



SilverScript Choice (PDP)

an Aetna® Medicare prescription drug plan

2023 Formulary

List of covered drugs

PLEASE READ:

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

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

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Care for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

Formulary File 23014, Version 8, SS1 (Updated: August 1, 2022)
Y0001_29422_2023_C



This document includes a list of the covered drugs (formulary) for our plan which is current as of August 1, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

To view the most recent document including any changes that have been made visit [AetnaMedicare.com/plandocuments](https://www.aetna.com/medicare/plandocuments).



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

The SilverScript® formulary



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

Save with generic drugs



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

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

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

Potential changes to your formulary

Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year. There are some exceptions. We describe them here.

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

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

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

| | |
|--------------------------------------|--|
| New generic drugs | We may remove a brand name drug on our formulary if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. |
| Drugs removed from the market | If the U.S. Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and notify members who take the drug. |
| Other drug changes | We may make other changes that affect members currently taking a drug. For example, we may: <ul style="list-style-type: none">Replace a brand name drug with an existing generic drug that is not currently on our formularyAdd new restrictions to a drugMove a drug to a different cost-sharing tierMake changes based on new clinical guidelines |

Using the formulary

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

| | |
|---------------------------|---|
| Alphabetical order | <p>Find your drug in the index that begins on page 59. Both brand name drugs and generic drugs are listed in the index in alphabetical order.</p> <p>Step 1 Look in the index and find your drug.</p> <p>Step 2 Look at the page number where you can find coverage information.</p> <p>Step 3 Turn to the page listed in the index to find coverage information about your drug. This will include the tier and any restrictions.</p> <p>Step 4 View the cost-sharing chart on page xii to find the cost for the tier your drug is on.</p> |
| Medical condition | <p>The formulary begins on page 1 with drugs grouped into categories based on the type of medical conditions they treat. Medical conditions are listed in alphabetical order on the formulary.</p> <p>Step 1 Look for your medical condition.</p> <p>Step 2 Look under the medical condition header for your drug.</p> <p>Step 3 Find coverage information about your drug. This will include the tier and any restrictions.</p> <p>Step 4 View the cost-sharing chart on page xii to find the cost for the tier your drug is on.</p> |

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

| The drug(s) covered by your plan ↓ | The “tier” level or pricing category ↓ | The coverage rules for a drug ↓ | | | | | | | | | |
|--|--|--|-----------|-----------|---------------------|----------------------------|---|----|-------------------|---|------------------------------|
| <p>Lower case italics: generic drugs</p> <p>→</p> <p>All uppercase: BRAND NAME DRUGS</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #800080; color: white;"> <th style="padding: 5px;">Drug Name</th> <th style="padding: 5px;">Drug Tier</th> <th style="padding: 5px;">Requirements/Limits</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"><i>sample generic drug</i></td> <td style="text-align: center; padding: 5px;">1</td> <td style="padding: 5px;">MO</td> </tr> <tr> <td style="padding: 5px;">SAMPLE BRAND DRUG</td> <td style="text-align: center; padding: 5px;">4</td> <td style="padding: 5px;">QL (30 ea per 30 days) MO</td> </tr> </tbody> </table> | | Drug Name | Drug Tier | Requirements/Limits | <i>sample generic drug</i> | 1 | MO | SAMPLE BRAND DRUG | 4 | QL (30 ea per 30 days) MO |
| Drug Name | Drug Tier | Requirements/Limits | | | | | | | | | |
| <i>sample generic drug</i> | 1 | MO | | | | | | | | | |
| SAMPLE BRAND DRUG | 4 | QL (30 ea per 30 days) MO | | | | | | | | | |

Requirements or limitations

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

MO

Mail-Order

This indicates if a drug is available at our CVS Caremark® Mail Service Pharmacy, which is our preferred mail-order pharmacy*. When using mail-order, you may save money when you get your prescription drugs shipped directly to your home and may have the option to sign up for automated mail-order delivery. Call Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week (TTY: 711), to get started today.

B/D

Medicare Part B or Part D

Medicare determines when a drug is covered under medical or prescription coverage. There are a number of cases that can alter how a drug or supply is covered, such as how the drug is administered and the setting of care. It is not unusual to require more information for drugs and supplies that can be covered under medical or prescription coverage to make a determination of coverage and applicable cost-sharing. In these instances, know that we are following the rules set by Medicare to provide you with appropriate coverage. Your pharmacy may need to submit more information describing the use and setting of the drug to help make the determination between medical and prescription coverage.

*This pharmacy is a pharmacy in our network in 2023. CVS Caremark® Mail Service Pharmacy may also contract with other plans.

My drug is not on the formulary or has restrictions



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

Talk with your doctor

Access your formulary online, or request a paper copy, to show to your doctor for help finding a similar drug that is covered. In the medical condition section of the formulary, you will often find alternative drugs in the same therapeutic class used to treat your condition.

| | |
|---|--|
| Ask us to cover a non-formulary drug | If we make a formulary exception to cover a drug not on our formulary, you will need to pay the cost-share that applies to drugs in Tier 4 (Non-preferred drug). |
| Ask us to lower a cost-sharing tier | If we approve your request to cover your drug at a lower cost-sharing level (a tiering exception), and there is more than one lower cost-sharing tier with alternative drugs you can't take, you will usually pay the lowest amount. <i>Please note: We cannot change the cost-sharing tier for any drug in Tier 5 (Specialty) or for a drug in which you have received a formulary exception.</i> |

Requesting an exception

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

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

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



Follow these steps to find the form on our website.

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

Mail or fax us your completed form:

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

Fax: 1-855-633-7673

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

If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

Transition of coverage

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

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

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

Vacation supply

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

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

Finding a network pharmacy

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

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

1. Go to [AetnaMedicare.com/PharmacyHelp](https://www.aetna.com/PharmacyHelp).
2. Click on Prescription Drug Plans, enter the ZIP code and click "View plans." The tool will then display the plans offered in that ZIP code.
3. Select your plan and click on "Find pharmacies" under the plan name.
4. The tool will then show all in-network pharmacies (preferred and standard) in the area.

Important notes

- In the **online pharmacy finder** tool:
 - If the pharmacy is a preferred network pharmacy, it will be listed as preferred under the pharmacy's address.
 - Preferred pharmacies have an orange icon ▼ and standard pharmacies have a teal icon ▼ to the left of the pharmacy name.
 - Pharmacies that support e-prescribing have a purple computer icon displayed to the right of the pharmacy name.
- **Long-term care (LTC) pharmacies** do not offer preferred pharmacy cost-sharing because LTC pharmacies pay higher packaging and dispensing costs compared to those at a retail pharmacy. LTC pharmacies contract with individual and chain facilities and members typically do not have a choice of LTC pharmacy. The facility determines which pharmacy you can use. Please use caution when reviewing LTC cost-sharing as retail pharmacy pricing does not apply to LTC dispensing.

- **Specialty drugs** are used to treat complex, chronic conditions, such as rheumatoid arthritis, multiple sclerosis and cancer. Specialty drugs often require special handling and can be very expensive. Their costs are rising 15 to 20 percent or more each year. Our plan has a separate tier (Tier 5) reserved for specialty drugs. This requires members to pay a percentage of the drug cost. Specialty drugs may be available at some retail pharmacies, like CVS®, Walgreens or Walmart, but often these drugs are only available at a specialty pharmacy such as the CVS Specialty® pharmacy*. Drug pricing tools do not know whether a specific pharmacy stocks a given drug. You should calculate your cost-share using a specialty pharmacy.

*These pharmacies are pharmacies in our network in 2023. They may also contract with other plans.

Drug stages and costs

Up to
\$505

Deductible stage

You'll pay the plan's negotiated drug cost up to the deductible limit.

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

Up to
\$4,660

Initial coverage stage

During this stage, the plan will pay its share of the cost and you'll pay a copayment or coinsurance (your share of the cost) for each prescription you fill until your total drug costs reach \$4,660.

Once you reach \$4,660, you'll enter the coverage gap stage or "donut hole."



Most people will remain in this stage.

Up to
\$7,400

Coverage gap stage

(Also known as the donut hole.)

During this stage, you'll pay 25% of the cost for generics and brands. This stage continues until your yearly out-of-pocket drug costs reach \$7,400.

Once your yearly out-of-pocket costs reach \$7,400, you'll move to catastrophic coverage.



Some people will move into this stage.

Through
the end
of the year

Catastrophic coverage stage

In this stage, you'll pay either a copayment or coinsurance amount for each prescription you fill.



Few people will reach this stage.

The table below tells you the copayment or coinsurance amount (that is, the share of the drug’s cost that you will pay during the initial coverage stage) for up to a one-month supply of drugs in each tier. You will pay a yearly deductible of \$505 for your drugs until you reach the plan’s deductible amount.

Initial coverage stage copayment/coinsurance levels

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

| State | Pharmacy type (Retail & mail) | Tier 1 (Preferred generic) | Tier 2 (Generic) | Tier 3 (Preferred brand) | Tier 4 (Non-preferred drug) | Tier 5 (Specialty) |
|----------------------|-------------------------------|----------------------------|------------------|--------------------------|-----------------------------|--------------------|
| Alabama | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$6.00 | \$13.00 | | | |
| Alaska | Preferred | \$2.00 | \$7.00 | 17% | 37% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Arizona | Preferred | \$2.00 | \$7.00 | 17% | 44% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Arkansas | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$7.00 | \$14.00 | | | |
| California | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$6.00 | \$13.00 | | | |
| Colorado | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Connecticut | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Delaware | Preferred | \$2.00 | \$7.00 | 17% | 38% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| District of Columbia | Preferred | \$2.00 | \$7.00 | 17% | 38% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Florida | Preferred | \$2.00 | \$7.00 | 17% | 37% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Georgia | Preferred | \$2.00 | \$7.00 | 17% | 39% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Hawaii | Preferred | \$2.00 | \$7.00 | 22% | 30% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Idaho | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$6.00 | \$13.00 | | | |
| Illinois | Preferred | \$2.00 | \$7.00 | 17% | 41% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Indiana | Preferred | \$2.00 | \$7.00 | 17% | 37% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Iowa | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |

SilverScript Choice (PDP) 2023 Formulary

| State | Pharmacy type (Retail & mail) | Tier 1 (Preferred generic) | Tier 2 (Generic) | Tier 3 (Preferred brand) | Tier 4 (Non-preferred drug) | Tier 5 (Specialty) |
|----------------|-------------------------------|----------------------------|------------------|--------------------------|-----------------------------|--------------------|
| Kansas | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Kentucky | Preferred | \$2.00 | \$7.00 | 17% | 37% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Louisiana | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$6.00 | \$14.00 | | | |
| Maine | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Maryland | Preferred | \$2.00 | \$7.00 | 17% | 38% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Massachusetts | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Michigan | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Minnesota | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Mississippi | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Missouri | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$6.00 | \$13.00 | | | |
| Montana | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Nebraska | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Nevada | Preferred | \$2.00 | \$7.00 | 17% | 40% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| New Hampshire | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| New Jersey | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| New Mexico | Preferred | \$2.00 | \$7.00 | 17% | 38% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| New York | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$6.00 | \$13.00 | | | |
| North Carolina | Preferred | \$2.00 | \$7.00 | 17% | 37% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| North Dakota | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Ohio | Preferred | \$2.00 | \$7.00 | 17% | 44% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |

SilverScript Choice (PDP) 2023 Formulary

| State | Pharmacy type (Retail & mail) | Tier 1 (Preferred generic) | Tier 2 (Generic) | Tier 3 (Preferred brand) | Tier 4 (Non-preferred drug) | Tier 5 (Specialty) |
|----------------|-------------------------------|----------------------------|------------------|--------------------------|-----------------------------|--------------------|
| Oklahoma | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Oregon | Preferred | \$2.00 | \$7.00 | 17% | 37% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Pennsylvania | Preferred | \$2.00 | \$7.00 | 17% | 39% | 25% |
| | Standard | \$6.00 | \$13.00 | | | |
| Rhode Island | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| South Carolina | Preferred | \$2.00 | \$7.00 | 17% | 39% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| South Dakota | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Tennessee | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$6.00 | \$13.00 | | | |
| Texas | Preferred | \$2.00 | \$7.00 | 17% | 42% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Utah | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$6.00 | \$13.00 | | | |
| Vermont | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Virginia | Preferred | \$2.00 | \$7.00 | 17% | 40% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| Washington | Preferred | \$2.00 | \$7.00 | 17% | 37% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |
| West Virginia | Preferred | \$2.00 | \$7.00 | 17% | 39% | 25% |
| | Standard | \$6.00 | \$13.00 | | | |
| Wisconsin | Preferred | \$2.00 | \$7.00 | 17% | 35% | 25% |
| | Standard | \$6.00 | \$13.00 | | | |
| Wyoming | Preferred | \$2.00 | \$7.00 | 17% | 36% | 25% |
| | Standard | \$8.00 | \$15.00 | | | |



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

Get more information



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



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

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

Formulary key

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| ANALGESICS | | |
| GOUT | | |
| <i>allopurinol tabs</i> | 1 | MO |
| <i>colchicine tabs</i> | 2 | QL (120 EA per 30 days) MO |
| <i>febuxostat</i> | 4 | ST MO |
| MITIGARE | 3 | QL (60 EA per 30 days) MO |
| <i>probenecid</i> | 4 | MO |
| <i>probenecid/colchicine</i> | 2 | MO |
| NSAIDS | | |
| <i>celecoxib caps 400mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>celecoxib caps 100mg, 200mg, 50mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>diclofenac potassium tabs 50mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>diclofenac sodium dr</i> | 2 | MO |
| <i>diclofenac sodium er</i> | 2 | QL (60 EA per 30 days) MO |
| <i>diclofenac sodium/misoprostol tbec 50mg; 200mcg</i> | 4 | QL (120 EA per 30 days) MO |
| <i>diclofenac sodium/misoprostol tbec 75mg; 200mcg</i> | 4 | QL (90 EA per 30 days) MO |
| <i>diflunisal</i> | 2 | QL (90 EA per 30 days) MO |
| <i>ec-naproxen tbec 375mg</i> | 2 | QL (120 EA per 30 days) |
| <i>ec-naproxen tbec 500mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>etodolac er tb24 600mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>etodolac er tb24 400mg, 500mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>etodolac caps 300mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>etodolac caps 200mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>etodolac tabs 500mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>etodolac tabs 400mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>fenoprofen calcium</i> | 4 | QL (150 EA per 30 days) MO |
| <i>flurbiprofen</i> | 2 | QL (90 EA per 30 days) MO |
| <i>ibu tabs 600mg, 800mg</i> | 1 | |
| <i>ibuprofen tabs</i> | 1 | MO |
| <i>ibuprofen susp</i> | 2 | MO |
| <i>ketoprofen er caps 200mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>ketorolac tromethamine tabs 10mg</i> | 2 | QL (20 EA per 30 days) PA MO |
| <i>meloxicam tabs</i> | 1 | MO |
| <i>nabumetone</i> | 2 | MO |
| <i>naproxen sodium tabs 275mg, 550mg</i> | 2 | MO |
| <i>naproxen tabs 250mg, 375mg, 500mg</i> | 1 | MO |
| <i>naproxen susp</i> | 4 | MO |
| <i>naproxen dr tabs 375mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>naproxen dr tabs 500mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>oxaprozin</i> | 2 | QL (90 EA per 30 days) MO |
| <i>piroxicam caps 20mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>piroxicam caps 10mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>relafen tabs 500mg, 750mg</i> | 2 | |
| <i>sulindac</i> | 2 | QL (60 EA per 30 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| OPIOID ANALGESICS, LONG-ACTING | | |
| BUTRANS | 3 | QL (4 EA per 28 days) PA MO |
| <i>fentanyl</i> | 4 | QL (10 EA per 30 days) PA MO |
| <i>hydrocodone bitartrate er tabs 100mg, 120mg, 20mg, 30mg, 40mg, 60mg</i> | 2 | QL (30 EA per 30 days) PA MO |
| <i>hydrocodone bitartrate er tabs 80mg</i> | 4 | QL (30 EA per 30 days) PA MO |
| <i>methadone hcl oral conc</i> | 2 | QL (90 ML per 30 days) PA MO |
| <i>methadone hcl oral soln</i> | 2 | QL (450 ML per 30 days) PA MO |
| <i>methadone hcl tabs</i> | 2 | QL (90 EA per 30 days) PA MO |
| <i>morphine sulfate er cp24 (generic Avinza) 120mg, 30mg, 45mg, 60mg, 75mg, 90mg</i> | 4 | QL (30 EA per 30 days) PA MO |
| <i>morphine sulfate er cp24 (generic Kadian) 100mg, 10mg, 20mg, 30mg, 50mg, 60mg, 80mg</i> | 4 | QL (60 EA per 30 days) PA MO |
| <i>morphine sulfate er tbc r 100mg, 30mg, 60mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>morphine sulfate er tbc r 15mg</i> | 2 | QL (90 EA per 30 days) PA MO |
| <i>morphine sulfate er tbc r 200mg</i> | 4 | QL (60 EA per 30 days) PA MO |
| MORPHINE SULFATE/SODIUM CHLORIDE | 4 | B/D |
| OXYCONTIN | 4 | QL (60 EA per 30 days) PA MO |
| <i>tramadol hcl er tabs</i> | 4 | QL (30 EA per 30 days) PA MO |
| OPIOID ANALGESICS, SHORT-ACTING | | |
| <i>acetaminophen/codeine tabs</i> | 2 | QL (180 EA per 30 days) MO |
| <i>acetaminophen/codeine soln</i> | 2 | QL (2700 ML per 30 days) MO |
| <i>butorphanol tartrate nasal soln</i> | 4 | QL (5 ML per 30 days) MO |
| <i>butorphanol tartrate inj 1mg/ml</i> | 4 | |
| <i>butorphanol tartrate inj 2mg/ml</i> | 4 | MO |
| <i>endocet</i> | 4 | QL (180 EA per 30 days) |
| <i>fentanyl citrate oral transmucosal lpop 200mcg</i> | 4 | QL (120 EA per 30 days) PA MO |
| <i>fentanyl citrate oral transmucosal lpop 1200mcg, 1600mcg, 400mcg, 600mcg, 800mcg</i> | 5 | QL (120 EA per 30 days) PA MO |
| <i>hydrocodone bitartrate/acetaminophen tabs</i> | 4 | QL (180 EA per 30 days) MO |
| <i>hydrocodone bitartrate/acetaminophen soln</i> | 4 | QL (2700 ML per 30 days) MO |
| <i>hydrocodone/ibuprofen tabs 7.5mg; 200mg</i> | 2 | QL (150 EA per 30 days) MO |
| <i>hydrocodone/ibuprofen tabs 10mg; 200mg, 5mg; 200mg</i> | 4 | QL (150 EA per 30 days) MO |
| <i>hydromorphone hcl tabs</i> | 2 | QL (180 EA per 30 days) MO |
| <i>hydromorphone hcl oral soln</i> | 4 | QL (600 ML per 30 days) MO |
| <i>hydromorphone hcl inj 10mg/ml, 50mg/5ml</i> | 4 | B/D |
| <i>hydromorphone hydrochloride inj 2mg/ml</i> | 4 | B/D MO |
| <i>morphine sulfate tabs</i> | 2 | QL (180 EA per 30 days) MO |
| MORPHINE SULFATE INJ 10MG/ML, 2MG/ML, 4MG/ML, 5MG/ML, 8MG/ML | 4 | B/D |
| <i>morphine sulfate inj 0.5mg/ml, 10mg/ml, 1mg/ml, 4mg/ml, 50mg/ml, 8mg/ml</i> | 4 | B/D |
| <i>morphine sulfate pf inj 1mg/ml</i> | 4 | B/D MO |
| <i>morphine sulfate oral soln 10mg/5ml, 20mg/5ml</i> | 2 | QL (900 ML per 30 days) MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|----------------------------|
| <i>morphine sulfate oral soln 20mg/ml</i> | 4 | QL (180 ML per 30 days) MO |
| <i>oxycodone hydrochloride caps</i> | 4 | QL (180 EA per 30 days) MO |
| <i>oxycodone hydrochloride oral conc</i> | 4 | QL (180 ML per 30 days) MO |
| <i>oxycodone hydrochloride oral soln</i> | 4 | QL (900 ML per 30 days) MO |
| <i>oxycodone hydrochloride tabs 30mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>oxycodone hydrochloride tabs 10mg, 15mg, 20mg, 5mg</i> | 2 | QL (180 EA per 30 days) MO |
| <i>oxycodone/acetaminophen tabs 10mg; 325mg, 2.5mg; 325mg, 5mg; 325mg, 7.5mg; 325mg</i> | 4 | QL (180 EA per 30 days) MO |
| <i>tramadol hcl tabs 50mg</i> | 2 | QL (240 EA per 30 days) MO |
| <i>tramadol hydrochloride/acetaminophen</i> | 2 | QL (240 EA per 30 days) MO |

