Sentara® Health Plans

PO Box 66189
Virginia Beach, VA 23466

Sentara Community Complete Select (HMO D-SNP) 2025 Abridged Formulary (Partial List of Covered Drugs or "Drug List")

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

Formulary ID: **25518**, Version: **27**

This abridged formulary was updated on **10/17/2025**. This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Sentara Medicare Member Services at 1-800-927-6048 (TTY users should call 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m., or visit sentarahealthplans.com/plans/medicare/prescription-drugs.

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to "we," "us", or "our," it means Sentara Medicare. When it refers to "plan" or "our plan," it means Sentara Community Complete Select (HMO D-SNP).

This document includes a partial Drug List (formulary) for our plan which is current as of **11/01/2025**. For a complete, updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

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

This document is a partial formulary and includes only some of the drugs covered by Sentara Medicare. For a complete listing of all prescription drugs covered by Sentara Medicare, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the formulary change?
Most changes in drug coverage happen on January 1, but Sentara Medicare may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: sentarahealthplans.com/plans/medicare/prescription-drugs.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to add new restrictions.

  We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

  If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

  If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Sentara Community Complete Select Formulary?”

  Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing

tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Sentara Community Complete Select Formulary?”

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

The enclosed formulary is current as of **11/01/2025**. To get updated information about the drugs covered by Sentara Medicare please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes a revised printable Abridged formulary document will be posted on our website at sentarahealthplans.com/plans/medicare/prescription-drugs. If you are impacted by the change, you will also be mailed a Negative Change letter 60 days prior to the change.

How do I use the Formulary?
There are two ways to find your drug within the formulary:

Medical Condition
The formulary begins on page **8**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR AGENTS. If you know what your drug is used for, look for the category name in the list that begins on page **8**. Then look under the category name for your drug.

Alphabetical Listing
If you are not sure what category to look under, you should look for your drug in the Index that begins on page **107**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?
Sentara Medicare covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?
On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5*,* Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?
Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Sentara Medicare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Sentara Medicare before you fill your prescriptions. If you don't get approval, Sentara Medicare may not cover the drug.

- **Quantity Limits:** For certain drugs, Sentara Medicare limits the amount of the drug that Sentara Medicare will cover. For example, Sentara Medicare provides 90 capsules per prescription for *pregabalin oral capsule 100 mg*. This may be in addition to a standard one-month or three-month supply.

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

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page **8**. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Sentara Medicare to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the Sentara Community Complete Select formulary?" on page 5 for information about how to request an exception.

What are over-the-counter (OTC) drugs?
OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Sentara Medicare pays for certain OTC drugs. Sentara Medicare will provide these OTC drugs at no cost to you. The cost to Sentara Medicare of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Formulary?
If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. This document includes only a partial list of covered drugs, so Sentara Medicare may cover your drug. For more information, 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 learn that Sentara Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Sentara Medicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Sentara Medicare.

- You can ask Sentara Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Sentara Community Complete Select Formulary?
You can ask Sentara Medicare to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Sentara Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier.

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

You or your prescriber should contact us to ask us for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you or your doctor believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?
As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

For more information
For more detailed information about your Sentara Community Complete Select prescription drug coverage, please review your Evidence of Coverage and other plan materials.

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

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

Sentara Community Complete Select Formulary
The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by Sentara Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page **107**.

Remember: This is only a partial list of drugs covered by Sentara Medicare. If your prescription is not in this partial formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., EMGALITY SUBCUTANEIOUS SOLUTION PREFILLED SYRINGE) and generic drugs are listed in lower-case italics (e.g., *atorvastatin calcium oral tablet).*

The information in the Requirements/Limits column tells you if Sentara Medicare has any special requirements for coverage of your drug.

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

List of Abbreviations

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

EX: Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

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

NEDS: Non-Extended Day Supply Medication. This drug is only available as a 30-day supply or less.

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

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

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

V: Vaccines

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b injection recon soln 50 mg	1	B/D PA; MO
amphotericin b liposome intravenous suspension for reconstitution 50 mg	1	B/D PA
caspofungin intravenous recon soln 50 mg, 70 mg	1	
clotrimazole mucous membrane troche 10 mg	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	MO
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	MO
flucytosine oral capsule 250 mg, 500 mg	1	MO; NEDS
griseofulvin microsize oral suspension 125 mg/5 ml	1	MO
griseofulvin microsize oral tablet 500 mg	1	MO
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	MO
itraconazole oral capsule 100 mg	1	MO; QL (120 per 30 days)
ketoconazole oral tablet 200 mg	1	MO
micafungin intravenous recon soln 100 mg, 50 mg	1	MO
nystatin oral suspension 100,000 unit/ml	1	MO
nystatin oral tablet 500,000 unit	1	MO
posaconazole oral tablet,delayed release (dr/ec) 100 mg	1	PA; MO; NEDS; QL (96 per 30 days)
terbinafine hcl oral tablet 250 mg	1	MO
voriconazole intravenous recon soln 200 mg	1	PA; MO; NEDS
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	PA; MO; NEDS
voriconazole oral tablet 200 mg	1	PA; MO; QL (120 per 30 days)
voriconazole oral tablet 50 mg	1	PA; MO; QL (480 per 30 days)
ANTIVIRALS		

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
abacavir oral solution 20 mg/ml	1	MO
abacavir oral tablet 300 mg	1	MO
abacavir-lamivudine oral tablet 600-300 mg	1	MO
acyclovir oral capsule 200 mg	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO
acyclovir oral tablet 400 mg, 800 mg	1	MO
acyclovir sodium intravenous solution 50 mg/ml	1	B/D PA; MO
adefovir oral tablet 10 mg	1	MO
amantadine hcl oral capsule 100 mg	1	MO
amantadine hcl oral solution 50 mg/5 ml	1	MO
amantadine hcl oral tablet 100 mg	1	MO
APTIVUS ORAL CAPSULE 250 MG	1	MO; NEDS
atazanavir oral capsule 150 mg, 200 mg	1	MO; QL (60 per 30 days)
atazanavir oral capsule 300 mg	1	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	MO; NEDS
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	MO; NEDS
CIMDUO ORAL TABLET 300-300 MG	1	MO; NEDS
darunavir oral tablet 600 mg	1	MO; NEDS; QL (60 per 30 days)
darunavir oral tablet 800 mg	1	MO; NEDS; QL (30 per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO; NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	MO; NEDS
DOVATO ORAL TABLET 50-300 MG	1	MO; NEDS
EDURANT ORAL TABLET 25 MG	1	MO; NEDS
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	1	MO; NEDS
efavirenz oral tablet 600 mg	1	MO; QL (30 per 30 days)
efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg	1	MO; NEDS
efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg	1	MO; NEDS
emtricitabine oral capsule 200 mg	1	MO
emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg	1	MO; NEDS; QL (30 per 30 days)

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir (tdf) oral tablet 200-300 mg	1	MO; QL (30 per 30 days)
emtricita-rilpivirine-tenof df oral tablet 200-25-300 mg	1	NEDS
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
entecavir oral tablet 0.5 mg, 1 mg	1	MO
etravirine oral tablet 100 mg, 200 mg	1	MO; NEDS
EVOTAZ ORAL TABLET 300-150 MG	1	MO; NEDS
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	MO
fosamprenavir oral tablet 700 mg	1	MO; NEDS
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO; NEDS
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD ORAL TABLET 600 MG	1	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET 400 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA ORAL TABLET 50-25 MG	1	MO; NEDS
KALETRA ORAL SOLUTION 400-100 MG/5 ML	1	MO
lamivudine oral solution 10 mg/ml	1	MO
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	MO
lamivudine-zidovudine oral tablet 150-300 mg	1	MO
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	PA; MO; NEDS; QL (28 per 28 days)
LIVTENCITY ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (336 per 28 days)
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	1	MO
maraviroc oral tablet 150 mg, 300 mg	1	MO; NEDS
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	1	PA; MO; NEDS; QL (168 per 28 days)
MAVYRET ORAL TABLET 100-40 MG	1	PA; MO; NEDS; QL (84 per 28 days)

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
nevirapine oral suspension 50 mg/5 ml	1	
nevirapine oral tablet 200 mg	1	MO
nevirapine oral tablet extended release 24 hr 400 mg	1	MO
NORVIR ORAL POWDER IN PACKET 100 MG	1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; NEDS
oseltamivir oral capsule 30 mg, 45 mg, 75 mg	1	MO
oseltamivir oral suspension for reconstitution 6 mg/ml	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	1	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 5 days)
PIFELTRO ORAL TABLET 100 MG	1	MO; NEDS
PREVYMIS ORAL PELLETS IN PACKET 120 MG, 20 MG	1	PA; NEDS; QL (120 per 30 days)
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; MO; NEDS; QL (30 per 30 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	MO; NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	MO
REYATAZ ORAL POWDER IN PACKET 50 MG	1	MO; NEDS
ribavirin oral capsule 200 mg	1	MO
ribavirin oral tablet 200 mg	1	MO
rimantadine oral tablet 100 mg	1	MO
ritonavir oral tablet 100 mg	1	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	MO; NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; NEDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; MO; NEDS; QL (28 per 28 days)
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; NEDS

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

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Drug Name	Drug Tier	Requirements/Limits
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK), 300 MG (5-TABLET PACK)	1	NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO; NEDS
tenofovir disoproxil fumarate oral tablet 300 mg	1	MO
TIVICAY ORAL TABLET 50 MG	1	MO; NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	MO; NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO; NEDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	MO
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
valganciclovir oral recon soln 50 mg/ml	1	MO; NEDS; QL (1080 per 30 days)
valganciclovir oral tablet 450 mg	1	MO; QL (120 per 30 days)
VEMLIDY ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	MO; NEDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; NEDS
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; MO; NEDS; QL (28 per 28 days)
zidovudine oral capsule 100 mg	1	MO
zidovudine oral syrup 10 mg/ml	1	MO
zidovudine oral tablet 300 mg	1	MO
CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	MO
cefadroxil oral capsule 500 mg	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml	1	MO
cefadroxil oral suspension for reconstitution 500 mg/5 ml	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 10 gram	1	
cefdinir oral capsule 300 mg	1	MO
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefepime injection recon soln 1 gram, 2 gram	1	MO
cefixime oral capsule 400 mg	1	MO
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	MO
cefoxitin intravenous recon soln 1 gram, 2 gram	1	MO
cefoxitin intravenous recon soln 10 gram	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	MO
cefpodoxime oral tablet 100 mg, 200 mg	1	MO
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
cefprozil oral tablet 250 mg, 500 mg	1	MO
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	MO
cefuroxime sodium injection recon soln 750 mg	1	MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	MO
cephalexin oral capsule 250 mg, 500 mg	1	MO
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
tazicef injection recon soln 1 gram, 2 gram, 6 gram	1	MO
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	MO; NEDS
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous recon soln 500 mg	1	MO

