4	QL (180 EA per 30 days) PA LA
DIACOMIT PACKET 250MG	4	QL (360 EA per 30 days) PA LA
<i>diazepam intensol</i>	2	QL (240 ML per 30 days) PA MO; HRM GC

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

Drug Name	Drug Tier	Requirements/Limits
DIAZEPAM RECTAL GEL	4	MO; HRM
<i>diazepam tablet</i>	2	QL (120 EA per 30 days) PA MO; HRM GC
<i>diazepam concentrate</i>	2	QL (240 ML per 30 days) PA MO; HRM GC
<i>diazepam oral solution</i>	4	QL (1200 ML per 30 days) PA MO; HRM
<i>diazepam injection</i>	4	QL (240 ML per 30 days) PA MO; HRM
DILANTIN	4	MO
DILANTIN INFATABS	4	MO
DILANTIN-125	4	MO
<i>divalproex sodium dr tablet delayed release</i>	2	MO GC
<i>divalproex sodium er tablet extended release 24 hour</i>	2	MO GC
<i>divalproex sodium sprinkle capsule</i>	2	MO GC
EPIDIOLEX	4	QL (600 ML per 30 days) PA LA; ACS
<i>epitol</i>	2	HRM GC
EPRONTIA	4	QL (480 ML per 30 days) PA MO
<i>ethosuximide capsule</i>	2	MO GC
<i>ethosuximide solution</i>	4	MO
<i>felbamate</i>	4	MO
FINTEPLA	4	QL (360 ML per 30 days) PA LA
<i>fosphenytoin sodium injection 100mg pe/2ml</i>	4	
<i>fosphenytoin sodium injection 500mg pe/10ml</i>	4	MO
FYCOMPA SUSPENSION	4	QL (720 ML per 30 days) PA MO
FYCOMPA TABLET 10MG, 12MG, 4MG, 6MG, 8MG	4	QL (30 EA per 30 days) PA MO
FYCOMPA TABLET 2MG	4	QL (60 EA per 30 days) PA MO
<i>gabapentin capsule 100mg</i>	2	QL (180 EA per 30 days) MO GC
<i>gabapentin capsule 400mg</i>	2	QL (270 EA per 30 days) MO GC
<i>gabapentin capsule 300mg</i>	2	QL (360 EA per 30 days) MO GC
<i>gabapentin solution</i>	2	QL (2160 ML per 30 days) MO GC
<i>gabapentin tablet 600mg</i>	2	QL (180 EA per 30 days) MO GC
<i>gabapentin tablet 800mg</i>	2	QL (90 EA per 30 days) MO GC
<i>lacosamide injection</i>	4	
<i>lacosamide oral solution</i>	4	QL (1200 ML per 30 days) MO
<i>lacosamide tablet 50mg</i>	4	QL (120 EA per 30 days) MO
<i>lacosamide tablet 100mg, 150mg, 200mg</i>	4	QL (60 EA per 30 days) MO
<i>lamotrigine er</i>	4	MO
<i>lamotrigine immediate release tablet, chewable tablet</i>	1	MO GC
<i>lamotrigine odt tablet 25mg, 50mg, 100mg, 200mg</i>	4	MO
<i>lamotrigine starter kit/blue</i>	1	MO GC
<i>lamotrigine starter kit/green</i>	5	MO
<i>lamotrigine starter kit/orange</i>	1	MO GC

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

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam er</i>	2	MO GC
<i>levetiracetam/sodium chloride injection</i>	4	
<i>levetiracetam oral solution, tablet</i>	2	MO GC
<i>methsuximide</i>	4	MO
NAYZILAM	4	QL (10 EA per 30 days) PA MO
<i>oxcarbazepine tablet</i>	2	MO; HRM GC
<i>oxcarbazepine suspension</i>	4	MO; HRM
<i>phenobarbital sodium injection</i>	4	PA; HRM
<i>phenobarbital tablet</i>	4	QL (120 EA per 30 days) PA MO; HRM
<i>phenobarbital elixir</i>	4	QL (1500 ML per 30 days) PA MO; HRM
PHENYTEK	4	MO
<i>phenytoin oral suspension, tablet chewable</i>	2	MO GC
<i>phenytoin sodium extended release capsule</i>	2	MO GC
<i>phenytoin sodium injection</i>	4	
<i>pregabalin capsule 100mg, 150mg, 25mg, 50mg, 75mg</i>	2	QL (120 EA per 30 days) PA MO GC
<i>pregabalin capsule 225mg, 300mg</i>	2	QL (60 EA per 30 days) PA MO GC
<i>pregabalin capsule 200mg</i>	2	QL (90 EA per 30 days) PA MO GC
<i>pregabalin solution</i>	2	QL (900 ML per 30 days) PA MO GC
<i>primidone</i>	2	MO GC
<i>roweepra</i>	2	GC
<i>rufinamide suspension</i>	4	QL (2760 ML per 30 days) PA MO
<i>rufinamide tablet 400mg</i>	4	QL (240 EA per 30 days) PA MO
<i>rufinamide tablet 200mg</i>	4	QL (480 EA per 30 days) PA MO
SPRITAM	4	MO
<i>subvenite starter kit/blue</i>	1	GC
<i>subvenite starter kit/green</i>	5	
<i>subvenite starter kit/orange</i>	1	GC
<i>subvenite tablet</i>	1	GC
SYMPAZAN	4	QL (60 EA per 30 days) PA MO; HRM
<i>tiagabine hydrochloride</i>	4	MO
<i>topiramate immediate release capsule sprinkle</i>	2	MO GC
<i>topiramate tablet 100mg</i>	2	QL (120 EA per 30 days) MO GC
<i>topiramate tablet 200mg</i>	2	QL (60 EA per 30 days) MO GC
<i>topiramate tablet 25mg, 50mg</i>	2	QL (90 EA per 30 days) MO GC
<i>valproate sodium injection</i>	4	
<i>valproic acid capsule, oral solution</i>	2	MO GC
VALTOCO 10 MG DOSE	4	QL (10 EA per 30 days) PA MO
VALTOCO 15 MG DOSE	4	QL (10 EA per 30 days) PA MO
VALTOCO 20 MG DOSE	4	QL (10 EA per 30 days) PA MO

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Drug Name	Drug Tier	Requirements/Limits
VALTOCO 5 MG DOSE	4	QL (10 EA per 30 days) PA MO
<i>vigabatrin</i>	5	QL (180 EA per 30 days) PA LA; ACS
<i>vigadrone</i>	5	QL (180 EA per 30 days) PA LA
XCOPRI TITRATION PACK 12.5MG; 25MG, 50MG; 100MG, 150MG; 200MG	4	QL (28 EA per 28 days) MO
XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG	4	QL (56 EA per 28 days) MO
XCOPRI TABLET 100MG, 50MG	4	QL (30 EA per 30 days) MO
XCOPRI TABLET 150MG, 200MG	4	QL (60 EA per 30 days) MO
ZONISADE	4	QL (900 ML per 30 days) PA MO
<i>zonisamide capsule 100mg, 25mg</i>	2	MO GC
<i>zonisamide capsule 50mg</i>	2	MO; HRM GC
ZTALMY	4	QL (1100 ML per 30 days) PA LA
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>		
<i>amphetamine/dextroamphetamine capsule extended release 244 hour</i>		QL (30 EA per 30 days) MO
<i>amphetamine/dextroamphetamine tablet 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i>	2	QL (60 EA per 30 days) MO GC
<i>amphetamine/dextroamphetamine tablet 20mg</i>	2	QL (90 EA per 30 days) MO GC
<i>atomoxetine hydrochloride capsule 10mg, 25mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 18mg</i>	4	QL (120 EA per 30 days) MO
<i>atomoxetine capsule 100mg, 60mg, 80mg</i>	4	QL (30 EA per 30 days) MO
<i>atomoxetine capsule 40mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl tablet 5mg, 10mg</i>	4	QL (60 EA per 30 days) MO
<i>dexmethylphenidate hcl er capsule extended release 24 hour 20mg, 35mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride er capsule extended release 24 hour 10mg, 15mg, 25mg, 30mg, 40mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>dexmethylphenidate hydrochloride tablet 2.5mg</i>	4	QL (60 EA per 30 days) MO
<i>dextroamphetamine sulfate er capsule</i>	4	QL (120 EA per 30 days) MO
<i>dextroamphetamine sulfate immediate release tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days) MO
<i>dextroamphetamine sulfate solution</i>	4	QL (1800 ML per 30 days) MO
<i>guanfacine er tablet extended release 24 hour 2mg</i>	2	QL (30 EA per 30 days) PA MO GC
<i>guanfacine hydrochloride tablet extended release 24 hour 1mg, 4mg</i>	2	QL (30 EA per 30 days) PA MO GC
<i>guanfacine hydrochloride tablet extended release 24 hour 3mg</i>	2	QL (60 EA per 30 days) PA MO GC
<i>methylphenidate hydrochloride cd extended release capsule 10mg, 20mg, 30mg, 50mg, 60mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 244 hour (generic Ritalin LA) 60mg</i>		QL (30 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hydrochloride er capsule extended release 244 hour (generic Ritalin LA) 20mg, 40mg</i>		QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er capsule extended release 244 hour (generic Ritalin LA) 30mg</i>		QL (60 EA per 30 days) MO
<i>methylphenidate hydrochloride cd er capsule extended release 4 40mg</i>		QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 24 4 hour 18mg, 36mg</i>	4	QL (30 EA per 30 days)
<i>methylphenidate hydrochloride er tablet extended release 24 4 hour 27mg, 54mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release (generic Concerta) 18mg, 27mg, 36mg, 54mg</i>	4	QL (30 EA per 30 days) MO
<i>methylphenidate hydrochloride er tablet extended release 10mg, 20mg</i>	4	QL (90 EA per 30 days) MO
<i>methylphenidate hydrochloride immediate release tablet</i>	2	QL (90 EA per 30 days) MO GC
<i>methylphenidate hydrochloride tablet chewable</i>	4	QL (180 EA per 30 days) MO
<i>methylphenidate hydrochloride solution 5mg/5ml</i>	4	QL (1800 ML per 30 days) MO
<i>methylphenidate hydrochloride solution 10mg/5ml</i>	4	QL (900 ML per 30 days) MO
<i>zenzedi tablet 10mg, 5mg</i>	4	QL (180 EA per 30 days)
<b>HYPNOTICS</b>		
DAYVIGO	3	QL (30 EA per 30 days) MO
<i>doxepin hydrochloride tablet 3mg, 6mg</i>	2	QL (30 EA per 30 days) MO; HRM GC
HETLIOZ LQ ORAL SUSPENSION	5	QL (158 ML per 30 days) PA LA
<i>tasimelteon</i>	5	QL (30 EA per 30 days) PA; ACS
<i>temazepam</i>	4	QL (30 EA per 30 days) PA MO; HRM
<i>triazolam tablet 0.125mg</i>	4	QL (60 EA per 30 days) PA; HRM
<i>zaleplon capsule 5mg</i>	2	QL (30 EA per 30 days) PA MO; HRM GC
<i>zaleplon capsule 10mg</i>	2	QL (60 EA per 30 days) PA MO; HRM GC
<i>zolpidem tartrate immediate release tablet 10mg, 5mg</i>	2	QL (30 EA per 30 days) PA MO; HRM GC
<b>MIGRAINE</b>		
AIMOVIG	3	QL (1 ML per 30 days) PA; ACS
<i>dihydroergotamine mesylate injection</i>	4	PA MO
<i>dihydroergotamine mesylate nasal solution</i>	4	QL (8 ML per 30 days) PA MO
<i>eletriptan hydrobromide</i>	2	QL (12 EA per 30 days) MO GC
EMGALITY INJECTION 120MG/ML	4	QL (2 ML per 30 days) PA; ACS
EMGALITY INJECTION 100MG/ML	4	QL (3 ML per 30 days) PA; ACS
<i>ergotamine tartrate/caffeine</i>	3	QL (40 EA per 28 days) PA MO
<i>naratriptan hcl</i>	2	QL (9 EA per 30 days) MO GC
NURTEC	3	QL (16 EA per 30 days) PA MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>rizatriptan benzoate tablet</i>	2	QL (12 EA per 30 days) MO GC
<i>rizatriptan benzoate odt</i>	2	QL (12 EA per 30 days) MO GC
<i>sumatriptan nasal spray</i>	1	QL (12 EA per 30 days) MO GC
<i>sumatriptan succinate refill injection</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate injection</i>	4	QL (4 ML per 30 days) MO
<i>sumatriptan succinate tablet 100mg</i>	1	QL (12 EA per 30 days) MO GC
<i>sumatriptan succinate tablet 25mg, 50mg</i>	1	QL (9 EA per 30 days) MO GC
<b>MISCELLANEOUS</b>		
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 12MG	5	QL (120 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 24MG	5	QL (60 EA per 30 days) PA; ACS
AUSTEDO XR TABLET EXTENDED RELEASE 24 HOUR 6MG	5	QL (90 EA per 30 days) PA; ACS
AUSTEDO TABLET 12MG, 9MG	5	QL (120 EA per 30 days) PA LA; ACS
AUSTEDO TABLET 6MG	5	QL (60 EA per 30 days) PA LA; ACS
<i>lithium carbonate capsule, tablet</i>	1	MO GC
<i>lithium carbonate er tablet</i>	2	MO GC
NUEDEXTA	4	QL (60 EA per 30 days) PA MO
<i>pregabalin er tablet extended release 24 hour 330mg</i>	2	QL (60 EA per 30 days) PA MO GC
<i>pregabalin er tablet extended release 24 hour 165mg, 82.5mg</i>	2	QL (90 EA per 30 days) PA MO GC
<i>pyridostigmine bromide immediate release tablet 60mg</i>	2	MO GC
<i>pyridostigmine bromide er tablet</i>	4	MO
<i>riluzole</i>	4	MO
SAVELLA	3	QL (60 EA per 30 days) PA MO
SAVELLA TITRATION PACK	3	QL (110 EA per 365 days) PA MO
<i>tetrabenazine tablet 25mg</i>	5	QL (120 EA per 30 days) PA LA; ACS
<i>tetrabenazine tablet 12.5mg</i>	5	QL (90 EA per 30 days) PA LA; ACS
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO	5	QL (30 EA per 30 days) PA LA; ACS
BETASERON	5	QL (14 EA per 28 days) PA; ACS
COPAXONE INJECTION 40MG/ML	5	QL (12 ML per 28 days) PA; ACS
COPAXONE INJECTION 20MG/ML	5	QL (30 ML per 30 days) PA; ACS
<i>dalfampridine er</i>	3	PA; ACS
<i>fingolimod</i>	5	QL (30 EA per 30 days) PA; ACS
OCREVUS	5	QL (20 ML per 180 days) PA LA; ACS
TECFIDERA STARTER PACK	5	QL (120 EA per 365 days) PA LA; ACS