ANESTHETICS**LOCAL ANESTHETICS**

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

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

| | | |
|---|---|------------------------------|
| <i>albendazole</i> | 5 | MO |
| <i>amikacin sulfate</i> | 4 | MO |
| <i>atovaquone</i> | 4 | PA MO |
| <i>aztreonam</i> | 4 | MO |
| CAYSTON | 5 | PA LA |
| <i>chloramphenicol sodium succinate</i> | 4 | |
| <i>clindamycin hcl caps 150mg, 75mg</i> | 2 | MO |
| <i>clindamycin hcl caps 300mg</i> | 2 | MO |
| <i>clindamycin palmitate hcl</i> | 4 | MO |
| <i>clindamycin phosphate/dextrose</i> | 4 | |
| <i>clindamycin phosphate inj 300mg/2ml, 9000mg/60ml</i> | 4 | |
| <i>clindamycin phosphate inj 600mg/4ml, 900mg/6ml</i> | 4 | MO |
| CLINDAMYCIN/SODIUM CHLORIDE | 4 | |
| <i>colistimethate sodium</i> | 4 | PA MO |
| <i>dapsone tabs 100mg, 25mg</i> | 2 | MO |
| DAPTOMYCIN INJ 350MG | 5 | |
| <i>daptomycin inj 500mg</i> | 5 | |
| EMVERM | 5 | QL (12 EA per 365 days) MO |
| <i>ertapenem</i> | 4 | MO |
| <i>gentamicin sulfate pediatric</i> | 4 | MO |
| <i>gentamicin sulfate/0.9% sodium chloride inj 1.2mg/ml; 0.9%, 1mg/ml; 0.9%, 2mg/ml; 0.9%</i> | 4 | |
| <i>gentamicin sulfate/0.9% sodium chloride inj 1.6mg/ml; 0.9%</i> | 4 | MO |
| <i>gentamicin sulfate inj 40mg/ml</i> | 4 | MO |
| <i>imipenem/cilastatin</i> | 4 | MO |
| <i>isotonic gentamicin</i> | 4 | MO |
| <i>ivermectin</i> | 2 | QL (12 EA per 90 days) PA MO |
| <i>linezolid tabs</i> | 4 | QL (56 EA per 28 days) PA MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| <i>linezolid oral susp</i> | 5 | QL (1800 ML per 30 days) PA MO |
| LINEZOLID INJ 600MG/300ML; 0.9% | 4 | PA |
| <i>linezolid inj 600mg/300ml</i> | 4 | PA |
| <i>meropenem inj 500mg</i> | 4 | |
| <i>meropenem inj 1gm</i> | 4 | MO |
| <i>methenamine hippurate</i> | 2 | MO |
| <i>methenamine mandelate</i> | 4 | MO |
| <i>metronidazole caps 375mg</i> | 2 | MO |
| <i>metronidazole inj 500mg/100ml</i> | 4 | |
| <i>metronidazole tabs 250mg, 500mg</i> | 2 | MO |
| <i>neomycin sulfate</i> | 2 | MO |
| <i>nitazoxanide</i> | 5 | QL (6 EA per 30 days) MO |
| <i>nitrofurantoin macrocrystals caps 100mg, 50mg</i> | 2 | MO |
| <i>nitrofurantoin macrocrystals caps 25mg</i> | 4 | MO |
| <i>nitrofurantoin monohydrate/macrocrystals caps 100mg</i> | 2 | MO |
| <i>paromomycin sulfate</i> | 4 | MO |
| <i>pentamidine isethionate inhalation soln</i> | 4 | B/D MO |
| <i>pentamidine isethionate inj</i> | 4 | MO |
| <i>praziquantel</i> | 2 | MO |
| SIVEXTRO INJ | 5 | |
| SIVEXTRO TABS | 5 | MO |
| <i>streptomycin sulfate</i> | 4 | MO |
| <i>sulfadiazine</i> | 4 | MO |
| <i>sulfamethoxazole/trimethoprim ds</i> | 2 | MO |
| <i>sulfamethoxazole/trimethoprim susp, tabs</i> | 2 | MO |
| <i>sulfamethoxazole/trimethoprim inj</i> | 4 | MO |
| SYNERCID | 5 | |
| <i>tinidazole</i> | 2 | MO |
| <i>tobramycin sulfate inj 10mg/ml, 2gm/50ml</i> | 4 | |
| <i>tobramycin sulfate inj 1.2gm/30ml, 80mg/2ml</i> | 4 | MO |
| <i>tobramycin sulfate inj 1.2gm</i> | 5 | |
| <i>tobramycin nebu 300mg/5ml</i> | 5 | QL (280 ML per 56 days) PA |
| <i>trimethoprim</i> | 2 | MO |
| VANCOMYCIN INJ 0.9%; 500MG/100ML, 0.9%; 750MG/150ML | 4 | |
| VANCOMYCIN HCL INJ 0.9%; 1GM/200ML | 4 | |
| <i>vancomycin hcl inj 100gm, 10gm</i> | 4 | |
| <i>vancomycin hydrochloride caps 125mg</i> | 4 | QL (120 EA per 30 days) MO |
| <i>vancomycin hydrochloride caps 250mg</i> | 4 | QL (240 EA per 30 days) MO |
| <i>vancomycin hydrochloride inj 1gm, 5gm, 750mg</i> | 4 | |
| <i>vancomycin hydrochloride inj 500mg</i> | 4 | MO |
| ANTIFUNGALS | | |
| ABELCET | 4 | B/D |
| <i>amphotericin b</i> | 4 | B/D MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>amphotericin b liposome</i> | 5 | B/D |
| <i>casprofungin acetate inj 70mg</i> | 4 | |
| <i>casprofungin acetate inj 50mg</i> | 5 | |
| <i>fluconazole in sodium chloride inj 200mg; 100ml, 400mg; 100ml</i> | 4 | |
| <i>fluconazole tabs, oral susp</i> | 2 | MO |
| <i>fluconazole/sodium chloride inj 100mg/50ml</i> | 4 | |
| <i>flucytosine</i> | 5 | MO |
| <i>griseofulvin microsize</i> | 4 | MO |
| <i>griseofulvin ultramicrosize</i> | 4 | MO |
| <i>itraconazole caps</i> | 4 | PA MO |
| <i>ketoconazole tabs 200mg</i> | 2 | PA MO |
| <i>micafungin</i> | 5 | |
| NOXAFIL ORAL SUSP | 5 | QL (630 ML per 30 days) MO |
| <i>nystatin tabs 500000unit</i> | 2 | MO |
| <i>posaconazole dr</i> | 5 | QL (93 EA per 30 days) MO |
| <i>terbinafine hcl</i> | 2 | QL (90 EA per 365 days) MO |
| <i>voriconazole inj</i> | 4 | PA |
| <i>voriconazole oral susp</i> | 4 | PA MO |
| <i>voriconazole tabs 200mg</i> | 4 | QL (120 EA per 30 days) MO |
| <i>voriconazole tabs 50mg</i> | 4 | QL (480 EA per 30 days) MO |
| ANTIMALARIALS | | |
| <i>atovaquone/proguanil hcl</i> | 4 | MO |
| <i>chloroquine phosphate</i> | 2 | MO |
| COARTEM | 4 | MO |
| <i>mefloquine hcl</i> | 2 | MO |
| <i>primaquine phosphate</i> | 2 | |
| <i>quinine sulfate</i> | 4 | PA MO |
| ANTIRETROVIRAL AGENTS | | |
| <i>abacavir</i> | 4 | MO |
| APTIVUS | 5 | MO |
| <i>atazanavir sulfate</i> | 4 | MO |
| EDURANT | 5 | MO |
| <i>efavirenz</i> | 4 | MO |
| <i>emtricitabine</i> | 4 | MO |
| EMTRIVA ORAL SOLN | 4 | MO |
| <i>etravirine</i> | 5 | MO |
| <i>fosamprenavir calcium</i> | 5 | MO |
| FUZEON | 5 | |
| INTELENCE TABS 25MG | 4 | |
| INVIRASE | 5 | MO |
| ISENTRESS HD | 5 | MO |
| ISENTRESS PACK, TABS | 5 | MO |
| ISENTRESS CHEW 25MG | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| ISENTRESS CHEW 100MG | 5 | MO |
| <i>lamivudine soln 10mg/ml</i> | 4 | MO |
| <i>lamivudine tabs 150mg, 300mg</i> | 4 | MO |
| LEXIVA ORAL SUSP | 4 | MO |
| <i>maraviroc</i> | 5 | MO |
| <i>nevirapine er tb24 100mg</i> | 2 | |
| <i>nevirapine er tb24 400mg</i> | 4 | MO |
| <i>nevirapine tabs 200mg</i> | 2 | MO |
| <i>nevirapine susp</i> | 4 | MO |
| NORVIR ORAL POWDER, ORAL SOLN | 4 | MO |
| PIFELTRO | 5 | MO |
| PREZISTA SUSP | 5 | QL (400 ML per 30 days) MO |
| PREZISTA TABS 75MG | 4 | QL (480 EA per 30 days) MO |
| PREZISTA TABS 150MG | 5 | QL (240 EA per 30 days) MO |
| PREZISTA TABS 800MG | 5 | QL (30 EA per 30 days) MO |
| PREZISTA TABS 600MG | 5 | QL (60 EA per 30 days) MO |
| REYATAZ ORAL POWDER | 4 | MO |
| <i>ritonavir</i> | 2 | MO |
| RUKOBIA | 5 | MO |
| SELZENTRY SOLN | 5 | MO |
| SELZENTRY TABS 25MG | 3 | |
| SELZENTRY TABS 75MG | 5 | |
| <i>stavudine</i> | 4 | MO |
| <i>tenofovir disoproxil fumarate</i> | 4 | MO |
| TIVICAY PD | 5 | MO |
| TIVICAY TABS 10MG | 3 | MO |
| TIVICAY TABS 25MG, 50MG | 5 | MO |
| TYBOST | 4 | MO |
| VIRACEPT | 5 | MO |
| VIREAD ORAL POWDER, TABS 150MG, 200MG, 250MG | 5 | MO |
| <i>zidovudine</i> | 2 | MO |
| ANTIRETROVIRAL COMBINATION AGENTS | | |
| <i>abacavir sulfate/lamivudine</i> | 4 | MO |
| BIKTARVY | 5 | MO |
| CIMDUO | 5 | MO |
| COMPLERA | 5 | MO |
| DELSTRIGO | 5 | MO |
| DESCOVY | 5 | MO |
| DOVATO | 5 | MO |
| <i>efavirenz/emtricitabine/tenofovir disoproxil fumarate</i> | 5 | MO |
| <i>efavirenz/lamivudine/tenofovir disoproxil fumarate</i> | 5 | MO |
| <i>emtricitabine/tenofovir disoproxil fumarate tabs 100mg; 150mg, 133mg; 200mg, 200mg; 300mg</i> | 5 | QL (30 EA per 30 days) MO |
| <i>emtricitabine/tenofovir disoproxil tabs 167mg; 250mg</i> | 5 | QL (30 EA per 30 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-----------------------------|
| EVOTAZ | 5 | MO |
| GENVOYA | 5 | MO |
| JULUCA | 5 | MO |
| <i>lamivudine/zidovudine</i> | 4 | MO |
| <i>lopinavir/ritonavir soln</i> | 4 | MO |
| <i>lopinavir/ritonavir tabs 100mg; 25mg</i> | 4 | MO |
| <i>lopinavir/ritonavir tabs 200mg; 50mg</i> | 5 | MO |
| ODEFSEY | 5 | MO |
| PREZCOBIX | 5 | MO |
| STRIBILD | 5 | MO |
| SYMTUZA | 5 | MO |
| TEMIXYS | 5 | MO |
| TRIUMEQ | 5 | MO |
| TRIUMEQ PD | 5 | MO |
| TRIZIVIR | 5 | MO |
| ANTITUBERCULAR AGENTS | | |
| <i>cycloserine</i> | 5 | MO |
| <i>ethambutol hydrochloride</i> | 2 | MO |
| <i>isoniazid tabs</i> | 1 | MO |
| <i>isoniazid inj</i> | 4 | |
| <i>isoniazid syrp</i> | 4 | MO |
| PASER | 4 | MO |
| PRIFTIN | 4 | MO |
| <i>pyrazinamide</i> | 4 | MO |
| <i>rifabutin</i> | 4 | MO |
| <i>rifampin caps</i> | 2 | MO |
| <i>rifampin inj</i> | 4 | |
| SIRTURO | 5 | PA LA |
| TRECTOR | 4 | MO |
| ANTIVIRALS | | |
| <i>acyclovir</i> | 2 | MO |
| <i>acyclovir sodium inj</i> | 4 | B/D |
| <i>adefovir dipivoxil</i> | 4 | QL (30 EA per 30 days) MO |
| BRACLUDE ORAL SOLN | 5 | QL (630 ML per 30 days) MO |
| <i>entecavir</i> | 4 | QL (30 EA per 30 days) MO |
| EPCLUSA | 5 | PA |
| EPIVIR HBV ORAL SOLN | 4 | MO |
| <i>famciclovir tabs 500mg</i> | 2 | QL (21 EA per 30 days) MO |
| <i>famciclovir tabs 125mg, 250mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>ganciclovir</i> | 4 | B/D |
| <i>lamivudine tabs 100mg</i> | 2 | MO |
| MAVYRET | 5 | PA |
| <i>oseltamivir phosphate caps 30mg</i> | 2 | QL (168 EA per 365 days) MO |
| <i>oseltamivir phosphate caps 45mg, 75mg</i> | 2 | QL (84 EA per 365 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>oseltamivir phosphate oral susp</i> | 2 | QL (1080 ML per 365 days) MO |
| PEGASYS | 5 | PA |
| PREVYMIS TABS | 5 | QL (28 EA per 28 days) PA MO |
| <i>ribavirin caps</i> | 3 | |
| <i>ribavirin tabs</i> | 4 | |
| <i>rimantadine hydrochloride</i> | 4 | MO |
| <i>valacyclovir hcl tabs 1gm</i> | 2 | MO |
| <i>valacyclovir hcl tabs 500mg</i> | 2 | MO |
| <i>valganciclovir hydrochloride oral soln</i> | 5 | MO |
| <i>valganciclovir tabs</i> | 3 | MO |
| VEMLIDY | 5 | MO |
| VOSEVI | 5 | PA |
| CEPHALOSPORINS | | |
| <i>cefaclor</i> | 2 | MO |
| <i>cefadroxil</i> | 2 | MO |
| CEFAZOLIN SODIUM INJ 100GM, 1GM/50ML; 4%, 300GM | 4 | |
| <i>cefazolin sodium inj 1gm iv</i> | 4 | |
| <i>cefazolin sodium inj 10gm, 1gm, 500mg</i> | 4 | MO |
| CEFAZOLIN/DEXTROSE INJ 2GM/100ML;4% | 4 | |
| <i>cefdinir</i> | 2 | MO |
| <i>cefepime</i> | 4 | MO |
| <i>cefixime</i> | 4 | MO |
| <i>cefotetan</i> | 4 | |
| <i>cefoxitin sodium</i> | 4 | |
| <i>cefpodoxime proxetil tabs</i> | 4 | MO |
| <i>cefpodoxime proxetil oral susp 100mg/5ml</i> | 2 | MO |
| <i>cefpodoxime proxetil oral susp 50mg/5ml</i> | 4 | MO |
| <i>cefprozil</i> | 2 | MO |
| CEFTAZIDIME/DEXTROSE | 4 | |
| <i>ceftazidime inj 6gm</i> | 4 | |
| <i>ceftazidime inj 1gm, 2gm</i> | 4 | MO |
| <i>ceftriaxone in iso-osmotic dextrose</i> | 4 | |
| <i>ceftriaxone iv inj 1gm</i> | 4 | |
| <i>ceftriaxone sodium inj 10gm, 1gm, 250mg, 2gm, 500mg</i> | 4 | MO |
| <i>cefuroxime axetil tabs</i> | 2 | MO |
| <i>cefuroxime sodium inj 1.5gm</i> | 4 | |
| <i>cefuroxime sodium inj 750mg</i> | 4 | MO |
| <i>cephalexin caps 250mg, 500mg</i> | 2 | MO |
| <i>cephalexin caps 750mg</i> | 4 | MO |
| <i>cephalexin oral susp, tabs</i> | 2 | MO |
| <i>tazicef</i> | 4 | |
| TEFLARO | 5 | |
| ERYTHROMYCINS/MACROLIDES | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| AZITHROMYCIN PACK | 3 | MO |
| <i>azithromycin tabs</i> | 1 | MO |
| <i>azithromycin oral susp</i> | 2 | MO |
| <i>azithromycin inj</i> | 4 | MO |
| <i>clarithromycin er tabs</i> | 4 | MO |
| <i>clarithromycin immediate release tabs</i> | 2 | MO |
| <i>clarithromycin oral susp</i> | 4 | MO |
| DIFICID ORAL SUSP | 5 | |
| DIFICID TABS | 5 | MO |
| <i>erythrocin stearate</i> | 4 | MO |
| <i>erythromycin base</i> | 4 | MO |
| <i>erythromycin dr tabs</i> | 4 | MO |
| <i>erythromycin ethylsuccinate</i> | 4 | MO |
| <i>erythromycin lactobionate inj</i> | 5 | |
| <i>erythromycin dr caps 250mg</i> | 4 | MO |
| FLUOROQUINOLONES | | |
| <i>ciprofloxacin hcl tab 100mg, 750mg</i> | 2 | MO |
| <i>ciprofloxacin hydrochloride tabs 250mg, 500mg</i> | 2 | MO |
| <i>ciprofloxacin i.v.-in d5w inj 200mg/100ml; 5%</i> | 4 | |
| <i>ciprofloxacin i.v.-in d5w inj 400mg/200ml; 5%</i> | 4 | MO |
| <i>levofloxacin in d5w</i> | 4 | |
| <i>levofloxacin inj 25mg/ml</i> | 4 | |
| <i>levofloxacin oral soln 25mg/ml</i> | 4 | MO |
| <i>levofloxacin tabs 250mg, 500mg, 750mg</i> | 2 | MO |
| <i>moxifloxacin hydrochloride inj 400mg/250ml</i> | 4 | |
| <i>moxifloxacin hydrochloride tabs 400mg</i> | 2 | MO |
| PENICILLINS | | |
| <i>amoxicillin/clavulanate potassium er tab 1000mg; 62.5mg</i> | 4 | MO |
| <i>amoxicillin/clavulanate potassium chew 200mg; 28.5mg</i> | 2 | MO |
| <i>amoxicillin/clavulanate potassium chew 400mg; 57mg</i> | 4 | MO |
| <i>amoxicillin/clavulanate potassium oral susp 200mg/5ml;</i> | 2 | MO |
| <i>28.5mg/5ml, 400mg/5ml; 57mg/5ml, 600mg/5ml; 42.9mg/5ml</i> | | |
| <i>amoxicillin/clavulanate potassium oral susp 250mg/5ml;</i> | 4 | MO |
| <i>62.5mg/5ml</i> | | |
| <i>amoxicillin/clavulanate potassium tabs 500mg; 125mg,</i> | 2 | MO |
| <i>875mg; 125mg</i> | | |
| <i>amoxicillin/clavulanate potassium tabs 250mg; 125mg</i> | 4 | MO |
| <i>amoxicillin caps, chew, tabs</i> | 1 | MO |
| <i>amoxicillin oral susp 125mg/5ml, 200mg/5ml, 250mg/5ml</i> | 1 | MO |
| <i>amoxicillin oral susp 400mg/5ml</i> | 2 | MO |
| <i>ampicillin caps</i> | 2 | MO |
| <i>ampicillin sodium inj 10gm, 125mg, 1gm iv, 250mg, 2gm iv</i> | 4 | |
| <i>ampicillin sodium inj 1gm, 2gm, 500mg</i> | 4 | MO |
| <i>ampicillin-sulbactam</i> | 4 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| BICILLIN L-A | 4 | MO |
| <i>dicloxacillin sodium</i> | 2 | MO |
| <i>nafcillin sodium inj 1gm, 2gm iv</i> | 4 | |
| <i>nafcillin sodium inj 2gm</i> | 4 | MO |
| <i>nafcillin sodium inj 10gm</i> | 5 | |
| <i>oxacillin sodium inj 10gm, 1gm</i> | 4 | |
| <i>oxacillin sodium inj 2gm</i> | 4 | MO |
| <i>penicillin g potassium</i> | 4 | MO |
| PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE | 4 | |
| PENICILLIN G PROCAINE | 4 | MO |
| <i>penicillin g sodium</i> | 4 | |
| <i>penicillin v potassium tabs</i> | 1 | MO |
| <i>penicillin v potassium oral soln</i> | 2 | MO |
| <i>piperacillin sodium/tazobactam sodium</i> | 4 | |
| TETRACYCLINES | | |
| <i>doxy 100 inj</i> | 4 | MO |
| <i>doxycycline hyclate caps, tabs</i> | 2 | MO |
| <i>doxycycline hyclate inj</i> | 4 | MO |
| <i>doxycycline monohydrate caps 50mg</i> | 2 | MO |
| <i>doxycycline monohydrate caps 100mg, 150mg, 75mg</i> | 4 | MO |
| <i>doxycycline monohydrate tabs 100mg, 50mg, 75mg</i> | 2 | MO |
| <i>doxycycline monohydrate tabs 150mg</i> | 4 | MO |
| <i>minocycline hcl caps 100mg, 50mg</i> | 2 | MO |
| <i>minocycline hcl caps 75mg</i> | 2 | MO |
| <i>minocycline hcl tabs 50mg, 75mg</i> | 4 | ST MO |
| <i>mondoxyne nl</i> | 4 | |
| NUZYRA | 5 | LA |
| <i>tetracycline hydrochloride</i> | 4 | MO |
| <i>tigecycline</i> | 5 | |
| ANTINEOPLASTIC AGENTS | | |
| ALKYLATING AGENTS | | |
| CYCLOPHOSPHAMIDE TABS | 3 | B/D |
| <i>cyclophosphamide caps</i> | 2 | B/D MO |
| LEUKERAN | 4 | MO |
| ANTIMETABOLITES | | |
| INQOVI | 5 | QL (5 EA per 28 days) PA LA |
| LONSURF | 5 | PA LA |
| <i>mercaptopurine</i> | 2 | MO |
| <i>methotrexate sodium inj pf 50mg/2ml</i> | 2 | MO |
| <i>methotrexate sodium inj 250mg/10ml, 50mg/2ml</i> | 2 | MO |
| <i>methotrexate sodium inj 1gm</i> | 4 | |
| ONUREG | 4 | QL (14 EA per 28 days) PA LA |
| PURIXAN | 5 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| TABLOID | 4 | MO |
| HORMONAL ANTINEOPLASTIC AGENTS | | |
| <i>abiraterone acetate</i> | 5 | PA |
| <i>anastrozole</i> | 2 | MO |
| <i>bicalutamide</i> | 2 | MO |
| ELIGARD | 4 | PA |
| EMCYT | 5 | MO |
| ERLEADA | 5 | PA LA |
| <i>exemestane</i> | 4 | MO |
| <i>flutamide</i> | 2 | MO |
| <i>letrozole</i> | 2 | MO |
| <i>leuprolide acetate</i> | 4 | PA |
| LUPRON DEPOT (1-MONTH) 3.75MG | 5 | PA |
| LUPRON DEPOT (3-MONTH) 11.25MG | 5 | PA |
| LYSODREN | 5 | MO |
| <i>megestrol acetate tabs 20mg, 40mg</i> | 2 | MO |
| <i>nilutamide</i> | 5 | MO |
| NUBEQA | 5 | PA LA |
| ORGOVYX | 5 | PA LA MO |
| SOLTAMOX | 5 | MO |
| <i>tamoxifen citrate</i> | 2 | MO |
| <i>toremifene citrate</i> | 4 | PA MO |
| XTANDI | 5 | PA LA |
| ZYTIGA TABS 500MG | 5 | PA LA |
| IMMUNOMODULATORS | | |
| <i>lenalidomide caps 25mg</i> | 5 | QL (21 EA per 28 days) PA LA |
| <i>lenalidomide caps 10mg, 15mg, 5mg</i> | 5 | QL (28 EA per 28 days) PA LA |
| POMALYST | 5 | QL (21 EA per 28 days) PA LA |
| REVLIMID CAPS 20MG | 5 | QL (21 EA per 28 days) PA LA |
| REVLIMID CAPS 2.5MG | 5 | QL (28 EA per 28 days) PA LA |
| THALOMID CAPS 100MG, 50MG | 5 | QL (28 EA per 28 days) PA LA |
| THALOMID CAPS 150MG, 200MG | 5 | QL (56 EA per 28 days) PA LA |
| MISCELLANEOUS | | |
| ASPARLAS | 5 | PA LA |
| BESREMI | 5 | QL (2 ML per 28 days) PA LA |
| <i>bexarotene caps 75mg</i> | 5 | PA |
| <i>hydroxyurea</i> | 2 | MO |
| KISQALI FEMARA 200 DOSE | 5 | PA |
| KISQALI FEMARA 400 DOSE | 5 | PA |
| KISQALI FEMARA 600 DOSE | 5 | PA |
| MATULANE | 5 | LA MO |
| ONCASPAR | 5 | PA |
| SYNRIBO | 5 | PA |
| <i>tretinoin caps 10mg</i> | 5 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| WELIREG | 5 | QL (90 EA per 30 days) PA LA MO |
| MOLECULAR TARGET AGENTS | | |
| ALECENSA | 5 | QL (240 EA per 30 days) PA LA |
| ALUNBRIG TBPK | 5 | PA LA MO |
| ALUNBRIG TABS 30MG | 5 | QL (120 EA per 30 days) PA LA MO |
| ALUNBRIG TABS 180MG, 90MG | 5 | QL (30 EA per 30 days) PA LA MO |
| AYVAKIT | 5 | QL (30 EA per 30 days) PA LA MO |
| BALVERSA TABS 5MG | 5 | QL (28 EA per 28 days) PA LA |
| BALVERSA TABS 4MG | 5 | QL (56 EA per 28 days) PA LA |
| BALVERSA TABS 3MG | 5 | QL (84 EA per 28 days) PA LA |
| BOSULIF TABS 100MG | 5 | QL (180 EA per 30 days) PA |
| BOSULIF TABS 400MG, 500MG | 5 | QL (30 EA per 30 days) PA |
| BRAFTOVI | 5 | QL (180 EA per 30 days) PA LA |
| BRUKINSA | 5 | QL (120 EA per 30 days) PA LA MO |
| CABOMETYX | 5 | QL (30 EA per 30 days) PA LA |
| CALQUENCE | 5 | QL (60 EA per 30 days) PA LA MO |
| CAPRELSA TABS 300MG | 5 | QL (30 EA per 30 days) PA LA MO |
| CAPRELSA TABS 100MG | 5 | QL (60 EA per 30 days) PA LA MO |
| COMETRIQ KIT 140MG/DAY | 5 | QL (112 EA per 28 days) PA LA |
| COMETRIQ KIT 100MG/DAY | 5 | QL (56 EA per 28 days) PA LA |
| COMETRIQ KIT 60MG/DAY | 5 | QL (84 EA per 28 days) PA LA |
| COPIKTRA | 5 | QL (56 EA per 28 days) PA LA |
| COTELLIC | 5 | QL (63 EA per 28 days) PA LA |
| DAURISMO TABS 100MG | 5 | QL (30 EA per 30 days) PA LA |
| DAURISMO TABS 25MG | 5 | QL (60 EA per 30 days) PA LA |
| ERIVEDGE | 5 | PA LA |
| <i>erlotinib hydrochloride tabs 100mg, 150mg</i> | 5 | QL (30 EA per 30 days) PA |
| <i>erlotinib hydrochloride tabs 25mg</i> | 5 | QL (90 EA per 30 days) PA |
| <i>everolimus tabs 10mg, 2.5mg, 5mg, 7.5mg</i> | 5 | QL (30 EA per 30 days) PA |
| <i>everolimus tbso 2mg</i> | 5 | QL (150 EA per 30 days) PA |
| <i>everolimus tbso 5mg</i> | 5 | QL (60 EA per 30 days) PA |
| <i>everolimus tbso 3mg</i> | 5 | QL (90 EA per 30 days) PA |
| EXKIVITY | 5 | QL (120 EA per 30 days) PA LA MO |
| FARYDAK | 5 | PA LA |
| FOTIVDA | 5 | QL (21 EA per 28 days) PA LA MO |
| GAVRETO | 5 | QL (120 EA per 30 days) PA LA |
| GILOTRIF | 5 | QL (30 EA per 30 days) PA LA MO |
| IBRANCE | 5 | QL (21 EA per 28 days) PA LA |
| ICLUSIG TABS 10MG, 30MG | 5 | PA LA MO |
| ICLUSIG TABS 15MG, 45MG | 5 | QL (30 EA per 30 days) PA LA MO |
| IDHIFA | 5 | QL (30 EA per 30 days) PA LA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|-------------------------------------|-----------|---------------------------------|
| <i>imatinib mesylate tabs 400mg</i> | 5 | QL (60 EA per 30 days) PA |
| <i>imatinib mesylate tabs 100mg</i> | 5 | QL (90 EA per 30 days) PA |
| IMBRUVICA TABS | 5 | QL (30 EA per 30 days) PA LA MO |
| IMBRUVICA CAPS 70MG | 5 | QL (30 EA per 30 days) PA LA MO |
| IMBRUVICA CAPS 140MG | 5 | QL (90 EA per 30 days) PA LA MO |
| INLYTA TABS 5MG | 5 | QL (120 EA per 30 days) PA LA |
| INLYTA TABS 1MG | 5 | QL (180 EA per 30 days) PA LA |
| INREBIC | 5 | QL (120 EA per 30 days) PA LA |
| IRESSA | 5 | QL (30 EA per 30 days) PA LA |
| JAKAFI | 5 | QL (60 EA per 30 days) PA LA |
| KISQALI | 5 | PA |
| <i>lapatinib ditosylate</i> | 5 | QL (180 EA per 30 days) PA LA |
| LENVIMA 10 MG DAILY DOSE | 5 | PA LA |
| LENVIMA 12MG DAILY DOSE | 5 | PA LA |
| LENVIMA 14 MG DAILY DOSE | 5 | PA LA |
| LENVIMA 18 MG DAILY DOSE | 5 | PA LA |
| LENVIMA 20 MG DAILY DOSE | 5 | PA LA |
| LENVIMA 24 MG DAILY DOSE | 5 | PA LA |
| LENVIMA 4 MG DAILY DOSE | 5 | PA LA |
| LENVIMA 8 MG DAILY DOSE | 5 | PA LA |
| LORBRENA TABS 100MG | 5 | QL (30 EA per 30 days) PA LA |
| LORBRENA TABS 25MG | 5 | QL (90 EA per 30 days) PA LA |
| LUMAKRAS | 5 | QL (240 EA per 30 days) PA LA |
| LYNPARZA | 5 | QL (120 EA per 30 days) PA LA |
| MEKINIST TABS 2MG | 5 | QL (30 EA per 30 days) PA LA |