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	
azithromycin oral tablet 250 mg, 500 mg	1	MO
azithromycin oral tablet 600 mg	1	MO
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	MO
clarithromycin oral tablet 250 mg, 500 mg	1	MO
clarithromycin oral tablet extended release 24 hr 500 mg	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	PA; NEDS; QL (136 per 10 days)
DIFICID ORAL TABLET 200 MG	1	PA; MO; NEDS; QL (20 per 10 days)
e.e.s. 400 oral tablet 400 mg	1	MO
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1	MO
erythromycin oral tablet 250 mg, 500 mg	1	MO
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	MO
MISCELLANEOUS ANTIINFECTIVES		
albendazole oral tablet 200 mg	1	MO; NEDS
amikacin injection solution 500 mg/2 ml	1	MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; LA; NEDS
atovaquone oral suspension 750 mg/5 ml	1	MO
atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg	1	MO
aztreonam injection recon soln 1 gram	1	MO
AZTREONAM INJECTION RECON SOLN 2 GRAM	1	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; MO; LA; NEDS; QL (84 per 56 days)
chloroquine phosphate oral tablet 250 mg, 500 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	MO
clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml	1	MO
clindamycin pediatric oral recon soln 75 mg/5 ml	1	
clindamycin phosphate injection solution 150 (mg/ml) (4 ml), 150 (mg/ml) (6 ml), 150 mg/ml	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
colistin (colistimethate na) injection recon soln 150 mg	1	MO; QL (30 per 10 days)
dapsone oral tablet 100 mg, 25 mg	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO; NEDS
daptomycin intravenous recon soln 500 mg	1	MO; NEDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
ertapenem injection recon soln 1 gram	1	MO; QL (14 per 14 days)
ethambutol oral tablet 100 mg, 400 mg	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	MO
gentamicin injection solution 40 mg/ml	1	MO
hydroxychloroquine oral tablet 200 mg	1	MO
imipenem-cilastatin intravenous recon soln 250 mg, 500 mg	1	MO
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (84 per 28 days)
isoniazid oral solution 50 mg/5 ml	1	MO
isoniazid oral tablet 100 mg, 300 mg	1	MO
ivermectin oral tablet 3 mg	1	PA; MO; QL (20 per 30 days)
linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml	1	MO
linezolid oral suspension for reconstitution 100 mg/5 ml	1	MO; NEDS; QL (1800 per 30 days)
linezolid oral tablet 600 mg	1	MO; QL (60 per 30 days)
mefloquine oral tablet 250 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
meropenem intravenous recon soln 1 gram	1	QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	QL (10 per 10 days)
metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml	1	MO
metronidazole oral tablet 250 mg, 500 mg	1	MO
neomycin oral tablet 500 mg	1	MO
nitazoxanide oral tablet 500 mg	1	MO; NEDS
pentamidine inhalation recon soln 300 mg	1	B/D PA; MO; QL (1 per 28 days)
pentamidine injection recon soln 300 mg	1	MO
praziquantel oral tablet 600 mg	1	MO
PRIFTIN ORAL TABLET 150 MG	1	MO
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	MO
pyrazinamide oral tablet 500 mg	1	MO
pyrimethamine oral tablet 25 mg	1	PA; MO; NEDS
quinine sulfate oral capsule 324 mg	1	MO
rifabutin oral capsule 150 mg	1	MO
rifampin intravenous recon soln 600 mg	1	MO
rifampin oral capsule 150 mg, 300 mg	1	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; LA; NEDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	MO; NEDS
tigecycline intravenous recon soln 50 mg	1	MO; NEDS
tinidazole oral tablet 250 mg, 500 mg	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	MO; NEDS; QL (224 per 56 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	1	PA; MO; NEDS; QL (280 per 56 days)
tobramycin inhalation solution for nebulization 300 mg/4 ml	1	PA; MO; NEDS; QL (224 per 28 days)
tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml	1	MO
vancomycin intravenous recon soln 1,000 mg	1	MO; QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram	1	QL (2 per 10 days)
vancomycin intravenous recon soln 500 mg	1	MO; QL (10 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
vancomycin intravenous recon soln 750 mg	1	MO
vancomycin oral capsule 125 mg, 250 mg	1	MO
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; NEDS; QL (60 per 30 days)
PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	MO
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	MO
amoxicillin oral tablet 500 mg, 875 mg	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution 400-57 mg/5 ml	1	MO
amoxicillin-pot clavulanate oral tablet 250-125 mg	1	MO
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram	1	MO
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML	1	
dicloxacillin oral capsule 250 mg, 500 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
nafcillin injection recon soln 1 gram, 2 gram	1	MO
nafcillin injection recon soln 10 gram	1	NEDS
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	
oxacillin injection recon soln 1 gram, 10 gram	1	
oxacillin injection recon soln 2 gram	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
penicillin g potassium injection recon soln 20 million unit	1	MO
penicillin g sodium injection recon soln 5 million unit	1	MO
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	MO
penicillin v potassium oral tablet 250 mg, 500 mg	1	MO
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
piperacillin-tazobactam intravenous recon soln 40.5 gram	1	
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg	1	MO
ciprofloxacin hcl oral tablet 750 mg	1	MO
ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml	1	MO
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	MO
levofloxacin oral solution 250 mg/10 ml	1	MO
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	MO
moxifloxacin oral tablet 400 mg	1	MO
moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml	1	MO
SULFA'S / RELATED AGENTS		
sulfadiazine oral tablet 500 mg	1	MO
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	MO
TETRACYCLINES		
demeclocycline oral tablet 150 mg, 300 mg	1	MO
doxy-100 intravenous recon soln 100 mg	1	MO
doxycycline hyclate oral capsule 100 mg, 50 mg	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg	1	MO
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	MO
doxycycline monohydrate oral tablet 100 mg, 75 mg	1	MO
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	MO
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	MO
tetracycline oral capsule 250 mg, 500 mg	1	MO
URINARY TRACT AGENTS		
methenamine hippurate oral tablet 1 gram	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	MO
trimethoprim oral tablet 100 mg	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	MO
mesna oral tablet 400 mg	1	MO; NEDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	B/D PA; MO; NEDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; NEDS; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; NEDS; QL (60 per 30 days)
abirtega oral tablet 250 mg	1	PA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA; LA; NEDS; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	1	PA; MO; NEDS; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; NEDS; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; NEDS; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA; NEDS; QL (30 per 180 days)
anastrozole oral tablet 1 mg	1	MO
AUGTYRO ORAL CAPSULE 160 MG	1	PA; NEDS; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; NEDS; QL (240 per 30 days)
AVMAPKI-FAKZYNJA ORAL COMBO PACK 0.8-200 MG	1	PA; NEDS; QL (66 per 28 days)
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; LA; NEDS; QL (30 per 30 days)
azathioprine oral tablet 50 mg	1	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	1	PA; LA; NEDS; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	1	PA; LA; NEDS; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	1	PA; LA; NEDS; QL (28 per 28 days)
bexarotene oral capsule 75 mg	1	PA; MO; NEDS
bexarotene topical gel 1 %	1	PA; MO; NEDS; QL (60 per 30 days)
bicalutamide oral tablet 50 mg	1	MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (360 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; NEDS; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	1	PA; LA; NEDS; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; NEDS; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; NEDS; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; NEDS; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; NEDS; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; LA; NEDS; QL (60 per 30 days)
COTELLIC ORAL TABLET 20 MG	1	PA; MO; LA; NEDS; QL (63 per 28 days)
cyclophosphamide oral capsule 25 mg, 50 mg	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	1	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA; MO
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	1	B/D PA; MO
cyclosporine modified oral solution 100 mg/ml	1	B/D PA
cyclosporine oral capsule 100 mg, 25 mg	1	B/D PA; MO
DANZITEN ORAL TABLET 71 MG, 95 MG	1	PA; NEDS; QL (120 per 30 days)
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	1	PA; MO; NEDS; QL (30 per 30 days)
dasatinib oral tablet 20 mg, 70 mg	1	PA; MO; NEDS; QL (60 per 30 days)
DAURISMO ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (60 per 30 days)
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	1	B/D PA; MO
ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	1	B/D PA; MO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; MO; NEDS; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; NEDS; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; NEDS; QL (60 per 30 days)
EULEXIN ORAL CAPSULE 125 MG	1	PA; NEDS; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	1	PA; MO; NEDS; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg	1	PA; MO; NEDS
everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; MO; NEDS
exemestane oral tablet 25 mg	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	B/D PA; MO; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	B/D PA; MO
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; LA; NEDS; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; NEDS; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; NEDS; QL (21 per 28 days)
GAVRETO ORAL CAPSULE 100 MG	1	PA; LA; NEDS; QL (120 per 30 days)
GEFITINIB ORAL TABLET 250 MG	1	PA; MO; NEDS; QL (30 per 30 days)
gengraf oral capsule 100 mg, 25 mg	1	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; MO; NEDS; QL (30 per 30 days)
gleostine oral capsule 10 mg, 100 mg, 40 mg	1	MO
GOMEKLI ORAL CAPSULE 1 MG	1	PA; NEDS; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA; NEDS; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	1	PA; NEDS; QL (168 per 28 days)
HERNEXEOS ORAL TABLET 60 MG	1	PA; MO; NEDS; QL (90 per 30 days)
hydroxyurea oral capsule 500 mg	1	MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; MO; NEDS; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; MO; NEDS; QL (21 per 28 days)
IBTROZI ORAL CAPSULE 200 MG	1	PA; NEDS; QL (90 per 30 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; NEDS; QL (30 per 30 days)
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; NEDS; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; NEDS; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; NEDS; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; NEDS; QL (30 per 30 days)
IMKELDI ORAL SOLUTION 80 MG/ML	1	PA; MO; NEDS; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	1	PA; MO; NEDS; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; NEDS; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	1	PA; MO; NEDS; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; NEDS; QL (56 per 28 days)
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; NEDS; QL (28 per 28 days)
IWILFIN ORAL TABLET 192 MG	1	PA; LA; NEDS; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; MO; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; NEDS; QL (30 per 30 days)
JYLAMVO ORAL SOLUTION 2 MG/ML	1	B/D PA; MO; NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; NEDS; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; NEDS; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; NEDS; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; NEDS; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; NEDS; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA; NEDS; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	1	PA; NEDS; QL (180 per 30 days)
lapatinib oral tablet 250 mg	1	PA; MO; NEDS; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; NEDS; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; NEDS; QL (60 per 30 days)
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	1	PA; MO; NEDS; QL (28 per 28 days)
lenalidomide oral capsule 2.5 mg, 20 mg	1	PA; NEDS; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA; MO; NEDS
letrozole oral tablet 2.5 mg	1	MO
LEUKERAN ORAL TABLET 2 MG	1	PA; MO; NEDS; QL (150 per 30 days)
leuprolide subcutaneous kit 1 mg/0.2 ml	1	PA; MO
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA; MO; NEDS
LORBRENA ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; NEDS; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; NEDS; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (60 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; NEDS; QL (90 per 30 days)
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	PA; MO; NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA; MO; NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA; MO; NEDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	1	PA; MO; NEDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	1	PA; MO; NEDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; MO; NEDS; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	1	NEDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA; LA; NEDS
MATULANE ORAL CAPSULE 50 MG	1	NEDS
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	PA; MO
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1	PA; MO
megestrol oral tablet 20 mg, 40 mg	1	PA; MO
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA; MO; NEDS; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; NEDS; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; NEDS; QL (30 per 30 days)
MEKTOVI ORAL TABLET 15 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
mercaptopurine oral suspension 20 mg/ml	1	MO; NEDS
mercaptopurine oral tablet 50 mg	1	MO
methotrexate sodium (pf) injection solution 25 mg/ml	1	B/D PA; MO
methotrexate sodium injection solution 25 mg/ml	1	B/D PA; MO
methotrexate sodium oral tablet 2.5 mg	1	B/D PA; MO
MODEYSO ORAL CAPSULE 125 MG	1	PA; NEDS; QL (20 per 28 days)
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	1	PA; LA; NEDS; QL (120 per 30 days)
mycophenolate mofetil oral capsule 250 mg	1	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	1	B/D PA; MO; NEDS
mycophenolate mofetil oral tablet 500 mg	1	B/D PA; MO
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	1	B/D PA; MO
NERLYNX ORAL TABLET 40 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
nilutamide oral tablet 150 mg	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; MO; NEDS; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	1	PA; MO; NEDS
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA; MO
ODOMZO ORAL CAPSULE 200 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; NEDS; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	1	PA; NEDS; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA; NEDS; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; NEDS; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; NEDS; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; NEDS; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; NEDS; QL (30 per 30 days)
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; MO; NEDS; QL (14 per 28 days)
ORGOVYX ORAL TABLET 120 MG	1	PA; LA; NEDS; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; NEDS; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; NEDS; QL (90 per 90 days)
pazopanib oral tablet 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; LA; NEDS; QL (14 per 21 days)
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; NEDS; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; NEDS; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; LA; NEDS; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	B/D PA; MO
QINLOCK ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA; NEDS; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA; NEDS; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA; NEDS; QL (240 per 30 days)
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; NEDS; QL (60 per 30 days)
REZUROCK ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (30 per 30 days)
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	1	PA; NEDS; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; NEDS; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; NEDS; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA; MO; NEDS; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
RYDAPT ORAL CAPSULE 25 MG	1	PA; MO; NEDS; QL (224 per 28 days)
SCEMBLIX ORAL TABLET 100 MG	1	PA; NEDS; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; NEDS; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; NEDS; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NEDS
sirolimus oral solution 1 mg/ml	1	B/D PA; MO; NEDS
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	1	B/D PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	MO; NEDS
sorafenib oral tablet 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (84 per 28 days)
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	1	PA; MO; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
TABLOID ORAL TABLET 40 MG	1	PA; MO; NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA; MO; NEDS; QL (112 per 28 days)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	1	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; MO; NEDS; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA; MO; NEDS; QL (840 per 28 days)
TAGRISSO ORAL TABLET 40 MG, 80 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; MO; NEDS; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; MO; NEDS; QL (90 per 30 days)
tamoxifen oral tablet 10 mg, 20 mg	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; NEDS; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; NEDS; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	1	PA; LA; NEDS; QL (240 per 30 days)
TEPMETKO ORAL TABLET 225 MG	1	PA; LA; NEDS; QL (60 per 30 days)
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; NEDS; QL (28 per 28 days)
TIBSOVO ORAL TABLET 250 MG	1	PA; NEDS
toremifene oral tablet 60 mg	1	MO; NEDS
tretinoin (antineoplastic) oral capsule 10 mg	1	MO; NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; NEDS; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	1	PA; LA; NEDS; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; NEDS; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; NEDS; QL (56 per 28 days)
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; NEDS; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; NEDS; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA; LA; NEDS; QL (42 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)
VIJOICE ORAL GRANULES IN PACKET 50 MG	1	PA; NEDS; QL (28 per 28 days)
VIJOICE ORAL TABLET 125 MG, 50 MG	1	PA; NEDS; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; NEDS; QL (56 per 28 days)
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; MO; LA; NEDS; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; MO; NEDS; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	1	PA; NEDS; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	1	PA; NEDS; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	1	PA; NEDS; QL (30 per 30 days)