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

Drug Name	Drug Tier	Requirements/Limits
TECFIDERA CAPSULE DELAYED RELEASE 120MG	5	QL (14 EA per 7 days) PA LA; ACS
TECFIDERA CAPSULE DELAYED RELEASE 240MG	5	QL (60 EA per 30 days) PA LA; ACS
VUMERITY	5	QL (120 EA per 30 days) PA LA; ACS
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<i>baclofen tablet</i>	1	MO GC
<i>chlorzoxazone tablet 500mg</i>	2	QL (180 EA per 30 days) PA MO GC
<i>cyclobenzaprine hydrochloride tablet 10mg, 5mg</i>	2	QL (90 EA per 30 days) PA MO; HRM GC
<i>dantrolene sodium capsule 25mg, 50mg, 100mg</i>	4	MO
<i>tizanidine hcl capsule 4mg, tablet 2mg</i>	1	MO GC
<i>tizanidine hydrochloride tablet 4mg</i>	1	MO GC
<i>tizanidine hydrochloride capsule 2mg, 6mg</i>	4	MO
<b>NARCOLEPSY/CATAPLEXY</b>		
<i>armodafinil tablet 150mg, 200mg, 250mg</i>	2	QL (30 EA per 30 days) PA MO GC
<i>armodafinil tablet 50mg</i>	2	QL (60 EA per 30 days) PA MO GC
<i>modafinil tablet 100mg</i>	2	QL (30 EA per 30 days) PA MO GC
<i>modafinil tablet 200mg</i>	2	QL (60 EA per 30 days) PA MO GC
SODIUM OXYBATE	5	QL (540 ML per 30 days) PA LA
<b>PSYCHOTHERAPEUTIC-MISC</b>		
<i>acamprosate calcium dr</i>	4	MO
<i>buprenorphine hcl sublingual tablet 2mg, 8mg</i>	2	QL (90 EA per 30 days) PA MO GC
<i>buprenorphine hcl/naloxone hcl sublingual tablet</i>	2	QL (90 EA per 30 days) MO GC
<i>bupropion hydrochloride er (sr) tablet (smoking deterrent) extended release 12 hour 150mg</i>	2	QL (60 EA per 30 days) MO GC
<i>disulfiram tablet</i>	4	MO
<i>naloxone hcl injection 2mg/2ml</i>	2	GC
<i>naloxone hcl injection 4mg/10ml</i>	2	MO GC
<i>naloxone hydrochloride nasal spray</i>	3	MO
<i>naloxone hydrochloride cartridge inj 0.4mg/ml</i>	2	GC
<i>naloxone hydrochloride vial inj 0.4mg/ml</i>	2	MO GC
<i>naltrexone hcl tablet</i>	2	MO GC
NICOTROL INHALER	4	MO
NICOTROL NASAL SPRAY	4	QL (360 ML per 365 days) MO
SUBOXONE FILM 12MG; 3MG	4	QL (60 EA per 30 days) MO
SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG	4	QL (90 EA per 30 days) MO
VARENICLINE STARTING MONTH BOX	4	PA MO
VARENICLINE TARTRATE TABLET 1MG, 0.5MG	4	PA MO
VIVITROL	5	ACS
<b>ENDOCRINE AND METABOLIC</b>		
<b>ANDROGENS</b>		
<i>methyltestosterone capsule</i>	5	PA MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tablet 2.5mg</i>	2	QL (120 EA per 30 days) PA MO GC
<i>oxandrolone tablet 10mg</i>	4	QL (60 EA per 30 days) PA MO
<i>testosterone cypionate injection</i>	2	PA MO GC
<i>testosterone enanthate injection</i>	2	PA MO GC
<i>testosterone pump gel 1%</i>	4	QL (300 GM per 30 days) PA MO
<i>testosterone pump gel 2% (10mg/act)</i>	4	QL (120 GM per 30 days) PA MO
<i>testosterone gel 1% (25mg/2.5gm, 50mg/5gm)</i>	4	QL (300 GM per 30 days) PA MO
<i>testosterone topical solution</i>	2	QL (180 ML per 30 days) PA MO GC
<b>ANTIDIABETICS, INSULINS</b>		
ADMELOG	3	MO
ADMELOG SOLOSTAR	3	MO
BD ALCOHOL SWABS	1	MO GC
BD INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16"	1	MO GC
BASAGLAR KWIKPEN	3	MO
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	1	MO GC
BD INSULIN SYRINGE ULTRA-FINE/0.5ML/30G X 1/2"	1	MO GC
BD INSULIN SYRINGE ULTRA-FINE/1ML/31G X 5/16"	1	MO GC
BD/NOVO PEN NEEDLE ULTRA-FINE	1	MO GC
BD VEO INSULIN SYRINGE ULTRA-FINE/0.3ML/31G X 15/64"	1	MO GC
CURITY GAUZE PADS 2"X2" 12 PLY	1	MO GC
FIASP	3	MO
FIASP FLEXTOUCH	3	MO
FIASP PENFILL	3	MO
HUMULIN R U-500 (CONCENTRATED)	5	B/D MO
HUMULIN R U-500 KWIKPEN	5	MO
LANTUS	3	MO
LANTUS SOLOSTAR	3	MO
LEVEMIR	3	ST MO
LEVEMIR FLEXPEN	3	ST MO
LEVEMIR FLEXTOUCH	3	ST MO
NOVOLIN 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLIN 70/30 FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N (BRAND RELION NOT COVERED)	3	MO
NOVOLIN N FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R (BRAND RELION NOT COVERED)	3	MO
NOVOLIN R FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG (BRAND RELION NOT COVERED)	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 (BRAND RELION NOT COVERED)	3	MO
NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED)	3	MO
NOVOLOG PENFILL	3	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	MO
OMNIPOD 5 G6 PODS (GEN 5)	3	MO
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	MO
OMNIPOD DASH PODS (GEN 4)	3	MO
OMNIPOD GO 10 UNITS/DAY	3	
OMNIPOD GO 15 UNITS/DAY	3	
OMNIPOD GO 20 UNITS/DAY	3	MO
OMNIPOD GO 25 UNITS/DAY	3	
OMNIPOD GO 30 UNITS/DAY	3	MO
OMNIPOD GO 35 UNITS/DAY	3	
OMNIPOD GO 40 UNITS/DAY	3	MO
OMNIPOD POD PALS	3	
TOUJEO MAX SOLOSTAR	3	MO
TOUJEO SOLOSTAR	3	MO
TRESIBA	3	MO
TRESIBA FLEXTOUCH	3	MO
V-GO 20	3	QL (30 EA per 30 days) MO
V-GO 30	3	QL (30 EA per 30 days) MO
V-GO 40	3	QL (30 EA per 30 days) MO
XULTOPHY 100/3.6	3	QL (15 ML per 30 days) MO
<b>ANTIDIABETICS</b>		
<i>acarbose tablet</i>	2	QL (90 EA per 30 days) MO GC
BYDUREON BCISE	3	QL (3.4 ML per 28 days) PA MO
BYETTA INJECTION 5MCG/0.02ML	4	QL (1.2 ML per 30 days) PA MO
BYETTA INJECTION 10MCG/0.04ML	4	QL (2.4 ML per 30 days) PA MO
FARXIGA	3	QL (30 EA per 30 days) MO
<i>glimepiride tablet 4mg</i>	1	QL (60 EA per 30 days) MO GC
<i>glimepiride tablet 1mg, 2mg</i>	1	QL (90 EA per 30 days) MO GC
<i>glipizide er tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO GC
<i>glipizide er tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO GC
<i>glipizide xl tablet extended release 24 hour 10mg</i>	1	QL (60 EA per 30 days) MO GC
<i>glipizide xl tablet extended release 24 hour 2.5mg, 5mg</i>	1	QL (90 EA per 30 days) MO GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 500mg, 5mg; 500mg</i>	1	QL (120 EA per 30 days) MO GC
<i>glipizide/metformin hydrochloride tablet 2.5mg; 250mg</i>	1	QL (240 EA per 30 days) MO GC
<i>glipizide tablet 10mg</i>	1	QL (120 EA per 30 days) MO GC

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide tablet 5mg</i>	1	QL (240 EA per 30 days) MO GC
GLYXAMBI	3	QL (30 EA per 30 days) MO
JANUMET	3	QL (60 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 100MG	3	QL (30 EA per 30 days) MO
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 1000MG; 50MG, 500MG; 50MG	3	QL (60 EA per 30 days) MO
JANUVIA	3	QL (30 EA per 30 days) MO
JARDIANCE	3	QL (30 EA per 30 days) MO
JENTADUETO	3	QL (60 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5MG; 1000MG	3	QL (30 EA per 30 days) MO
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 500mg</i>	1	QL (120 EA per 30 days) MO GC
<i>metformin hydrochloride er tablet extended release 24 hour (generic Glucophage XR) 750mg</i>	1	QL (60 EA per 30 days) MO GC
<i>metformin hydrochloride tablet 500mg</i>	1	QL (150 EA per 30 days) MO GC
<i>metformin hydrochloride tablet 1000mg</i>	1	QL (75 EA per 30 days) MO GC
<i>metformin hydrochloride tablet 850mg</i>	1	QL (90 EA per 30 days) MO GC
<i>miglitol</i>	2	QL (90 EA per 30 days) MO GC
<i>nateglinide</i>	2	QL (90 EA per 30 days) MO GC
OZEMPIC INJECTION 2MG/1.5ML	3	QL (1.5 ML per 28 days) PA
OZEMPIC INJECTION 2MG/3ML, 4MG/3ML, 8MG/3ML	3	QL (3 ML per 28 days) PA MO
<i>pioglitazone hcl tablet 45mg</i>	2	QL (30 EA per 30 days) MO GC
<i>pioglitazone hcl-glimepiride</i>	4	QL (30 EA per 30 days) MO
<i>pioglitazone hcl/metformin hcl</i>	2	QL (90 EA per 30 days) MO GC
<i>pioglitazone hydrochloride tablet 15mg</i>	1	QL (30 EA per 30 days) MO GC
<i>pioglitazone hydrochloride tablet 30mg</i>	2	QL (30 EA per 30 days) MO GC
<i>repaglinide tablet 0.5mg, 1mg</i>	2	QL (120 EA per 30 days) MO GC
<i>repaglinide tablet 2mg</i>	2	QL (240 EA per 30 days) MO GC
RYBELSUS	3	QL (30 EA per 30 days) PA MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25MG; 1000MG	3	QL (30 EA per 30 days) MO
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
SYNJARDY TABLET 5MG; 500MG	3	QL (120 EA per 30 days) MO
SYNJARDY TABLET 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRADJENTA	3	QL (30 EA per 30 days) MO
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG	3	QL (30 EA per 30 days) MO