| MEKINIST TABS 0.5MG | 5 | QL (90 EA per 30 days) PA LA |
| MEKTOVI | 5 | QL (180 EA per 30 days) PA LA |
| NERLYNX | 5 | QL (180 EA per 30 days) PA LA |
| NEXAVAR | 5 | QL (120 EA per 30 days) PA LA |
| NINLARO | 5 | PA |
| ODOMZO | 5 | PA LA |
| PEMAZYRE | 5 | QL (14 EA per 21 days) PA LA |
| PIQRAY 200MG DAILY DOSE | 5 | QL (28 EA per 28 days) PA |
| PIQRAY 250MG DAILY DOSE | 5 | QL (56 EA per 28 days) PA |
| PIQRAY 300MG DAILY DOSE | 5 | QL (56 EA per 28 days) PA |
| QINLOCK | 5 | QL (90 EA per 30 days) PA LA MO |
| RETEVMO CAPS 80MG | 5 | QL (120 EA per 30 days) PA LA |
| RETEVMO CAPS 40MG | 5 | QL (180 EA per 30 days) PA LA |
| ROZLYTREK CAPS 100MG | 5 | QL (150 EA per 30 days) PA LA |
| ROZLYTREK CAPS 200MG | 5 | QL (90 EA per 30 days) PA LA |
| RUBRACA | 5 | PA LA |
| RYDAPT | 5 | QL (224 EA per 28 days) PA |
| SCEMBLIX TABS 40MG | 5 | QL (300 EA per 30 days) PA |
| SCEMBLIX TABS 20MG | 5 | QL (60 EA per 30 days) PA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| SPRYCEL TABS 100MG, 140MG, 50MG, 70MG, 80MG | 5 | QL (30 EA per 30 days) PA |
| SPRYCEL TABS 20MG | 5 | QL (90 EA per 30 days) PA |
| STIVARGA | 5 | QL (84 EA per 28 days) PA LA |
| <i>sunitinib malate</i> | 5 | QL (30 EA per 30 days) PA |
| TABRECTA | 5 | QL (112 EA per 28 days) PA |
| TAFINLAR | 5 | QL (120 EA per 30 days) PA LA |
| TAGRISO | 5 | QL (30 EA per 30 days) PA LA |
| TALZENNA CAPS 0.5MG, 0.75MG, 1MG | 5 | QL (30 EA per 30 days) PA LA |
| TALZENNA CAPS 0.25MG | 5 | QL (90 EA per 30 days) PA LA |
| TASIGNA | 5 | QL (120 EA per 30 days) PA |
| TAZVERIK | 5 | QL (240 EA per 30 days) PA LA |
| TEPMETKO | 5 | QL (60 EA per 30 days) PA LA MO |
| TIBSOVO | 5 | PA LA |
| TRUSELTIQ CAPSULE THERAPY PACK 100MG DAILY DOSE | 5 | QL (21 EA per 28 days) PA LA MO |
| TRUSELTIQ CAPSULE THERAPY PACK 125MG DAILY DOSE, 50MG DAILY DOSE | 5 | QL (42 EA per 28 days) PA LA MO |
| TRUSELTIQ CAPSULE THERAPY PACK 75MG DAILY DOSE | 5 | QL (63 EA per 28 days) PA LA MO |
| TRUXIMA | 5 | PA |
| TUKYSA TABS 150MG | 5 | QL (120 EA per 30 days) PA LA MO |
| TUKYSA TABS 50MG | 5 | QL (240 EA per 30 days) PA LA MO |
| TURALIO | 5 | QL (120 EA per 30 days) PA LA MO |
| UKONIQ | 5 | QL (120 EA per 30 days) PA LA MO |
| VENCLEXTA STARTING PACK | 5 | QL (42 EA per 28 days) PA LA |
| VENCLEXTA TABS 10MG | 3 | QL (120 EA per 30 days) PA LA |
| VENCLEXTA TABS 50MG | 5 | QL (120 EA per 30 days) PA LA |
| VENCLEXTA TABS 100MG | 5 | QL (180 EA per 30 days) PA LA |
| VERZENIO | 5 | PA LA |
| VITRAKVI SOLN | 5 | QL (300 ML per 30 days) PA LA |
| VITRAKVI CAPS 25MG | 5 | QL (180 EA per 30 days) PA LA |
| VITRAKVI CAPS 100MG | 5 | QL (60 EA per 30 days) PA LA |
| VIZIMPRO | 5 | QL (30 EA per 30 days) PA LA |
| VONJO | 5 | QL (120 EA per 30 days) PA LA MO |
| VOTRIENT | 5 | QL (120 EA per 30 days) PA LA |
| XALKORI | 5 | QL (120 EA per 30 days) PA LA |
| XOSPATA | 5 | PA LA MO |
| XPOVIO 60 MG TWICE WEEKLY (20MG TABS) | 5 | QL (24 EA per 28 days) PA LA |
| XPOVIO 80 MG TWICE WEEKLY (20MG TABS) | 5 | QL (32 EA per 28 days) PA LA |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| XPOVIO TBPK 40MG ONCE WEEKLY (40MG TABS), 60MG ONCE WEEKLY (60MG TABS) | 5 | QL (4 EA per 28 days) PA LA MO |
| XPOVIO TBPK 40MG TWICE WEEKLY (40MG TABS), 80MG ONCE WEEKLY (40MG TABS), 100MG ONCE WEEKLY (50MG TABS) | 5 | QL (8 EA per 28 days) PA LA MO |
| ZEJULA | 5 | PA LA |
| ZELBORAF | 5 | QL (240 EA per 30 days) PA LA |
| ZIRABEV | 5 | PA LA |
| ZOLINZA | 5 | PA |
| ZYDELIG | 5 | QL (60 EA per 30 days) PA LA |
| ZYKADIA | 5 | QL (84 EA per 28 days) PA LA |
| PROTECTIVE AGENTS | | |
| <i>leucovorin calcium tabs</i> | 2 | MO |
| MESNEX TABS | 5 | MO |
| CARDIOVASCULAR | | |
| ACE INHIBITOR COMBINATIONS | | |
| <i>amlodipine besylate/benazepril hydrochloride</i> | 1 | QL (30 EA per 30 days) MO |
| <i>benazepril hcl/hydrochlorothiazide tabs 10mg; 12.5mg, 20mg; 2</i> <i>12.5mg, 20mg; 25mg</i> | 2 | MO |
| <i>benazepril hcl/hydrochlorothiazide tabs 5mg; 6.25mg</i> | 2 | MO |
| <i>enalapril maleate/hydrochlorothiazide</i> | 1 | MO |
| <i>fosinopril sodium/hydrochlorothiazide</i> | 2 | MO |
| <i>lisinopril/hydrochlorothiazide</i> | 1 | MO |
| <i>quinapril/hydrochlorothiazide</i> | 2 | MO |
| <i>trandolapril/verapamil hcl er tbc 1mg; 240mg, 2mg; 180mg, 2</i> <i>2mg; 240mg</i> | 2 | MO |
| <i>trandolapril/verapamil hcl er tbc 4mg; 240mg</i> | 4 | MO |
| ACE INHIBITORS | | |
| <i>benazepril hcl tabs 10mg, 40mg, 5mg</i> | 1 | MO |
| <i>benazepril hydrochloride tabs 20mg</i> | 1 | MO |
| <i>captopril</i> | 4 | MO |
| <i>enalapril maleate tabs</i> | 2 | MO |
| <i>fosinopril sodium</i> | 1 | MO |
| <i>lisinopril</i> | 1 | MO |
| <i>moexipril hcl</i> | 2 | MO |
| <i>perindopril erbumine</i> | 2 | MO |
| <i>quinapril hcl tabs 20mg, 40mg</i> | 1 | MO |
| <i>quinapril hydrochloride tabs 10mg, 5mg</i> | 1 | MO |
| <i>ramipril</i> | 1 | MO |
| <i>trandolapril</i> | 2 | MO |
| ALDOSTERONE RECEPTOR ANTAGONISTS | | |
| <i>eplerenone</i> | 2 | MO |
| KERENDIA | 3 | QL (30 EA per 30 days) MO |
| <i>spironolactone</i> | 1 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| ALPHA BLOCKERS | | |
| <i>doxazosin mesylate</i> | 2 | MO |
| <i>prazosin hydrochloride</i> | 2 | MO |
| <i>terazosin hcl caps 10mg, 1mg, 5mg</i> | 1 | MO |
| <i>terazosin hydrochloride caps 2mg</i> | 1 | MO |
| ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS | | |
| <i>amlodipine besylate/valsartan</i> | 2 | QL (30 EA per 30 days) MO |
| <i>amlodipine/olmesartan medoxomil</i> | 2 | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil/hydrochlorothiazide tabs 32mg; 12.5mg, 4 32mg; 25mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil/hydrochlorothiazide tabs 16mg; 12.5mg</i> | 4 | QL (60 EA per 30 days) MO |
| ENTRESTO | 3 | MO |
| <i>irbesartan/hydrochlorothiazide tabs 12.5mg; 300mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>irbesartan/hydrochlorothiazide tabs 12.5mg; 150mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>losartan potassium/hydrochlorothiazide</i> | 1 | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil/amlodipine/hydrochlorothiazide</i> | 4 | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil/hydrochlorothiazide</i> | 2 | QL (30 EA per 30 days) MO |
| <i>telmisartan/amlodipine tabs 10mg; 40mg, 5mg; 40mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>telmisartan/amlodipine tabs 10mg; 80mg, 5mg; 80mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>telmisartan/hydrochlorothiazide tabs 12.5mg; 40mg, 25mg; 80mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>telmisartan/hydrochlorothiazide tabs 12.5mg; 80mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>valsartan/hydrochlorothiazide</i> | 2 | QL (30 EA per 30 days) MO |
| ANGIOTENSIN II RECEPTOR ANTAGONISTS | | |
| <i>candesartan cilexetil tabs 32mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>candesartan cilexetil tabs 16mg, 4mg, 8mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>irbesartan</i> | 1 | QL (30 EA per 30 days) MO |
| <i>losartan potassium tabs 100mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>losartan potassium tabs 25mg, 50mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>olmesartan medoxomil tabs 20mg, 40mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>olmesartan medoxomil tabs 5mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>telmisartan</i> | 2 | QL (30 EA per 30 days) MO |
| <i>valsartan tabs 320mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>valsartan tabs 160mg, 40mg, 80mg</i> | 2 | QL (60 EA per 30 days) MO |
| ANTIARRHYTHMICS | | |
| <i>amiodarone hcl inj 50mg/ml, 900mg/18ml</i> | 4 | |
| <i>amiodarone hydrochloride inj 150mg/3ml, 450mg/9ml</i> | 4 | |
| <i>amiodarone hydrochloride tabs 100mg, 200mg</i> | 2 | MO |
| <i>amiodarone hydrochloride tabs 400mg</i> | 4 | MO |
| <i>disopyramide phosphate</i> | 4 | PA MO |
| <i>dofetilide</i> | 4 | |
| <i>flecainide acetate</i> | 2 | MO |
| <i>lidocaine hcl inj 100mg/5ml, 50mg/5ml</i> | 4 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| NORPACE CR | 4 | MO |
| <i>pacerone tabs 100mg, 200mg</i> | 2 | |
| <i>pacerone tabs 400mg</i> | 4 | |
| <i>propafenone hcl tabs</i> | 2 | MO |
| <i>propafenone hydrochloride er caps</i> | 4 | MO |
| <i>quinidine sulfate</i> | 2 | MO |
| <i>sorine</i> | 2 | |
| <i>sotalol hcl</i> | 2 | MO |
| <i>sotalol hydrochloride (af)</i> | 2 | MO |
| ANTILIPEMICS, FIBRATES | | |
| <i>fenofibrate micronized caps 130mg, 134mg, 200mg, 43mg, 67mg</i> | 2 | MO |
| <i>fenofibrate non-micronized caps 50mg, 150mg</i> | 2 | MO |
| <i>fenofibrate tabs 145mg, 160mg, 40mg, 48mg, 54mg</i> | 2 | MO |
| <i>fenofibrate tabs 120mg</i> | 4 | MO |
| <i>fenofibric acid dr</i> | 2 | MO |
| <i>gemfibrozil</i> | 2 | MO |
| ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS | | |
| <i>atorvastatin calcium</i> | 1 | QL (30 EA per 30 days) MO |
| <i>fluvastatin caps</i> | 4 | QL (60 EA per 30 days) MO |
| <i>fluvastatin sodium er tabs</i> | 4 | QL (30 EA per 30 days) MO |
| <i>lovastatin</i> | 1 | MO |
| <i>pravastatin sodium</i> | 1 | QL (30 EA per 30 days) MO |
| <i>rosuvastatin calcium</i> | 1 | QL (30 EA per 30 days) MO |
| <i>simvastatin</i> | 1 | QL (30 EA per 30 days) MO |
| ANTILIPEMICS, MISCELLANEOUS | | |
| <i>cholestyramine</i> | 4 | MO |
| <i>cholestyramine light</i> | 4 | MO |
| <i>colestipol hcl</i> | 4 | MO |
| <i>ezetimibe</i> | 2 | MO |
| <i>ezetimibe/simvastatin</i> | 2 | QL (30 EA per 30 days) MO |
| <i>niacin er tbc 1000mg, 750mg</i> | 2 | MO |
| <i>niacin er tbc 500mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>niacin immediate release tabs 500mg</i> | 4 | MO |
| <i>niacor</i> | 4 | MO |
| PRALUENT | 3 | PA |
| <i>prevalite</i> | 4 | MO |
| VASCEPA | 4 | MO |
| WELCHOL | 3 | MO |
| BETA-BLOCKER/DIURETIC COMBINATIONS | | |
| <i>atenolol/chlorthalidone</i> | 2 | MO |
| <i>bisoprolol fumarate/hydrochlorothiazide</i> | 2 | MO |
| <i>metoprolol/hydrochlorothiazide</i> | 2 | MO |
| BETA-BLOCKERS | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>acebutolol hydrochloride</i> | 2 | MO |
| <i>atenolol</i> | 1 | MO |
| <i>betaxolol hcl tabs 10mg, 20mg</i> | 2 | MO |
| <i>bisoprolol fumarate</i> | 2 | MO |
| <i>carvedilol phosphate er caps</i> | 4 | QL (30 EA per 30 days) MO |
| <i>carvedilol tabs</i> | 1 | MO |
| <i>labetalol hydrochloride tabs</i> | 2 | MO |
| <i>labetalol hydrochloride inj 5mg/ml</i> | 4 | MO |
| <i>metoprolol succinate er</i> | 1 | MO |
| <i>metoprolol tartrate inj</i> | 4 | |
| <i>metoprolol tartrate tabs 100mg, 25mg, 50mg</i> | 1 | MO |
| <i>metoprolol tartrate tabs 37.5mg, 75mg</i> | 2 | MO |
| <i>nadolol</i> | 2 | MO |
| <i>nebivolol hydrochloride tabs 10mg, 2.5mg, 5mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>nebivolol hydrochloride tabs 20mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>pindolol</i> | 2 | MO |
| <i>propranolol hcl er caps 120mg, 160mg</i> | 2 | MO |
| <i>propranolol hcl er caps 60mg, 80mg</i> | 2 | MO |
| <i>propranolol hcl oral soln</i> | 2 | MO |
| <i>propranolol hcl inj</i> | 4 | |
| <i>propranolol hcl tabs</i> | 2 | MO |
| <i>timolol maleate tabs 20mg</i> | 1 | MO |
| <i>timolol maleate tabs 10mg, 5mg</i> | 2 | MO |
| CALCIUM CHANNEL BLOCKERS | | |
| <i>afeditab cr</i> | 4 | |
| <i>amlodipine besylate</i> | 1 | MO |
| <i>cartia xt</i> | 2 | |
| <i>dilt-xr</i> | 2 | MO |
| <i>diltiazem hcl cd caps 360mg</i> | 4 | MO |
| <i>diltiazem hcl er cp24 (extended release beads) 120mg, 180mg, 240mg, 420mg</i> | 2 | MO |
| <i>diltiazem hcl er cp12 120mg, 60mg, 90mg</i> | 4 | MO |
| <i>diltiazem hcl er tb24 180mg</i> | 2 | MO |
| <i>diltiazem hcl er tb24 240mg, 300mg, 360mg, 420mg</i> | 4 | MO |
| <i>diltiazem hcl inj 25mg/5ml</i> | 4 | |
| <i>diltiazem hcl immediate release tabs</i> | 2 | MO |
| <i>diltiazem hcl inj 125mg/25ml, 50mg/10ml</i> | 4 | |
| <i>diltiazem hydrochloride er caps 24hr 120mg, 180mg, 240mg, er caps 24h (coated beads) 120mg, 180mg, 240mg, 300mg, er caps 24h (extended release beads) 180mg, 240mg, 360mg</i> | 2 | MO |
| <i>diltiazem hydrochloride er cp24 360mg</i> | 4 | MO |
| <i>felodipine er tb24 10mg, 5mg</i> | 2 | MO |
| <i>felodipine er tb24 2.5mg</i> | 4 | MO |
| <i>isradipine</i> | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------|
| <i>matzim la tb24 180mg</i> | 2 | MO |
| <i>matzim la tb24 420mg</i> | 4 | |
| <i>matzim la tb24 240mg, 300mg, 360mg</i> | 4 | MO |
| <i>nicardipine hcl caps</i> | 4 | MO |
| <i>nifedipine er tb24 osmotic release 30mg, 60mg, 90mg, er tb24 90mg</i> | 2 | MO |
| <i>nifedipine er tb24 30mg, 60mg</i> | 4 | MO |
| <i>nisoldipine er</i> | 4 | MO |
| <i>taztia xt</i> | 2 | |
| <i>tiadylt er cp24 120mg, 180mg, 240mg, 300mg, 360mg</i> | 2 | |
| <i>tiadylt er cp24 420mg</i> | 2 | MO |
| <i>verapamil hcl er cp24 100mg, 120mg, 180mg, 240mg, 300mg</i> | 2 | MO |
| <i>verapamil hcl immediate release tabs 40mg, 80mg</i> | 1 | MO |
| VERAPAMIL HCL SR CP24 360MG | 4 | MO |
| <i>verapamil hcl sr cp24 120mg, 180mg, 240mg</i> | 2 | MO |
| <i>verapamil hcl sr tbc 240mg</i> | 2 | MO |
| <i>verapamil hcl er tbc 120mg, 180mg, 240mg</i> | 2 | MO |
| <i>verapamil hydrochloride er cp24 200mg</i> | 4 | MO |
| <i>verapamil hcl immediate release tabs 120mg</i> | 1 | MO |
| <i>verapamil hydrochloride inj</i> | 4 | MO |
| DIURETICS | | |
| <i>acetazolamide er caps</i> | 2 | MO |
| <i>acetazolamide tabs</i> | 4 | MO |
| <i>amiloride hcl</i> | 2 | MO |
| <i>amiloride/hydrochlorothiazide</i> | 2 | MO |
| <i>bumetanide tabs</i> | 2 | MO |
| <i>bumetanide inj</i> | 4 | MO |
| <i>chlorthalidone</i> | 2 | MO |
| <i>furosemide oral soln, tabs</i> | 1 | MO |
| <i>furosemide inj</i> | 4 | MO |
| <i>hydrochlorothiazide</i> | 1 | MO |
| <i>indapamide</i> | 1 | MO |
| <i>methazolamide</i> | 4 | MO |
| <i>metolazone</i> | 2 | MO |
| <i>spironolactone/hydrochlorothiazide</i> | 2 | MO |
| <i>toremide</i> | 2 | MO |
| <i>triamterene/hydrochlorothiazide</i> | 1 | MO |
| MISCELLANEOUS | | |
| <i>aliskiren</i> | 4 | MO |
| <i>amlodipine besylate/atorvastatin calcium</i> | 4 | MO |
| <i>clonidine hcl patch weekly 0.1mg/24hr</i> | 2 | QL (8 EA per 28 days) MO |
| <i>clonidine hcl patch weekly 0.2mg/24hr, 0.3mg/24hr</i> | 4 | QL (8 EA per 28 days) MO |
| <i>clonidine hydrochloride tabs</i> | 1 | MO |
| CORLANOR SOLN | 4 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|-------------------------------|
| CORLANOR TABS | 4 | MO |
| <i>digitek</i> | 2 | QL (30 EA per 30 days) |
| <i>digox tabs 250mcg</i> | 2 | QL (30 EA per 30 days) |
| <i>digoxin oral soln</i> | 2 | MO |
| <i>digoxin inj</i> | 4 | MO |
| <i>digoxin tabs 125mcg, 250mcg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>digoxin tabs 62.5mcg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>droxidopa caps 200mg, 300mg</i> | 5 | QL (180 EA per 30 days) PA |
| <i>droxidopa caps 100mg</i> | 5 | QL (90 EA per 30 days) PA |
| <i>guanfacine hcl</i> | 4 | PA MO |
| <i>hydralazine hcl tabs</i> | 1 | MO |
| <i>hydralazine hcl inj</i> | 4 | MO |
| <i>metyrosine</i> | 5 | PA MO |
| <i>midodrine hcl tabs 2.5mg, 5mg</i> | 2 | MO |
| <i>midodrine hcl tabs 10mg</i> | 4 | MO |
| <i>minoxidil</i> | 2 | MO |
| <i>ranolazine er</i> | 4 | MO |
| NITRATES | | |
| <i>isosorbide dinitrate 10mg, 20mg, 30mg, 5mg</i> | 2 | MO |
| <i>isosorbide mononitrate</i> | 2 | MO |
| <i>isosorbide mononitrate er</i> | 2 | MO |
| NITRO-BID | 3 | MO |
| <i>nitroglycerin sublingual tabs</i> | 2 | MO |
| <i>nitroglycerin lingual spray</i> | 4 | MO |
| <i>nitroglycerin transdermal</i> | 2 | MO |
| PULMONARY ARTERIAL HYPERTENSION | | |
| ADEMPAS | 5 | QL (90 EA per 30 days) PA LA |
| <i>alyq</i> | 5 | PA |
| <i>ambrisentan</i> | 5 | QL (30 EA per 30 days) PA LA |
| <i>epoprostenol sodium</i> | 4 | B/D LA |
| OPSUMIT | 5 | QL (30 EA per 30 days) PA LA |
| <i>sildenafil citrate tabs 20mg</i> | 2 | QL (90 EA per 30 days) PA |
| VENTAVIS | 5 | PA LA |
| CENTRAL NERVOUS SYSTEM | | |
| ANTI-ANXIETY | | |
| <i>alprazolam er tabs 0.5mg</i> | 4 | MO |
| <i>alprazolam immediate release tabs 0.25mg, 0.5mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>alprazolam immediate release tabs 1mg, 2mg</i> | 2 | QL (150 EA per 30 days) MO |
| <i>bupirone hcl</i> | 2 | MO |
| <i>chlordiazepoxide hcl</i> | 4 | QL (120 EA per 30 days) PA MO |
| <i>fluvoxamine maleate er caps</i> | 4 | QL (60 EA per 30 days) MO |
| <i>fluvoxamine maleate tabs</i> | 2 | MO |
| <i>lorazepam intensol</i> | 2 | QL (150 ML per 30 days) MO |
| <i>lorazepam inj</i> | 4 | QL (150 ML per 30 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|--------------------------------|
| <i>lorazepam tabs 0.5mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>lorazepam tabs 1mg, 2mg</i> | 2 | QL (150 EA per 30 days) MO |
| <i>oxazepam</i> | 4 | QL (120 EA per 30 days) PA MO |
| ANTICONVULSANTS | | |
| APTIOM TABS 200MG, 400MG | 4 | QL (30 EA per 30 days) MO |
| APTIOM TABS 600MG, 800MG | 4 | QL (60 EA per 30 days) MO |
| BRIVIACT TABS | 4 | QL (60 EA per 30 days) PA MO |
| BRIVIACT INJ | 4 | QL (600 ML per 30 days) PA |
| BRIVIACT ORAL SOLN | 4 | QL (600 ML per 30 days) PA MO |
| <i>carbamazepine er cp12</i> | 4 | MO |
| <i>carbamazepine er tb12 100mg</i> | 2 | MO |
| <i>carbamazepine er tb12 200mg, 400mg</i> | 4 | MO |
| <i>carbamazepine chew, immediate release tabs</i> | 2 | MO |
| <i>carbamazepine susp</i> | 4 | MO |
| CELONTIN | 4 | MO |
| <i>clobazam susp</i> | 4 | QL (480 ML per 30 days) PA MO |
| <i>clobazam tabs</i> | 4 | QL (60 EA per 30 days) PA MO |
| <i>clonazepam odt tbdp 2mg</i> | 2 | QL (300 EA per 30 days) MO |
| <i>clonazepam odt tbdp 0.125mg, 0.25mg, 0.5mg, 1mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>clonazepam tabs 2mg</i> | 2 | QL (300 EA per 30 days) MO |
| <i>clonazepam tabs 0.5mg, 1mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>clorazepate dipotassium tabs 15mg</i> | 4 | QL (180 EA per 30 days) PA MO |
| <i>clorazepate dipotassium tabs 3.75mg, 7.5mg</i> | 4 | QL (90 EA per 30 days) PA MO |
| DIACOMIT CAPS 500MG | 4 | QL (180 EA per 30 days) PA LA |
| DIACOMIT CAPS 250MG | 4 | QL (360 EA per 30 days) PA LA |
| DIACOMIT PACK 500MG | 4 | QL (180 EA per 30 days) PA LA |
| DIACOMIT PACK 250MG | 4 | QL (360 EA per 30 days) PA LA |
| <i>diazepam intensol</i> | 2 | QL (240 ML per 30 days) PA MO |
| DIAZEPAM RECTAL GEL | 4 | MO |
| <i>diazepam tabs</i> | 2 | QL (120 EA per 30 days) PA MO |
| <i>diazepam oral conc</i> | 2 | QL (240 ML per 30 days) PA MO |
| <i>diazepam oral soln</i> | 4 | QL (1200 ML per 30 days) PA MO |
| <i>diazepam inj</i> | 4 | QL (240 ML per 30 days) PA MO |
| DILANTIN | 4 | MO |
| DILANTIN INFATABS | 4 | MO |
| DILANTIN-125 | 4 | MO |
| <i>divalproex sodium dr</i> | 2 | MO |
| <i>divalproex sodium er</i> | 2 | MO |
| <i>divalproex sodium sprinkle caps</i> | 2 | MO |
| EPIDIOLEX | 4 | QL (600 ML per 30 days) PA LA |
| <i>epitol</i> | 2 | |
| EPRONTIA | 4 | QL (480 ML per 30 days) PA MO |
| <i>ethosuximide caps</i> | 2 | MO |
| <i>ethosuximide soln</i> | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------------|
| <i>felbamate</i> | 4 | MO |
| FINTEPLA | 4 | QL (360 ML per 30 days) PA LA |
| <i>fosphenytoin sodium inj 100mg pe/2ml</i> | 4 | |
| <i>fosphenytoin sodium inj 500mg pe/10ml</i> | 4 | MO |
| FYCOMPA SUSP | 4 | QL (720 ML per 30 days) PA MO |
| FYCOMPA TABS 10MG, 12MG, 4MG, 6MG, 8MG | 4 | QL (30 EA per 30 days) PA MO |
| FYCOMPA TABS 2MG | 4 | QL (60 EA per 30 days) PA MO |
| <i>gabapentin caps 300mg</i> | 2 | QL (360 EA per 30 days) MO |
| <i>gabapentin caps 100mg, 400mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>gabapentin soln</i> | 2 | QL (2160 ML per 30 days) MO |
| <i>gabapentin tabs 600mg</i> | 2 | QL (180 EA per 30 days) MO |
| <i>gabapentin tabs 800mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>lacosamide inj</i> | 4 | |
| <i>lacosamide oral soln</i> | 4 | QL (1200 ML per 30 days) MO |
| <i>lacosamide tabs 50mg</i> | 4 | QL (120 EA per 30 days) MO |
| <i>lacosamide tabs 100mg, 150mg, 200mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>lamotrigine er</i> | 4 | MO |
| <i>lamotrigine immediate release tabs, chew tabs</i> | 2 | MO |
| <i>lamotrigine odt tabs 25mg, 50mg, 100mg, 200mg</i> | 4 | MO |
| <i>lamotrigine starter kit/blue</i> | 2 | MO |