VOTRIENT ORAL TABLET 200 MG	1	PA; MO; NEDS; QL (120 per 30 days)
WELIREG ORAL TABLET 40 MG	1	PA; LA; NEDS; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA; MO; NEDS; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	1	B/D PA; MO
XERMELO ORAL TABLET 250 MG	1	PA; LA; NEDS; QL (90 per 30 days)
XOSPATA ORAL TABLET 40 MG	1	PA; LA; NEDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	1	PA; LA; NEDS; QL (8 per 28 days)
XPOVIO ORAL TABLET 40 MG/WEEK (10 MG X 4), 40 MG/WEEK (40 MG X 1)	1	PA; LA; NEDS; QL (16 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	1	PA; LA; NEDS; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA; LA; NEDS; QL (24 per 30 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; NEDS; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
YONSA ORAL TABLET 125 MG	1	PA; MO; NEDS; QL (120 per 30 days)
ZEJULA ORAL TABLET 100 MG	1	PA; MO; LA; NEDS; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; MO; LA; NEDS; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	1	PA; MO; NEDS; QL (240 per 30 days)
ZOLINZA ORAL CAPSULE 100 MG	1	PA; MO; NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (90 per 30 days)
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA; MO; NEDS; QL (600 per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA; MO; NEDS; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral tablet 200 mg	1	MO
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	MO
carbamazepine oral tablet,chewable 100 mg	1	MO
clobazam oral suspension 2.5 mg/ml	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet 10 mg, 20 mg	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA; LA; NEDS; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	1	PA; LA; NEDS; QL (180 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA; LA; NEDS; QL (360 per 30 days)
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA; LA; NEDS; QL (180 per 30 days)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	MO
DILANTIN 30 MG ORAL CAPSULE 30 MG	1	MO
divalproex oral capsule, delayed rel sprinkle 125 mg	1	MO
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	MO
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; MO; LA; NEDS
eslicarbazepine oral tablet 200 mg	1	MO; QL (180 per 30 days)
eslicarbazepine oral tablet 400 mg	1	MO; QL (90 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	1	MO; QL (60 per 30 days)
ethosuximide oral capsule 250 mg	1	MO
ethosuximide oral solution 250 mg/5 ml	1	MO
felbamate oral suspension 600 mg/5 ml	1	MO; NEDS
felbamate oral tablet 400 mg, 600 mg	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA; LA; NEDS; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	MO; NEDS; QL (720 per 30 days)
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
lacosamide oral solution 10 mg/ml	1	MO; QL (1200 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG	1	MO; QL (60 per 30 days)
LACOSAMIDE ORAL TABLET 50 MG	1	MO; QL (120 per 30 days)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	MO
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	MO
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	MO
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	MO
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	MO
methsuximide oral capsule 300 mg	1	MO
NAYZILAM NASAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; MO; QL (10 per 30 days)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	MO
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	MO
perampanel oral tablet 10 mg, 12 mg, 8 mg	1	MO; NEDS; QL (30 per 30 days)
perampanel oral tablet 2 mg	1	MO; QL (30 per 30 days)
perampanel oral tablet 4 mg, 6 mg	1	MO; NEDS; QL (60 per 30 days)
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	MO
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
pregabalin oral solution 20 mg/ml	1	MO; QL (900 per 30 days)
primidone oral tablet 125 mg	1	MO
primidone oral tablet 250 mg, 50 mg	1	MO
roweepra oral tablet 500 mg	1	MO
rufinamide oral suspension 40 mg/ml	1	PA; MO; NEDS; QL (2400 per 30 days)
rufinamide oral tablet 200 mg	1	PA; MO; NEDS; QL (480 per 30 days)
rufinamide oral tablet 400 mg	1	PA; MO; NEDS; QL (240 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	MO; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	1	MO; QL (30 per 30 days)
subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; NEDS; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	MO
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	MO
topiramate oral solution 25 mg/ml	1	MO
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
valproic acid oral capsule 250 mg	1	MO
VALTOCO NASAL SPRAY,NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	PA; MO; NEDS; QL (10 per 30 days)
vigabatrin oral powder in packet 500 mg	1	PA; MO; LA; NEDS; QL (180 per 30 days)
vigabatrin oral tablet 500 mg	1	PA; MO; LA; NEDS; QL (180 per 30 days)
vigadrone oral powder in packet 500 mg	1	PA; LA; NEDS; QL (180 per 30 days)
vigadrone oral tablet 500 mg	1	PA; LA; NEDS; QL (180 per 30 days)
vigpoder oral powder in packet 500 mg	1	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	PA; MO; NEDS; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	1	PA; MO; NEDS; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XCOPRI ORAL TABLET 25 MG, 50 MG	1	PA; MO; NEDS; QL (30 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	PA; MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	PA; MO; NEDS; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	MO; NEDS; QL (900 per 30 days)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; LA; NEDS; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
bromocriptine oral capsule 5 mg	1	MO
bromocriptine oral tablet 2.5 mg	1	MO
carbidopa oral tablet 25 mg	1	MO
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	MO
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	MO
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	MO
entacapone oral tablet 200 mg	1	MO
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	MO
rasagiline oral tablet 0.5 mg, 1 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	MO
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	MO
selegiline hcl oral capsule 5 mg	1	MO
selegiline hcl oral tablet 5 mg	1	MO
trihexyphenidyl oral tablet 2 mg, 5 mg	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; MO; QL (1 per 30 days)
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	PA; NEDS; QL (8 per 28 days)
eletriptan oral tablet 20 mg, 40 mg	1	MO; QL (18 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; MO; QL (30 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1	MO; QL (36 per 28 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	MO; QL (36 per 28 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation	1	MO; QL (18 per 28 days)
sumatriptan nasal spray,non-aerosol 5 mg/actuation	1	MO; QL (36 per 28 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml	1	QL (8 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	MO; QL (18 per 28 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG	1	PA; MO; NEDS; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; NEDS; QL (150 per 30 days)
AUSTEDO ORAL TABLET 9 MG	1	PA; MO; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG	1	PA; MO; NEDS; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; NEDS; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; NEDS; QL (90 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; NEDS; QL (28 per 180 days)
dalfampridine oral tablet extended release 12 hr 10 mg	1	PA; MO; QL (60 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; NEDS; QL (14 per 30 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; NEDS; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; NEDS; QL (60 per 30 days)
donepezil oral tablet 10 mg	1	MO; QL (60 per 30 days)
donepezil oral tablet 23 mg	1	MO; QL (30 per 30 days)
donepezil oral tablet 5 mg	1	MO; QL (30 per 30 days)
donepezil oral tablet,disintegrating 10 mg	1	MO; QL (60 per 30 days)
donepezil oral tablet,disintegrating 5 mg	1	MO; QL (30 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; MO; LA; NEDS
fingolimod oral capsule 0.5 mg	1	PA; MO; NEDS; QL (30 per 30 days)
FIRDAPSE ORAL TABLET 10 MG	1	PA; LA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	MO; QL (30 per 30 days)
galantamine oral solution 4 mg/ml	1	MO; QL (200 per 30 days)
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	MO; QL (60 per 30 days)
glatiramer subcutaneous syringe 20 mg/ml	1	PA; MO; NEDS; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; MO; NEDS; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; NEDS; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; NEDS; QL (12 per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; MO; NEDS; QL (1.2 per 28 days)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	PA; MO; QL (30 per 30 days)
memantine oral solution 2 mg/ml	1	PA; MO; QL (300 per 30 days)
memantine oral tablet 10 mg, 5 mg	1	PA; MO; QL (60 per 30 days)
memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg	1	PA; MO; QL (30 per 30 days)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 7-10 MG	1	PA; MO; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO; NEDS
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	1	PA; MO; NEDS; QL (70 per 28 days)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	MO; QL (60 per 30 days)
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour	1	MO; QL (30 per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG	1	PA; LA; NEDS; QL (90 per 30 days)
TERIFLUNOMIDE ORAL TABLET 14 MG, 7 MG	1	PA; MO; NEDS; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; NEDS; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; NEDS; QL (120 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; MO; NEDS; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; MO; NEDS; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	1	PA; MO; NEDS; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	1	PA; MO; NEDS; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 5 mg	1	MO; QL (90 per 30 days)
baclofen oral tablet 20 mg	1	MO; QL (120 per 30 days)
carisoprodol oral tablet 350 mg	1	MO; QL (120 per 30 days)
chlorzoxazone oral tablet 500 mg	1	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	1	MO; QL (90 per 30 days)
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	MO
methocarbamol oral tablet 500 mg, 750 mg	1	MO
ORPHENADRINE CITRATE ORAL TABLET EXTENDED RELEASE 100 MG	1	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release 180 mg	1	MO
tizanidine oral tablet 2 mg, 4 mg	1	MO
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; NEDS; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; NEDS; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; NEDS; QL (180 per 30 days)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	MO; QL (90 per 30 days)
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour	1	PA; MO; NEDS; QL (4 per 28 days)
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	MO; QL (180 per 30 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	NEDS; QL (360 per 30 days)
endocet oral tablet 5-325 mg	1	MO; NEDS; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; MO; NEDS; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; NEDS; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	1	MO; NEDS; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	1	MO; NEDS; QL (360 per 30 days)
hydrocodone-acetaminophen oral tablet 2.5-325 mg	1	NEDS; QL (360 per 30 days)
hydromorphone oral liquid 1 mg/ml	1	MO; NEDS; QL (2400 per 30 days)
hydromorphone oral tablet 2 mg, 4 mg	1	MO; NEDS; QL (180 per 30 days)
hydromorphone oral tablet 8 mg	1	MO; NEDS; QL (180 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; NEDS; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; NEDS; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; NEDS; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; MO; NEDS; QL (240 per 30 days)
morphine oral tablet 15 mg, 30 mg	1	MO; NEDS; QL (180 per 30 days)
morphine oral tablet extended release 100 mg, 200 mg	1	PA; MO; NEDS; QL (120 per 30 days)
morphine oral tablet extended release 15 mg, 30 mg, 60 mg	1	PA; MO; NEDS; QL (120 per 30 days)
oxycodone oral capsule 5 mg	1	MO; NEDS; QL (360 per 30 days)
oxycodone oral concentrate 20 mg/ml	1	MO; NEDS; QL (180 per 30 days)
oxycodone oral solution 5 mg/5 ml	1	MO; NEDS; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg	1	MO; NEDS; QL (180 per 30 days)
oxycodone oral tablet 20 mg, 30 mg	1	MO; NEDS; QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	MO; NEDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg	1	MO; NEDS; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg	1	MO; NEDS; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; NEDS; QL (90 per 30 days)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	PA; MO; NEDS; QL (60 per 30 days)
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film 12-3 mg	1	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	1	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	MO; QL (90 per 30 days)
butorphanol nasal spray,non-aerosol 10 mg/ml	1	MO; NEDS; QL (10 per 28 days)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	MO
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	MO
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg	1	MO
diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg	1	MO
diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)	1	MO; NEDS; QL (224 per 28 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	MO
diflunisal oral tablet 500 mg	1	MO
etodolac oral capsule 200 mg, 300 mg	1	MO
etodolac oral tablet 400 mg, 500 mg	1	MO
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	MO
flurbiprofen oral tablet 100 mg	1	MO
ibu oral tablet 600 mg, 800 mg	1	MO
ibuprofen oral suspension 100 mg/5 ml	1	MO
ibuprofen oral tablet 400 mg, 800 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ibuprofen oral tablet 600 mg	1	
indomethacin oral capsule 25 mg, 50 mg	1	MO
ketorolac oral tablet 10 mg	1	QL (20 per 30 days)
meloxicam oral tablet 15 mg	1	MO
meloxicam oral tablet 7.5 mg	1	MO; QL (30 per 30 days)
nabumetone oral tablet 500 mg, 750 mg	1	MO
naloxone injection solution 0.4 mg/ml	1	MO
naloxone injection syringe 0.4 mg/ml (prefilled syringe)	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	MO
naltrexone oral tablet 50 mg	1	MO
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	MO
naproxen oral tablet,delayed release (dr/ec) 375 mg	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	1	MO
oxaprozin oral tablet 600 mg	1	MO
piroxicam oral capsule 10 mg, 20 mg	1	MO
sulindac oral tablet 150 mg, 200 mg	1	MO
tramadol oral tablet 50 mg	1	MO; NEDS; QL (240 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	MO; NEDS; QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	1	MO; NEDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; NEDS; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; NEDS; QL (3.2 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	MO; NEDS; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	MO; NEDS; QL (1 per 28 days)
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (120 per 30 days)
alprazolam oral tablet 2 mg	1	MO; QL (150 per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	MO
aripiprazole oral solution 1 mg/ml	1	MO; QL (900 per 30 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg	1	MO; NEDS; QL (60 per 30 days)
aripiprazole oral tablet,disintegrating 15 mg	1	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	1	MO; NEDS; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; NEDS; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; NEDS; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; NEDS; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; NEDS; QL (3.2 per 28 days)
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	PA; MO; QL (30 per 30 days)
asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	PA; NEDS; QL (60 per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 5 mg	1	MO
buspirone oral tablet 30 mg, 7.5 mg	1	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; MO; NEDS; QL (30 per 30 days)
chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml	1	MO
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	MO
citalopram oral solution 10 mg/5 ml	1	MO
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	MO
clorazepate dipotassium oral tablet 15 mg	1	MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	MO; QL (360 per 30 days)
clozapine oral tablet 100 mg, 25 mg	1	
clozapine oral tablet 200 mg	1	
clozapine oral tablet 50 mg	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA; MO; NEDS; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	1	PA; MO; NEDS; QL (56 per 180 days)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	MO
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	MO
diazepam intensol oral concentrate 5 mg/ml	1	MO; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	MO; QL (1200 per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	MO; QL (120 per 30 days)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	MO
doxepin oral concentrate 10 mg/ml	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	PA; MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	PA; MO; QL (90 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	MO; NEDS; QL (30 per 30 days)
escitalopram oxalate oral solution 5 mg/5 ml	1	MO
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	MO; QL (30 per 30 days)
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; MO; NEDS; QL (60 per 30 days)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	1	PA; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	PA; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	PA; QL (30 per 30 days)
fluoxetine (pmdd) oral tablet 10 mg	1	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluphenazine decanoate injection solution 25 mg/ml	1	MO
fluphenazine hcl injection solution 2.5 mg/ml	1	MO
fluphenazine hcl oral concentrate 5 mg/ml	1	MO
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	MO
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	MO
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1	PA; MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	MO
haloperidol lactate injection solution 5 mg/ml	1	MO
haloperidol lactate oral concentrate 2 mg/ml	1	MO
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	MO
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	MO
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; NEDS; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; NEDS; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; NEDS; QL (0.75 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; NEDS; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; NEDS; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; NEDS; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; NEDS; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; NEDS; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; NEDS; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; NEDS; QL (2.63 per 90 days)
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	1	MO
lithium carbonate oral tablet 300 mg	1	MO
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	MO
lithium citrate oral solution 8 meq/5 ml	1	
lorazepam intensol oral concentrate 2 mg/ml	1	QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	MO; QL (150 per 30 days)
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	MO
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; MO; NEDS; QL (30 per 30 days)
MARPLAN ORAL TABLET 10 MG	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	MO
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	MO