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Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG	3	QL (60 EA per 30 days) MO
TRULICITY	3	QL (2 ML per 28 days) PA MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10MG; 1000MG, 10MG; 500MG	3	QL (30 EA per 30 days) MO
XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG	3	QL (60 EA per 30 days) MO
<b>CALCIUM REGULATORS</b>		
<i>alendronate sodium oral solution</i>	1	MO GC
<i>alendronate sodium tablet 10mg</i>	1	QL (120 EA per 30 days) MO GC
<i>alendronate sodium tablet 35mg, 70mg</i>	1	QL (4 EA per 28 days) MO GC
<i>calcitonin-salmon nasal spray</i>	2	MO GC
<i>ibandronate sodium tablet</i>	2	QL (1 EA per 30 days) MO GC
<i>ibandronate sodium injection</i>	4	QL (3 ML per 90 days) MO
NATPARA	5	PA LA; ACS
PAMIDRONATE DISODIUM INJECTION 6MG/ML	4	
<i>pamidronate disodium injection 30mg/10ml, 90mg/10ml</i>	4	
PROLIA	4	QL (1 ML per 180 days); ACS
<i>risedronate sodium dr tablet 35mg</i>	4	QL (4 EA per 28 days) MO
<i>risedronate sodium tablet 150mg</i>	2	QL (1 EA per 28 days) MO GC
<i>risedronate sodium tablet 30mg, 5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>risedronate sodium tablet 35mg</i>	2	QL (4 EA per 28 days) MO GC
TERIPARATIDE	5	PA; ACS
XGEVA	5	PA; ACS
<i>zoledronic acid injection 4mg/5ml, 5mg/100ml</i>	4	ACS
<b>CHELATING AGENTS</b>		
CHEMET	4	MO
<i>deferasirox packet</i>	5	PA; ACS
<i>deferasirox tablet soluble 125mg</i>	4	PA; ACS
<i>deferasirox tablet soluble 250mg, 500mg</i>	5	PA; ACS
<i>deferasirox tablet 90mg</i>	3	PA; ACS
<i>deferasirox tablet 180mg</i>	4	PA; ACS
<i>deferasirox tablet 360mg</i>	5	PA; ACS
<i>penicillamine tablet</i>	5	ACS
<i>sodium polystyrene sulfonate oral powder</i>	2	MO GC
<i>sps oral suspension 15gm/60ml</i>	2	MO GC
<i>trientine hydrochloride</i>	5	PA; ACS
VELTASSA PACKET 16.8GM, 25.2GM	3	QL (30 EA per 30 days) MO
VELTASSA PACKET 8.4GM	3	QL (90 EA per 30 days) MO
<b>CONTRACEPTIVES</b>		
<i>afirmelle</i>	2	GC
<i>altavera</i>	2	GC
<i>alyacen 1/35</i>	2	MO GC
<i>alyacen 7/7/7</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>amethia</i>	2	GC
<i>amethyst</i>	2	GC
<i>apri</i>	2	GC
<i>aranelle</i>	2	MO GC
<i>ashlyna</i>	2	GC
<i>aubra eq</i>	2	GC
<i>aurovela 1.5/30</i>	2	GC
<i>aurovela 1/20</i>	2	GC
<i>aurovela 24 fe</i>	2	GC
<i>aurovela fe 1.5/30</i>	2	GC
<i>aurovela fe 1/20</i>	2	GC
<i>aviane</i>	2	GC
<i>ayuna</i>	2	GC
<i>azurette</i>	2	GC
<i>balziva</i>	2	GC
<i>blisovi 24 fe</i>	2	MO GC
<i>blisovi fe 1.5/30</i>	2	MO GC
<i>blisovi fe 1/20</i>	2	GC
<i>briellyn</i>	2	GC
<i>camila</i>	2	MO GC
<i>charlotte 24 fe</i>	2	GC
<i>chateal eq</i>	2	GC
<i>cryselle-28</i>	2	MO GC
<i>cyred</i>	2	GC
<i>cyred eq</i>	2	GC
<i>dasetta 1/35</i>	2	GC
<i>dasetta 7/7/7</i>	2	GC
<i>daysee</i>	2	GC
<i>deblitane</i>	2	GC
<i>delyla</i>	2	GC
DEPO-SUBQ PROVERA 104	4	MO
<i>desogestrel/ethinyl estradiol</i>	2	MO GC
<i>dolishale</i>	2	GC
<i>drospirenone/ethinyl estradiol</i>	2	MO GC
<i>drospirenone/ethinyl estradiol/levomefolate calcium tablet 3mg; 0.03mg; 0.451mg</i>	2	MO GC
<i>elinest</i>	2	GC
<i>eluryng</i>	4	
<i>enpresse-28</i>	2	GC
<i>enskyce</i>	2	MO GC
<i>errin</i>	2	MO GC
<i>estarylla</i>	2	MO GC
<i>ethynodiol diacetate/ethinyl estradiol</i>	2	MO GC
<i>falmina</i>	2	GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fayosim</i>	2	GC
<i>femynor</i>	2	GC
<i>finzala</i>	2	GC
<i>hailey 1.5/30</i>	2	MO GC
<i>hailey 24 fe</i>	2	GC
<i>hailey fe 1.5/30</i>	2	GC
<i>hailey fe 1/20</i>	2	GC
<i>haloette</i>	4	
<i>heather</i>	2	GC
<i>iclevia</i>	2	GC
<i>incassia</i>	2	GC
<i>introvale</i>	2	GC
<i>isibloom</i>	2	GC
<i>jaimiess</i>	2	GC
<i>jasmiel</i>	2	GC
<i>jencycla</i>	2	GC
JOLESSA	3	
<i>juleber</i>	2	GC
<i>junel 1.5/30</i>	2	GC
<i>junel 1/20</i>	2	GC
<i>junel fe 1.5/30</i>	2	MO GC
<i>junel fe 1/20</i>	2	MO GC
<i>junel fe 24</i>	2	GC
<i>kaitlib fe</i>	2	MO GC
<i>kalliga</i>	2	GC
<i>kariva</i>	2	GC
<i>kelnor 1/35</i>	2	MO GC
<i>kelnor 1/50</i>	2	MO GC
<i>kurvelo</i>	2	GC
<i>larin 1.5/30</i>	2	GC
<i>larin 1/20</i>	2	GC
<i>larin 24 fe</i>	2	GC
<i>larin fe 1.5/30</i>	2	GC
<i>larin fe 1/20</i>	2	GC
LEENA	3	
<i>lessina</i>	2	GC
<i>levonest</i>	2	GC
<i>levonorgestrel/ethinyl estradiol</i>	2	MO GC
<i>levora 0.15/30-28</i>	2	GC
<i>lo-zumandimine</i>	2	MO GC
<i>loestrin 1.5/30-21</i>	2	GC
<i>loestrin 1/20-21</i>	2	GC
<i>loestrin fe 1.5/30</i>	2	GC
<i>loestrin fe 1/20</i>	2	GC