| <i>lamotrigine starter kit/green</i> | 5 | MO |
| <i>lamotrigine starter kit/orange</i> | 2 | MO |
| <i>levetiracetam er</i> | 2 | MO |
| <i>levetiracetam/sodium chloride inj</i> | 4 | |
| <i>levetiracetam oral soln, tabs</i> | 2 | MO |
| <i>levetiracetam inj</i> | 4 | |
| NAYZILAM | 4 | QL (10 EA per 30 days) PA MO |
| <i>oxcarbazepine tabs</i> | 2 | MO |
| <i>oxcarbazepine susp</i> | 4 | MO |
| <i>phenobarbital sodium inj</i> | 4 | PA |
| <i>phenobarbital tabs</i> | 4 | QL (120 EA per 30 days) PA MO |
| <i>phenobarbital elix</i> | 4 | QL (1500 ML per 30 days) PA MO |
| PHENYTEK | 4 | MO |
| <i>phenytoin chew tabs, oral susp</i> | 2 | MO |
| <i>phenytoin sodium extended release caps</i> | 2 | MO |
| <i>phenytoin sodium inj</i> | 4 | |
| <i>pregabalin caps 100mg, 150mg, 25mg, 50mg, 75mg</i> | 2 | QL (120 EA per 30 days) PA MO |
| <i>pregabalin caps 225mg, 300mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>pregabalin caps 200mg</i> | 2 | QL (90 EA per 30 days) PA MO |
| <i>pregabalin soln</i> | 2 | QL (900 ML per 30 days) PA MO |
| <i>primidone</i> | 2 | MO |
| <i>roweepra</i> | 2 | |
| <i>rufinamide susp</i> | 4 | QL (2760 ML per 30 days) PA MO |
| <i>rufinamide tabs 400mg</i> | 4 | QL (240 EA per 30 days) PA MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>rufinamide tabs 200mg</i> | 4 | QL (480 EA per 30 days) PA MO |
| SPRITAM | 4 | MO |
| <i>subvenite starter kit/blue</i> | 2 | |
| <i>subvenite starter kit/green</i> | 5 | |
| <i>subvenite starter kit/orange</i> | 2 | |
| <i>subvenite tabs</i> | 2 | |
| SYMPAZAN | 4 | QL (60 EA per 30 days) PA MO |
| <i>tiagabine hydrochloride</i> | 4 | MO |
| <i>topiramate sprinkle caps</i> | 2 | MO |
| <i>topiramate tabs 100mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>topiramate tabs 200mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>topiramate tabs 25mg, 50mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>valproate sodium inj</i> | 4 | |
| <i>valproic acid caps, oral soln</i> | 2 | MO |
| VALTOCO | 4 | QL (10 EA per 30 days) PA MO |
| <i>vigabatrin</i> | 5 | QL (180 EA per 30 days) PA LA |
| <i>vigadrone</i> | 5 | QL (180 EA per 30 days) PA LA |
| XCOPRI TABS 100MG, 50MG | 4 | QL (30 EA per 30 days) MO |
| XCOPRI TABS 150MG, 200MG | 4 | QL (60 EA per 30 days) MO |
| XCOPRI TITRATION PACK 12.5MG; 25MG, 50MG; 100MG, 150MG; 200MG | 4 | QL (28 EA per 28 days) MO |
| XCOPRI MAINTENANCE PACK 100MG; 150MG, 150MG; 200MG | 4 | QL (56 EA per 28 days) MO |
| <i>zonisamide</i> | 2 | MO |
| ANTIDEMENTIA | | |
| <i>donepezil hcl tabs, odt tabs</i> | 2 | QL (30 EA per 30 days) MO |
| EXELON | 3 | QL (30 EA per 30 days) MO |
| <i>galantamine hydrobromide er caps</i> | 2 | QL (30 EA per 30 days) MO |
| <i>galantamine hydrobromide tabs</i> | 2 | QL (60 EA per 30 days) MO |
| <i>galantamine hydrobromide soln</i> | 4 | QL (200 ML per 30 days) MO |
| <i>memantine hcl titration pak</i> | 2 | QL (98 EA per 365 days) PA MO |
| <i>memantine hydrochloride er caps</i> | 4 | PA MO |
| <i>memantine hydrochloride soln</i> | 2 | QL (360 ML per 30 days) PA MO |
| <i>memantine hydrochloride tabs</i> | 2 | QL (60 EA per 30 days) PA MO |
| NAMZARIC | 4 | MO |
| <i>rivastigmine tartrate caps</i> | 4 | QL (60 EA per 30 days) MO |
| ANTIDEPRESSANTS | | |
| <i>amitriptyline hcl tabs 100mg, 150mg, 75mg</i> | 2 | PA MO |
| <i>amitriptyline hydrochloride tabs 10mg, 25mg, 50mg</i> | 2 | PA MO |
| <i>amoxapine</i> | 2 | MO |
| <i>bupropion hcl immediate release tabs 100mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>bupropion hcl immediate release tabs 75mg</i> | 2 | QL (180 EA per 30 days) MO |
| <i>bupropion hydrochloride er (sr) tb12 100mg, 150mg, 200mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>bupropion hydrochloride er (xl) tabs 150mg, 300mg</i> | 2 | QL (30 EA per 30 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|------------------------------|
| <i>citalopram hydrobromide soln</i> | 2 | QL (600 ML per 30 days) MO |
| <i>citalopram hydrobromide tabs 10mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>citalopram hydrobromide tabs 40mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>citalopram hydrobromide tabs 20mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>clomipramine hydrochloride</i> | 4 | PA MO |
| <i>desipramine hydrochloride tabs 10mg, 150mg, 25mg, 50mg, 75mg</i> | 2 | PA MO |
| <i>desipramine hydrochloride tabs 100mg</i> | 4 | PA MO |
| <i>desvenlafaxine er (generic Pristiq) tb24 100mg, 25mg, 50mg</i> | 2 | QL (30 EA per 30 days) PA MO |
| <i>doxepin hcl oral conc</i> | 2 | PA MO |
| <i>doxepin hydrochloride caps 100mg, 10mg, 150mg, 25mg, 50mg, 75mg</i> | 2 | PA MO |
| DRIZALMA SPRINKLE CSDR 20MG, 30MG, 60MG | 4 | QL (60 EA per 30 days) PA MO |
| DRIZALMA SPRINKLE CSDR 40MG | 4 | QL (90 EA per 30 days) PA MO |
| <i>duloxetine hcl caps 40mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>duloxetine hydrochloride caps 20mg, 30mg, 60mg</i> | 2 | QL (60 EA per 30 days) MO |
| EMSAM | 4 | QL (30 EA per 30 days) PA MO |
| <i>escitalopram oxalate soln</i> | 4 | QL (600 ML per 30 days) MO |
| <i>escitalopram oxalate tabs 20mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>escitalopram oxalate tabs 10mg, 5mg</i> | 2 | QL (45 EA per 30 days) MO |
| FETZIMA TITRATION PACK | 4 | PA MO |
| FETZIMA CP24 120MG, 80MG | 4 | QL (30 EA per 30 days) PA MO |
| FETZIMA CP24 20MG, 40MG | 4 | QL (60 EA per 30 days) PA MO |
| <i>fluoxetine dr caps 90mg</i> | 4 | QL (4 EA per 28 days) MO |
| <i>fluoxetine hydrochloride caps 20mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>fluoxetine hcl soln</i> | 2 | MO |
| <i>fluoxetine hydrochloride caps 10mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>fluoxetine hydrochloride caps 40mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>fluoxetine hydrochloride (generic Prozac) tabs 10mg, 20mg, 60mg</i> | 2 | MO |
| <i>imipramine hcl tabs 25mg, 50mg</i> | 2 | PA MO |
| <i>imipramine hydrochloride tabs 10mg</i> | 2 | PA MO |
| MARPLAN | 4 | QL (180 EA per 30 days) MO |
| <i>mirtazapine odt</i> | 2 | QL (30 EA per 30 days) MO |
| <i>mirtazapine tabs 15mg, 30mg, 45mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>mirtazapine tabs 7.5mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>nefazodone hydrochloride</i> | 4 | MO |
| <i>nortriptyline hcl caps 25mg, 75mg, soln 10mg/5ml</i> | 2 | MO |
| <i>nortriptyline hydrochloride caps 10mg, 50mg</i> | 2 | MO |
| <i>paroxetine hcl er tb24 37.5mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>paroxetine hcl er tb24 12.5mg, 25mg</i> | 4 | QL (90 EA per 30 days) MO |
| <i>paroxetine hcl tabs 40mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>paroxetine hcl tabs 30mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>paroxetine hcl tabs 10mg, 20mg</i> | 1 | QL (30 EA per 30 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>paroxetine hydrochloride susp</i> | 4 | QL (900 ML per 30 days) MO |
| <i>perphenazine/amitriptyline</i> | 4 | PA MO |
| <i>phenelzine sulfate</i> | 2 | MO |
| <i>protriptyline hcl</i> | 4 | PA MO |
| <i>sertraline oral conc</i> | 4 | QL (300 ML per 30 days) MO |
| <i>sertraline hcl tabs 25mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>sertraline hcl tabs 50mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>sertraline hcl tabs 100mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>tranylcypromine sulfate</i> | 4 | MO |
| <i>trazodone hydrochloride tabs 100mg, 150mg, 50mg</i> | 1 | MO |
| <i>trazodone hydrochloride tabs 300mg</i> | 4 | MO |
| <i>trimipramine maleate caps 50mg</i> | 4 | QL (120 EA per 30 days) PA MO |
| <i>trimipramine maleate caps 25mg</i> | 4 | QL (240 EA per 30 days) PA MO |
| <i>trimipramine maleate caps 100mg</i> | 4 | QL (60 EA per 30 days) PA MO |
| TRINTELLIX | 4 | QL (30 EA per 30 days) MO |
| <i>venlafaxine hcl er cp24 37.5mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>venlafaxine hcl er cp24 150mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>venlafaxine hydrochloride immediate release tabs 100mg, 25mg, 37.5mg, 50mg, 75mg</i> | 2 | MO |
| <i>venlafaxine hcl er cp24 75mg</i> | 2 | QL (30 EA per 30 days) MO |
| VIIBRYD | 4 | QL (30 EA per 30 days) |
| VIIBRYD STARTER PACK | 4 | MO |
| ANTIPARKINSONIAN AGENTS | | |
| <i>amantadine hcl soln, tabs</i> | 2 | MO |
| <i>amantadine hcl caps</i> | 2 | QL (120 EA per 30 days) MO |
| <i>benztropine mesylate inj</i> | 2 | MO |
| <i>benztropine mesylate tabs</i> | 2 | PA MO |
| <i>bromocriptine mesylate</i> | 4 | MO |
| <i>carbidopa</i> | 4 | MO |
| <i>carbidopa/levodopa</i> | 2 | MO |
| <i>carbidopa/levodopa er</i> | 2 | MO |
| <i>carbidopa/levodopa odt</i> | 2 | MO |
| CARBIDOPA/LEVODOPA/ENTACAPONE | 4 | MO |
| <i>entacapone</i> | 4 | MO |
| KYNMOBI | 5 | QL (150 EA per 30 days) PA |
| NEUPRO | 4 | MO |
| <i>pramipexole dihydrochloride immediate release tabs</i> | 2 | MO |
| <i>rasagiline mesylate</i> | 2 | MO |
| <i>ropinirole er tb24 6mg</i> | 4 | QL (120 EA per 30 days) MO |
| <i>ropinirole er tb24 4mg</i> | 4 | QL (150 EA per 30 days) MO |
| <i>ropinirole er tb24 2mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>ropinirole er tb24 12mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>ropinirole er tb24 8mg</i> | 4 | QL (90 EA per 30 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| <i>ropinirole hcl immediate release tabs 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i> | 2 | MO |
| <i>selegiline hcl</i> | 4 | MO |
| <i>trihexyphenidyl hcl oral soln</i> | 4 | PA MO |
| <i>trihexyphenidyl hydrochloride tabs</i> | 2 | PA MO |
| ANTIPSYCHOTICS | | |
| ABILIFY MAINTENA | 4 | QL (1 EA per 28 days) MO |
| <i>aripiprazole odt</i> | 4 | QL (60 EA per 30 days) MO |
| <i>aripiprazole tabs</i> | 4 | QL (30 EA per 30 days) MO |
| <i>aripiprazole soln</i> | 4 | QL (900 ML per 30 days) MO |
| ARISTADA INITIO | 4 | |
| ARISTADA INJ 441MG/1.6ML | 4 | QL (1.6 ML per 28 days) |
| ARISTADA INJ 662MG/2.4ML | 4 | QL (2.4 ML per 28 days) |
| ARISTADA INJ 882MG/3.2ML | 4 | QL (3.2 ML per 28 days) |
| ARISTADA INJ 1064MG/3.9ML | 4 | QL (3.9 ML per 56 days) |
| <i>asenapine maleate sl</i> | 4 | QL (60 EA per 30 days) MO |
| CAPLYTA | 4 | QL (30 EA per 30 days) PA MO |
| <i>chlorpromazine hcl tabs</i> | 4 | MO |
| <i>chlorpromazine hcl inj 50mg/2ml</i> | 4 | |
| <i>chlorpromazine hcl inj 25mg/ml</i> | 4 | MO |
| <i>chlorpromazine hydrochloride oral conc</i> | 4 | |
| CLOZAPINE ODT TBDP 150MG | 4 | QL (180 EA per 30 days) PA |
| CLOZAPINE ODT TBDP 200MG | 5 | QL (120 EA per 30 days) PA |
| <i>clozapine odt tbdp 12.5mg, 25mg</i> | 2 | PA |
| <i>clozapine odt tbdp 100mg</i> | 4 | QL (270 EA per 30 days) PA |
| <i>clozapine tabs 25mg, 50mg</i> | 2 | |
| <i>clozapine tabs 200mg</i> | 2 | QL (120 EA per 30 days) |
| <i>clozapine tabs 100mg</i> | 2 | QL (270 EA per 30 days) |
| FANAPT | 4 | QL (60 EA per 30 days) PA MO |
| FANAPT TITRATION PACK | 4 | PA MO |
| <i>fluphenazine decanoate inj</i> | 4 | MO |
| <i>fluphenazine hcl conc, tabs</i> | 2 | MO |
| <i>fluphenazine hcl inj</i> | 4 | MO |
| <i>fluphenazine hydrochloride oral elixir</i> | 2 | MO |
| <i>haloperidol tabs, oral conc</i> | 2 | MO |
| <i>haloperidol decanoate inj</i> | 4 | MO |
| <i>haloperidol lactate inj</i> | 4 | MO |
| INVEGA SUSTENNA INJ 39MG/0.25ML | 4 | QL (0.25 ML per 28 days) MO |
| INVEGA SUSTENNA INJ 78MG/0.5ML | 4 | QL (0.5 ML per 28 days) MO |
| INVEGA SUSTENNA INJ 117MG/0.75ML | 4 | QL (0.75 ML per 28 days) MO |
| INVEGA SUSTENNA INJ 156MG/ML | 4 | QL (1 ML per 28 days) MO |
| INVEGA SUSTENNA INJ 234MG/1.5ML | 4 | QL (1.5 ML per 28 days) MO |
| INVEGA TRINZA INJ 273MG/0.88ML | 4 | QL (0.88 ML per 90 days) |
| INVEGA TRINZA INJ 410MG/1.32ML | 4 | QL (1.32 ML per 90 days) |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| INVEGA TRINZA INJ 546MG/1.75ML | 4 | QL (1.75 ML per 90 days) |
| INVEGA TRINZA INJ 819MG/2.63ML | 4 | QL (2.63 ML per 90 days) |
| LATUDA TABS 120MG, 20MG, 40MG, 60MG | 4 | QL (30 EA per 30 days) MO |
| LATUDA TABS 80MG | 4 | QL (60 EA per 30 days) MO |
| <i>loxapine</i> | 2 | MO |
| <i>molindone hydrochloride tabs 10mg, 5mg</i> | 2 | |
| <i>molindone hydrochloride tabs 25mg</i> | 4 | |
| NUPLAZID | 4 | QL (30 EA per 30 days) PA LA |
| <i>olanzapine odt</i> | 2 | QL (30 EA per 30 days) MO |
| <i>olanzapine inj</i> | 4 | QL (3 EA per 1 days) MO |
| <i>olanzapine tabs 10mg, 15mg, 20mg, 7.5mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>olanzapine tabs 2.5mg, 5mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>paliperidone er tb24 1.5mg, 3mg, 9mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>paliperidone er tb24 6mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>perphenazine tabs 16mg, 2mg</i> | 2 | MO |
| <i>perphenazine tabs 4mg, 8mg</i> | 4 | MO |
| PERSERIS | 4 | QL (1 EA per 30 days) |
| <i>pimozide</i> | 4 | MO |
| <i>quetiapine fumarate er tb24 150mg, 200mg</i> | 2 | QL (30 EA per 30 days) PA MO |
| <i>quetiapine fumarate er tb24 300mg, 400mg, 50mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>quetiapine fumarate tabs 200mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>quetiapine fumarate tabs 25mg</i> | 2 | QL (180 EA per 30 days) MO |
| <i>quetiapine fumarate tabs 300mg, 400mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>quetiapine fumarate tabs 100mg, 50mg</i> | 2 | QL (90 EA per 30 days) MO |
| REXULTI TABS 3MG, 4MG | 4 | QL (30 EA per 30 days) MO |
| REXULTI TABS 0.25MG, 0.5MG, 1MG, 2MG | 4 | QL (60 EA per 30 days) MO |
| RISPERDAL CONSTA | 4 | QL (2 EA per 28 days) MO |
| <i>risperidone odt tbdp 0.5mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>risperidone odt tbdp 4mg</i> | 4 | QL (120 EA per 30 days) MO |
| <i>risperidone odt tbdp 1mg, 2mg, 3mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>risperidone odt tbdp 0.25mg</i> | 4 | QL (90 EA per 30 days) MO |
| <i>risperidone soln</i> | 2 | QL (480 ML per 30 days) MO |
| <i>risperidone tabs 4mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>risperidone tabs 1mg, 2mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>risperidone tabs 0.25mg, 0.5mg, 3mg</i> | 2 | QL (90 EA per 30 days) MO |
| SECUADO PT24 3.8MG/24HR, 7.6MG/24HR | 4 | QL (30 EA per 30 days) |
| SECUADO PT24 5.7MG/24HR | 4 | QL (30 EA per 30 days) MO |
| <i>thioridazine hcl</i> | 2 | PA MO |
| <i>thiothixene</i> | 4 | MO |
| <i>trifluoperazine hcl tabs 2mg, 5mg</i> | 2 | MO |
| <i>trifluoperazine hcl tabs 10mg</i> | 4 | MO |
| <i>trifluoperazine hydrochloride tabs 1mg</i> | 2 | MO |
| VERSACLOZ | 4 | QL (600 ML per 30 days) PA |
| VRAYLAR CAPSULE THERAPY PACK | 4 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| VRAYLAR CAPS 3MG, 4.5MG, 6MG | 4 | QL (30 EA per 30 days) MO |
| VRAYLAR CAPS 1.5MG | 4 | QL (60 EA per 30 days) MO |
| <i>ziprasidone hcl caps</i> | 2 | QL (60 EA per 30 days) MO |
| <i>ziprasidone mesylate inj</i> | 4 | QL (6 EA per 3 days) |
| ZYPREXA RELPREVV INJ 405MG | 4 | QL (1 EA per 28 days) PA MO |
| ZYPREXA RELPREVV INJ 210MG, 300MG | 4 | QL (2 EA per 28 days) PA MO |
| ATTENTION DEFICIT HYPERACTIVITY DISORDER | | |
| <i>amphetamine/dextroamphetamine cp24</i> | 4 | QL (30 EA per 30 days) MO |
| <i>amphetamine/dextroamphetamine tabs 5mg, 7.5mg, 10mg, 12.5mg, 15mg, 30mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>amphetamine/dextroamphetamine tabs 20 mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>atomoxetine hydrochloride caps 10mg, 25mg</i> | 4 | QL (120 EA per 30 days) MO |
| <i>atomoxetine caps 18mg</i> | 4 | QL (120 EA per 30 days) MO |
| <i>atomoxetine caps 100mg, 60mg, 80mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>atomoxetine caps 40mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>dexmethylphenidate hcl tabs</i> | 4 | QL (60 EA per 30 days) MO |
| <i>dexmethylphenidate hcl er caps</i> | 4 | QL (30 EA per 30 days) MO |
| <i>dexmethylphenidate hydrochloride er caps 10mg, 15mg, 30mg, 40mg, 5mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>dexmethylphenidate hydrochloride er cp24 25mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>dexmethylphenidate hydrochloride tabs</i> | 4 | QL (60 EA per 30 days) MO |
| <i>dextroamphetamine sulfate er caps</i> | 4 | QL (120 EA per 30 days) MO |
| <i>dextroamphetamine sulfate immediate release tabs 10mg, 5mg</i> | 4 | QL (180 EA per 30 days) MO |
| <i>dextroamphetamine sulfate soln</i> | 4 | QL (1800 ML per 30 days) MO |
| <i>guanfacine er tabs 2mg</i> | 2 | QL (30 EA per 30 days) PA MO |
| <i>guanfacine hydrochloride er tb24 1mg, 4mg</i> | 2 | QL (30 EA per 30 days) PA MO |
| <i>guanfacine hydrochloride er tb24 3mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>methylphenidate hydrochloride cd er caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 60mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 20mg, 40mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er cp24 (generic Ritalin LA) 30mg</i> | 4 | QL (60 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er tb24 18mg, 27mg, 36mg, 54mg</i> | 4 | QL (30 EA per 30 days) |
| <i>methylphenidate hydrochloride er tbc (generic Concerta) 18mg, 27mg, 36mg, 54mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>methylphenidate hydrochloride er tbc 10mg, 20mg</i> | 4 | QL (90 EA per 30 days) MO |
| <i>methylphenidate hydrochloride immediate release tabs</i> | 2 | QL (90 EA per 30 days) MO |
| <i>methylphenidate hydrochloride chew tabs 10mg, 5mg</i> | 4 | QL (180 EA per 30 days) MO |
| <i>methylphenidate hydrochloride soln 5mg/5ml</i> | 4 | QL (1800 ML per 30 days) MO |
| <i>methylphenidate hydrochloride soln 10mg/5ml</i> | 4 | QL (900 ML per 30 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------------|
| <i>zenzedi tabs 10mg, 5mg</i> | 4 | QL (180 EA per 30 days) |
| HYPNOTICS | | |
| BELSOMRA | 4 | QL (30 EA per 30 days) MO |
| <i>doxepin hydrochloride tabs 3mg, 6mg</i> | 2 | QL (30 EA per 30 days) MO |
| HETLIOZ | 5 | QL (30 EA per 30 days) PA LA |
| HETLIOZ LQ | 5 | QL (158 ML per 30 days) PA LA MO |
| <i>temazepam</i> | 4 | QL (30 EA per 30 days) PA MO |
| <i>triazolam tabs 0.125mg</i> | 4 | QL (60 EA per 30 days) PA MO |
| <i>zaleplon caps 5mg</i> | 2 | QL (30 EA per 30 days) PA MO |
| <i>zaleplon caps 10mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>zolpidem tartrate immediate release tabs</i> | 2 | QL (30 EA per 30 days) PA MO |
| MIGRAINE | | |
| AIMOVIG | 3 | QL (1 ML per 30 days) PA |
| <i>dihydroergotamine mesylate inj</i> | 4 | PA MO |
| <i>dihydroergotamine mesylate nasal soln</i> | 4 | QL (8 ML per 30 days) PA MO |
| <i>eletriptan hydrobromide</i> | 2 | QL (12 EA per 30 days) MO |
| <i>ergotamine tartrate/caffeine</i> | 3 | QL (40 EA per 28 days) PA MO |
| <i>naratriptan hcl</i> | 2 | QL (9 EA per 30 days) MO |
| NURTEC | 3 | QL (16 EA per 30 days) PA MO |
| <i>rizatriptan benzoate</i> | 2 | QL (12 EA per 30 days) MO |
| <i>rizatriptan benzoate odt</i> | 2 | QL (12 EA per 30 days) MO |
| <i>sumatriptan nasal spray</i> | 2 | QL (12 EA per 30 days) MO |
| <i>sumatriptan succinate refill</i> | 4 | QL (4 ML per 30 days) MO |
| <i>sumatriptan succinate tabs</i> | 2 | QL (9 EA per 30 days) MO |
| <i>sumatriptan succinate inj</i> | 4 | QL (4 ML per 30 days) MO |
| MISCELLANEOUS | | |
| AUSTEDO TABS 12MG, 9MG | 5 | QL (120 EA per 30 days) PA LA |
| AUSTEDO TABS 6MG | 5 | QL (60 EA per 30 days) PA LA |
| INGREZZA THERAPY PACK | 5 | QL (28 EA per 28 days) PA LA |
| INGREZZA CAPS 40MG, 80MG | 5 | QL (30 EA per 30 days) PA LA |
| INGREZZA CAPS 60MG | 5 | QL (30 EA per 30 days) PA LA MO |
| <i>lithium carbonate caps</i> | 1 | MO |
| <i>lithium carbonate er tabs</i> | 2 | MO |
| LITHIUM ORAL SOLN | 4 | MO |
| NUEDEXTA | 4 | QL (60 EA per 30 days) PA MO |
| <i>pregabalin er tb24 330mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>pregabalin er tb24 165mg, 82.5mg</i> | 2 | QL (90 EA per 30 days) PA MO |
| <i>pyridostigmine bromide immediate release tab 60mg</i> | 2 | MO |
| <i>pyridostigmine bromide er tabs</i> | 4 | MO |
| <i>riluzole</i> | 4 | MO |
| <i>tetrabenazine tabs 25mg</i> | 5 | QL (120 EA per 30 days) PA LA |
| <i>tetrabenazine tabs 12.5mg</i> | 5 | QL (90 EA per 30 days) PA LA |
| MULTIPLE SCLEROSIS AGENTS | | |