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Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	MO
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	MO
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1	MO
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	MO
mirtazapine oral tablet 7.5 mg	1	MO
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg	1	
molindone oral tablet 5 mg	1	MO
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	MO
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	MO
nortriptyline oral solution 10 mg/5 ml	1	MO
NUPLAZID ORAL CAPSULE 34 MG	1	PA; MO; NEDS; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	1	PA; MO; NEDS; QL (30 per 30 days)
olanzapine intramuscular recon soln 10 mg	1	MO
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	1	PA; MO; NEDS; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG, 5 MG	1	PA; MO; NEDS; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral suspension 10 mg/5 ml	1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	MO; QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	MO
phenelzine oral tablet 15 mg	1	MO
pimozide oral tablet 1 mg, 2 mg	1	MO
protriptyline oral tablet 10 mg, 5 mg	1	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 150 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
RALDESY ORAL SOLUTION 10 MG/ML	1	PA; MO; NEDS; QL (1800 per 30 days)
ramelteon oral tablet 8 mg	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; NEDS; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	MO; NEDS; QL (2 per 28 days)
risperidone oral solution 1 mg/ml	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	MO; NEDS; QL (30 per 30 days)
sertraline oral concentrate 20 mg/ml	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	1	PA; LA; NEDS; QL (540 per 30 days)
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; QL (30 per 30 days)
tasimelteon oral capsule 20 mg	1	PA; MO; NEDS; QL (30 per 30 days)
temazepam oral capsule 15 mg, 30 mg	1	MO; QL (60 per 30 days)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	MO
tranylcypromine oral tablet 10 mg	1	MO
trazodone oral tablet 100 mg, 150 mg, 50 mg	1	MO
trazodone oral tablet 300 mg	1	MO
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	MO
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	PA; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	MO; NEDS; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	MO; NEDS; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	MO; NEDS; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	MO; NEDS; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	MO; NEDS; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	MO; NEDS; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	MO; NEDS; QL (0.21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	NEDS
vilazodone oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; MO; NEDS; QL (30 per 30 days)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	1	PA; MO; LA; NEDS; QL (60 per 30 days)
XYWAV ORAL SOLUTION 0.5 GRAM/ML	1	PA; LA; NEDS; QL (540 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	MO; QL (60 per 30 days)
ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)	1	MO
zolpidem oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	1	PA; MO; NEDS; QL (28 per 14 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
amiodarone oral tablet 100 mg, 400 mg	1	MO
amiodarone oral tablet 200 mg	1	MO
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	MO
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	MO
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	MO
pacerone oral tablet 100 mg, 400 mg	1	MO
pacerone oral tablet 200 mg	1	MO
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	MO
quinidine sulfate oral tablet 200 mg, 300 mg	1	MO
sotalol af oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol oral capsule 200 mg, 400 mg	1	MO
aliskiren oral tablet 150 mg, 300 mg	1	MO
amiloride oral tablet 5 mg	1	MO
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	MO
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	MO
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	MO
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	MO
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	MO
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	MO
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	MO
betaxolol oral tablet 10 mg, 20 mg	1	MO
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	MO
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	MO
bumetanide injection solution 0.25 mg/ml	1	MO
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	MO
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	MO
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	MO
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	MO
cartia xt oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	MO
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MO
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	MO; QL (4 per 28 days)
diltiazem hcl oral capsule,extended release 12 hr 120 mg	1	MO; QL (90 per 30 days)
diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 mg	1	MO; QL (180 per 30 days)
diltiazem hcl oral capsule,extended release 24 hr 360 mg, 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 120 mg, 240 mg, 300 mg	1	MO
diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg	1	
dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MO
enalapril-hydrochlorothiazide oral tablet 5-12.5 mg	1	MO
eplerenone oral tablet 25 mg, 50 mg	1	MO
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	MO
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	MO
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	MO
furosemide injection solution 10 mg/ml	1	MO
furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	MO
guanfacine oral tablet 1 mg, 2 mg	1	MO
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	MO
hydrochlorothiazide oral capsule 12.5 mg	1	MO
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	1	MO
indapamide oral tablet 1.25 mg, 2.5 mg	1	MO
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	MO
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	MO
isradipine oral capsule 2.5 mg, 5 mg	1	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	1	PA; QL (30 per 30 days)
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	MO
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	MO
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MO
losartan oral tablet 100 mg, 25 mg, 50 mg	1	MO
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	MO
matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
methyldopa oral tablet 250 mg	1	MO
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	MO
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	MO
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	MO
metyrosine oral capsule 250 mg	1	PA; MO; NEDS
minoxidil oral tablet 10 mg, 2.5 mg	1	MO
moexipril oral tablet 15 mg, 7.5 mg	1	MO
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	MO
nicardipine oral capsule 20 mg, 30 mg	1	MO
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	MO
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	MO
nimodipine oral capsule 30 mg	1	MO
nisoldipine oral tablet extended release 24 hr 17 mg	1	
nisoldipine oral tablet extended release 24 hr 25.5 mg, 34 mg, 8.5 mg	1	MO
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	MO
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	MO
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	MO
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	1	PA; MO; NEDS; QL (168 per 180 days)
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	1	PA; MO; NEDS; QL (336 per 180 days)
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	1	PA; MO; NEDS; QL (252 per 180 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA; MO
orenitram oral tablet extended release 0.25 mg, 1 mg, 2.5 mg, 5 mg	1	PA; MO; NEDS
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	MO
pindolol oral tablet 10 mg, 5 mg	1	MO
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	MO
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	MO
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	MO
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	MO
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	MO
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	MO
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	MO
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	MO
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	MO
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	MO
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	MO
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	MO
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	MO
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	MO
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; MO; LA; NEDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; MO; LA; NEDS
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	MO
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	MO
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg	1	MO
verapamil oral capsule,ext rel. pellets 24 hr 360 mg	1	MO
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	MO
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	MO
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ALVAIZ ORAL TABLET 36 MG, 54 MG	1	PA; MO; NEDS; QL (60 per 30 days)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA; LA; NEDS
cilostazol oral tablet 100 mg, 50 mg	1	MO
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg	1	MO; QL (60 per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	MO
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO; QL (60 per 30 days)
eltrombopag olamine oral powder in packet 12.5 mg	1	PA; MO; NEDS; QL (90 per 30 days)
eltrombopag olamine oral powder in packet 25 mg	1	PA; MO; NEDS; QL (180 per 30 days)
eltrombopag olamine oral tablet 12.5 mg	1	PA; MO; NEDS; QL (90 per 30 days)
eltrombopag olamine oral tablet 25 mg, 50 mg	1	PA; MO; NEDS; QL (30 per 30 days)
eltrombopag olamine oral tablet 75 mg	1	PA; MO; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (28 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (11.2 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml	1	MO; NEDS; QL (24 per 30 days)
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO; QL (15 per 30 days)
fondaparinux subcutaneous syringe 5 mg/0.4 ml	1	MO; NEDS; QL (12 per 30 days)
fondaparinux subcutaneous syringe 7.5 mg/0.6 ml	1	MO; NEDS; QL (18 per 30 days)
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	MO
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MO
pentoxifylline oral tablet extended release 400 mg	1	MO
prasugrel hcl oral tablet 10 mg, 5 mg	1	MO
rivaroxaban oral tablet 2.5 mg	1	MO; QL (60 per 30 days)
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; LA; NEDS; QL (60 per 30 days)
ticagrelor oral tablet 60 mg, 90 mg	1	MO
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	MO; QL (102 per 365 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	MO; QL (30 per 30 days)
atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
cholestyramine (with sugar) oral powder in packet 4 gram	1	MO