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Drug Name	Drug Tier	Requirements/Limits
<i>lojaimiess</i>	2	MO GC
<i>loryna</i>	2	GC
<i>low-ogestrel</i>	2	GC
<i>lutra</i>	2	MO GC
<i>lyleq</i>	2	GC
<i>lyza</i>	2	GC
<i>marlissa</i>	2	MO GC
<i>medroxyprogesterone acetate injection 150mg/ml</i>	4	MO
<i>mibelas 24 fe</i>	2	GC
MICROGESTIN 1.5/30	3	
MICROGESTIN 1/20	3	
<i>microgestin 24 fe</i>	2	GC
MICROGESTIN FE 1.5/30	3	
MICROGESTIN FE 1/20	3	
<i>mili</i>	2	GC
<i>mono-linyah</i>	2	GC
<i>necon 0.5/35-28</i>	2	GC
<i>nikki</i>	2	GC
NORA-BE	3	
<i>norethindrone tablet 0.35mg</i>	2	MO GC
<i>norethindrone &amp; ethinyl estradiol ferrous fumarate chewable tablet 25mcg; 75mg; 0.8mg</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tablet chewable, tablet</i>	2	MO GC
<i>norethindrone acetate/ethinyl estradiol tablet 20mcg; 1mg, 30mcg; 1.5mg</i>	2	MO GC
<i>norethindrone/ethinyl estradiol/ferrous fumarate chewable tablet 35mcg; 75mg; 0.4mg</i>	2	MO GC
<i>norgestimate/ethinyl estradiol</i>	2	MO GC
<i>norlyda</i>	2	GC
<i>norlyroc</i>	2	GC
<i>nortrel 0.5/35 (28)</i>	2	MO GC
<i>nortrel 1/35 28-day regimen</i>	2	GC
<i>nortrel 1/35 21-day regimen</i>	2	MO GC
<i>nortrel 7/7/7</i>	2	GC
<i>nylia 1/35</i>	2	GC
<i>nylia 7/7/7</i>	2	MO GC
<i>nymyo</i>	2	GC
OCELLA	3	
<i>orsythia</i>	2	GC
<i>philith</i>	2	GC
<i>pimtrea</i>	2	GC
<i>pirmella 1/35</i>	2	MO GC
<i>pirmella 7/7/7</i>	2	MO GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>portia-28</i>	2	GC
<i>reclipsen</i>	2	GC
<i>setlakin</i>	2	GC
<i>sharobel</i>	2	GC
<i>simliya</i>	2	GC
<i>simpesse</i>	2	MO GC
<i>sprintec 28</i>	2	GC
<i>sronyx</i>	2	MO GC
<i>syeda</i>	2	GC
<i>tarina 24 fe</i>	2	GC
<i>tarina fe 1/20 eq</i>	2	GC
TILIA FE	3	
<i>tri femynor</i>	2	GC
<i>tri-estarylla</i>	2	MO GC
<i>tri-legest fe</i>	2	MO GC
<i>tri-linyah</i>	2	GC
<i>tri-lo-estarylla</i>	2	GC
<i>tri-lo-marzia</i>	2	GC
<i>tri-lo-mili</i>	2	GC
<i>tri-lo-sprintec</i>	2	MO GC
<i>tri-mili</i>	2	GC
<i>tri-nymyo</i>	2	GC
<i>tri-sprintec</i>	2	GC
<i>tri-vylibra</i>	2	GC
<i>tri-vylibra lo</i>	2	GC
<i>trivora-28</i>	2	MO GC
<i>tydemy</i>	2	GC
<i>velivet</i>	2	MO GC
<i>vestura</i>	2	GC
<i>vienva</i>	2	GC
<i>viorele</i>	2	MO GC
<i>volnea</i>	2	GC
<i>vyfemla</i>	2	MO GC
<i>vylibra</i>	2	GC
<i>wera</i>	2	GC
<i>wymzya fe</i>	2	GC
<i>zovia 1/35</i>	2	GC
<i>zumandimine</i>	2	GC
<b>ENDOMETRIOSIS</b>		
<i>danazol capsule</i>	4	MO
SYNAREL	5	MO
<b>ESTROGENS</b>		
<i>amabelz</i>	4	MO
<i>dotti</i>	4	QL (8 EA per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol valerate injection</i>	4	MO
<i>estradiol/norethindrone acetate tablet 1mg/0.5mg, 0.5mg/0.1mg</i>	4	MO
<i>estradiol oral tablet</i>	1	MO GC
<i>estradiol vaginal cream, vaginal tablet</i>	4	MO
<i>estradiol patch weekly</i>	4	QL (4 EA per 28 days) MO
<i>estradiol patch twice weekly</i>	4	QL (8 EA per 28 days) MO
<i>fyavolv</i>	2	MO GC
IMVEXXY MAINTENANCE PACK	3	PA MO
IMVEXXY STARTER PACK	3	PA MO
<i>jinteli</i>	2	GC
<i>lyllana</i>	4	QL (8 EA per 28 days)
<i>mimvey</i>	4	
<i>norethindrone acetate/ethinyl estradiol tablet 2.5mcg; 0.5mg, 5mcg; 1mg</i>	2	MO GC
PREMARIN TABS	3	MO
PREMPRO	3	MO
<i>yuvafem</i>	4	
<b>GLUCOCORTICOIDS</b>		
DEXAMETHASONE INTENSOL	4	MO
<i>dexamethasone sodium phosphate injection vial 10mg/ml</i>	4	
<i>dexamethasone sodium phosphate injection vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i>	4	MO
<i>dexamethasone tablet, oral solution, oral elixir</i>	4	MO
<i>fludrocortisone acetate tablet</i>	2	MO GC
<i>hydrocortisone tablet 10mg, 20mg, 5mg</i>	2	MO GC
<i>methylprednisolone acetate injection</i>	4	B/D MO
<i>methylprednisolone dose pack</i>	2	MO GC
<i>methylprednisolone sodium succinate injection 1000mg</i>	4	B/D MO
<i>methylprednisolone sodium succinate injection 125mg, 40mg</i>	4	B/D MO
<i>methylprednisolone tablet</i>	2	B/D MO GC
<i>prednisolone oral solution 15mg/5ml</i>	2	B/D MO GC
<i>prednisolone sodium phosphate oral solution 10mg/5ml, 15mg/5ml, 20mg/5ml</i>	2	B/D MO GC
<i>prednisolone sodium phosphate oral solution 25mg/5ml, 5mg/5ml</i>	4	B/D MO
PREDNISON INTENSOL	4	B/D MO
<i>prednisone tablet</i>	1	B/D MO GC
<i>prednisone tablet therapy pack</i>	2	MO GC
<i>prednisone solution</i>	4	B/D MO
SOLU-CORTEF	4	MO
<i>triamcinolone acetonide injection 40mg/ml</i>	4	MO
<b>GLUCOSE ELEVATING AGENTS</b>		
<i>diazoxide oral suspension</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE KIT	3	MO
GVOKE PFS	3	MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine injection 200mg/ml</i>	4	
<i>betaine anhydrous</i>	5	LA
<i>cabergoline</i>	2	MO GC
<i>carglumic acid</i>	5	PA LA
CERDELGA	5	PA LA; ACS
<i>cinacalcet hydrochloride tablet 30mg</i>	4	QL (60 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 90mg</i>	5	QL (120 EA per 30 days); ACS
<i>cinacalcet hydrochloride tablet 60mg</i>	5	QL (60 EA per 30 days); ACS
CYSTAGON	4	PA LA; ACS
<i>desmopressin acetate tablet</i>	2	MO GC
<i>desmopressin acetate injection, nasal solution</i>	4	MO
<i>fomepizole</i>	5	
GENOTROPIN CARTRIDGE 12MG, 5MG	5	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.2MG	3	PA; ACS
GENOTROPIN MINIQUICK INJECTION 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	5	PA; ACS
INCRELEX	5	PA LA; ACS
<i>javygtor</i>	5	PA LA
KORLYM	5	PA LA
LEVOCARNITINE TABLET	4	MO
<i>levocarnitine solution</i>	4	MO
<i>methergine</i>	4	
<i>methylergonovine maleate tablet</i>	5	MO
<i>nitisinone</i>	5	PA; ACS
<i>octreotide acetate</i>	4	PA; ACS
<i>raloxifene hydrochloride</i>	2	MO GC
SANDOSTATIN LAR DEPOT KIT	5	PA; ACS
<i>sapropterin dihydrochloride</i>	5	PA; ACS
SIGNIFOR INJECTION 0.3MG/ML, 0.6MG/ML, 0.9MG/ML	5	PA LA
<i>sodium phenylbutyrate tablet, oral powder</i>	5	PA; ACS
SOMATULINE DEPOT	5	PA LA; ACS
SOMAVERT INJECTION	5	PA LA; ACS
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate capsule, tablet 667mg</i>	2	QL (360 EA per 30 days) MO GC
<i>lanthanum carbonate</i>	4	MO
REVELA TABLET	3	QL (540 EA per 30 days) MO
REVELA PACKET 2.4GM	3	QL (180 EA per 30 days) MO
REVELA PACKET 0.8GM	3	QL (540 EA per 30 days) MO
VELPHORO	4	QL (180 EA per 30 days) MO

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

Drug Name	Drug Tier	Requirements/Limits
<b>PROGESTINS</b>		
<i>medroxyprogesterone acetate tablet 10mg, 2.5mg, 5mg</i>	1	MO GC
<i>megestrol acetate suspension 40mg/ml, 625mg/5ml</i>	4	MO
<i>norethindrone acetate tablet 5mg</i>	2	MO GC
<i>progesterone capsule</i>	2	MO GC
<i>progesterone injection</i>	4	MO
<b>THYROID AGENTS</b>		
<i>euthyrox</i>	1	MO GC
<i>levo-t</i>	1	GC
<i>levothyroxine sodium tablet</i>	1	MO GC
<i>levoxyl</i>	1	MO GC
<i>liothyronine sodium tablet</i>	2	MO GC
<i>liothyronine sodium injection</i>	5	
<i>methimazole tablet</i>	1	MO GC
<i>propylthiouracil tablet</i>	2	MO GC
SYNTHROID	3	MO
<i>unithroid</i>	1	GC
<b>VITAMIN D ANALOGS</b>		
<i>calcitriol capsule 0.25mcg, 0.5mcg</i>	2	MO GC
<i>calcitriol oral solution 1mcg/ml</i>	4	MO
<i>doxercalciferol injection</i>	4	
<i>paricalcitol capsule 1mcg, 4mcg</i>	2	MO GC
<i>paricalcitol capsule 2mcg</i>	4	MO
<i>paricalcitol injection</i>	4	MO
RAYALDEE	5	MO
<b>GASTROINTESTINAL</b>		
<b>ANTIEMETICS</b>		
<i>aprepitant</i>	4	B/D MO
<i>compro</i>	4	MO; HRM
<i>dronabinol</i>	4	QL (60 EA per 30 days) PA MO
EMEND ORAL SUSPENSION	4	B/D
<i>granisetron hydrochloride tablet</i>	2	QL (60 EA per 30 days) B/D MO GC
<i>meclizine hcl tablet 12.5mg, 25mg</i>	2	MO; HRM GC
<i>metoclopramide hcl tablet 5mg</i>	1	MO GC
<i>metoclopramide hcl oral solution</i>	4	MO
<i>metoclopramide hydrochloride tablet 10mg</i>	1	MO GC
<i>metoclopramide hydrochloride injection</i>	4	MO
<i>metoclopramide odt tablet 5mg</i>	2	MO GC
<i>ondansetron hcl tablet 24mg</i>	2	B/D GC
<i>ondansetron hcl oral solution</i>	2	QL (900 ML per 30 days) B/D MO GC
<i>ondansetron hydrochloride tablet 4mg, 8mg</i>	2	B/D MO GC
<i>ondansetron hydrochloride injection</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ondansetron odt</i>	2	B/D MO GC
<i>prochlorperazine edisylate injection</i>	4	MO; HRM
<i>prochlorperazine maleate tablet</i>	2	MO; HRM GC
<i>prochlorperazine rectal suppository</i>	4	MO; HRM
<i>promethazine hcl plain oral syrup 6.25mg/5ml</i>	4	PA MO; HRM
<i>promethazine hcl tablet 12.5mg</i>	2	PA MO; HRM GC
<i>promethazine hcl injection, suppository</i>	4	PA MO; HRM
<i>promethazine hydrochloride tablet 25mg, 50mg</i>	2	PA MO; HRM GC
<i>promethegan suppository 12.5mg, 50mg</i>	4	PA MO; HRM
<i>promethegan suppository 25mg</i>	4	PA; HRM
SANCUSO	5	QL (4 EA per 28 days) MO
<i>scopolamine patch</i>	4	QL (10 EA per 30 days) PA MO; HRM
<i>trimethobenzamide hydrochloride capsule</i>	4	PA MO
<b>ANTISPASMODICS</b>		
<i>dicyclomine hcl oral solution</i>	4	PA MO; HRM
<i>dicyclomine hydrochloride capsule, tablet</i>	2	PA MO; HRM GC
<i>dicyclomine hydrochloride injection</i>	4	PA MO; HRM
<i>glycopyrrolate tablet 1mg, 2mg</i>	2	MO GC
<i>glycopyrrolate oral solution</i>	4	MO
<i>glycopyrrolate injection 0.2mg/ml (preservative free, prefilled syringe), 0.4mg/2ml</i>	4	
<i>glycopyrrolate injection 0.2mg/ml (vial), 1mg/5ml, 4mg/20ml</i>	4	MO
<i>methscopolamine bromide tablet</i>	4	PA MO
<b>H2-RECEPTOR ANTAGONISTS</b>		
<i>cimetidine tablet</i>	4	MO
<i>famotidine premixed injection 20mg/50ml</i>	4	
<i>famotidine tablet</i>	1	MO GC
<i>famotidine injection</i>	4	
<i>famotidine oral suspension reconstituted</i>	4	MO
<i>nizatidine</i>	2	MO GC
<b>INFLAMMATORY BOWEL DISEASE</b>		
<i>balsalazide disodium</i>	4	MO
<i>budesonide er tablet extended release 24 hour 9mg</i>	4	MO
<i>budesonide capsule delayed release particles 3mg</i>	4	MO
<i>hydrocortisone enema 100mg/60ml</i>	2	MO GC
<i>mesalamine dr capsule delayed release 400mg, tablet delayed release 1.2gm, 800mg</i>	4	MO
<i>mesalamine suppository</i>	2	MO GC
<i>mesalamine enema, kit</i>	4	MO
<i>sulfasalazine tablet, delayed release tablet</i>	2	MO GC
<b>LAXATIVES</b>		
CLENPIQ SOLUTION 12GM/160ML; 3.5GM/160ML; 10MG/160ML	4	