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| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| BETASERON | 5 | QL (14 EA per 28 days) PA |
| COPAXONE INJ 40MG/ML | 5 | QL (12 ML per 28 days) PA |
| COPAXONE INJ 20MG/ML | 5 | QL (30 ML per 30 days) PA |
| <i>dalfampridine er</i> | 3 | PA |
| GILENYA | 5 | QL (28 EA per 28 days) PA |
| OCREVUS | 5 | QL (20 ML per 180 days) PA LA |
| TECFIDERA STARTER PACK | 5 | QL (120 EA per 365 days) PA LA |
| TECFIDERA CPDR 120MG | 5 | QL (14 EA per 7 days) PA LA |
| TECFIDERA CPDR 240MG | 5 | QL (60 EA per 30 days) PA LA |
| VUMERITY | 5 | QL (120 EA per 30 days) PA LA |
| MUSCULOSKELETAL THERAPY AGENTS | | |
| <i>baclofen tabs</i> | 2 | MO |
| <i>chlorzoxazone tabs 500mg</i> | 2 | QL (180 EA per 30 days) PA MO |
| <i>cyclobenzaprine hydrochloride tabs 10mg, 5mg</i> | 2 | QL (90 EA per 30 days) PA MO |
| <i>dantrolene sodium</i> | 4 | MO |
| <i>tizanidine hydrochloride caps 4mg</i> | 2 | MO |
| <i>tizanidine hydrochloride tabs 2mg, 4mg</i> | 2 | MO |
| <i>tizanidine hydrochloride caps 2mg, 6mg</i> | 4 | MO |
| NARCOLEPSY/CATAPLEXY | | |
| <i>armodafinil tabs 150mg, 200mg, 250mg</i> | 2 | QL (30 EA per 30 days) PA MO |
| <i>armodafinil tabs 50mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| <i>modafinil tabs 100mg</i> | 2 | QL (30 EA per 30 days) PA MO |
| <i>modafinil tabs 200mg</i> | 2 | QL (60 EA per 30 days) PA MO |
| XYREM | 5 | QL (540 ML per 30 days) PA LA |
| PSYCHOTHERAPEUTIC-MISC | | |
| <i>acamprosate calcium dr</i> | 4 | MO |
| APO-VARENICLINE | 4 | PA MO |
| <i>buprenorphine hcl subl tabs</i> | 2 | QL (90 EA per 30 days) PA MO |
| <i>buprenorphine hcl/naloxone hcl subl tabs 2mg; 0.5mg, 8mg; 2mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>bupropion hydrochloride er (sr) tb12 150mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>disulfiram</i> | 4 | MO |
| <i>naloxone hcl inj 2mg/2ml</i> | 2 | |
| <i>naloxone hcl inj 4mg/10ml</i> | 2 | MO |
| <i>naloxone hydrochloride liqd nasal spray</i> | 3 | MO |
| <i>naloxone hydrochloride cartridge inj 0.4mg/ml</i> | 2 | |
| <i>naloxone hydrochloride cartridge inj 0.4mg/ml</i> | 2 | MO |
| <i>naltrexone hcl</i> | 2 | MO |
| NICOTROL INHALER | 4 | MO |
| NICOTROL NS | 4 | QL (360 ML per 365 days) MO |
| SUBOXONE FILM 12MG; 3MG | 4 | QL (60 EA per 30 days) MO |
| SUBOXONE FILM 2MG; 0.5MG, 4MG; 1MG, 8MG; 2MG | 4 | QL (90 EA per 30 days) MO |
| VARENICLINE TARTRATE | 4 | PA MO |
| VIVITROL | 5 | |