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

This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
cholestyramine light oral powder in packet 4 gram	1	MO
colesevelam oral powder in packet 3.75 gram	1	MO
colesevelam oral tablet 625 mg	1	MO
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	MO
ezetimibe oral tablet 10 mg	1	MO
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	MO
gemfibrozil oral tablet 600 mg	1	MO
icosapent ethyl oral capsule 0.5 gram, 1 gram	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO; LA; NEDS
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	MO
NEXLETOL ORAL TABLET 180 MG	1	PA; MO
NEXLIZET ORAL TABLET 180-10 MG	1	PA; MO
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	MO
omega-3 acid ethyl esters oral capsule 1 gram	1	MO
pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg	1	ST; MO; QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	MO
prevalite oral powder in packet 4 gram	1	MO
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; QL (3 per 28 days)
rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	MO

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	1	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ATTRUBY ORAL TABLET 356 MG	1	PA; NEDS; QL (112 per 28 days)
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; MO; NEDS; QL (30 per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	PA; QL (450 per 30 days)
digoxin oral solution 50 mcg/ml (0.05 mg/ml)	1	MO
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	MO
digoxin oral tablet 62.5 mcg (0.0625 mg)	1	MO
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA; NEDS; QL (30 per 30 days)
IVABRADINE ORAL TABLET 5 MG, 7.5 MG	1	PA; MO; QL (60 per 30 days)
LODOCO ORAL TABLET 0.5 MG	1	PA; MO; QL (30 per 30 days)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	MO
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	1	MO; QL (60 per 30 days)
VECAMYL ORAL TABLET 2.5 MG	1	NEDS
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; MO; NEDS
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	MO
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	MO
nitro-bid transdermal ointment 2 %	1	MO
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	MO
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	MO
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	MO