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Drug Name	Drug Tier	Requirements/Limits
CLENPIQ SOLUTION 12GM/175ML; 3.5GM/175ML; 10MG/175ML	4	MO
<i>constulose</i>	2	GC
<i>enulose</i>	2	MO GC
<i>gavilyte-c</i>	2	MO GC
<i>gavilyte-g</i>	2	MO GC
<i>generlac</i>	2	GC
GOLYTELY	3	MO
KRISTALOSE	4	PA MO
<i>lactulose oral solution (constipation)</i>	2	MO GC
<i>peg-3350/electrolytes</i>	2	MO GC
<i>peg-3350/nacl/na bicarbonate/kcl</i>	2	MO GC
PLENVU	4	MO
SODIUM SULFATE/POTASSIUM SULFATE/MAGNESIUM SULFATE	4	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
<b>MISCELLANEOUS</b>		
<i>alosetron hydrochloride</i>	5	QL (60 EA per 30 days) PA MO
<i>cromolyn sodium oral concentrate 100mg/5ml</i>	4	MO
<i>diphenoxylate hydrochloride/atropine sulfate tablet</i>	2	MO; HRM GC
<i>diphenoxylate/atropine oral solution</i>	4	MO; HRM
GATTEX	5	PA LA; ACS
LINZESS	4	QL (30 EA per 30 days) MO
<i>loperamide hcl capsule</i>	2	MO GC
<i>misoprostol tablet</i>	2	MO GC
MOVANTIK TABLET 25MG	3	QL (30 EA per 30 days) MO
MOVANTIK TABLET 12.5MG	3	QL (60 EA per 30 days) MO
<i>sucralfate tablet</i>	2	MO GC
<i>ursodiol capsule 300mg</i>	2	MO GC
<i>ursodiol tablet</i>	4	MO
XERMELO	5	QL (84 EA per 28 days) PA LA
XIFAXAN TABLET 550MG	5	PA MO
<b>PANCREATIC ENZYMES</b>		
CREON	3	MO
ZENPEP	4	MO
<b>PROTON PUMP INHIBITORS</b>		
<i>dexlansoprazole</i>	4	QL (30 EA per 30 days) MO
<i>esomeprazole magnesium capsule delayed release</i>	2	QL (30 EA per 30 days) MO GC
<i>esomeprazole sodium injection</i>	2	GC
<i>lansoprazole capsule delayed release 15mg</i>	2	QL (30 EA per 30 days) MO GC
<i>lansoprazole capsule delayed release 30mg</i>	2	QL (42 EA per 30 days) MO GC
<i>omeprazole dr capsule delayed release 10mg</i>	1	QL (30 EA per 30 days) MO GC
<i>omeprazole capsule delayed release 20mg</i>	1	QL (30 EA per 30 days) MO GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>omeprazole capsule delayed release 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>pantoprazole sodium injection</i>	4	
<i>pantoprazole sodium tablet delayed release 20mg</i>	1	QL (30 EA per 30 days) MO GC
<i>pantoprazole sodium tablet delayed release 40mg</i>	1	QL (60 EA per 30 days) MO GC
<i>rabeprazole sodium delayed release tablet 20mg</i>	2	QL (30 EA per 30 days) MO GC
<b>GENITOURINARY</b>		
<b>BENIGN PROSTATIC HYPERPLASIA</b>		
<i>alfuzosin hcl er</i>	1	QL (30 EA per 30 days) MO GC
<i>dutasteride</i>	2	QL (30 EA per 30 days) MO GC
<i>dutasteride/tamsulosin hydrochloride</i>	4	QL (30 EA per 30 days) MO
<i>finasteride tablet 5mg</i>	1	QL (30 EA per 30 days) MO GC
<i>silodosin capsule 8mg</i>	2	QL (30 EA per 30 days) MO GC
<i>silodosin capsule 4mg</i>	4	QL (30 EA per 30 days) MO
<i>tamsulosin hydrochloride</i>	2	QL (60 EA per 30 days) MO GC
<b>MISCELLANEOUS</b>		
<i>acetic acid 0.25% irrigation solution</i>	2	MO GC
<i>bethanechol chloride tablet</i>	2	MO GC
<i>potassium citrate er tablet extended release 540mg</i>	2	MO GC
<i>potassium citrate er tablet extended release 1080mg, 15meq</i>	4	MO
<b>URINARY ANTISPASMODICS</b>		
<i>fesoterodine fumarate er</i>	4	QL (30 EA per 30 days) MO; HRM
GEMTESA	4	QL (30 EA per 30 days) MO
MYRBETRIQ TABLET EXTENDED RELEASE 24 HOUR	4	QL (30 EA per 30 days) MO
MYRBETRIQ SUSPENSION RECONSTITUTED ER	4	QL (300 ML per 28 days) MO
<i>oxybutynin chloride er tablet extended release 24 hour 5mg</i>	2	QL (30 EA per 30 days) MO; HRM GC
<i>oxybutynin chloride er tablet extended release 24 hour 10mg, 15mg</i>	2	QL (60 EA per 30 days) MO; HRM GC
<i>oxybutynin chloride tablet 5mg</i>	2	QL (120 EA per 30 days) MO; HRM GC
<i>oxybutynin chloride syrup</i>	2	QL (600 ML per 30 days) MO; HRM GC
<i>solifenacin succinate</i>	2	QL (30 EA per 30 days) MO; HRM GC
<i>tolterodine tartrate er capsule</i>	4	QL (30 EA per 30 days) MO; HRM
<i>tolterodine tartrate tablet</i>	2	QL (60 EA per 30 days) MO; HRM GC
<i>trospium chloride er capsule</i>	4	QL (30 EA per 30 days) MO; HRM
<i>trospium chloride tablet</i>	2	QL (60 EA per 30 days) MO; HRM GC
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal cream 2%</i>	4	MO
<i>metronidazole vaginal gel 0.75%</i>	4	MO
<i>miconazole 3 vaginal suppository</i>	2	MO GC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>terconazole cream</i>	2	MO GC
<i>terconazole suppository</i>	4	MO
<b>HEMATOLOGIC</b>		
<b>ANTICOAGULANTS</b>		
<i>dabigatran etexilate</i>	4	QL (60 EA per 30 days) MO
ELIQUIS STARTER PACK	3	QL (74 EA per 30 days) MO
ELIQUIS TABLET 2.5MG	3	QL (60 EA per 30 days) MO
ELIQUIS TABLET 5MG	3	QL (74 EA per 30 days) MO
<i>enoxaparin sodium</i>	4	MO
<i>fondaparinux sodium</i>	4	MO
<i>heparin sodium injection 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000units/ml</i>	2	MO GC
HEPARIN SODIUM/D5W INJECTION 20000UNIT/500ML, 4 25000UNIT/500ML	4	
HEPARIN SODIUM/DEXTROSE INJECTION 25000UNIT/250ML (100UNIT/ML)	4	
HEPARIN SODIUM/SODIUM CHLORIDE 0.45%	4	
<i>jantoven</i>	1	MO GC
<i>warfarin sodium</i>	1	MO GC
XARELTO STARTER PACK	3	QL (51 EA per 30 days) MO
XARELTO ORAL SUSPENSION RECONSTITUTED	3	QL (620 ML per 30 days) MO
XARELTO TABLET 10MG, 15MG, 20MG	3	QL (30 EA per 30 days) MO
XARELTO TABLET 2.5MG	3	QL (60 EA per 30 days) MO
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
PROCRIT INJECTION 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	3	PA; ACS
PROCRIT INJECTION 20000UNIT/ML, 40000UNIT/ML	5	PA; ACS
ZARXIO	5	PA; ACS
<b>MISCELLANEOUS</b>		
<i>anagrelide hydrochloride</i>	2	MO GC
BERINERT	5	QL (24 EA per 30 days) PA LA; ACS
<i>cilostazol</i>	2	MO GC
DOPTELET	5	QL (60 EA per 30 days) PA LA; ACS
DROXIA	3	MO
ENDARI PACKET FOR ORAL SOLUTION	5	PA LA; ACS
HAEGARDA INJECTION 3000UNIT	5	QL (20 EA per 30 days) PA LA; ACS
HAEGARDA INJECTION 2000UNIT	5	QL (30 EA per 30 days) PA LA; ACS
<i>icatibant acetate</i>	5	QL (27 ML per 30 days) PA; ACS
<i>pentoxifylline er</i>	2	MO GC

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

Drug Name	Drug Tier	Requirements/Limits
PROMACTA PACKET 25MG	5	QL (180 EA per 30 days) PA LA; ACS
PROMACTA PACKET 12.5MG	5	QL (360 EA per 30 days) PA LA; ACS
PROMACTA TABLET 12.5MG, 25MG	5	QL (30 EA per 30 days) PA LA; ACS
PROMACTA TABLET 50MG, 75MG	5	QL (60 EA per 30 days) PA LA; ACS
<i>sajazir</i>	5	QL (27 ML per 30 days) PA LA
<i>tranexamic acid tablet</i>	2	MO GC
<i>tranexamic acid injection</i>	4	
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin/dipyridamole er</i>	4	QL (60 EA per 30 days) MO
BRILINTA	4	MO
<i>clopidogrel tablet 75mg</i>	1	QL (30 EA per 30 days) MO GC
<i>clopidogrel tablet 300mg</i>	2	QL (2 EA per 365 days) MO GC
<i>dipyridamole tablet</i>	2	PA MO GC
<i>prasugrel</i>	2	MO GC
<b>IMMUNOLOGIC AGENTS</b>		
<b>AUTOIMMUNE AGENTS</b>		
DUPIXENT INJECTION 100MG/0.67ML	5	QL (1.34 ML per 28 days) PA; ACS
DUPIXENT INJECTION 200MG/1.14ML	5	QL (4.56 ML per 28 days) PA; ACS
DUPIXENT INJECTION 300MG/2ML	5	QL (8 ML per 28 days) PA; ACS
ENBREL	5	QL (8 ML per 28 days) PA; ACS
ENBREL MINI	5	QL (8 ML per 28 days) PA; ACS
ENBREL SURECLICK	5	QL (8 ML per 28 days) PA; ACS
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	5	PA; ACS
HUMIRA PEN-CD/UC/HS STARTER	5	PA; ACS
HUMIRA PEN-PEDIATRIC UC STARTER PACK	5	PA; ACS
HUMIRA PEN-PS/UV STARTER	5	PA; ACS
HUMIRA PEN INJECTION 80MG/0.8ML	5	PA; ACS
HUMIRA PEN INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA; ACS
HUMIRA INJECTION 10MG/0.1ML, 20MG/0.2ML	5	QL (2 EA per 28 days) PA; ACS
HUMIRA INJECTION 40MG/0.4ML, 40MG/0.8ML	5	QL (6 EA per 28 days) PA; ACS
KEVZARA	5	QL (2.28 ML per 28 days) PA; ACS
OTEZLA TABLET THERAPY PACK	5	QL (110 EA per 365 days) PA; ACS
OTEZLA TABLET	5	QL (60 EA per 30 days) PA; ACS
RINVOQ	5	QL (30 EA per 30 days) PA; ACS
SKYRIZI PEN	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 180MG/1.2ML	5	QL (1.2 ML per 56 days) PA; ACS
SKYRIZI INJECTION 360MG/2.4ML	5	QL (2.4 ML per 56 days) PA; ACS
SKYRIZI INJECTION 150MG/ML	5	QL (6 ML per 365 days) PA; ACS
SKYRIZI INJECTION 600MG/10ML	5	QL (60 ML per 365 days) PA; ACS

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

Drug Name	Drug Tier	Requirements/Limits
STELARA INJECTION 45MG/0.5ML VIAL	5	QL (0.5 ML per 28 days) PA LA; ACS
STELARA INJECTION 45MG/0.5ML PREFILLED SYRINGE	5	QL (0.5 ML per 28 days) PA; ACS
STELARA SC INJECTION 90MG/ML PREFILLED SYRINGE	5	QL (1 ML per 28 days) PA; ACS
STELARA IV INJECTION 120MG/26ML	5	QL (208 ML per 365 days) PA LA; ACS
TALTZ	5	QL (3 ML per 28 days) PA LA; ACS
XELJANZ XR	5	QL (30 EA per 30 days) PA; ACS
XELJANZ SOLUTION	5	QL (480 ML per 24 days) PA; ACS
XELJANZ TABLET	5	QL (60 EA per 30 days) PA; ACS
<b><i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i></b>		
<i>hydroxychloroquine sulfate tablet 200mg</i>	2	MO GC
<i>leflunomide</i>	2	QL (30 EA per 30 days) MO GC
<i>methotrexate sodium tablet 2.5mg</i>	2	MO GC
XATMEP	4	MO
<b><i>IMMUNOGLOBULINS</i></b>		
GAMASTAN	3	B/D LA; ACS
GAMMAKED	5	PA; ACS
GAMUNEX-C	5	PA; ACS
OCTAGAM	5	PA; ACS
PRIVIGEN	5	PA; ACS
<b><i>IMMUNOMODULATORS</i></b>		
ACTIMMUNE	5	PA LA; ACS
ARCALYST	5	PA LA; ACS
<b><i>IMMUNOSUPPRESSANTS</i></b>		
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5MG, 1MG	4	B/D MO
ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5MG	5	B/D MO
AZATHIOPRINE INJECTION	4	B/D
<i>azathioprine tablet 50mg</i>	2	B/D MO GC
BENLYSTA	5	PA LA; ACS
<i>cyclosporine capsule, iv solution</i>	4	B/D MO
<i>cyclosporine modified capsule, modified oral solution</i>	4	B/D MO
<i>everolimus tablet 0.25mg</i>	4	B/D MO
<i>everolimus tablet 0.5mg, 0.75mg, 1mg</i>	5	B/D MO
<i>engraf capsule</i>	4	B/D
<i>engraf solution</i>	4	B/D MO
<i>mycophenolate mofetil capsule, tablet</i>	2	B/D MO GC
<i>mycophenolate mofetil injection</i>	4	B/D MO
<i>mycophenolate mofetil oral suspension reconstituted</i>	5	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>mycophenolic acid delayed release tablet</i>	4	B/D MO
PROGRAF GRANULES	4	B/D MO
REZUROCK	4	QL (30 EA per 30 days) PA LA
SANDIMMUNE ORAL SOLUTION	4	B/D MO
<i>sirolimus tablet</i>	4	B/D MO
<i>sirolimus solution</i>	5	B/D MO
<i>tacrolimus capsule 0.5mg, 1mg</i>	2	B/D MO GC
<i>tacrolimus capsule 5mg</i>	4	B/D MO
<b>VACCINES</b>		
ACTHIB	3	
ADACEL	3	
BCG VACCINE	4	
BEXSERO	3	
BOOSTRIX	3	
DAPTACEL	3	
DENGVAXIA	3	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC	3	
ENGERIX-B	3	B/D
GARDASIL 9	4	
HAVRIX	3	
HEPLISAV-B	3	B/D
HIBERIX	3	
IMOVAX RABIES (H.D.C.V.)	4	B/D
INFANRIX	3	
IPOL INACTIVATED IPV	3	
IXIARO	4	
JYNNEOS	3	B/D
KINRIX	3	
M-M-R II	3	
MENACTRA	4	
MENQUADFI	4	
MENVEO	3	
PEDIARIX	3	
PEDVAX HIB	3	
PENTACEL	3	
PREHEVBRIO	3	B/D
PRIORIX	3	
PROQUAD	3	
QUADRACEL	3	
RABAVERT	4	B/D
RECOMBIVAX HB	3	B/D
ROTARIX	3	
ROTATEQ	3	