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

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

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| NOVOLOG MIX 70/30 PREFILLED FLEXPEN (BRAND RELION NOT COVERED) | 2 | MO |
| NOVOLOG PENFILL | 2 | MO |
| SOLIQUA 100/33 | 3 | QL (15 ML per 25 days) MO |
| TRESIBA | 3 | MO |
| TRESIBA FLEXTOUCH | 3 | MO |
| XULTOPHY 100/3.6 | 3 | QL (15 ML per 30 days) MO |
| ANTIDIABETICS | | |
| <i>acarbose</i> | 2 | QL (90 EA per 30 days) MO |
| BYDUREON BCISE | 3 | QL (3.4 ML per 28 days) MO |
| BYETTA INJ 5MCG/0.02ML | 4 | QL (1.2 ML per 30 days) MO |
| BYETTA INJ 10MCG/0.04ML | 4 | QL (2.4 ML per 30 days) MO |
| FARXIGA | 3 | QL (30 EA per 30 days) MO |
| <i>glimepiride tabs 4mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>glimepiride tabs 1mg, 2mg</i> | 1 | QL (90 EA per 30 days) MO |
| <i>glipizide er tb24 10mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>glipizide er tb24 2.5mg, 5mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>glipizide xl tb24 10mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>glipizide xl tb24 2.5mg, 5mg</i> | 2 | QL (90 EA per 30 days) MO |
| <i>glipizide/metformin hydrochloride tabs 2.5mg; 500mg, 5mg; 500mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>glipizide/metformin hydrochloride tabs 2.5mg; 250mg</i> | 2 | QL (240 EA per 30 days) MO |
| <i>glipizide tabs 10mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>glipizide tabs 5mg</i> | 1 | QL (240 EA per 30 days) MO |
| GLYXAMBI | 3 | QL (30 EA per 30 days) MO |
| JANUMET | 3 | QL (60 EA per 30 days) MO |
| JANUMET XR TB24 1000MG; 100MG | 3 | QL (30 EA per 30 days) MO |
| JANUMET XR TB24 1000MG; 50MG, 500MG; 50MG | 3 | QL (60 EA per 30 days) MO |
| JANUVIA | 3 | QL (30 EA per 30 days) MO |
| JARDIANCE TABS 25MG | 3 | QL (30 EA per 30 days) MO |
| JARDIANCE TABS 10MG | 3 | QL (60 EA per 30 days) MO |
| JENTADUETO | 3 | QL (60 EA per 30 days) MO |
| JENTADUETO XR TB24 5MG; 1000MG | 3 | QL (30 EA per 30 days) MO |
| JENTADUETO XR TB24 2.5MG; 1000MG | 3 | QL (60 EA per 30 days) MO |
| <i>metformin hydrochloride er tb24 (generic Glucophage XR) 500mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>metformin hydrochloride er tb24 750mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>metformin hydrochloride tabs 500mg</i> | 1 | QL (150 EA per 30 days) MO |
| <i>metformin hydrochloride tabs 1000mg</i> | 1 | QL (75 EA per 30 days) MO |
| <i>metformin hydrochloride tabs 850mg</i> | 1 | QL (90 EA per 30 days) MO |
| <i>miglitol</i> | 2 | QL (90 EA per 30 days) MO |
| <i>nateglinide</i> | 2 | QL (90 EA per 30 days) MO |
| OZEMPIC INJ 2MG/1.5ML (0.25MG OR 0.5MG/DOSE) | 3 | QL (1.5 ML per 28 days) MO |
| OZEMPIC INJ 2MG/1.5ML (1MG/DOSE) | 3 | QL (3 ML per 28 days) |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|----------------------------|
| OZEMPIC INJ 4MG/3ML, 8MG/3ML | 3 | QL (3 ML per 28 days) MO |
| <i>pioglitazone hcl tabs 45mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>pioglitazone hcl-glimepiride</i> | 4 | QL (30 EA per 30 days) MO |
| <i>pioglitazone hcl/metformin hcl</i> | 2 | QL (90 EA per 30 days) MO |
| <i>pioglitazone hydrochloride tabs 15mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>pioglitazone hydrochloride tabs 30mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>repaglinide tabs 0.5mg, 1mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>repaglinide tabs 2mg</i> | 2 | QL (240 EA per 30 days) MO |
| RYBELSUS | 3 | QL (30 EA per 30 days) MO |
| SYNJARDY XR TB24 25MG; 1000MG | 3 | QL (30 EA per 30 days) MO |
| SYNJARDY XR TB24 10MG; 1000MG, 12.5MG; 1000MG, 5MG; 1000MG | 3 | QL (60 EA per 30 days) MO |
| SYNJARDY TABS 5MG; 500MG | 3 | QL (120 EA per 30 days) MO |
| SYNJARDY TABS 12.5MG; 1000MG, 12.5MG; 500MG, 5MG; 1000MG | 3 | QL (60 EA per 30 days) MO |
| TRADJENTA | 3 | QL (30 EA per 30 days) MO |
| TRIJARDY XR TB24 10MG; 5MG; 1000MG, 25MG; 5MG; 1000MG | 3 | QL (30 EA per 30 days) MO |
| TRIJARDY XR TB24 12.5MG; 2.5MG; 1000MG, 5MG; 2.5MG; 1000MG | 3 | QL (60 EA per 30 days) MO |
| TRULICITY | 3 | QL (2 ML per 28 days) MO |
| VICTOZA | 3 | QL (9 ML per 30 days) MO |
| XIGDUO XR TB24 10MG; 1000MG, 10MG; 500MG | 3 | QL (30 EA per 30 days) MO |
| XIGDUO XR TB24 2.5MG; 1000MG, 5MG; 1000MG, 5MG; 500MG | 3 | QL (60 EA per 30 days) MO |
| CALCIUM REGULATORS | | |
| <i>alendronate sodium oral soln</i> | 1 | MO |
| <i>alendronate sodium tabs 10mg</i> | 1 | QL (120 EA per 30 days) MO |
| <i>alendronate sodium tabs 35mg, 70mg</i> | 1 | QL (4 EA per 28 days) MO |
| <i>calcitonin-salmon nasal spray</i> | 2 | MO |
| FORTEO | 5 | PA |
| <i>ibandronate sodium tabs</i> | 2 | QL (1 EA per 30 days) MO |
| <i>ibandronate sodium inj</i> | 4 | QL (3 ML per 90 days) MO |
| NATPARA | 5 | PA LA |
| PAMIDRONATE DISODIUM INJ 6MG/ML | 4 | |
| <i>pamidronate disodium inj 30mg/10ml, 90mg/10ml</i> | 4 | |
| PROLIA | 4 | QL (1 ML per 180 days) |
| <i>risedronate sodium dr</i> | 4 | QL (4 EA per 28 days) MO |
| <i>risedronate sodium tabs 150mg</i> | 2 | QL (1 EA per 28 days) MO |
| <i>risedronate sodium tabs 35mg</i> | 2 | QL (12 EA per 84 days) MO |
| <i>risedronate sodium tabs 30mg, 5mg</i> | 2 | QL (30 EA per 30 days) MO |
| TERIPARATIDE | 5 | PA |
| XGEVA | 5 | PA |
| <i>zoledronic acid inj 4mg/5ml, 5mg/100ml</i> | 4 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| CHELATING AGENTS | | |
| CHEMET | 4 | MO |
| <i>deferasirox granules pack, tablet soluble</i> | 5 | PA |
| <i>deferasirox tabs 90mg</i> | 3 | PA |
| <i>deferasirox tabs 180mg, 360mg</i> | 5 | PA |
| LOKELMA PACK 10GM | 3 | QL (34 EA per 30 days) MO |
| LOKELMA PACK 5GM | 3 | QL (96 EA per 30 days) MO |
| <i>penicillamine tabs</i> | 5 | |
| <i>sodium polystyrene sulfonate oral powder</i> | 2 | MO |
| <i>sps oral suspension 15gm/60ml</i> | 2 | MO |
| <i>trientine hydrochloride</i> | 5 | PA |
| VELTASSA PACK 16.8GM, 25.2GM | 3 | QL (30 EA per 30 days) MO |
| VELTASSA PACK 8.4GM | 3 | QL (90 EA per 30 days) MO |
| CONTRACEPTIVES | | |
| <i>afirmelle</i> | 2 | |
| <i>altavera</i> | 2 | |
| <i>alyacen 1/35</i> | 2 | MO |
| <i>alyacen 7/7/7</i> | 2 | |
| <i>amethia</i> | 2 | |
| <i>amethyst</i> | 2 | |
| <i>apri</i> | 2 | |
| <i>aranelle</i> | 2 | |
| <i>ashlyna</i> | 2 | |
| <i>aubra</i> | 2 | |
| <i>aubra eq</i> | 2 | |
| <i>aurovela 1.5/30</i> | 2 | |
| <i>aurovela 24 fe</i> | 2 | |
| <i>aurovela fe 1.5/30</i> | 2 | |
| <i>aurovela fe 1/20</i> | 2 | |
| <i>aviane</i> | 2 | |
| <i>ayuna</i> | 2 | |
| <i>balziva</i> | 2 | |
| <i>blisovi 24 fe</i> | 2 | MO |
| <i>blisovi fe 1.5/30</i> | 2 | MO |
| <i>blisovi fe 1/20</i> | 2 | |
| <i>briellyn</i> | 2 | |
| <i>camila</i> | 2 | MO |
| <i>caziant</i> | 2 | |
| <i>charlotte 24 fe</i> | 2 | |
| <i>chateal</i> | 2 | |
| <i>chateal eq</i> | 2 | |
| <i>cryselle-28</i> | 2 | MO |
| <i>cyred</i> | 2 | |
| <i>cyred eq</i> | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>dasetta 1/35</i> | 2 | |
| <i>dasetta 7/7/7</i> | 2 | |
| <i>daysee</i> | 2 | |
| <i>deblitane</i> | 2 | |
| <i>delyla</i> | 2 | |
| <i>desogestrel/ethinyl estradiol</i> | 2 | MO |
| <i>dolishale</i> | 2 | |
| <i>drospirenone/ethinyl estradiol</i> | 2 | MO |
| <i>drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg;2</i> | | MO |
| <i>0.03mg; 0.45 1mg</i> | | |
| <i>elinest</i> | 2 | |
| <i>eluryng</i> | 4 | |
| <i>emoquette</i> | 2 | |
| <i>enpresse-28</i> | 2 | |
| <i>enskyce</i> | 2 | MO |
| <i>errin</i> | 2 | MO |
| <i>estarylla</i> | 2 | MO |
| <i>ethynodiol diacetate/ethinyl estradiol</i> | 2 | MO |
| <i>falmina</i> | 2 | |
| <i>fayosim</i> | 2 | |
| <i>femynor</i> | 2 | |
| GIANVI | 3 | |
| <i>hailey 1.5/30</i> | 2 | MO |
| <i>hailey 24 fe</i> | 2 | |
| <i>hailey fe 1.5/30</i> | 2 | |
| <i>hailey fe 1/20</i> | 2 | |
| <i>heather</i> | 2 | |
| <i>iclevia</i> | 2 | |
| <i>incassia</i> | 2 | |
| <i>introvale</i> | 2 | |
| <i>isibloom</i> | 2 | |
| <i>jaimiess</i> | 2 | MO |
| <i>jasmiel</i> | 2 | |
| <i>jencycla</i> | 2 | |
| JOLESSA | 3 | |
| <i>juleber</i> | 2 | |
| <i>junel 1.5/30</i> | 2 | |
| <i>junel 1/20</i> | 2 | |
| <i>junel fe 1.5/30</i> | 2 | MO |
| <i>junel fe 1/20</i> | 2 | MO |
| <i>junel fe 24</i> | 2 | |
| <i>kaitlib fe</i> | 2 | MO |
| <i>kalliga</i> | 2 | |
| <i>kariva</i> | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| <i>kelnor 1/35</i> | 2 | MO |
| <i>kelnor 1/50</i> | 2 | MO |
| <i>kurvelo</i> | 2 | |
| <i>larin 1.5/30</i> | 2 | |
| <i>larin 1/20</i> | 2 | |
| <i>larin 24 fe</i> | 2 | |
| <i>larin fe 1.5/30</i> | 2 | |
| <i>larin fe 1/20</i> | 2 | |
| <i>larissia</i> | 2 | |
| LEENA | 3 | MO |
| <i>lessina</i> | 2 | |
| <i>levonest</i> | 2 | |
| <i>levonorgestrel/ethinyl estradiol</i> | 2 | MO |
| <i>levora 0.15/30-28</i> | 2 | |
| <i>lillow</i> | 2 | |
| <i>lo-zumandimine</i> | 2 | |
| <i>loestrin 1.5/30-21</i> | 2 | |
| <i>loestrin 1/20-21</i> | 2 | |
| <i>loestrin fe 1.5/30</i> | 2 | |
| <i>loestrin fe 1/20</i> | 2 | |
| <i>lojaimiess</i> | 2 | MO |
| <i>loryna</i> | 2 | |
| <i>low-ogestrel</i> | 2 | |
| <i>lutra</i> | 2 | MO |
| <i>lyleq</i> | 2 | |
| <i>lyza</i> | 2 | |
| <i>marlissa</i> | 2 | MO |
| <i>medroxyprogesterone acetate inj 150mg/ml</i> | 4 | MO |
| MICROGESTIN 1.5/30 | 3 | |
| MICROGESTIN 1/20 | 3 | |
| <i>microgestin 24 fe</i> | 2 | |
| MICROGESTIN FE 1.5/30 | 3 | |
| MICROGESTIN FE 1/20 | 3 | |
| <i>mili</i> | 2 | |
| <i>mono-linyah</i> | 2 | |
| <i>necon 0.5/35-28</i> | 2 | |
| <i>nikki</i> | 2 | |
| NORA-BE | 3 | |
| <i>norethindrone tabs 0.35mg</i> | 2 | MO |
| <i>norethindrone & ethinyl estradiol ferrous fumarate chew tabs 25mcg; 75mg; 0.8mg</i> | 2 | MO |
| <i>norethindrone acetate/ethinyl estradiol/ferrous fumarate tabs 20mcg; 75mg; 1mg, 30mcg; 75mg; 1.5mg, chew tabs 20mcg; 75mg; 1mg</i> | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|----------------------------|
| <i>norethindrone acetate/ethinyl estradiol tabs 20mcg; 1mg, 30mcg; 1.5mg</i> | 2 | MO |
| <i>norethindrone/ethinyl estradiol/ferrous fumarate chew tabs 35mcg; 75mg; 0.4mg</i> | 2 | MO |
| <i>norgestimate/ethinyl estradiol</i> | 2 | MO |
| <i>norlyda</i> | 2 | |
| <i>norlyroc</i> | 2 | |
| <i>nortrel 0.5/35 (28)</i> | 2 | MO |
| <i>nortrel 1/35 28-day regimen</i> | 2 | |
| <i>nortrel 1/35 21-day regimen</i> | 2 | MO |
| <i>nortrel 7/7/7</i> | 2 | |
| <i>nylia 1/35</i> | 2 | |
| <i>nylia 7/7/7</i> | 2 | MO |
| <i>nymyo</i> | 2 | |
| OCELLA | 3 | |
| <i>orsythia</i> | 2 | |
| <i>philith</i> | 2 | |
| <i>pimtrea</i> | 2 | |
| <i>pirmella 1/35</i> | 2 | MO |
| <i>pirmella 7/7/7</i> | 2 | MO |
| <i>portia-28</i> | 2 | |
| <i>previfem</i> | 2 | |
| <i>reclipsen</i> | 2 | |
| <i>setlakin</i> | 2 | |
| <i>sharobel</i> | 2 | |
| <i>simliya</i> | 2 | |
| <i>simpesse</i> | 2 | |
| <i>sprintec 28</i> | 2 | |
| <i>sronyx</i> | 2 | MO |
| <i>syeda</i> | 2 | |
| <i>tarina 24 fe</i> | 2 | |
| <i>tarina fe 1/20</i> | 2 | |
| <i>tarina fe 1/20 eq</i> | 2 | |
| TILIA FE | 3 | |
| <i>tri femynor</i> | 2 | |
| <i>tri-legest fe</i> | 2 | MO |
| <i>tri-linyah</i> | 2 | |
| <i>tri-lo-estarylla</i> | 2 | |
| <i>tri-lo-marzia</i> | 2 | |
| <i>tri-lo-mili</i> | 2 | |
| <i>tri-lo-sprintec</i> | 2 | MO |
| <i>tri-mili</i> | 2 | |
| <i>tri-nymyo</i> | 2 | |
| <i>tri-sprintec</i> | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|--------------------------|
| <i>tri-vylibra</i> | 2 | |
| <i>tri-vylibra lo</i> | 2 | |
| <i>trivora-28</i> | 2 | MO |
| <i>tydemy</i> | 2 | |
| <i>velivet</i> | 2 | MO |
| <i>vestura</i> | 2 | MO |
| <i>vienva</i> | 2 | |
| <i>viorele</i> | 2 | MO |
| <i>volnea</i> | 2 | |
| <i>vyfemla</i> | 2 | MO |
| <i>vylibra</i> | 2 | |
| <i>wera</i> | 2 | |
| <i>wymzya fe</i> | 2 | |
| <i>zovia 1/35</i> | 2 | |
| <i>zumandimine</i> | 2 | |
| ENDOMETRIOSIS | | |
| <i>danazol</i> | 4 | MO |
| SYNAREL | 5 | MO |
| ESTROGENS | | |
| <i>amabelz</i> | 4 | MO |
| DELESTROGEN INJ 10MG/ML | 4 | MO |
| <i>dotti</i> | 4 | QL (8 EA per 28 days) MO |
| <i>estradiol valerate inj</i> | 4 | MO |
| <i>estradiol/norethindrone acetate</i> | 4 | MO |
| <i>estradiol oral tabs</i> | 2 | MO |
| <i>estradiol vaginal cream, vaginal tabs</i> | 4 | MO |
| <i>estradiol patch weekly</i> | 4 | QL (4 EA per 28 days) MO |
| <i>estradiol patch twice weekly</i> | 4 | QL (8 EA per 28 days) MO |
| <i>fyavolv</i> | 2 | MO |
| <i>jinteli</i> | 2 | |
| <i>lyllana</i> | 4 | QL (8 EA per 28 days) |
| <i>mimvey</i> | 4 | |
| <i>norethindrone acetate/ethinyl estradiol tabs 2.5mcg; 0.5mg, 5mcg; 1mg</i> | 2 | MO |
| <i>yuvafem</i> | 4 | |
| GLUCOCORTICOIDS | | |
| DEXAMETHASONE INTENSOL | 4 | MO |
| <i>dexamethasone sodium phosphate inj vial 10mg/ml</i> | 4 | |
| <i>dexamethasone sodium phosphate inj vial 100mg/10ml, 10mg/ml pf, 120mg/30ml, 20mg/5ml, 4mg/ml</i> | 4 | MO |
| <i>dexamethasone tabs, oral soln, oral elixir</i> | 4 | MO |
| <i>fludrocortisone acetate</i> | 2 | MO |
| <i>hydrocortisone tabs 10mg, 20mg, 5mg</i> | 2 | MO |
| <i>methylprednisolone acetate inj</i> | 4 | B/D MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------|
| <i>methylprednisolone dose pack</i> | 2 | MO |
| <i>methylprednisolone sodium succinate 1000mg</i> | 4 | B/D MO |
| <i>methylprednisolone sodium succinate inj 40mg, 125mg</i> | 4 | B/D MO |
| <i>methylprednisolone tabs</i> | 2 | B/D MO |
| <i>prednisolone sodium phosphate oral soln 10mg/5ml, 15mg/5ml, 20mg/5ml</i> | 2 | B/D MO |
| <i>prednisolone sodium phosphate oral soln 25mg/5ml, 5mg/5ml</i> | 4 | B/D MO |
| PREDNISON INTENSOL | 4 | B/D MO |
| <i>prednisone tabs</i> | 1 | B/D MO |
| <i>prednisone therapy pack</i> | 2 | MO |
| <i>prednisone soln</i> | 4 | B/D MO |
| SOLU-CORTEF INJ 1000MG | 4 | |
| SOLU-CORTEF INJ 100MG, 250MG, 500MG | 4 | MO |
| <i>triamcinolone acetonide inj 40mg/ml</i> | 4 | MO |
| GLUCOSE ELEVATING AGENTS | | |
| <i>diazoxide</i> | 4 | MO |
| GVOKE HYPOPEN 1-PACK | 3 | MO |
| GVOKE HYPOPEN 2-PACK | 3 | MO |
| GVOKE KIT | 3 | |
| GVOKE PFS | 3 | MO |
| MISCELLANEOUS | | |
| <i>acetylcysteine inj 200mg/ml</i> | 4 | |
| <i>betaine anhydrous</i> | 5 | LA MO |
| <i>cabergoline</i> | 2 | MO |
| <i>carglumic acid</i> | 5 | PA LA MO |
| CERDELGA | 5 | PA LA |
| <i>cinacalcet hydrochloride tabs 30mg</i> | 4 | QL (60 EA per 30 days) |
| <i>cinacalcet hydrochloride tabs 90mg</i> | 5 | QL (120 EA per 30 days) |
| <i>cinacalcet hydrochloride tabs 60mg</i> | 5 | QL (60 EA per 30 days) |
| CYSTAGON | 4 | PA LA |
| <i>desmopressin acetate tabs</i> | 2 | MO |
| <i>desmopressin acetate inj, nasal soln</i> | 4 | MO |
| <i>fomepizole</i> | 5 | |
| GENOTROPIN CARTRIDGE 12MG, 5MG | 5 | PA |
| GENOTROPIN MINIQUICK INJ 0.2MG | 3 | PA |
| GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG | 5 | PA |
| INCRELEX | 5 | PA LA |
| KORLYM | 5 | PA LA |
| LEVOCARNITINE TABS | 4 | MO |
| <i>levocarnitine soln</i> | 4 | MO |
| <i>methergine</i> | 4 | |
| <i>methylergonovine maleate</i> | 5 | MO |
| <i>nitisinone</i> | 5 | PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>octreotide acetate</i> | 4 | PA |
| <i>raloxifene hydrochloride</i> | 2 | MO |
| SANDOSTATIN LAR DEPOT | 5 | PA |
| <i>sapropterin dihydrochloride</i> | 5 | PA |
| SIGNIFOR INJ 0.3MG/ML, 0.6MG/ML, 0.9MG/ML | 5 | PA LA |
| <i>sodium phenylbutyrate</i> | 5 | PA |
| SOMATULINE DEPOT | 5 | PA LA |
| SOMAVERT | 5 | PA LA |
| PHOSPHATE BINDER AGENTS | | |
| <i>calcium acetate</i> | 2 | QL (360 EA per 30 days) MO |
| <i>lanthanum carbonate</i> | 4 | MO |
| RENVELA TABS | 3 | QL (540 EA per 30 days) MO |
| RENVELA PACK 2.4GM | 3 | QL (180 EA per 30 days) MO |
| RENVELA PACK 0.8GM | 3 | QL (540 EA per 30 days) MO |
| VELPHORO | 4 | QL (180 EA per 30 days) MO |
| PROGESTINS | | |
| <i>medroxyprogesterone acetate tabs 10mg, 2.5mg, 5mg</i> | 1 | MO |
| <i>megestrol acetate susp 40mg/ml, 625mg/5ml</i> | 4 | MO |
| <i>norethindrone acetate tabs 5mg</i> | 2 | MO |
| <i>progesterone caps</i> | 2 | MO |
| <i>progesterone inj</i> | 4 | MO |
| THYROID AGENTS | | |
| <i>euthyrox</i> | 1 | MO |
| <i>levothyroxine sodium tabs</i> | 1 | MO |
| <i>liothyronine sodium tabs</i> | 2 | MO |
| <i>liothyronine sodium inj</i> | 5 | |
| <i>methimazole</i> | 1 | MO |
| <i>propylthiouracil</i> | 2 | MO |
| SYNTHROID | 4 | MO |
| UNITHROID | 4 | |
| VITAMIN D ANALOGS | | |
| <i>calcitriol caps</i> | 2 | MO |
| <i>calcitriol inj</i> | 4 | |
| <i>calcitriol oral soln</i> | 4 | MO |
| <i>doxercalciferol inj</i> | 4 | |
| <i>paricalcitol caps 1mcg, 4mcg</i> | 2 | MO |
| <i>paricalcitol caps 2mcg</i> | 4 | MO |
| <i>paricalcitol inj</i> | 4 | MO |
| RAYALDEE | 5 | MO |
| GASTROINTESTINAL | | |
| ANTIEMETICS | | |
| <i>aprepitant</i> | 4 | B/D MO |
| <i>compro</i> | 4 | MO |
| <i>dronabinol</i> | 4 | QL (60 EA per 30 days) PA MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|--------------------------------|
| EMEND ORAL SUSP | 4 | B/D MO |
| <i>granisetron hydrochloride tabs</i> | 2 | QL (60 EA per 30 days) B/D MO |
| <i>meclizine hcl</i> | 2 | PA MO |
| <i>metoclopramide hcl tabs 5mg</i> | 2 | MO |
| <i>metoclopramide hcl inj, oral soln</i> | 4 | MO |
| <i>metoclopramide hydrochloride tabs 10mg</i> | 2 | MO |
| <i>metoclopramide odt tabs 5mg</i> | 2 | MO |
| <i>ondansetron hcl tabs 24mg</i> | 2 | B/D |
| <i>ondansetron hcl oral soln</i> | 2 | QL (900 ML per 30 days) B/D MO |
| <i>ondansetron hcl tabs 4mg, 8mg</i> | 2 | B/D MO |
| <i>ondansetron hydrochloride inj</i> | 4 | MO |
| <i>ondansetron odt</i> | 2 | B/D MO |
| <i>prochlorperazine edisylate inj</i> | 4 | MO |
| <i>prochlorperazine maleate tabs</i> | 2 | MO |
| <i>prochlorperazine rectal supp</i> | 4 | MO |
| <i>promethazine hcl plain oral syrup</i> | 4 | PA MO |
| <i>promethazine hcl tabs</i> | 2 | PA MO |
| <i>promethazine hcl inj, supp</i> | 4 | PA MO |
| <i>promethazine hydrochloride tabs 25mg, 50mg</i> | 2 | PA MO |
| <i>promethegan supp 12.5mg, 25mg</i> | 4 | PA |
| <i>promethegan supp 50mg</i> | 4 | PA MO |
| <i>scopolamine</i> | 4 | QL (10 EA per 30 days) PA MO |
| <i>trimethobenzamide hydrochloride</i> | 4 | PA MO |
| ANTISPASMODICS | | |
| <i>dicyclomine hcl oral soln</i> | 4 | PA MO |
| <i>dicyclomine hydrochloride caps, tabs</i> | 2 | PA MO |
| <i>dicyclomine hydrochloride inj</i> | 4 | PA MO |
| <i>glycopyrrolate tabs</i> | 2 | MO |
| <i>glycopyrrolate vial inj 0.4mg/2ml</i> | 4 | |
| <i>glycopyrrolate vial inj 0.2mg/ml, 1mg/5ml, 4mg/20ml</i> | 4 | MO |
| <i>methscopolamine bromide</i> | 4 | PA MO |
| H2-RECEPTOR ANTAGONISTS | | |
| <i>cimetidine hydrochloride oral soln</i> | 4 | MO |
| <i>cimetidine tabs</i> | 4 | MO |
| <i>famotidine premixed inj</i> | 4 | |
| <i>famotidine tabs</i> | 1 | MO |
| <i>famotidine inj</i> | 4 | |
| <i>famotidine oral susp</i> | 4 | MO |
| <i>nizatidine soln</i> | 2 | MO |
| <i>nizatidine caps</i> | 4 | MO |
| INFLAMMATORY BOWEL DISEASE | | |
| <i>balsalazide disodium</i> | 4 | MO |
| <i>budesonide er tabs 9mg</i> | 4 | MO |
| <i>budesonide dr caps 3mg</i> | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>hydrocortisone enem 100mg/60ml</i> | 2 | MO |
| <i>mesalamine dr caps 400mg, dr tabs 1.2gm, 800mg</i> | 4 | MO |
| <i>mesalamine supp</i> | 2 | MO |
| <i>mesalamine kit</i> | 4 | MO |
| <i>mesalamine enem</i> | 4 | QL (1680 ML per 28 days) MO |
| <i>sulfasalazine</i> | 2 | MO |
| LAXATIVES | | |
| CLENPIQ | 4 | MO |
| <i>constulose</i> | 2 | |
| <i>enulose</i> | 2 | MO |
| <i>gavilyte-c</i> | 2 | MO |
| <i>gavilyte-g</i> | 2 | MO |
| <i>gavilyte-n/flavor pack</i> | 2 | |
| <i>generlac</i> | 2 | |
| KRISTALOSE | 4 | PA MO |
| <i>lactulose oral soln 10gm/15ml</i> | 2 | MO |
| <i>peg-3350/electrolytes</i> | 2 | MO |
| <i>peg-3350/nacl/na bicarbonate/kcl</i> | 2 | MO |
| PLENVU | 4 | MO |
| SUPREP BOWEL PREP KIT | 4 | MO |
| SUTAB | 4 | MO |
| MISCELLANEOUS | | |
| <i>alosetron hydrochloride</i> | 5 | QL (60 EA per 30 days) PA MO |
| <i>cromolyn sodium oral conc 100mg/5ml</i> | 4 | MO |
| <i>diphenoxylate hydrochloride/atropine sulfate tabs</i> | 2 | MO |
| <i>diphenoxylate/atropine oral liquid</i> | 4 | MO |
| GATTEX | 5 | PA LA |
| LINZESS | 4 | QL (30 EA per 30 days) MO |
| <i>loperamide hcl</i> | 2 | MO |
| <i>misoprostol</i> | 2 | MO |
| MOVANTIK TABS 25MG | 3 | QL (30 EA per 30 days) MO |
| MOVANTIK TABS 12.5MG | 3 | QL (60 EA per 30 days) MO |
| <i>sucrafate tabs</i> | 2 | MO |
| <i>ursodiol caps 300mg</i> | 2 | MO |
| <i>ursodiol tabs</i> | 4 | MO |
| XERMELO | 5 | QL (84 EA per 28 days) PA LA |
| XIFAXAN | 5 | PA MO |
| PANCREATIC ENZYMES | | |
| CREON | 3 | MO |
| ZENPEP | 4 | MO |
| PROTON PUMP INHIBITORS | | |
| <i>dexlansoprazole</i> | 4 | QL (30 EA per 30 days) MO |
| <i>esomeprazole magnesium caps</i> | 2 | QL (30 EA per 30 days) MO |
| <i>esomeprazole sodium inj</i> | 2 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|------------------------------|
| <i>lansoprazole cpdr 15mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>lansoprazole cpdr 30mg</i> | 2 | QL (42 EA per 30 days) MO |
| <i>omeprazole cpdr 10mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>omeprazole cpdr 20mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>omeprazole cpdr 40mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>pantoprazole sodium inj</i> | 4 | |
| <i>pantoprazole sodium tbec 20mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>pantoprazole sodium tbec 40mg</i> | 1 | QL (60 EA per 30 days) MO |
| <i>rabeprazole sodium</i> | 2 | QL (30 EA per 30 days) MO |
| GENITOURINARY | | |
| BENIGN PROSTATIC HYPERPLASIA | | |
| <i>alfuzosin hcl er</i> | 2 | QL (30 EA per 30 days) MO |
| <i>dutasteride</i> | 2 | QL (30 EA per 30 days) MO |
| <i>dutasteride/tamsulosin hydrochloride</i> | 4 | QL (30 EA per 30 days) MO |
| <i>finasteride</i> | 1 | QL (30 EA per 30 days) MO |
| <i>silodosin caps 8mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>silodosin caps 4mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>tamsulosin hydrochloride</i> | 2 | QL (60 EA per 30 days) MO |
| MISCELLANEOUS | | |
| <i>acetic acid 0.25% irrigation soln</i> | 2 | MO |
| <i>bethanechol chloride</i> | 2 | MO |
| <i>potassium citrate er tbc 5meq (540mg)</i> | 2 | MO |
| <i>potassium citrate er tbc 10meq (1080mg), 15meq (1620mg)</i> | 4 | MO |
| URINARY ANTISPASMODICS | | |
| GEMTESA | 4 | QL (30 EA per 30 days) MO |
| MYRBETRIQ TB24 | 4 | QL (30 EA per 30 days) MO |
| MYRBETRIQ ORAL SUSP | 4 | QL (300 ML per 28 days) MO |
| <i>oxybutynin chloride er tb24 5mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>oxybutynin chloride er tb24 10mg, 15mg</i> | 2 | QL (60 EA per 30 days) MO |
| <i>oxybutynin chloride immediate release tabs 5mg</i> | 2 | QL (120 EA per 30 days) MO |
| <i>oxybutynin chloride syrp</i> | 2 | QL (600 ML per 30 days) MO |
| <i>solifenacin succinate</i> | 4 | QL (30 EA per 30 days) ST MO |
| <i>tolterodine tartrate er caps</i> | 4 | QL (30 EA per 30 days) ST MO |
| <i>tolterodine tartrate tabs</i> | 2 | QL (60 EA per 30 days) ST MO |
| <i>trospium chloride er caps</i> | 4 | QL (30 EA per 30 days) MO |
| <i>trospium chloride tab</i> | 2 | QL (60 EA per 30 days) MO |
| VAGINAL ANTI-INFECTIVES | | |
| <i>clindamycin phosphate vaginal cre 2%</i> | 4 | MO |
| <i>metronidazole vaginal</i> | 4 | MO |
| <i>miconazole 3</i> | 2 | MO |
| <i>terconazole vaginal crea</i> | 2 | MO |
| <i>terconazole vaginal supp</i> | 4 | MO |
| HEMATOLOGIC | | |
| ANTICOAGULANTS | | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------------|
| ELIQUIS STARTER PACK | 3 | QL (74 EA per 30 days) MO |
| ELIQUIS TABS 2.5MG | 3 | QL (60 EA per 30 days) MO |
| ELIQUIS TABS 5MG | 3 | QL (74 EA per 30 days) MO |
| <i>enoxaparin sodium</i> | 4 | MO |
| <i>fondaparinux sodium</i> | 4 | MO |
| <i>heparin sodium inj 10000unit/ml, 1000unit/ml, 20000unit/ml, 5000unit/0.5ml pf, 5000units/ml</i> | 2 | MO |
| HEPARIN SODIUM/DEXTROSE | 4 | |
| HEPARIN SODIUM/NACL 0.45% | 4 | |
| <i>jantoven</i> | 1 | MO |
| <i>warfarin sodium</i> | 1 | MO |
| XARELTO STARTER PACK | 3 | QL (51 EA per 30 days) MO |
| XARELTO ORAL SUSP | 3 | QL (620 ML per 30 days) MO |
| XARELTO TABS 10MG, 15MG, 20MG | 3 | QL (30 EA per 30 days) MO |
| XARELTO TABS 2.5MG | 3 | QL (60 EA per 30 days) MO |
| HEMATOPOIETIC GROWTH FACTORS | | |
| PROCRIT INJ 10000UNIT/ML, 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML | 3 | PA |
| PROCRIT INJ 20000UNIT/ML, 40000UNIT/ML | 5 | PA |
| ZARXIO | 5 | PA |
| MISCELLANEOUS | | |
| <i>anagrelide hydrochloride</i> | 2 | MO |
| BERINERT | 5 | QL (24 EA per 30 days) PA LA |
| <i>cilostazol</i> | 2 | MO |
| DOPTELET | 5 | QL (60 EA per 30 days) PA LA |
| DROXIA | 3 | MO |
| HAEGARDA INJ 3000UNIT | 5 | QL (20 EA per 30 days) PA LA |
| HAEGARDA INJ 2000UNIT | 5 | QL (30 EA per 30 days) PA LA |
| <i>icatibant acetate</i> | 5 | QL (27 ML per 30 days) PA |
| <i>pentoxifylline er</i> | 2 | MO |
| PROMACTA PACK 25MG | 5 | QL (180 EA per 30 days) PA LA |
| PROMACTA PACK 12.5MG | 5 | QL (360 EA per 30 days) PA LA |
| PROMACTA TABS 12.5MG, 25MG | 5 | QL (30 EA per 30 days) PA LA |
| PROMACTA TABS 50MG, 75MG | 5 | QL (60 EA per 30 days) PA LA |
| <i>sajazir</i> | 5 | QL (27 ML per 30 days) PA LA MO |
| <i>tranexamic acid tabs</i> | 2 | QL (30 EA per 30 days) MO |
| <i>tranexamic acid inj</i> | 4 | |
| PLATELET AGGREGATION INHIBITORS | | |
| <i>aspirin/dipyridamole er</i> | 4 | QL (60 EA per 30 days) MO |
| BRILINTA | 4 | MO |
| <i>clopidogrel tabs 75mg</i> | 1 | QL (30 EA per 30 days) MO |
| <i>clopidogrel tabs 300mg</i> | 2 | QL (2 EA per 365 days) MO |
| <i>dipyridamole</i> | 2 | PA MO |
| <i>prasugrel</i> | 2 | MO |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|-----------------------------|
| IMMUNOLOGIC AGENTS | | |
| <i>AUTOIMMUNE AGENTS</i> | | |
| DUPIXENT INJ 100MG/0.67ML | 5 | QL (1.34 ML per 28 days) PA |
| DUPIXENT INJ 200MG/1.14ML | 5 | QL (4.56 ML per 28 days) PA |
| DUPIXENT INJ 300MG/2ML | 5 | QL (8 ML per 28 days) PA |
| ENBREL MINI | 5 | QL (8 ML per 28 days) PA |
| ENBREL SURECLICK | 5 | QL (8 ML per 28 days) PA |
| ENBREL INJ VIAL 25MG/ML | 5 | QL (8 EA per 28 days) PA |
| ENBREL INJ 25MG/0.5ML, 50MG/ML | 5 | QL (8 ML per 28 days) PA |
| HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK | 5 | PA |
| HUMIRA PEN-CD/UC/HS STARTER | 5 | PA |
| HUMIRA PEN-PEDIATRIC UC STARTER PACK | 5 | PA |
| HUMIRA PEN-PS/UV STARTER | 5 | PA |
| HUMIRA PEN INJ 80MG/0.8ML | 5 | PA |
| HUMIRA PEN INJ 40MG/0.4ML, 40MG/0.8ML | 5 | QL (6 EA per 28 days) PA |
| HUMIRA INJ 10MG/0.1ML, 20MG/0.2ML | 5 | QL (2 EA per 28 days) PA |
| HUMIRA INJ 40MG/0.4ML, 40MG/0.8ML | 5 | QL (6 EA per 28 days) PA |
| OTEZLA TABLET THERAPY PACK | 5 | QL (110 EA per 365 days) PA |
| OTEZLA TABS | 5 | QL (60 EA per 30 days) PA |
| RINVOQ | 5 | QL (30 EA per 30 days) PA |
| SKYRIZI INJ PREFILLED SYRINGE 150MG/ML | 5 | QL (6 ML per 365 days) PA |
| SKYRIZI PEN | 5 | QL (6 ML per 365 days) PA |
| TALTZ | 5 | QL (3 ML per 28 days) PA LA |
| XELJANZ XR | 5 | QL (30 EA per 30 days) PA |
| XELJANZ ORAL SOLN | 5 | QL (480 ML per 24 days) PA |
| XELJANZ TABS | 5 | QL (60 EA per 30 days) PA |
| <i>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</i> | | |
| <i>hydroxychloroquine sulfate tabs 200mg</i> | 2 | MO |
| <i>leflunomide</i> | 2 | QL (30 EA per 30 days) MO |
| <i>methotrexate sodium tabs 2.5mg</i> | 2 | MO |
| XATMEP | 4 | MO |
| <i>IMMUNOGLOBULINS</i> | | |
| BIVIGAM | 5 | PA LA |
| FLEBOGAMMA DIF | 5 | PA |
| GAMASTAN | 3 | B/D LA |
| GAMMAKED | 5 | PA |
| GAMMAPLEX | 5 | PA LA |
| OCTAGAM 10GM, 2GM, 20GM, 2.5GM, 25GM, 30GM, 5GM | 5 | PA |
| PRIVIGEN | 5 | PA |
| <i>IMMUNOMODULATORS</i> | | |
| ACTIMMUNE | 5 | PA LA |