DERMATOLOGICALS/TOPICAL THERAPY

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	MO
calcipotriene scalp solution 0.005 %	1	MO; QL (120 per 30 days)
calcipotriene topical cream 0.005 %	1	MO; QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	1	MO; QL (120 per 30 days)
calcitriol topical ointment 3 mcg/gram	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; NEDS; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (10 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
selenium sulfide topical lotion 2.5 %	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; NEDS; QL (2 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; MO; NEDS; QL (12 per 180 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; NEDS; QL (6 per 28 days)
ammonium lactate topical cream 12 %	1	MO
ammonium lactate topical lotion 12 %	1	MO
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; NEDS; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; NEDS; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; NEDS; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; NEDS; QL (8 per 28 days)
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution 2 %	1	MO
fluorouracil topical solution 5 %	1	MO
imiquimod topical cream in packet 5 %	1	MO
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment 5 %	1	MO; QL (36 per 30 days)
lidocaine viscous mucous membrane solution 2 %	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	MO; QL (30 per 30 days)
lidocan iii topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1	MO; NEDS
PANRETIN TOPICAL GEL 0.1 %	1	PA; MO; NEDS
pimecrolimus topical cream 1 %	1	PA; MO; QL (100 per 30 days)
podofilox topical solution 0.5 %	1	MO
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	MO; QL (180 per 30 days)
silver sulfadiazine topical cream 1 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
ssd topical cream 1 %	1	MO
tacrolimus topical ointment 0.03 %, 0.1 %	1	PA; MO; QL (100 per 30 days)
tridacaine ii topical adhesive patch,medicated 5 %	1	PA; QL (90 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	1	PA; MO; NEDS
THERAPY FOR ACNE		
accutane oral capsule 10 mg, 20 mg, 40 mg	1	
amnesteem oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
azelaic acid topical gel 15 %	1	MO
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindacin etz topical swab 1 %	1	MO
clindamycin phosphate topical gel 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical gel, once daily 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution 1 %	1	MO; QL (120 per 30 days)
clindamycin phosphate topical swab 1 %	1	MO
ery pads topical swab 2 %	1	MO
erythromycin with ethanol topical solution 2 %	1	MO
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	
metronidazole topical cream 0.75 %	1	MO
metronidazole topical gel 0.75 %	1	MO
metronidazole topical gel 1 %	1	MO
metronidazole topical lotion 0.75 %	1	MO
tazarotene topical cream 0.1 %	1	PA; MO
tazarotene topical gel 0.05 %, 0.1 %	1	PA; MO
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; MO
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA; MO
zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream 0.1 %	1	MO; QL (60 per 30 days)
gentamicin topical ointment 0.1 %	1	MO; QL (60 per 30 days)
mupirocin topical ointment 2 %	1	MO; QL (44 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium (acne) topical suspension 10 %	1	MO
TOPICAL ANTIFUNGALS		
ciclopirox topical cream 0.77 %	1	MO; QL (90 per 28 days)
ciclopirox topical gel 0.77 %	1	MO; QL (45 per 28 days)
ciclopirox topical shampoo 1 %	1	MO; QL (120 per 28 days)
ciclopirox topical solution 8 %	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension 0.77 %	1	MO; QL (60 per 28 days)
clotrimazole topical cream 1 %	1	MO; QL (45 per 28 days)
clotrimazole topical solution 1 %	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream 1-0.05 %	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	1	MO; QL (60 per 28 days)
econazole nitrate topical cream 1 %	1	MO; QL (85 per 28 days)
ketoconazole topical cream 2 %	1	MO; QL (60 per 28 days)
ketoconazole topical shampoo 2 %	1	MO; QL (120 per 28 days)
naftifine topical cream 1 %, 2 %	1	MO; QL (60 per 28 days)
nyamyc topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
nystatin topical cream 100,000 unit/gram	1	MO; QL (30 per 28 days)
nystatin topical ointment 100,000 unit/gram	1	MO; QL (30 per 28 days)
nystatin topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	MO; QL (60 per 28 days)
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	MO; QL (60 per 28 days)
nystop topical powder 100,000 unit/gram	1	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
acyclovir topical ointment 5 %	1	MO; QL (30 per 30 days)
penciclovir topical cream 1 %	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
ala-cort topical cream 1 %	1	MO
alclometasone topical cream 0.05 %	1	MO
alclometasone topical ointment 0.05 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
betamethasone dipropionate topical cream 0.05 %	1	MO; QL (180 per 30 days)
betamethasone dipropionate topical lotion 0.05 %	1	MO; QL (120 per 30 days)
betamethasone dipropionate topical ointment 0.05 %	1	MO; QL (180 per 30 days)
betamethasone valerate topical cream 0.1 %	1	MO; QL (120 per 30 days)
betamethasone valerate topical lotion 0.1 %	1	MO; QL (120 per 30 days)
betamethasone valerate topical ointment 0.1 %	1	MO; QL (180 per 30 days)
betamethasone, augmented topical cream 0.05 %	1	MO; QL (180 per 30 days)
betamethasone, augmented topical gel 0.05 %	1	MO; QL (120 per 30 days)
betamethasone, augmented topical lotion 0.05 %	1	MO; QL (120 per 30 days)
betamethasone, augmented topical ointment 0.05 %	1	MO; QL (180 per 30 days)
clobetasol scalp solution 0.05 %	1	MO; QL (100 per 28 days)
clobetasol topical cream 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical ointment 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical shampoo 0.05 %	1	MO; QL (236 per 28 days)
clodan topical shampoo 0.05 %	1	MO; QL (236 per 28 days)
desonide topical cream 0.05 %	1	MO; QL (60 per 30 days)
desonide topical ointment 0.05 %	1	MO; QL (120 per 30 days)
fluocinolone and shower cap scalp oil 0.01 %	1	MO; QL (118.28 per 30 days)
fluocinolone topical cream 0.01 %, 0.025 %	1	MO; QL (120 per 30 days)
fluocinolone topical ointment 0.025 %	1	MO; QL (120 per 30 days)
fluocinolone topical solution 0.01 %	1	MO; QL (120 per 30 days)
fluocinonide topical cream 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical ointment 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical solution 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide-emollient topical cream 0.05 %	1	MO; QL (120 per 30 days)
halobetasol propionate topical cream 0.05 %	1	MO; QL (50 per 30 days)
halobetasol propionate topical ointment 0.05 %	1	MO; QL (50 per 30 days)
hydrocortisone topical cream 1 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
hydrocortisone valerate topical cream 0.2 %	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
mometasone topical cream 0.1 %	1	MO; QL (180 per 30 days)
mometasone topical ointment 0.1 %	1	MO; QL (180 per 30 days)
mometasone topical solution 0.1 %	1	MO; QL (180 per 30 days)
triamcinolone acetonide topical cream 0.025 %	1	MO; QL (454 per 30 days)
triamcinolone acetonide topical cream 0.1 %, 0.5 %	1	MO
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
triderm topical cream 0.5 %	1	QL (454 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN TOPICAL LOTION 10 %	1	MO
malathion topical lotion 0.5 %	1	MO
permethrin topical cream 5 %	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
MISCELLANEOUS AGENTS		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	MO
anagrelide oral capsule 0.5 mg, 1 mg	1	MO
carglumic acid oral tablet, dispersible 200 mg	1	PA; MO; NEDS
cevimeline oral capsule 30 mg	1	MO
CHEMET ORAL CAPSULE 100 MG	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CUVRIOR ORAL TABLET 300 MG	1	PA; LA; NEDS; QL (300 per 30 days)
d10 %-0.45 % sodium chloride intravenous parenteral solution	1	
d2.5 %-0.45 % sodium chloride intravenous parenteral solution	1	
d5 % and 0.9 % sodium chloride intravenous parenteral solution	1	MO
d5 %-0.45 % sodium chloride intravenous parenteral solution	1	MO

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Drug Name	Drug Tier	Requirements/Limits
deferasirox oral granules in packet 180 mg, 360 mg, 90 mg	1	PA; MO; NEDS
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; MO
deferasirox oral tablet, dispersible 125 mg	1	PA; MO
deferasirox oral tablet, dispersible 250 mg, 500 mg	1	PA; MO; NEDS
DEFERIPRONE ORAL TABLET 1,000 MG	1	PA; MO; NEDS
deferiprone oral tablet 500 mg	1	PA; MO; NEDS
dextrose 10 % and 0.2 % nacl intravenous parenteral solution	1	
dextrose 10 % in water (d10w) intravenous parenteral solution 10 %	1	
dextrose 5 % in water (d5w) intravenous parenteral solution	1	MO
dextrose 5%-0.2 % sod chloride intravenous parenteral solution	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa oral capsule 100 mg, 200 mg, 300 mg	1	PA; MO; NEDS
FABHALTA ORAL CAPSULE 200 MG	1	PA; NEDS; QL (60 per 30 days)
glutamine (sickle cell) oral powder in packet 5 gram	1	PA; MO; NEDS; QL (900 per 30 days)
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; LA; NEDS
JOENJA ORAL TABLET 70 MG	1	PA; LA; NEDS; QL (60 per 30 days)
levocarnitine (with sugar) oral solution 100 mg/ml	1	MO
levocarnitine oral tablet 330 mg	1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	MO
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	1	PA; MO; NEDS
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	1	PA; LA; NEDS
PHEBURANE ORAL GRANULES 483 MG/GRAM	1	PA; MO; NEDS

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	1	PA; MO; LA; NEDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; MO; NEDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; LA; NEDS
riluzole oral tablet 50 mg	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
sodium chloride 0.9 % intravenous parenteral solution	1	MO
sodium chloride irrigation solution 0.9 %	1	MO
sodium phenylbutyrate oral powder 0.94 gram/gram	1	PA; MO; NEDS
sodium phenylbutyrate oral tablet 500 mg	1	PA; MO; NEDS
sodium polystyrene sulfonate oral powder 15 gram	1	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	1	PA; LA; NEDS; QL (60 per 30 days)
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	1	PA; LA; NEDS; QL (30 per 30 days)
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	MO
TAVNEOS ORAL CAPSULE 10 MG	1	PA; LA; NEDS; QL (180 per 30 days)
trientine oral capsule 250 mg	1	PA; MO; NEDS
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
MISCELLANEOUS CARDIOVASCULAR AGENTS		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	1	PA; NEDS; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; NEDS; QL (3 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; NEDS; QL (2 per 28 days)

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
SMOKING DETERRENTS		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	MO
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML	1	MO
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	MO
varenicline tartrate oral tablet 1 mg (56 pack)	1	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	MO
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)	1	MO; QL (30 per 30 days)
kourzeq dental paste 0.1 %	1	
olopatadine nasal spray,non-aerosol 0.6 %	1	MO
periogard mucous membrane mouthwash 0.12 %	1	MO
triamcinolone acetonide dental paste 0.1 %	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear) solution 2 %	1	MO
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	MO
flac otic oil otic (ear) drops 0.01 %	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	MO
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	MO
ofloxacin otic (ear) drops 0.3 %	1	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %	1	MO
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	MO
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	MO
ENDOCRINE/DIABETES		

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This drug list was last updated on 10/17/2025

Drug Name	Drug Tier	Requirements/Limits
ADRENAL HORMONES		
cortrophin gel injection gel 80 unit/ml	1	PA; MO; NEDS; QL (35 per 28 days)
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	1	MO
fludrocortisone oral tablet 0.1 mg	1	MO
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	MO
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	B/D PA; MO
methylprednisolone oral tablets,dose pack 4 mg	1	MO
prednisolone oral solution 15 mg/5 ml	1	MO
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	1	MO
prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)	1	MO
prednisone intensol oral concentrate 5 mg/ml	1	MO
prednisone oral solution 5 mg/5 ml	1	MO
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	MO
prednisone oral tablets,dose pack 10 mg	1	MO
prednisone oral tablets,dose pack 10 mg (48 pack)	1	
prednisone oral tablets,dose pack 5 mg	1	MO
prednisone oral tablets,dose pack 5 mg (48 pack)	1	
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil oral tablet 50 mg	1	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
alcohol pads topical pads, medicated	1	PA; MO
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION	1	MO
diazoxide oral suspension 50 mg/ml	1	MO