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Drug Name	Drug Tier	Requirements/Limits
SHINGRIX	3	QL (2 EA per 999 days)
TDVAX	3	
TENIVAC	3	
TICOVAC	3	
TRUMENBA	3	
TWINRIX	3	
TYPHIM VI	3	
VAQTA	3	
VARIVAX	3	
YF-VAX	4	
<b>NUTRITIONAL/SUPPLEMENTS</b>		
<b><i>ELECTROLYTES/MINERALS, INJECTABLE</i></b>		
DEXTROSE 10%/NACL 0.45%	4	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	4	
DEXTROSE 10%/NACL 0.2%	4	
DEXTROSE 2.5%/NACL 0.45%	4	
DEXTROSE 5%/LACTATED RINGERS	4	
DEXTROSE 5%/NACL 0.2%	4	
<i>dextrose 5%/nacl 0.3%</i>	4	
DEXTROSE 5%/NACL 0.33%	4	
DEXTROSE 5%/NACL 0.45%	4	
DEXTROSE 5%/NACL 0.9%	4	MO
DEXTROSE 5%/NACL 0.225%	4	
ISOLYTE-P/DEXTROSE 5%	4	
ISOLYTE-S	4	B/D
ISOLYTE-S PH 7.4	4	B/D
KCL 0.075%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.2%	4	
KCL 0.15%/D5W/NACL 0.45%	4	
KCL 0.15%/D5W/NACL 0.9%	4	
KCL 0.3%/D5W/NACL 0.45%	4	
KCL 0.3%/D5W/NACL 0.9%	4	
<i>lactated ringers</i>	4	
MAGNESIUM SULFATE INJECTION 20GM/500ML, 40GM/1000ML, 4GM/50ML	3	
<i>magnesium sulfate injection 2gm/50ml, 4gm/100ml, 50%</i>	4	
PLASMA-LYTE A	4	
PLASMA-LYTE-148	4	
POTASSIUM CHLORIDE/DEXTROSE	4	
POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE	4	
POTASSIUM CHLORIDE/SODIUM CHLORIDE INJECTION 40MEQ/L; 0.9%	4	

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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride/sodium chloride injection 20meq/l; 0.45%, 4 20meq/l; 0.9%</i>	4	
POTASSIUM CHLORIDE INJECTION 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML	4	
<i>potassium chloride injection 2meq/ml</i>	4	MO
<i>sodium bicarbonate injection 4.2%</i>	4	
<i>sodium bicarbonate injection 8.4%</i>	4	MO
<i>sodium chloride 0.45%</i>	4	
SODIUM CHLORIDE INJECTION 2.5MEQ/ML, 5%	4	MO
<i>sodium chloride injection 0.9%, 3%, 4meq/ml</i>	4	MO
TPN ELECTROLYTES	4	B/D
<b><i>ELECTROLYTES/MINERALS/VITAMINS, ORAL</i></b>		
<i>adc/fluoride drops</i>	4	MO
<i>effer-k tablet effervescent 25meq</i>	2	MO GC
<i>fluoride chewable tablet</i>	4	MO
<i>klor-con 10</i>	2	GC
<i>klor-con 8</i>	2	GC
<i>klor-con m10</i>	2	MO GC
<i>klor-con m15</i>	2	MO GC
<i>klor-con m20</i>	2	MO GC
<i>klor-con powder packet 20meq</i>	4	
<i>klor-con effervescent tablet</i>	2	MO GC
M-NATAL PLUS	3	MO
<i>multi-vitamin/fluoride drops</i>	4	MO
<i>multi-vitamin/fluoride/iron drops</i>	4	MO
<i>multivitamin/fluoride chewable tablet 1mg, 0.5mg, 0.25mg</i>	4	MO
NEONATAL PLUS	3	MO
NIVA-PLUS	3	MO
PNV PRENATAL PLUS MULTIVITAMIN	3	MO
<i>potassium chloride er capsule extended release</i>	2	MO GC
<i>potassium chloride er tablet extended release 15meq</i>	2	GC
<i>potassium chloride er tablet extended release 10meq, 20meq, 8meq</i>	2	MO GC
<i>potassium chloride packet 20meq</i>	4	MO
<i>potassium chloride oral solution 10%, 20%</i>	4	MO
PRENATAL	3	MO
PRENATAL PLUS	3	MO
<i>sodium fluoride solution 0.5mg/ml</i>	4	MO
<i>sodium fluoride tablet chewable 0.25mg, 0.5mg, 1mg</i>	4	MO
<i>tri-vite/fluoride drops</i>	4	MO
TRICARE PRENATAL TABLET	3	MO
WESTAB PLUS	3	MO

***IV NUTRITION***

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



Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 10%	4	B/D
CLINIMIX 4.25%/DEXTROSE 5%	4	B/D
CLINIMIX 5%/DEXTROSE 15%	4	B/D
CLINIMIX 5%/DEXTROSE 20%	4	B/D
CLINIMIX 6/5	4	B/D
CLINIMIX 8/10	4	B/D
CLINIMIX 8/14	4	B/D
<i>clinisol sf 15%</i>	4	B/D MO
CLINOLIPID	4	B/D
<i>dextrose 10%</i>	2	GC
<i>dextrose 5%</i>	2	MO GC
DEXTROSE 50%	4	B/D
DEXTROSE 70%	4	B/D
HEPATAMINE	4	B/D
NUTRILIPID	4	B/D
<i>plenamine</i>	4	B/D
PREMASOL	5	B/D
PROSOL	4	B/D
TRAVASOL	4	B/D
TROPHAMINE	4	B/D

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

<i>neo-polycin hc ophthalmic ointment</i>	2	GC
<i>neomycin/polymyxin/bacitracin/hydrocortisone ophthalmic ointment</i>	2	MO GC
<i>neomycin/polymyxin/dexamethasone ophthalmic suspension, ophthalmic ointment</i>	2	MO GC
<i>neomycin/polymyxin/hydrocortisone ophthalmic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	2	MO GC
TOBRADEX OINTMENT	4	MO
TOBRADEX ST SUSPENSION	4	MO
<i>tobramycin/dexamethasone ophthalmic suspension</i>	4	MO
ZYLET	3	MO