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| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| ARCALYST | 5 | PA LA |
| INTRON A | 5 | LA |
| IMMUNOSUPPRESSANTS | | |
| AZATHIOPRINE INJ | 4 | B/D |
| <i>azathioprine tabs 50mg</i> | 2 | B/D MO |
| BENLYSTA | 5 | PA LA |
| <i>cyclosporine</i> | 4 | B/D MO |
| <i>cyclosporine modified</i> | 4 | B/D MO |
| <i>everolimus tabs 0.25mg</i> | 4 | B/D MO |
| <i>everolimus tabs 0.5mg, 0.75mg, 1mg</i> | 5 | B/D MO |
| <i>engraft caps</i> | 4 | B/D |
| <i>engraft soln</i> | 4 | B/D MO |
| <i>mycophenolate mofetil caps, tabs</i> | 2 | B/D MO |
| <i>mycophenolate mofetil inj</i> | 4 | B/D MO |
| <i>mycophenolate mofetil oral susp</i> | 5 | B/D MO |
| <i>mycophenolic acid tabs dr</i> | 4 | B/D MO |
| PROGRAF GRANULES | 4 | B/D MO |
| REZUROCK | 4 | QL (30 EA per 30 days) PA LA MO |
| SANDIMMUNE ORAL SOLN | 4 | B/D MO |
| <i>sirolimus tabs</i> | 4 | B/D MO |
| <i>sirolimus soln</i> | 5 | B/D MO |
| <i>tacrolimus caps 0.5mg, 1mg</i> | 2 | B/D MO |
| <i>tacrolimus caps 5mg</i> | 4 | B/D MO |
| VACCINES | | |
| ACTHIB | 3 | |
| ADACEL | 3 | |
| BCG VACCINE | 4 | |
| BEXSERO | 4 | |
| BOOSTRIX | 3 | |
| DAPTACEL | 3 | |
| DENGVAXIA | 3 | |
| DIPHThERIA/TETANUS TOXOIDS ADSORBED | 3 | B/D |
| PEDIATRIC | | |
| ENGERIX-B | 3 | B/D |
| GARDASIL 9 | 4 | |
| HAVRIX | 3 | |
| HIBERIX | 3 | |
| IMOVAX RABIES (H.D.C.V.) | 4 | B/D |
| INFANRIX | 3 | |
| IPOL INACTIVATED IPV | 3 | |
| IXIARO | 4 | |
| KINRIX | 3 | |
| M-M-R II | 3 | |
| MENACTRA | 4 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------|
| MENQUADFI | 4 | |
| MENVEO | 3 | |
| PEDIARIX | 3 | |
| PEDVAX HIB | 3 | |
| PENTACEL | 3 | |
| PREHEVBRIO | 3 | B/D |
| PROQUAD | 3 | |
| QUADRACEL | 3 | |
| RABAVERT | 4 | B/D |
| RECOMBIVAX HB | 3 | B/D |
| ROTARIX | 3 | |
| ROTATEQ | 3 | |
| SHINGRIX | 3 | QL (2 EA per 999 days) |
| STAMARIL | 4 | |
| TDVAX | 3 | B/D |
| TENIVAC | 3 | B/D |
| TICOVAC | 3 | |
| TRUMENBA | 3 | |
| TWINRIX | 3 | |
| TYPHIM VI | 3 | |
| VAQTA | 3 | |
| VARIVAX | 3 | |
| YF-VAX | 4 | |
| NUTRITIONAL/SUPPLEMENTS | | |
| <i>ELECTROLYTES/MINERALS, INJECTABLE</i> | | |
| DEXTROSE 10%/NACL 0.45% | 4 | |
| DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX | 4 | |
| DEXTROSE 10%/NACL 0.2% | 4 | |
| DEXTROSE 2.5%/NACL 0.45% | 4 | |
| DEXTROSE 5%/LACTATED RINGERS | 4 | |
| DEXTROSE 5%/NACL 0.2% | 4 | |
| <i>dextrose 5%/nacl 0.3%</i> | 4 | |
| DEXTROSE 5%/NACL 0.33% | 4 | |
| DEXTROSE 5%/NACL 0.45% | 4 | |
| DEXTROSE 5%/NACL 0.9% | 4 | MO |
| DEXTROSE 5%/NACL 0.225% | 4 | |
| ISOLYTE-P/DEXTROSE 5% | 4 | |
| ISOLYTE-S | 4 | B/D |
| ISOLYTE-S PH 7.4 | 4 | B/D |
| KCL 0.075%/D5W/NACL 0.45% | 4 | |
| KCL 0.15%/D5W/NACL 0.2% | 4 | |
| KCL 0.15%/D5W/NACL 0.45% | 4 | |
| KCL 0.15%/D5W/NACL 0.9% | 4 | |
| KCL 0.3%/D5W/NACL 0.45% | 4 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------|
| KCL 0.3%/D5W/NAACL 0.9% | 4 | |
| <i>lactated ringers</i> | 4 | |
| MAGNESIUM SULFATE INJ 20GM/500ML, 40GM/1000ML, 4GM/50ML | 3 | |
| <i>magnesium sulfate inj 2gm/50ml, 4gm/100ml, 50%</i> | 4 | |
| PLASMA-LYTE A | 4 | |
| PLASMA-LYTE-148 | 4 | |
| POTASSIUM CHLORIDE/DEXTROSE | 4 | |
| POTASSIUM CHLORIDE/DEXTROSE/SODIUM CHLORIDE | 4 | |
| POTASSIUM CHLORIDE/SODIUM CHLORIDE INJ 40MEQ/L; 0.9% | 4 | |
| <i>potassium chloride/sodium chloride inj 20meq/l; 0.45%</i> | 4 | |
| <i>potassium chloride/sodium chloride inj 20meq/l; 0.9%</i> | 4 | MO |
| POTASSIUM CHLORIDE INJ 0.4MEQ/ML, 10MEQ/100ML, 10MEQ/50ML, 20MEQ/100ML, 40MEQ/100ML | 4 | |
| <i>potassium chloride inj 2meq/ml</i> | 4 | MO |
| <i>sodium bicarbonate inj 4.2%</i> | 4 | |
| <i>sodium bicarbonate inj 8.4%</i> | 4 | MO |
| <i>sodium chloride 0.45%</i> | 4 | |
| SODIUM CHLORIDE INJ 2.5MEQ/ML, 5% | 4 | MO |
| <i>sodium chloride inj 0.9%, 3%, 4meq/ml</i> | 4 | MO |
| TPN ELECTROLYTES | 4 | B/D |
| ELECTROLYTES/MINERALS/VITAMINS, ORAL | | |
| <i>adc/fluoride drops</i> | 4 | MO |
| <i>effer-k tbef 25meq</i> | 2 | MO |
| <i>fluoride chew</i> | 4 | MO |
| <i>klor-con 10</i> | 2 | |
| <i>klor-con 20meq powder packet</i> | 4 | |
| <i>klor-con 8</i> | 2 | |
| <i>klor-con m10</i> | 2 | MO |
| <i>klor-con m15</i> | 2 | MO |
| <i>klor-con m20</i> | 2 | MO |
| <i>klor-con/ef 25meq</i> | 2 | MO |
| M-NATAL PLUS | 3 | MO |
| <i>multi-vitamin/fluoride chew</i> | 4 | MO |
| <i>multi-vitamin/fluoride drops</i> | 4 | MO |
| <i>multi-vitamin/fluoride/iron drops</i> | 4 | MO |
| NEONATAL PLUS | 3 | MO |
| NIVA-PLUS | 3 | MO |
| PNV PRENATAL PLUS MULTIVITAMIN | 3 | MO |
| <i>poly-vitamin/fluoride drops</i> | 4 | |
| <i>potassium chloride er caps, er tabs</i> | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>potassium chloride pack 20meq</i> | 4 | MO |
| <i>potassium chloride oral soln 10%, 20%</i> | 4 | MO |
| PRENATAL | 3 | MO |
| PRENATAL PLUS | 3 | MO |
| PRENATAL VITAMINS PLUS LOW IRON | 3 | MO |
| PREPLUS | 3 | MO |
| <i>sodium fluoride chew 0.25mg, 0.5mg, 1mg</i> | 4 | MO |
| <i>sodium fluoride oral soln 0.5mg/ml</i> | 4 | MO |
| <i>tri-vite/fluoride drops</i> | 4 | MO |
| TRICARE | 3 | MO |
| VP-PNV-DHA | 3 | MO |
| WESTAB PLUS | 3 | MO |
| IV NUTRITION | | |
| CLINIMIX 4.25%/DEXTROSE 10% | 4 | B/D |
| CLINIMIX 4.25%/DEXTROSE 5% | 4 | B/D |
| CLINIMIX 5%/DEXTROSE 15% | 4 | B/D |
| CLINIMIX 5%/DEXTROSE 20% | 4 | B/D |
| CLINIMIX 6/5 | 4 | B/D |
| CLINIMIX 8/10 | 4 | B/D |
| CLINIMIX 8/14 | 4 | B/D |
| <i>clinisol sf 15%</i> | 4 | B/D MO |
| CLINOLIPID | 4 | B/D |
| <i>dextrose 10%</i> | 2 | |
| <i>dextrose 5%</i> | 2 | MO |
| DEXTROSE 50% | 4 | B/D |
| DEXTROSE 70% | 4 | B/D |
| FREAMINE III | 4 | B/D |
| HEPATAMINE | 4 | B/D |
| NUTRILIPID | 4 | B/D |
| <i>plenamine</i> | 4 | B/D |
| PREMASOL | 5 | B/D |
| PROCALAMINE | 4 | B/D |
| PROSOL | 4 | B/D |
| TRAVASOL | 4 | B/D |
| TROPHAMINE | 4 | B/D |
| OPHTHALMIC | | |
| ANTI-INFECTIVE/ANTI-INFLAMMATORY | | |
| BLEPHAMIDE S.O.P. OINT | 4 | MO |
| <i>neo-polycin hc oint</i> | 2 | |
| <i>neomycin/polymyxin/bacitracin/hydrocortisone oint</i> | 2 | MO |
| <i>neomycin/polymyxin/dexamethasone</i> | 2 | MO |
| <i>neomycin/polymyxin/hydrocortisone ophthalmic susp 1%; 3.5mg/ml; 10000unit/ml</i> | 4 | MO |
| <i>sulfacetamide sodium/prednisolone sodium phosphate</i> | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------------|
| TOBRADEX OINT | 4 | MO |
| TOBRADEX ST SUSP | 4 | MO |
| <i>tobramycin/dexamethasone susp</i> | 4 | MO |
| ZYLET | 3 | MO |
| ANTI-INFECTIVES | | |
| <i>ak-poly-bac oint</i> | 2 | |
| <i>bacitracin oint 500units/gm</i> | 4 | MO |
| <i>bacitracin/polymyxin b oint</i> | 2 | MO |
| BESIVANCE | 3 | MO |
| CILOXAN OINT | 3 | QL (42 GM per 30 days) MO |
| <i>ciprofloxacin hydrochloride ophthalmic soln 0.3%</i> | 2 | QL (30 ML per 30 days) MO |
| <i>erythromycin oint 5mg/gm</i> | 2 | QL (42 GM per 30 days) MO |
| <i>gatifloxacin soln</i> | 2 | QL (20 ML per 30 days) MO |
| <i>gentak oint</i> | 2 | QL (42 GM per 30 days) MO |
| <i>gentamicin sulfate ophthalmic soln 0.3%</i> | 2 | QL (30 ML per 30 days) MO |
| <i>levofloxacin ophthalmic soln 0.5%</i> | 2 | QL (30 ML per 30 days) MO |
| <i>moxifloxacin hydrochloride (generic Vigamox) ophthalmic soln 0.5%</i> | 2 | QL (12 ML per 30 days) MO |
| <i>moxifloxacin hydrochloride (generic Moxeza) ophthalmic soln 0.5%</i> | 4 | QL (12 ML per 30 days) MO |
| NATACYN | 4 | MO |
| <i>neo-polycin oint</i> | 2 | |
| <i>neomycin/bacitracin/polymyxin oint</i> | 2 | MO |
| <i>neomycin/polymyxin/gramicidin soln</i> | 2 | MO |
| <i>ofloxacin ophthalmic soln 0.3%</i> | 2 | QL (60 ML per 30 days) MO |
| <i>polycin oint</i> | 2 | |
| <i>polymyxin b sulfate/trimethoprim sulfate soln</i> | 2 | MO |
| <i>sulfacetamide sodium oint 10%</i> | 2 | QL (42 GM per 30 days) MO |
| <i>sulfacetamide sodium soln 10%</i> | 2 | QL (90 ML per 30 days) MO |
| <i>tobramycin soln 0.3%</i> | 2 | QL (30 ML per 30 days) MO |
| <i>trifluridine</i> | 2 | MO |
| <i>trimethoprim sulfate/polymyxin b sulfate soln</i> | 2 | MO |
| ZIRGAN | 4 | MO |
| ANTI-INFLAMMATORIES | | |
| ALREX | 3 | MO |
| <i>bromfenac</i> | 4 | MO |
| BROMSITE | 4 | MO |
| <i>dexamethasone sodium phosphate ophthalmic soln 0.1%</i> | 2 | MO |
| <i>diclofenac sodium soln 0.1%</i> | 2 | QL (10 ML per 30 days) MO |
| <i>difluprednate</i> | 4 | MO |
| FLAREX | 4 | MO |
| FLUOROMETHOLONE | 3 | MO |
| <i>flurbiprofen sodium</i> | 2 | MO |
| ILEVRO | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|---------------------|
| <i>ketorolac tromethamine soln 0.4%, 0.5%</i> | 2 | MO |
| LOTEMAX OINT | 3 | MO |
| LOTEMAX SM GEL 0.38% | 3 | MO |
| <i>loteprednol etabonate</i> | 2 | MO |
| <i>prednisolone acetate susp</i> | 2 | MO |
| PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLN 1% | 3 | MO |
| PROLENSA | 3 | MO |
| ANTIALLERGICS | | |
| <i>azelastine hcl ophthalmic soln 0.05%</i> | 2 | MO |
| <i>cromolyn sodium soln 4%</i> | 2 | MO |
| <i>epinastine hcl</i> | 2 | MO |
| LASTACAFT | 4 | |
| <i>olopatadine hcl ophthalmic soln 0.1%</i> | 2 | MO |
| <i>olopatadine hydrochloride ophthalmic soln 0.2%</i> | 2 | MO |
| ZERVIAE | 4 | MO |
| ANTIGLAUCOMA | | |
| ALPHAGAN P | 3 | MO |
| AZOPT | 4 | MO |
| <i>betaxolol hcl soln 0.5%</i> | 2 | MO |
| BETOPTIC-S | 4 | MO |
| <i>brimonidine tartrate soln 0.2%</i> | 2 | MO |
| <i>carteolol hcl</i> | 2 | MO |
| COMBIGAN | 3 | MO |
| <i>dorzolamide hcl/timolol maleate</i> | 2 | MO |
| <i>dorzolamide hydrochloride</i> | 2 | MO |
| <i>dorzolamide hydrochloride/timolol maleate pf</i> | 4 | MO |
| <i>latanoprost</i> | 1 | MO |
| <i>levobunolol hcl</i> | 1 | MO |
| LUMIGAN | 3 | MO |
| PHOSPHOLINE IODIDE | 4 | |
| <i>pilocarpine hcl ophthalmic soln</i> | 4 | MO |
| RHOPRESSA | 4 | MO |
| SIMBRINZA | 4 | MO |
| TIMOLOL MALEATE OPHTHALMIC GEL FORMING | 4 | MO |
| <i>timolol maleate (generic TIMOPTIC) soln 0.25%, 0.5%</i> | 1 | MO |
| <i>timolol maleate soln 0.5% (Once Daily)</i> | 4 | MO |
| <i>travoprost</i> | 2 | MO |
| VYZULTA | 4 | MO |
| MISCELLANEOUS | | |
| ATROPINE SULFATE OPHTHALMIC SOLN 1% | 3 | MO |
| CYSTARAN | 5 | PA LA |
| ISOPTO ATROPINE | 3 | MO |
| <i>proparacaine hcl</i> | 2 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-----------------------------|
| RESTASIS | 3 | QL (60 EA per 30 days) MO |
| RESTASIS MULTIDOSE | 3 | QL (5.5 ML per 30 days) MO |
| XIIDRA | 3 | QL (60 EA per 30 days) MO |
| OTIC | | |
| OTIC AGENTS | | |
| <i>acetic acid otic soln 2%</i> | 2 | MO |
| <i>ciprofloxacin/dexamethasone</i> | 4 | MO |
| <i>flac oil</i> | 4 | QL (20 ML per 30 days) |
| <i>fluocinolone acetonide oil 0.01%</i> | 4 | QL (20 ML per 30 days) MO |
| <i>hydrocortisone/acetic acid</i> | 4 | MO |
| <i>neomycin/polymyxin/hc otic soln</i> | 4 | MO |
| <i>neomycin/polymyxin/hydrocortisone otic susp 1%; 3.5mg/ml; 10000unit/ml</i> | 4 | MO |
| <i>ofloxacin otic soln 0.3%</i> | 2 | MO |
| RESPIRATORY | | |
| ANTICHOLINERGIC/BETA AGONIST COMBINATIONS | | |
| ANORO ELLIPTA | 3 | QL (60 EA per 30 days) MO |
| BEVESPI AEROSPHERE | 3 | QL (10.7 GM per 30 days) MO |
| BREZTRI AEROSPHERE | 3 | QL (10.7 GM per 30 days) MO |
| COMBIVENT RESPIMAT | 4 | QL (8 GM per 30 days) MO |
| <i>ipratropium bromide/albuterol sulfate neb soln</i> | 2 | B/D MO |
| TRELEGY ELLIPTA | 3 | QL (60 EA per 30 days) MO |
| ANTICHOLINERGICS | | |
| ATROVENT HFA | 4 | QL (25.8 GM per 30 days) MO |
| INCRUSE ELLIPTA | 3 | QL (30 EA per 30 days) MO |
| <i>ipratropium bromide inhal soln 0.02%</i> | 2 | B/D MO |
| <i>ipratropium bromide nasal soln 0.03%</i> | 2 | QL (30 ML per 28 days) MO |
| <i>ipratropium bromide nasal soln 0.06%</i> | 2 | QL (45 ML per 30 days) MO |
| ANTI-HISTAMINES | | |
| <i>azelastine hcl nasal soln 0.15%</i> | 2 | QL (30 ML per 25 days) MO |
| <i>azelastine hydrochloride nasal spr 0.1%</i> | 2 | QL (30 ML per 25 days) MO |
| <i>carbinoxamine maleate tabs 4mg, soln</i> | 2 | PA MO |
| <i>cetirizine hydrochloride</i> | 2 | QL (300 ML per 30 days) MO |
| <i>clemastine fumarate tabs 2.68mg</i> | 2 | PA MO |
| <i>cyproheptadine hcl syrup</i> | 2 | PA MO |
| <i>cyproheptadine hydrochloride tabs 4mg</i> | 4 | PA MO |
| <i>desloratadine tabs 5mg</i> | 2 | QL (30 EA per 30 days) MO |
| <i>desloratadine odt tabs 2.5mg, 5mg</i> | 4 | QL (30 EA per 30 days) MO |
| <i>diphenhydramine hcl inj</i> | 4 | MO |
| <i>hydroxyzine hcl tabs</i> | 4 | PA MO |
| <i>hydroxyzine hydrochloride inj, syrp 10mg/5ml</i> | 4 | PA MO |
| <i>hydroxyzine pamoate caps</i> | 4 | PA MO |
| <i>levocetirizine dihydrochloride tabs</i> | 2 | QL (30 EA per 30 days) MO |
| <i>levocetirizine dihydrochloride soln</i> | 4 | MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|---------------------------------|
| <i>olopatadine hcl nasal soln 0.6%</i> | 4 | QL (30.5 GM per 30 days) MO |
| BETA AGONISTS | | |
| <i>albuterol sulfate nebu</i> | 4 | B/D MO |
| <i>albuterol sulfate syrp, tabs</i> | 4 | MO |
| <i>levalbuterol hcl nebu 0.63mg/3ml, 1.25mg/3ml</i> | 2 | B/D MO |
| <i>levalbuterol hcl nebu 0.31mg/3ml</i> | 4 | B/D MO |
| <i>levalbuterol nebu 1.25mg/0.5ml</i> | 4 | B/D MO |
| LEVALBUTEROL TARTRATE HFA | 3 | QL (30 GM per 30 days) MO |
| SEREVENT DISKUS | 3 | QL (60 EA per 30 days) MO |
| <i>terbutaline sulfate inj, tabs</i> | 4 | MO |
| VENTOLIN HFA | 3 | QL (36 GM per 30 days) MO |
| LEUKOTRIENE MODULATORS | | |
| <i>montelukast sodium chew, tabs</i> | 1 | QL (30 EA per 30 days) MO |
| <i>montelukast sodium pack</i> | 2 | QL (30 EA per 30 days) MO |
| <i>zafirlukast</i> | 4 | QL (60 EA per 30 days) MO |
| MISCELLANEOUS | | |
| <i>acetylcysteine inhalation soln 10%, 20%</i> | 2 | B/D MO |
| <i>aminophylline</i> | 4 | |
| <i>cromolyn sodium nebu 20mg/2ml</i> | 2 | B/D MO |
| DALIRESP | 4 | MO |
| <i>epinephrine inj 0.15mg/0.15ml, 0.15mg/0.3ml, 0.3mg/0.3ml</i> | 2 | QL (2 EA per 30 days) MO |
| ESBRIET | 5 | QL (270 EA per 30 days) PA LA |
| FASENRA | 5 | QL (1 ML per 28 days) PA LA |
| FASENRA PEN | 5 | QL (1 ML per 28 days) PA LA |
| KALYDECO PACK | 5 | QL (56 EA per 28 days) PA LA |
| KALYDECO TABS | 5 | QL (60 EA per 30 days) PA LA |
| OFEV | 5 | QL (60 EA per 30 days) PA LA |
| ORKAMBI TABS | 5 | QL (112 EA per 28 days) PA LA |
| ORKAMBI PACK | 5 | QL (56 EA per 28 days) PA LA |
| <i>pirfenidone tabs 267mg</i> | 5 | QL (270 EA per 30 days) PA |
| <i>pirfenidone tabs 801mg</i> | 5 | QL (90 EA per 30 days) PA |
| PROLASTIN-C | 5 | PA LA |
| PULMOZYME | 5 | PA |
| <i>theophylline er tb24 400mg, 600mg</i> | 2 | MO |
| <i>theophylline er tb12 300mg, 450mg</i> | 4 | MO |
| <i>theophylline oral soln</i> | 2 | MO |
| TRIKAFTA TBPK 100MG; 75MG; 50MG | 5 | QL (84 EA per 28 days) PA LA |
| TRIKAFTA TBPK 50MG; 37.5MG; 25MG | 5 | QL (84 EA per 28 days) PA LA MO |
| XOLAIR | 5 | PA LA |
| NASAL STEROIDS | | |
| <i>flunisolide spr 0.025%</i> | 2 | QL (75 ML per 30 days) MO |
| <i>fluticasone propionate susp 50mcg/act</i> | 2 | QL (16 GM per 30 days) MO |
| <i>mometasone furoate susp 50mcg/act</i> | 2 | QL (34 GM per 30 days) MO |
| XHANCE | 4 | QL (32 ML per 30 days) PA |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|-----------|------------------------------|
| STEROID INHALANTS | | |
| ARNUITY ELLIPTA | 3 | QL (30 EA per 30 days) MO |
| <i>budesonide susp 0.25mg/2ml, 0.5mg/2ml, 1mg/2ml</i> | 4 | B/D MO |
| FLOVENT DISKUS AEPB 100MCG/BLIST, 50MCG/BLIST | 4 | QL (120 EA per 30 days) MO |
| FLOVENT DISKUS AEPB 250MCG/BLIST | 4 | QL (240 EA per 30 days) MO |
| FLOVENT HFA AERO 44MCG/ACT | 4 | QL (21.2 GM per 30 days) MO |
| FLOVENT HFA AERO 110MCG/ACT, 220MCG/ACT | 4 | QL (24 GM per 30 days) MO |
| PULMICORT FLEXHALER | 4 | QL (2 EA per 30 days) MO |
| STEROID/BETA-AGONIST COMBINATIONS | | |
| ADVAIR DISKUS | 3 | QL (60 EA per 30 days) MO |
| ADVAIR HFA | 3 | QL (12 GM per 30 days) MO |
| BREO ELLIPTA | 3 | QL (60 EA per 30 days) MO |
| SYMBICORT | 3 | QL (10.2 GM per 30 days) MO |
| TOPICAL | | |
| DERMATOLOGY, ACNE | | |
| <i>accutane</i> | 4 | PA |
| <i>amnesteam</i> | 4 | PA |
| <i>claravis</i> | 4 | PA |
| <i>clindamycin phosphate foam 1%</i> | 4 | QL (100 GM per 30 days) MO |
| <i>clindamycin phosphate gel 1%</i> | 2 | QL (75 GM per 30 days) MO |
| <i>clindamycin phosphate lotn 1%</i> | 3 | QL (60 ML per 30 days) MO |
| <i>clindamycin phosphate external soln 1%</i> | 2 | QL (60 ML per 30 days) MO |
| <i>dapsone gel 5%</i> | 4 | QL (90 GM per 30 days) MO |
| <i>ery pad 2%</i> | 2 | MO |
| <i>erythromycin/benzoyl peroxide</i> | 4 | MO |
| <i>erythromycin gel 2%</i> | 4 | QL (60 GM per 30 days) MO |
| <i>erythromycin soln 2%</i> | 4 | QL (60 ML per 30 days) MO |
| <i>isotretinoin</i> | 4 | PA |
| <i>myorisan</i> | 4 | PA |
| <i>sulfacetamide sodium lotn 10%</i> | 4 | MO |
| <i>tretinoin crea 0.025%, 0.05%, 0.1%</i> | 4 | QL (45 GM per 30 days) PA MO |
| <i>tretinoin gel 0.01%, 0.025%, 0.05%</i> | 4 | QL (45 GM per 30 days) PA MO |
| <i>zenatane</i> | 4 | PA |
| DERMATOLOGY, ANTIBIOTICS | | |
| <i>gentamicin sulfate crea 0.1%</i> | 2 | QL (30 GM per 30 days) MO |
| <i>gentamicin sulfate oint 0.1%</i> | 2 | QL (30 GM per 30 days) MO |
| <i>mafenide acetate</i> | 4 | MO |
| <i>mupirocin oint</i> | 2 | QL (30 GM per 30 days) MO |
| <i>mupirocin crea</i> | 4 | QL (30 GM per 30 days) MO |
| <i>silver sulfadiazine</i> | 2 | MO |
| SSD | 4 | |
| SULFAMYLON CREA 85MG/GM | 4 | MO |
| DERMATOLOGY, ANTIFUNGALS | | |
| <i>ciclopirox olamine crea 0.77%</i> | 2 | QL (90 GM per 30 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|-------------------------------|
| <i>ciclopirox gel</i> | 2 | QL (100 GM per 30 days) MO |
| <i>ciclopirox sham</i> | 2 | QL (120 ML per 30 days) MO |
| <i>ciclopirox susp</i> | 2 | QL (60 ML per 30 days) MO |
| <i>clotrimazole/betamethasone dipropionate crea</i> | 4 | QL (45 GM per 30 days) MO |
| <i>clotrimazole crea 1%</i> | 2 | QL (45 GM per 30 days) MO |
| <i>clotrimazole soln 1%</i> | 2 | QL (30 ML per 30 days) MO |
| <i>econazole nitrate</i> | 2 | QL (85 GM per 30 days) MO |
| <i>ketoconazole crea 2%</i> | 2 | QL (60 GM per 30 days) MO |
| <i>ketoconazole foam 2%</i> | 4 | QL (100 GM per 30 days) MO |
| <i>ketodan</i> | 4 | QL (100 GM per 30 days) |
| <i>naftifine hcl crea 1%</i> | 4 | QL (90 GM per 30 days) MO |
| <i>nyamyc</i> | 2 | QL (60 GM per 30 days) |
| <i>nystatin crea 100000unit/gm</i> | 2 | QL (30 GM per 30 days) MO |
| <i>nystatin oint 100000unit/gm</i> | 2 | QL (30 GM per 30 days) MO |
| <i>nystatin powd 100000unit/gm</i> | 2 | QL (60 GM per 30 days) MO |
| <i>nystop</i> | 2 | QL (60 GM per 30 days) |
| DERMATOLOGY, ANTIPSORIATICS | | |
| <i>acitretin</i> | 4 | PA MO |
| <i>calcipotriene crea</i> | 4 | QL (120 GM per 30 days) PA MO |
| <i>calcipotriene soln</i> | 4 | QL (60 ML per 30 days) PA MO |
| <i>methoxsalen</i> | 5 | MO |
| <i>tazarotene crea 0.1%</i> | 2 | QL (60 GM per 30 days) PA MO |
| TAZORAC CREA 0.05% | 4 | QL (60 GM per 30 days) PA MO |
| DERMATOLOGY, ANTISEBORRHEICS | | |
| <i>ketoconazole sham 2%</i> | 2 | QL (120 ML per 30 days) MO |
| <i>selenium sulfide lotion 2.5%</i> | 2 | MO |
| DERMATOLOGY, CORTICOSTEROIDS | | |
| <i>ala-cort crea 1%</i> | 2 | |
| <i>ala-cort crea 2.5%</i> | 2 | QL (30 GM per 30 days) |
| <i>alclometasone dipropionate</i> | 4 | MO |
| <i>betamethasone dipropionate augmented crea</i> | 2 | MO |
| <i>betamethasone dipropionate augmented gel, oint</i> | 4 | MO |
| <i>betamethasone dipropionate augmented lotn</i> | 4 | QL (60 ML per 30 days) MO |
| <i>betamethasone dipropionate lotn</i> | 2 | MO |
| <i>betamethasone dipropionate crea, oint</i> | 4 | MO |
| <i>betamethasone valerate crea, lotn, oint</i> | 2 | MO |
| <i>betamethasone valerate foam</i> | 4 | QL (100 GM per 30 days) MO |
| <i>clobetasol propionate e crea</i> | 4 | QL (60 GM per 30 days) MO |
| <i>clobetasol propionate emulsion foam</i> | 4 | QL (100 GM per 30 days) MO |
| <i>clobetasol propionate foam</i> | 4 | QL (100 GM per 30 days) MO |
| <i>clobetasol propionate sham</i> | 4 | QL (118 ML per 30 days) MO |
| <i>clobetasol propionate spray liquid</i> | 4 | QL (125 ML per 30 days) MO |
| <i>clobetasol propionate soln</i> | 4 | QL (50 ML per 30 days) MO |
| <i>clobetasol propionate crea, gel, oint</i> | 4 | QL (60 GM per 30 days) MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|-----------|-------------------------------|
| <i>clodan</i> | 4 | QL (118 ML per 30 days) |
| <i>desonide lotn</i> | 4 | QL (118 ML per 30 days) MO |
| <i>desonide crea, gel, oint</i> | 4 | QL (60 GM per 30 days) MO |
| <i>desoximetasone crea, oint</i> | 4 | QL (100 GM per 30 days) MO |
| <i>desrx</i> | 4 | QL (60 GM per 30 days) |
| <i>diflorasone diacetate crea</i> | 4 | QL (60 GM per 30 days) MO |
| <i>diflorasone diacetate oint</i> | 5 | QL (60 GM per 30 days) MO |
| ENSTILAR | 4 | QL (120 GM per 30 days) PA MO |
| <i>fluocinolone acetonide body</i> | 4 | QL (118.28 ML per 30 days) MO |
| <i>fluocinolone acetonide scalp</i> | 4 | QL (118.28 ML per 30 days) MO |
| <i>fluocinolone acetonide crea 0.025%</i> | 4 | QL (120 GM per 30 days) MO |
| <i>fluocinolone acetonide crea 0.01%</i> | 4 | QL (60 GM per 30 days) MO |
| <i>fluocinolone acetonide oint 0.025%</i> | 4 | QL (120 GM per 30 days) MO |
| <i>fluocinolone acetonide soln 0.01%</i> | 4 | QL (90 ML per 30 days) MO |
| <i>fluocinonide emulsified base 0.05%</i> | 4 | QL (120 GM per 30 days) MO |
| <i>fluocinonide gel, oint</i> | 4 | QL (60 GM per 30 days) MO |
| <i>fluocinonide soln</i> | 4 | QL (60 ML per 30 days) MO |
| <i>fluticasone propionate crea 0.05%</i> | 2 | MO |
| <i>fluticasone propionate lotn 0.05%</i> | 4 | QL (120 ML per 30 days) MO |
| <i>fluticasone propionate oint 0.005%</i> | 2 | MO |
| <i>halobetasol propionate crea</i> | 2 | QL (50 GM per 30 days) MO |
| <i>halobetasol propionate oint</i> | 4 | QL (50 GM per 30 days) MO |
| <i>hydrocortisone butyrate lotn</i> | 4 | QL (118 ML per 30 days) MO |
| <i>hydrocortisone butyrate oint</i> | 4 | QL (45 GM per 30 days) MO |
| <i>hydrocortisone butyrate soln</i> | 4 | QL (60 ML per 30 days) MO |
| <i>hydrocortisone valerate oint 0.2%</i> | 4 | QL (60 GM per 30 days) MO |
| <i>hydrocortisone crea 1%</i> | 2 | MO |
| <i>hydrocortisone crea 2.5%</i> | 2 | QL (30 GM per 30 days) MO |
| <i>hydrocortisone lotn 2.5%</i> | 2 | MO |
| <i>hydrocortisone oint 2.5%</i> | 2 | QL (30 GM per 30 days) MO |
| <i>mometasone furoate crea 0.1%</i> | 2 | MO |
| <i>mometasone furoate oint 0.1%</i> | 2 | MO |
| <i>mometasone furoate soln 0.1%</i> | 2 | MO |
| <i>prednicarbate</i> | 4 | QL (60 GM per 30 days) MO |
| <i>proctosol hc</i> | 4 | |
| <i>tovet</i> | 4 | QL (100 GM per 30 days) |
| <i>triamcinolone acetonide aers 0.147mg/gm</i> | 4 | MO |
| <i>triamcinolone acetonide crea 0.025%, 0.5%</i> | 2 | MO |
| <i>triamcinolone acetonide crea 0.1%</i> | 2 | QL (454 GM per 30 days) MO |
| <i>triamcinolone acetonide lotn 0.025%, 0.1%</i> | 2 | MO |
| <i>triamcinolone acetonide oint 0.025%, 0.1%, 0.5%</i> | 2 | MO |
| DERMATOLOGY, LOCAL ANESTHETICS | | |
| <i>lidocaine/prilocaine</i> | 2 | QL (30 GM per 30 days) PA MO |
| <i>lidocaine patch 5%</i> | 4 | QL (3 EA per 1 days) PA MO |