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

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Drug Name	Drug Tier	Requirements/Limits
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	1	MO; QL (30 per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	1	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	1	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; QL (3 per 28 days)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	1	PA; MO; QL (30 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	QL (90 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; NEDS; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; NEDS; QL (6 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	MO
TRADJENTA ORAL TABLET 5 MG	1	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	PA; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
cabergoline oral tablet 0.5 mg	1	MO
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	MO; QL (3.7 per 28 days)
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	MO
calcitriol oral solution 1 mcg/ml	1	
cinacalcet oral tablet 30 mg, 60 mg	1	MO; QL (60 per 30 days)
cinacalcet oral tablet 90 mg	1	MO; NEDS; QL (120 per 30 days)
danazol oral capsule 100 mg, 200 mg, 50 mg	1	MO
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral tablet 0.1 mg, 0.2 mg	1	MO
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	MO
GALAFOLD ORAL CAPSULE 123 MG	1	PA; MO; LA; NEDS
ISTURISA ORAL TABLET 1 MG	1	PA; LA; NEDS; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; LA; NEDS; QL (360 per 30 days)
mifepristone oral tablet 300 mg	1	PA; MO; NEDS; QL (120 per 30 days)
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	1	PA; MO; LA; NEDS
ORILISSA ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (730 per 730 days)
ORILISSA ORAL TABLET 200 MG	1	PA; MO; NEDS; QL (360 per 180 days)
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	MO
sapropterin oral powder in packet 100 mg, 500 mg	1	PA; MO; NEDS
sapropterin oral tablet,soluble 100 mg	1	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML	1	PA; MO; NEDS
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA
testosterone enanthate intramuscular oil 200 mg/ml	1	PA; MO
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	PA; QL (120 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)	1	PA; MO; QL (37.5 per 30 days)
testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	PA; MO; QL (180 per 30 days)
tolvaptan oral tablet 15 mg, 30 mg	1	PA; MO; NEDS
THYROID HORMONES		
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		

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Drug Name	Drug Tier	Requirements/Limits
dicyclomine oral capsule 10 mg	1	MO
dicyclomine oral solution 10 mg/5 ml	1	MO
dicyclomine oral tablet 20 mg	1	MO
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
loperamide oral capsule 2 mg	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron oral tablet 0.5 mg	1	PA; MO
alosetron oral tablet 1 mg	1	PA; MO; NEDS
aprepitant oral capsule 125 mg, 40 mg	1	B/D PA; MO; QL (2 per 28 days)
aprepitant oral capsule 80 mg	1	B/D PA; MO; QL (4 per 28 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	B/D PA; MO; QL (6 per 28 days)
balsalazide oral capsule 750 mg	1	MO
BETAINE ORAL POWDER 1 GRAM/SCOOP	1	MO; NEDS
budesonide oral capsule,delayed,extend.release 3 mg	1	MO
budesonide oral tablet,delayed and ext.release 9 mg	1	MO; NEDS
BYLVAY ORAL CAPSULE 1,200 MCG	1	PA; MO; LA; NEDS; QL (180 per 30 days)
BYLVAY ORAL CAPSULE 400 MCG	1	PA; MO; LA; NEDS; QL (450 per 30 days)
BYLVAY ORAL PELLET 200 MCG	1	PA; MO; LA; NEDS; QL (240 per 30 days)
BYLVAY ORAL PELLET 600 MCG	1	PA; MO; LA; NEDS; QL (120 per 30 days)
CHOLBAM ORAL CAPSULE 250 MG	1	PA; NEDS
CHOLBAM ORAL CAPSULE 50 MG	1	PA; NEDS; QL (120 per 30 days)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; MO; NEDS; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; NEDS; QL (2 per 28 days)
compro rectal suppository 25 mg	1	MO
constulose oral solution 10 gram/15 ml	1	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500-15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	MO
cromolyn oral concentrate 100 mg/5 ml	1	MO
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	B/D PA
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	1	B/D PA
enulose oral solution 10 gram/15 ml	1	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS
gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram	1	MO
gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram	1	MO
gavilyte-n oral recon soln 420 gram	1	
generlac oral solution 10 gram/15 ml	1	MO
granisetron hcl oral tablet 1 mg	1	B/D PA; MO
hydrocortisone rectal enema 100 mg/60 ml	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	
lactulose oral solution 10 gram/15 ml	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	1	PA; LA; NEDS; QL (60 per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	1	PA; LA; NEDS; QL (90 per 30 days)
LIVMARLI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG	1	PA; LA; NEDS; QL (60 per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	1	MO; QL (60 per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
mesalamine oral capsule (with del rel tablets) 400 mg	1	MO
mesalamine oral capsule, extended release 500 mg	1	
mesalamine oral capsule,extended release 24hr 0.375 gram	1	MO
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram, 800 mg	1	MO
mesalamine rectal enema 4 gram/60 ml	1	MO
mesalamine rectal suppository 1,000 mg	1	MO
metoclopramide hcl oral solution 5 mg/5 ml	1	MO
metoclopramide hcl oral tablet 10 mg, 5 mg	1	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 per 30 days)
nitroglycerin rectal ointment 0.4 % (w/w)	1	MO
ondansetron hcl oral solution 4 mg/5 ml	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA; MO
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram	1	
peg-electrolyte oral recon soln 420 gram	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO
prochlorperazine maleate oral oral tablet 10 mg, 5 mg	1	MO
prochlorperazine rectal suppository 25 mg	1	MO
procto-med hc topical cream with perineal applicator 2.5 %	1	MO
proctosol hc topical cream with perineal applicator 2.5 %	1	MO
proctozone-hc topical cream with perineal applicator 2.5 %	1	MO
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	MO; QL (10 per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; NEDS; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; NEDS; QL (2.4 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	1	PA; NEDS
sulfasalazine oral tablet 500 mg	1	MO
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	MO
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet 250 mg, 500 mg	1	MO
VARUBI ORAL TABLET 90 MG	1	B/D PA
VIBERZI ORAL TABLET 100 MG, 75 MG	1	PA; MO; NEDS; QL (60 per 30 days)
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT	1	
VIOKACE ORAL TABLET 20,880-78,300-78,300 UNIT	1	MO
VOWST ORAL CAPSULE	1	PA; NEDS
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT, 60,000-189,600- 252,600 UNIT	1	MO
ULCER THERAPY		
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	MO
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO
famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO
misoprostol oral tablet 100 mcg, 200 mcg	1	MO
nizatidine oral capsule 150 mg, 300 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension 100 mg/ml	1	MO
sucralfate oral tablet 1 gram	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; MO; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; MO; NEDS; QL (14 per 28 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; MO; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA; MO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	MO; NEDS; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	MO; NEDS; QL (2 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; NEDS; QL (1 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO; NEDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO; NEDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NEDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA; V
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; MO; NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA; MO; NEDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	V
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA; MO; NEDS
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	1	PA; MO; NEDS
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	V
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	1	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; MO; NEDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	V
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	V
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	V
VIMKUNYA INTRAMUSCULAR SYRINGE 40 MCG/0.8 ML	1	V
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT	1	MO; V
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
GAUZE PADS 2 X 2	1	PA; MO
INSULIN PEN NEEDLE	1	PA; MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	PA; MO
NEEDLES, INSULIN DISP.,SAFETY	1	PA; MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
allopurinol oral tablet 100 mg, 300 mg	1	MO
colchicine oral tablet 0.6 mg	1	MO
febuxostat oral tablet 40 mg, 80 mg	1	MO
probenecid oral tablet 500 mg	1	MO
probenecid-colchicine oral tablet 500-0.5 mg	1	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution 70 mg/75 ml	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
ibandronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
raloxifene oral tablet 60 mg	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	1	PA; MO; NEDS; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; MO; NEDS; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; MO; NEDS
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NEDS; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; NEDS; QL (4 per 180 days)
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; NEDS; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; MO; NEDS; QL (8 per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; NEDS; QL (4 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (3 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; MO; NEDS; QL (3 per 180 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
leflunomide oral tablet 10 mg, 20 mg	1	MO; QL (30 per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; MO; NEDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; NEDS; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; NEDS; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; NEDS; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; MO; NEDS; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; NEDS; QL (55 per 180 days)
penicillamine oral tablet 250 mg	1	PA; MO
RIDAURA ORAL CAPSULE 3 MG	1	MO; NEDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; MO; NEDS; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; NEDS; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; NEDS; QL (168 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	QL (55 per 180 days)
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; MO; NEDS; QL (300 per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; MO; NEDS; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; MO; NEDS; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; NEDS; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; NEDS; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; NEDS; QL (4 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale lo oral tablet 0.5-0.1 mg	1	MO
abigale oral tablet 1-0.5 mg	1	MO
camila oral tablet 0.35 mg	1	MO
deblitane oral tablet 0.35 mg	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	MO
dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	1	MO
errin oral tablet 0.35 mg	1	MO
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (4 per 28 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	MO
estradiol vaginal tablet 10 mcg	1	MO
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	MO
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	MO
fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
heather oral tablet 0.35 mg	1	MO
incassia oral tablet 0.35 mg	1	MO
jinteli oral tablet 1-5 mg-mcg	1	MO
lyleq oral tablet 0.35 mg	1	MO
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
lyllana transdermal patch semiweekly 0.05 mg/24 hr	1	QL (8 per 28 days)
lyza oral tablet 0.35 mg	1	
medroxyprogesterone intramuscular suspension 150 mg/ml	1	MO
medroxyprogesterone intramuscular syringe 150 mg/ml	1	MO
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	MO
meleya oral tablet 0.35 mg	1	MO
mimvey oral tablet 1-0.5 mg	1	MO
nora-be oral tablet 0.35 mg	1	MO
norethindrone (contraceptive) oral tablet 0.35 mg	1	
norethindrone acetate oral tablet 5 mg	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
orquidea oral tablet 0.35 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
progesterone micronized oral capsule 100 mg, 200 mg	1	MO
sharobel oral tablet 0.35 mg	1	MO
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal cream 2 %	1	MO
eluryng vaginal ring 0.12-0.015 mg/24 hr	1	MO
enilloring vaginal ring 0.12-0.015 mg/24 hr	1	MO
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	1	
haloette vaginal ring 0.12-0.015 mg/24 hr	1	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	1	MO
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	
norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr	1	
terconazole vaginal cream 0.4 %, 0.8 %	1	MO
terconazole vaginal suppository 80 mg	1	MO
tranexamic acid oral tablet 650 mg	1	MO
vandazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
xulane transdermal patch weekly 150-35 mcg/24 hr	1	
zafemy transdermal patch weekly 150-35 mcg/24 hr	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28) oral tablet 0.15-0.03 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
alyacen 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
apri oral tablet 0.15-0.03 mg	1	MO
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	MO
aubra eq oral tablet 0.1-20 mg-mcg	1	MO
aviane oral tablet 0.1-20 mg-mcg	1	
cryselle (28) oral tablet 0.3-30 mg-mcg	1	MO
cyred eq oral tablet 0.15-0.03 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	
enskyce oral tablet 0.15-0.03 mg	1	MO
estarylla oral tablet 0.25-0.035 mg	1	MO
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg	1	
falmina (28) oral tablet 0.1-20 mg-mcg	1	MO
feirza oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
isibloom oral tablet 0.15-0.03 mg	1	MO
jaimiess oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	MO
jasmiel (28) oral tablet 3-0.02 mg	1	MO
juleber oral tablet 0.15-0.03 mg	1	MO
kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	
kelnor 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
kurvelo (28) oral tablet 0.15-0.03 mg	1	MO
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	MO
larin 1/20 (21) oral tablet 1-20 mg-mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
lessina oral tablet 0.1-20 mg-mcg	1	MO
levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	MO
levora-28 oral tablet 0.15-0.03 mg	1	
lojaimiess oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	MO
loryna (28) oral tablet 3-0.02 mg	1	MO
low-ogestrel (28) oral tablet 0.3-30 mg-mcg	1	
lutera (28) oral tablet 0.1-20 mg-mcg	1	
marlissa (28) oral tablet 0.15-0.03 mg	1	MO
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	MO
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	MO
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
mili oral tablet 0.25-0.035 mg	1	MO
nikki (28) oral tablet 3-0.02 mg	1	MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg	1	
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	MO
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	MO
nortrel 1/35 (28) oral tablet 1-35 mg-mcg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	MO
pimtrea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	MO
portia 28 oral tablet 0.15-0.03 mg	1	MO
reclipsen (28) oral tablet 0.15-0.03 mg	1	MO
setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
sprintec (28) oral tablet 0.25-0.035 mg	1	MO
sronyx oral tablet 0.1-20 mg-mcg	1	
syeda oral tablet 3-0.03 mg	1	MO
tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)	1	MO
tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	MO
tri-estarylla oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	MO
tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	MO
tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-0.025 mg	1	
tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-0.035mg (28)	1	MO
turqoz (28) oral tablet 0.3-30 mg-mcg	1	MO
valtya oral tablet 1-50 mg-mcg	1	MO
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	MO
vestura (28) oral tablet 3-0.02 mg	1	MO
vienva oral tablet 0.1-20 mg-mcg	1	MO
zovia 1-35 (28) oral tablet 1-35 mg-mcg	1	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	MO
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	MO
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	MO; QL (3.5 per 14 days)
gatifloxacin ophthalmic (eye) drops 0.5 %	1	MO
gentamicin ophthalmic (eye) drops 0.3 %	1	MO; QL (70 per 30 days)
moxifloxacin ophthalmic (eye) drops 0.5 %	1	MO
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	MO
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	MO
neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
ofloxacin ophthalmic (eye) drops 0.3 %	1	MO
polycin ophthalmic (eye) ointment 500-10,000 unit/gram	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	MO
tobramycin ophthalmic (eye) drops 0.3 %	1	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine ophthalmic (eye) drops 1 %	1	MO
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye) drops 0.5 %	1	MO
carteolol ophthalmic (eye) drops 1 %	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	MO
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		