**ANTI-INFECTIVES**

<i>bacitracin ophthalmic ointment 500units/gm</i>	4	MO
<i>bacitracin/polymyxin b ophthalmic ointment</i>	2	MO GC
BESIVANCE	3	MO
CILOXAN OINTMENT	3	QL (42 GM per 30 days) MO
<i>ciprofloxacin hydrochloride ophthalmic solution 0.3%</i>	2	QL (30 ML per 30 days) MO GC
<i>erythromycin ointment 5mg/gm</i>	2	QL (42 GM per 30 days) MO GC
<i>gatifloxacin ophthalmic solution</i>	2	QL (20 ML per 30 days) MO GC
<i>gentamicin sulfate ophthalmic solution 0.3%</i>	2	QL (30 ML per 30 days) MO GC
<i>levofloxacin ophthalmic solution 1.5%</i>	2	QL (20 ML per 30 days) GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levofloxacin ophthalmic solution 0.5%</i>	2	QL (30 ML per 30 days) MO GC
<i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic solution 0.5%</i>	2	QL (12 ML per 30 days) MO GC
<i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic solution 0.5%</i>	4	QL (12 ML per 30 days) MO
NATACYN	4	MO
<i>neo-polycin ophthalmic ointment</i>	2	GC
<i>neomycin/bacitracin/polymyxin ophthalmic ointment</i>	2	MO GC
<i>neomycin/polymyxin/gramicidin ophthalmic solution</i>	2	MO GC
<i>ofloxacin ophthalmic solution 0.3%</i>	2	QL (60 ML per 30 days) MO GC
<i>polycin ophthalmic ointment</i>	2	GC
<i>polymyxin b sulfate/trimethoprim sulfate ophthalmic solution</i>	2	MO GC
<i>sulfacetamide sodium ointment 10%</i>	2	MO GC
<i>sulfacetamide sodium ophthalmic solution 10%</i>	2	QL (90 ML per 30 days) MO GC
<i>tobramycin solution 0.3%</i>	2	QL (30 ML per 30 days) MO GC
<i>trifluridine</i>	2	MO GC
ZIRGAN	4	MO
<b>ANTI-INFLAMMATORIES</b>		
ALREX	3	MO
<i>bromfenac ophthalmic solution</i>	4	MO
BROMSITE	4	MO
<i>dexamethasone sodium phosphate ophthalmic solution 0.1%</i>	2	MO GC
<i>diclofenac sodium ophthalmic solution 0.1%</i>	2	QL (10 ML per 30 days) MO GC
<i>difluprednate</i>	4	MO
EYSUVIS	4	MO
FLAREX	4	MO
FLUOROMETHOLONE	3	MO
<i>flurbiprofen sodium ophthalmic solution 0.03%</i>	2	MO GC
<i>ketorolac tromethamine ophthalmic solution 0.4%, 0.5%</i>	2	MO GC
LOTEMAX OINTMENT	3	MO
LOTEMAX SM GEL 0.38%	3	MO
<i>loteprednol etabonate</i>	2	MO GC
<i>prednisolone acetate ophthalmic suspension 1%</i>	2	MO GC
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION 1%	3	MO
PROLENSA	3	MO
<b>ANTIALLERGICS</b>		
<i>azelastine hcl ophthalmic solution 0.05%</i>	2	MO GC
<i>cromolyn sodium ophthalmic solution 4%</i>	1	MO GC
<i>epinastine hcl</i>	2	MO GC
<i>olopatadine hcl ophthalmic solution 0.1%</i>	2	MO GC
<i>olopatadine hydrochloride ophthalmic solution 0.2%</i>	2	MO GC
ZERViate	4	MO
<b>ANTIGLAUCOMA</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betaxolol hcl solution 0.5%</i>	2	MO GC
BETOPTIC-S	4	MO
<i>brimonidine tartrate ophthalmic solution 0.2%</i>	1	MO GC
<i>brinzolamide</i>	4	MO
<i>carteolol hcl</i>	1	MO GC
COMBIGAN	3	MO
<i>dorzolamide hcl/timolol maleate</i>	1	MO GC
<i>dorzolamide hydrochloride</i>	2	MO GC
<i>dorzolamide hydrochloride/timolol maleate solution 2%-0.5% preservative free</i>	4	MO
<i>latanoprost ophthalmic solution</i>	1	MO GC
<i>levobunolol hcl</i>	1	MO GC
LUMIGAN	3	MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic solution</i>	4	MO
RHOPRESSA	4	MO
ROCKLATAN	4	MO
SIMBRINZA	4	MO
TIMOLOL MALEATE OPHTHALMIC GEL FORMING SOLUTION	4	MO
<i>timolol maleate (generic Timoptic) solution 0.25%, 0.5%</i>	1	MO GC
<i>timolol maleate once-daily ophthalmic (generic Istalol) solution 0.5%</i>	4	MO
<i>travoprost</i>	2	MO GC
VYZULTA	4	MO
<b>MISCELLANEOUS</b>		
ATROPINE SULFATE OPHTHALMIC SOLUTION 1%	3	MO
CYSTARAN	5	PA LA
ISOPTO ATROPINE	3	MO
<i>proparacaine hcl</i>	2	MO GC
RESTASIS	3	QL (60 EA per 30 days) MO
RESTASIS MULTIDOSE	3	QL (5.5 ML per 30 days) MO
TYRVAYA	4	QL (8.4 ML per 30 days) MO
XIIDRA	3	QL (60 EA per 30 days) MO
<b>OTIC</b>		
<b>OTIC AGENTS</b>		
<i>acetic acid otic solution 2%</i>	2	MO GC
CIPRO HC	4	MO
<i>ciprofloxacin/dexamethasone</i>	4	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide otic oil 0.01%</i>	4	MO
<i>hydrocortisone/acetic acid otic solution</i>	4	MO
<i>neomycin/polymyxin/hc otic solution 1%</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin/polymyxin/hydrocortisone otic suspension 1%; 3.5mg/ml; 10000unit/ml</i>	4	MO
<i>ofloxacin otic solution 0.3%</i>	2	MO GC
<b>RESPIRATORY</b>		
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>		
ANORO ELLIPTA	3	QL (60 EA per 30 days) MO
BREZTRI AEROSPHERE	3	QL (10.7 GM per 30 days) MO
COMBIVENT RESPIMAT	4	QL (8 GM per 30 days) MO
<i>ipratropium bromide/albuterol sulfate nebulized solution</i>	2	B/D MO GC
STIOLTO RESPIMAT	4	QL (4 GM per 30 days) MO
TRELEGY ELLIPTA	3	QL (60 EA per 30 days) MO
<b>ANTICHOLINERGICS</b>		
ATROVENT HFA	4	QL (25.8 GM per 30 days) MO
INCRUSE ELLIPTA	3	QL (30 EA per 30 days) MO
<i>ipratropium bromide inhalation solution 0.02%</i>	2	B/D MO GC
<i>ipratropium bromide nasal solution 0.03%</i>	2	QL (30 ML per 28 days) MO GC
<i>ipratropium bromide nasal solution 0.06%</i>	2	QL (45 ML per 30 days) MO GC
SPIRIVA HANDIHALER	4	QL (30 EA per 30 days) MO
SPIRIVA RESPIMAT	4	QL (4 GM per 30 days) MO
<b>ANTI-HISTAMINES</b>		
<i>azelastine hcl nasal solution 0.15%</i>	2	QL (30 ML per 25 days) MO GC
<i>azelastine hydrochloride nasal solution 0.1%</i>	2	QL (30 ML per 25 days) MO GC
<i>carbinoxamine maleate tablet 4mg, oral solution 4mg/5ml</i>	2	PA MO GC
<i>cetirizine hydrochloride oral solution 1mg/ml</i>	2	QL (300 ML per 30 days) MO GC
<i>clemastine fumarate tablet 2.68mg</i>	2	PA MO GC
<i>cyproheptadine hcl oral syrup 2mg/5ml</i>	2	PA MO; HRM GC
<i>cyproheptadine hydrochloride tablet 4mg</i>	4	PA MO; HRM
<i>desloratadine tablet 5mg</i>	2	QL (30 EA per 30 days) MO GC
<i>desloratadine oral dissolving tablet 2.5mg, 5mg</i>	4	QL (30 EA per 30 days) MO
<i>diphenhydramine hcl injection</i>	4	MO; HRM
<i>hydroxyzine hcl tablet</i>	4	PA MO; HRM
<i>hydroxyzine hydrochloride injection, syrup 10mg/5ml</i>	4	PA MO; HRM
<i>hydroxyzine pamoate capsule</i>	4	PA MO; HRM
<i>levocetirizine dihydrochloride tablet</i>	1	QL (30 EA per 30 days) MO GC
<i>levocetirizine dihydrochloride solution</i>	4	MO
<i>olopatadine hcl nasal solution 0.6%</i>	4	QL (30.5 GM per 30 days) MO
<b>BETA AGONISTS</b>		
<i>albuterol sulfate hfa (generic Proventil HFA) aerosol solution 108mcg/act</i>	2	QL (13.4 GM per 30 days) MO GC
<i>albuterol sulfate hfa (generic ProAir HFA) aerosol solution 108mcg/act</i>	2	QL (17 GM per 30 days) MO GC
<i>albuterol sulfate hfa (generic Ventolin HFA) aerosol solution 108mcg/act</i>	2	QL (36 GM per 30 days) MO GC
<i>albuterol sulfate nebulization solution</i>	4	B/D MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate syrup, tablet</i>	4	MO
<i>levalbuterol hcl nebulization solution 0.63mg/3ml, 1.25mg/3ml</i>	2	B/D MO GC
<i>levalbuterol hcl nebulization solution 0.31mg/3ml</i>	4	B/D MO
<i>levalbuterol nebulization solution 1.25mg/0.5ml</i>	4	B/D MO
LEVALBUTEROL TARTRATE HFA	3	QL (30 GM per 30 days) MO
SEREVENT DISKUS	3	QL (60 EA per 30 days) MO
<i>terbutaline sulfate injection, tablet</i>	4	MO
VENTOLIN HFA	3	QL (36 GM per 30 days) MO
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium tablet chewable, tablet</i>	1	QL (30 EA per 30 days) MO GC
<i>montelukast sodium packet</i>	2	QL (30 EA per 30 days) MO GC
<i>zafirlukast</i>	4	QL (60 EA per 30 days) MO
<b>MISCELLANEOUS</b>		
<i>acetylcysteine inhalation solution 10%, 20%</i>	2	B/D MO GC
<i>aminophylline</i>	4	
BRONCHITOL	5	QL (560 EA per 28 days) PA LA; ACS
BRONCHITOL TOLERANCE TEST	5	QL (560 EA per 28 days) PA LA; ACS
<i>cromolyn sodium nebulization solution 20mg/2ml</i>	1	B/D MO GC
<i>epinephrine injection 0.15mg/0.3ml, 0.15mg/0.15ml, 0.3mg/0.3ml</i>	2	QL (2 EA per 30 days) MO GC
FASENRA	5	QL (1 ML per 28 days) PA LA; ACS
FASENRA PEN	5	QL (1 ML per 28 days) PA LA; ACS
KALYDECO PACKET	5	QL (56 EA per 28 days) PA LA
KALYDECO TABLET	5	QL (60 EA per 30 days) PA LA
NUCALA INJECTION 40MG/0.4ML	5	QL (0.4 ML per 28 days) PA LA; ACS
NUCALA INJECTION 100MG VIAL	5	QL (3 EA per 28 days) PA LA; ACS
NUCALA INJECTION 100MG/ML PREFILLED SYRINGE, 5 AUTO-INJECTOR	5	QL (3 ML per 28 days) PA LA; ACS
OFEV	5	QL (60 EA per 30 days) PA LA; ACS
ORKAMBI TABLET	5	QL (112 EA per 28 days) PA LA
ORKAMBI PACKET	5	QL (56 EA per 28 days) PA LA
<i>pirfenidone capsule</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 267mg</i>	5	QL (270 EA per 30 days) PA; ACS
<i>pirfenidone tablet 534mg, 801mg</i>	5	QL (90 EA per 30 days) PA; ACS
PROLASTIN-C	5	PA LA
PULMOZYME	5	PA; ACS
<i>roflumilast</i>	4	MO
<i>theophylline er tablet extended release 24 hour 400mg, 600mg</i>	2	MO GC
<i>theophylline er tablet extended release 12 hour 300mg, 450mg</i>	4	MO