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Drug Name	Drug Tier	Requirements/Limits
atropine ophthalmic (eye) drops 1 %	1	MO
azelastine ophthalmic (eye) drops 0.05 %	1	MO
bepotastine besilate ophthalmic (eye) drops 1.5 %	1	MO
cromolyn ophthalmic (eye) drops 4 %	1	MO
CYCLOSPORINE OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA; NEDS
epinastine ophthalmic (eye) drops 0.05 %	1	MO
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	1	PA; MO; NEDS
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	MO
sulfacetamide sodium ophthalmic (eye) ointment 10 %	1	
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	MO
XDEMVY OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; NEDS; QL (10 per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.07 %	1	MO
bromfenac ophthalmic (eye) drops 0.09 %	1	MO
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	MO
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	MO
ketorolac ophthalmic (eye) drops 0.4 %	1	MO
ketorolac ophthalmic (eye) drops 0.5 %	1	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	MO
acetazolamide oral tablet 125 mg, 250 mg	1	MO
methazolamide oral tablet 25 mg, 50 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
OTHER GLAUCOMA DRUGS		
brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %	1	MO
dorzolamide ophthalmic (eye) drops 2 %	1	MO
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	MO
latanoprost ophthalmic (eye) drops 0.005 %	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	MO
travoprost ophthalmic (eye) drops 0.004 %	1	MO
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	1	
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	MO
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	MO
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	MO
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	MO
neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	MO; QL (10 per 14 days)
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	MO
difluprednate ophthalmic (eye) drops 0.05 %	1	MO
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	MO
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %	1	MO
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	MO
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	MO
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	MO
apraclonidine ophthalmic (eye) drops 0.5 %	1	MO
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	1	MO
brimonidine ophthalmic (eye) drops 0.2 %	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
cetirizine oral solution 1 mg/ml	1	MO
cyproheptadine oral tablet 4 mg	1	MO
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml	1	MO; QL (2 per 30 days)
hydroxyzine hcl oral solution 10 mg/5 ml	1	MO
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	MO
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1	MO
levocetirizine oral solution 2.5 mg/5 ml	1	MO
levocetirizine oral tablet 5 mg	1	MO; QL (30 per 30 days)
promethazine oral syrup 6.25 mg/5 ml	1	MO
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	MO
PULMONARY AGENTS		

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Drug Name	Drug Tier	Requirements/Limits
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	B/D PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; MO; LA; NEDS
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	MO; QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)	1	QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	B/D PA; MO
albuterol sulfate oral syrup 2 mg/5 ml	1	MO
albuterol sulfate oral tablet 2 mg, 4 mg	1	MO
alyq oral tablet 20 mg	1	PA; MO; NEDS; QL (60 per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	1	PA; MO; LA; NEDS; QL (30 per 30 days)
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	MO; QL (60 per 30 days)
arformoterol inhalation solution for nebulization 15 mcg/2 ml	1	B/D PA; MO
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	MO; QL (25.8 per 30 days)
bosentan oral tablet 125 mg, 62.5 mg	1	PA; MO; LA; NEDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	1	MO; QL (60 per 30 days)
breyna inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	MO; QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; MO; QL (60 per 30 days)
budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation	1	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; MO; NEDS
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	B/D PA; MO
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	1	MO; QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; NEDS; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; NEDS; QL (1 per 28 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	MO; QL (50 per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	MO; QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	MO; QL (60 per 30 days)
formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml	1	B/D PA; MO
icatibant subcutaneous syringe 30 mg/3 ml	1	PA; MO; NEDS
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	MO
ipratropium bromide inhalation solution 0.02 %	1	B/D PA; MO
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; MO; NEDS; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1	B/D PA; MO
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	MO; QL (34 per 30 days)
montelukast oral granules in packet 4 mg	1	MO
montelukast oral tablet 10 mg	1	MO
montelukast oral tablet,chewable 4 mg, 5 mg	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; NEDS; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; NEDS; QL (0.4 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; MO; NEDS; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	1	PA; MO; LA; NEDS
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	1	PA; MO; NEDS; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; MO; NEDS; QL (56 per 28 days)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; MO; NEDS; QL (112 per 28 days)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA; LA; NEDS
pirfenidone oral capsule 267 mg	1	PA; MO; NEDS; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	1	PA; MO; NEDS; QL (270 per 30 days)
pirfenidone oral tablet 801 mg	1	PA; MO; NEDS; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1	MO
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	B/D PA; MO; NEDS
roflumilast oral tablet 250 mcg, 500 mcg	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
sajazir subcutaneous syringe 30 mg/3 ml	1	PA; MO; NEDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	MO; QL (60 per 30 days)
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; MO; NEDS; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; NEDS; QL (60 per 30 days)
terbutaline oral tablet 2.5 mg, 5 mg	1	MO
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; MO; NEDS; QL (84 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	1	PA; MO; NEDS; QL (112 per 28 days)
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	1	PA; MO; NEDS; QL (504 per 365 days)
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	1	PA; MO; NEDS; QL (1 per 21 days)

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Drug Name	Drug Tier	Requirements/Limits
wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; NEDS; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; NEDS; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; NEDS; QL (1 per 28 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	1	B/D PA; MO; NEDS; QL (90 per 30 days)
zafirlukast oral tablet 10 mg, 20 mg	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	MO
oxybutynin chloride oral syrup 5 mg/5 ml	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	MO
solifenacin oral tablet 10 mg, 5 mg	1	MO; QL (30 per 30 days)
tolterodine oral tablet 1 mg, 2 mg	1	MO
trospium oral capsule,extended release 24hr 60 mg	1	MO
trospium oral tablet 20 mg	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin oral tablet extended release 24 hr 10 mg	1	MO
dutasteride oral capsule 0.5 mg	1	MO; QL (30 per 30 days)
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
finasteride oral tablet 5 mg	1	MO
tamsulosin oral capsule 0.4 mg	1	MO
MISCELLANEOUS UROLOGICALS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	MO
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	MO
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
ELECTROLYTES		
klor-con 10 oral tablet extended release 10 meq	1	MO
klor-con 8 oral tablet extended release 8 meq	1	MO
klor-con m10 oral tablet,er particles/crystals 10 meq	1	MO
klor-con m15 oral tablet,er particles/crystals 15 meq	1	MO
klor-con m20 oral tablet,er particles/crystals 20 meq	1	MO
klor-con oral packet 20 meq	1	MO
magnesium sulfate injection solution 500 mg/ml (50 %)	1	MO
magnesium sulfate injection syringe 500 mg/ml (50 %)	1	
potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l	1	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	1	
potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml	1	

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Drug Name	Drug Tier	Requirements/Limits
potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)	1	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	MO
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	MO
potassium chloride oral packet 20 meq	1	MO
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq	1	
potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l	1	
potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
sodium chloride 0.45 % intravenous parenteral solution 0.45 %	1	MO
sodium chloride 3 % hypertonic intravenous parenteral solution 3 %	1	
sodium chloride 5 % hypertonic intravenous parenteral solution 5 %	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
intralipid intravenous emulsion 20 %	1	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
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ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D PA
premasol 10 % intravenous parenteral solution 10 %	1	B/D PA
travasol 10 % intravenous parenteral solution 10 %	1	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B/D PA
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)	1	MO
prenatal vitamin oral tablet oral tablet 27 mg iron-1 mg	1	MO

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Multi-Language Insert

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Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-800-927-6048 sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter1-800-927-6048. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-927-6048 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону1-800-927-6048. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-927-6048. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-927-6048 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-927-6048. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-927-6048. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-927-6048. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-927-6048. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、1-800-927-6048 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

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Sentara Medicare
P.O. Box 66189
Virginia Beach, VA 23466
sentarahealthplans.com

This abridged formulary was updated on **10/17/2025.** This is not a complete list of drugs covered by our plan. For a complete listing or other questions, please contact Sentara Medicare Member Services at 1-800-927-6048 (TTY users should call 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m., or visit sentarahealthplans.com/plans/medicare/prescription-drugs.