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

Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral solution</i>	2	MO GC
TRIKAFTA THERAPY PACK	5	QL (56 EA per 28 days) PA LA
TRIKAFTA TABLET THERAPY PACK	5	QL (84 EA per 28 days) PA LA
XOLAIR	5	PA LA; ACS
<b>NASAL STEROIDS</b>		
<i>flunisolide nasal spray 0.025%</i>	2	QL (75 ML per 30 days) MO GC
<i>fluticasone propionate suspension 50mcg/act</i>	1	QL (16 GM per 30 days) MO GC
<i>mometasone furoate suspension 50mcg/act</i>	2	QL (34 GM per 30 days) MO GC
XHANCE	4	QL (32 ML per 30 days) PA MO
<b>STEROID INHALANTS</b>		
ARNUITY ELLIPTA	3	QL (30 EA per 30 days) MO
<i>budesonide suspension 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i>	4	B/D MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 100MCG/BLIST, 50MCG/BLIST	4	QL (120 EA per 30 days) MO
FLOVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 250MCG/BLIST	4	QL (240 EA per 30 days) MO
FLOVENT HFA AEROSOL 44MCG/ACT	4	QL (21.2 GM per 30 days) MO
FLOVENT HFA AEROSOL 110MCG/ACT, 220MCG/ACT	4	QL (24 GM per 30 days) MO
<b>STEROID/BETA-AGONIST COMBINATIONS</b>		
ADVAIR HFA	4	QL (12 GM per 30 days) MO
BREO ELLIPTA	3	QL (60 EA per 30 days) MO
DULERA	4	QL (13 GM per 30 days) MO
<i>fluticasone propionate/salmeterol diskus</i>	2	QL (60 EA per 30 days) MO GC
<i>wixela inhub</i>	2	QL (60 EA per 30 days) MO GC
<b>TOPICAL</b>		
<b>DERMATOLOGY, ACNE</b>		
<i>acutane</i>	4	PA
<i>amnestem</i>	4	PA
<i>claravis</i>	4	PA
<i>clindacin foam</i>	4	QL (100 GM per 30 days)
<i>clindamycin phosphate foam 1%</i>	4	QL (100 GM per 30 days) MO
<i>clindamycin phosphate gel 1%</i>	2	QL (75 GM per 30 days) MO GC
<i>clindamycin phosphate lotion 1%</i>	3	QL (60 ML per 30 days) MO
<i>clindamycin phosphate external solution 1%</i>	2	QL (60 ML per 30 days) MO GC
<i>dapsone gel 5%</i>	4	QL (90 GM per 30 days) MO
<i>ery pad 2%</i>	2	MO GC
<i>erythromycin/benzoyl peroxide</i>	4	MO
<i>erythromycin gel 2%</i>	4	QL (60 GM per 30 days) MO
<i>erythromycin solution 2%</i>	4	QL (60 ML per 30 days) MO
<i>isotretinoin</i>	4	PA
<i>sulfacetamide sodium lotion 10%</i>	4	MO
<i>tretinoin cream 0.025%, 0.05%, 0.1%</i>	4	QL (45 GM per 30 days) PA MO
<i>tretinoin gel 0.01%, 0.025%, 0.05%</i>	4	QL (45 GM per 30 days) PA MO
<i>zenatane</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGY, ANTIBIOTICS</b>		
<i>gentamicin sulfate cream 0.1%</i>	2	QL (30 GM per 30 days) MO GC
<i>gentamicin sulfate ointment 0.1%</i>	2	QL (30 GM per 30 days) MO GC
<i>mafenide acetate packet</i>	4	MO
<i>mupirocin ointment</i>	2	QL (30 GM per 30 days) MO GC
<i>mupirocin cream</i>	4	QL (30 GM per 30 days) MO
<i>silver sulfadiazine cream</i>	2	MO GC
SSD	4	
SULFAMYLON CREAM 85MG/GM	4	MO
<b>DERMATOLOGY, ANTIFUNGALS</b>		
<i>ciclopirox olamine cream 0.77%</i>	2	QL (90 GM per 30 days) MO GC
<i>ciclopirox gel</i>	2	QL (100 GM per 30 days) MO GC
<i>ciclopirox shampoo</i>	2	QL (120 ML per 30 days) MO GC
<i>ciclopirox suspension</i>	2	QL (60 ML per 30 days) MO GC
<i>clotrimazole/betamethasone dipropionate cream</i>	4	QL (45 GM per 30 days) MO
<i>clotrimazole cream 1%</i>	2	QL (45 GM per 30 days) MO GC
<i>clotrimazole solution 1%</i>	2	QL (30 ML per 30 days) MO GC
<i>econazole nitrate cream</i>	2	QL (85 GM per 30 days) MO GC
<i>ketoconazole cream 2%</i>	2	QL (60 GM per 30 days) MO GC
<i>ketoconazole foam 2%</i>	4	QL (100 GM per 30 days) MO
<i>ketodan foam 2%</i>	4	QL (100 GM per 30 days)
<i>naftifine hcl cream 1%</i>	4	QL (90 GM per 30 days) MO
<i>nyamyc powder</i>	2	QL (60 GM per 30 days) GC
<i>nystatin cream 100000unit/gm</i>	2	QL (30 GM per 30 days) MO GC
<i>nystatin ointment 100000unit/gm</i>	2	QL (30 GM per 30 days) MO GC
<i>nystatin powder 100000unit/gm</i>	2	QL (60 GM per 30 days) MO GC
<i>nystop powder</i>	2	QL (60 GM per 30 days) GC
<b>DERMATOLOGY, ANTIPSORIATICS</b>		
<i>acitretin</i>	4	PA MO
<i>calcipotriene cream</i>	4	QL (120 GM per 30 days) PA MO
<i>calcipotriene solution</i>	4	QL (60 ML per 30 days) PA MO
CALCITRIOL OINTMENT 3MCG/GM	4	QL (800 GM per 28 days) PA MO
<i>methoxsalen capsule</i>	5	MO
<i>tazarotene gel</i>	2	QL (100 GM per 30 days) PA MO GC
<i>tazarotene cream</i>	2	QL (60 GM per 30 days) PA MO GC
TAZORAC CREAM 0.05%	4	QL (60 GM per 30 days) PA MO
<b>DERMATOLOGY, ANTISEBORRHEICS</b>		
<i>ketoconazole shampoo 2%</i>	2	QL (120 ML per 30 days) MO GC
<i>selenium sulfide lotion 2.5%</i>	2	MO GC
<b>DERMATOLOGY, CORTICOSTEROIDS</b>		
<i>ala-cort cream 1%</i>	2	GC
<i>ala-cort cream 2.5%</i>	2	QL (30 GM per 30 days) GC
<i>alclometasone dipropionate</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate augmented cream</i>	2	MO GC
<i>betamethasone dipropionate augmented gel, ointment</i>	4	MO
<i>betamethasone dipropionate augmented lotion</i>	4	QL (120 ML per 30 days) MO
<i>betamethasone dipropionate lotion</i>	2	MO GC
<i>betamethasone dipropionate cream, ointment</i>	4	MO
<i>betamethasone valerate cream, lotion, ointment</i>	2	MO GC
<i>betamethasone valerate foam</i>	4	QL (120 GM per 30 days) MO
<i>clobetasol propionate emollient cream 0.05%</i>	4	QL (60 GM per 30 days) MO
<i>clobetasol propionate emollient foam 0.05%</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate foam</i>	4	QL (100 GM per 30 days) MO
<i>clobetasol propionate shampoo</i>	4	QL (118 ML per 30 days) MO
<i>clobetasol propionate spray liquid</i>	4	QL (125 ML per 30 days) MO
<i>clobetasol propionate solution</i>	4	QL (50 ML per 30 days) MO
<i>clobetasol propionate cream, gel, ointment</i>	4	QL (60 GM per 30 days) MO
<i>clodan shampoo 0.05%</i>	4	QL (118 ML per 30 days)
<i>desonide lotion</i>	4	QL (118 ML per 30 days) MO
<i>desonide cream, gel, ointment</i>	4	QL (60 GM per 30 days) MO
<i>desoximetasone cream, ointment</i>	4	QL (100 GM per 30 days) MO
<i>desrx</i>	4	QL (60 GM per 30 days)
<i>diflorasone diacetate</i>	4	QL (60 GM per 30 days) MO
ENSTILAR	4	QL (120 GM per 30 days) PA MO
<i>fluocinolone acetonide body</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide scalp</i>	4	QL (118.28 ML per 30 days) MO
<i>fluocinolone acetonide cream 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide cream 0.01%</i>	4	QL (60 GM per 30 days) MO
<i>fluocinolone acetonide ointment 0.025%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinolone acetonide solution 0.01%</i>	4	QL (90 ML per 30 days) MO
<i>fluocinonide emulsified base cream 0.05%</i>	4	QL (120 GM per 30 days) MO
<i>fluocinonide gel, ointment</i>	4	QL (60 GM per 30 days) MO
<i>fluocinonide solution</i>	4	QL (60 ML per 30 days) MO
<i>fluticasone propionate cream 0.05%</i>	2	MO GC
<i>fluticasone propionate lotion 0.05%</i>	4	QL (120 ML per 30 days) MO
<i>fluticasone propionate ointment 0.005%</i>	2	MO GC
<i>halobetasol propionate cream</i>	2	QL (50 GM per 30 days) MO GC
<i>halobetasol propionate ointment</i>	4	QL (50 GM per 30 days) MO
<i>hydrocortisone butyrate lotion</i>	4	QL (118 ML per 30 days) MO
<i>hydrocortisone butyrate ointment</i>	4	QL (45 GM per 30 days) MO
<i>hydrocortisone butyrate solution</i>	4	QL (60 ML per 30 days) MO
<i>hydrocortisone valerate ointment 0.2%</i>	4	QL (60 GM per 30 days) MO
<i>hydrocortisone cream 1%</i>	2	MO GC
<i>hydrocortisone cream 2.5%</i>	2	QL (30 GM per 30 days) MO GC
<i>hydrocortisone lotion 2.5%</i>	2	MO GC
<i>hydrocortisone ointment 1%, 2.5%</i>	2	QL (30 GM per 30 days) MO GC
<i>mometasone furoate cream 0.1%</i>	2	MO GC

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mometasone furoate ointment 0.1%</i>	2	MO GC
<i>mometasone furoate solution 0.1%</i>	2	MO GC
<i>prednicarbate</i>	4	QL (60 GM per 30 days) MO
<i>proctosol hc cream 2.5%</i>	4	
<i>tovet</i>	4	QL (100 GM per 30 days)
<i>triamcinolone acetonide aerosol solution spray 0.147mg/gm</i>	4	MO
<i>triamcinolone acetonide cream 0.025%, 0.5%</i>	2	MO GC
<i>triamcinolone acetonide cream 0.1%</i>	2	QL (454 GM per 30 days) MO GC
<i>triamcinolone acetonide lotion 0.025%, 0.1%</i>	2	MO GC
<i>triamcinolone acetonide ointment 0.025%, 0.1%, 0.5%</i>	2	MO GC
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>		
<i>lidocaine/prilocaine</i>	2	QL (30 GM per 30 days) MO GC
<i>lidocaine ointment</i>	4	QL (35.44 GM per 30 days) PA MO
<i>lidocaine patch</i>	4	QL (90 EA per 30 days) PA MO
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>		
<i>ammonium lactate cream, lotion</i>	2	MO GC
<i>azelaic acid gel</i>	4	QL (50 GM per 30 days) MO
<i>bexarotene gel 1%</i>	5	QL (60 GM per 30 days) PA; ACS
<i>diclofenac sodium gel 1%</i>	2	QL (1000 GM per 30 days) MO GC
FINACEA FOAM	4	QL (50 GM per 30 days) MO
<i>fluorouracil topical solution 2%, 5%</i>	2	QL (10 ML per 30 days) MO GC
<i>fluorouracil cream 5%</i>	4	QL (40 GM per 30 days) PA MO
<i>hydrocortisone perianal cream 1%</i>	2	MO GC
<i>imiquimod cream 5%</i>	2	QL (24 EA per 30 days) MO GC
<i>imiquimod cream 3.75%</i>	4	QL (28 EA per 28 days) MO
<i>metronidazole cream 0.75%</i>	4	MO
<i>metronidazole gel 0.75%</i>	2	MO GC
<i>metronidazole gel 1%</i>	4	MO
<i>metronidazole lotion 0.75%</i>	4	MO
PANRETIN	5	QL (60 GM per 30 days) PA
<i>podofilox</i>	4	MO
<i>procto-med hc</i>	2	GC
<i>proctozone-hc</i>	4	
RECTIV	4	QL (30 GM per 30 days) MO
<i>tacrolimus ointment 0.03%, 0.1%</i>	4	QL (60 GM per 30 days) MO
VALCHLOR	5	QL (60 GM per 30 days) PA LA
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>		
<i>malathion</i>	4	MO
<i>permethrin cream 5%</i>	2	MO GC
<b>DERMATOLOGY, WOUND CARE AGENTS</b>		
REGRANEX	5	QL (30 GM per 30 days) PA MO
SANTYL	4	MO
<i>sodium chloride 0.9% irrigation solution</i>	2	MO GC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sterile water for irrigation</i>	2	MO GC
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<i>cevimeline hydrochloride</i>	4	MO
<i>chlorhexidine gluconate oral rinse 0.12%</i>	1	MO GC
<i>clinpro 5000</i>	4	MO
<i>clotrimazole troche 10mg</i>	2	MO GC
<i>dentagel</i>	4	MO
<i>fluoridex daily defense</i>	4	
<i>fluoridex sensitivity relief/sls free</i>	4	
<i>fluorimax 5000</i>	4	
<i>fluorimax 5000 sensitive</i>	4	
<i>just right 5000</i>	4	
<i>lidocaine hydrochloride viscous solution 2%</i>	4	MO
<i>nystatin suspension 100000unit/ml</i>	3	MO
<i>oralone dental paste</i>	2	GC
<i>periogard</i>	1	GC
<i>pilocarpine hydrochloride tablet</i>	4	MO
<i>sf gel 1.1%</i>	4	MO
<i>sodium fluoride 5000 ppm dry mouth gel</i>	4	MO
<i>sodium fluoride gel 1.1%</i>	4	MO
<i>triamcinolone acetonide dental paste</i>	2	MO GC

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**Enhanced Drug Benefit List**

We cover some prescription drugs not normally covered in a Medicare prescription drug plan (enhanced drug coverage). These include the select generic prescription vitamins, minerals and erectile dysfunction medicines listed on this page. These drugs and any requirements are listed below. If you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

**Key: PA** - Prior Authorization, **QL** - Quantity Limits, **MO** – Available by mail-order, **ED** - Covered Excluded Drug, **GC** – Gap Coverage

Drug Name	Drug Tier	Requirements/Limits
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<i>Vitamins</i>		
<i>cyanocobalamin</i>	1	
<i>folic acid</i>	1	QL (30 EA per 30 days) MO GC ED
<i>phytonadione</i>	2	QL (10 EA per 30 days) GC ED
<i>vitamin d</i>	1	GC ED
<b>Genitourinary Agents</b>		
<i>Genitourinary Agents, Other</i>		
<i>sildenafil citrate (generic Viagra) tabs 25mg, 50mg, 100mg</i>	1	QL (4 EA per 30 days) GC ED
<i>tadalafil (generic Cialis) tabs 10mg, 20mg</i>	1	QL (4 EA per 30 days) MO GC ED
<i>ildenafil citrate (generic Viagra) tabs 2.5mg 5mg, 10mg, 20mg</i>	1	QL (4 EA per 30 days) GC ED

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



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

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

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call 1 866 235 5660, TTY users call 711, 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

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

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

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

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

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

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## We're listening

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

This formulary was updated on August 1, 2023. For more recent information or other questions, please contact SilverScript Plus (PDP) Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week (TTY users should call 711), or visit [AetnaMedicare.com](https://www.aetna.com).