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

| Drug Name | Drug Tier | Requirements/Limits |
|--|------------------|---------------------------------|
| <i>lidocaine oint</i> | 4 | QL (35.44 GM per 30 days) PA MO |
| DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE | | |
| <i>ammonium lactate</i> | 2 | MO |
| <i>azelaic acid</i> | 4 | QL (50 GM per 30 days) MO |
| <i>bexarotene gel 1%</i> | 5 | QL (60 GM per 30 days) PA MO |
| <i>diclofenac sodium gel 1%</i> | 2 | QL (1000 GM per 30 days) MO |
| FLUOROPLEX | 5 | QL (30 GM per 30 days) PA MO |
| <i>fluorouracil soln</i> | 2 | QL (10 ML per 30 days) MO |
| <i>fluorouracil crea 5%</i> | 4 | QL (40 GM per 30 days) PA MO |
| <i>hydrocortisone perianal cream 1%</i> | 2 | MO |
| <i>imiquimod crea 5%</i> | 2 | QL (24 EA per 30 days) MO |
| <i>imiquimod crea 3.75%</i> | 5 | QL (28 EA per 28 days) MO |
| <i>metronidazole crea 0.75%</i> | 4 | QL (45 GM per 30 days) MO |
| <i>metronidazole gel 0.75%</i> | 2 | MO |
| <i>metronidazole gel 1%</i> | 4 | MO |
| <i>metronidazole lotn 0.75%</i> | 4 | MO |
| PANRETIN | 5 | QL (60 GM per 30 days) |
| <i>podofilox</i> | 4 | MO |
| <i>procto-med hc</i> | 4 | |
| <i>procto-pak</i> | 4 | MO |
| <i>proctozone-hc</i> | 4 | |
| RECTIV | 4 | QL (30 GM per 30 days) MO |
| <i>rosadan gel</i> | 2 | |
| <i>rosadan crea</i> | 4 | QL (45 GM per 30 days) |
| <i>tacrolimus oint 0.03%, 0.1%</i> | 4 | QL (60 GM per 30 days) MO |
| VALCHLOR | 5 | QL (60 GM per 30 days) PA LA |
| DERMATOLOGY, SCABICIDES AND PEDICULIDES | | |
| <i>malathion</i> | 4 | MO |
| <i>permethrin</i> | 2 | MO |
| DERMATOLOGY, WOUND CARE AGENTS | | |
| REGRANEX | 5 | QL (30 GM per 30 days) PA MO |
| SANTYL | 4 | MO |
| <i>sodium chloride 0.9% irrigation soln</i> | 2 | MO |
| <i>sterile water for irrigation</i> | 2 | MO |
| MOUTH/THROAT/DENTAL AGENTS | | |
| <i>cevimeline hydrochloride</i> | 4 | MO |
| <i>chlorhexidine gluconate</i> | 1 | MO |
| <i>clinpro 5000</i> | 4 | MO |
| <i>clotrimazole troc 10mg</i> | 2 | MO |
| <i>dentagel</i> | 4 | QL (56 GM per 30 days) MO |
| <i>fluoridex daily defense</i> | 4 | |
| <i>fluoridex sensitivity relief/sls free</i> | 4 | |
| <i>fluorimax 5000</i> | 4 | |

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

| Drug Name | Drug Tier | Requirements/Limits |
|---|------------------|----------------------------|
| <i>fluorimax 5000 sensitive</i> | 4 | |
| <i>just right 5000</i> | 4 | |
| <i>lidocaine viscous 2%</i> | 4 | MO |
| <i>nystatin susp 100000unit/ml</i> | 3 | MO |
| <i>oralone dental paste</i> | 2 | |
| <i>paroex</i> | 1 | |
| <i>periogard</i> | 1 | |
| <i>pilocarpine hydrochloride tabs</i> | 4 | MO |
| <i>sf gel 1.1%</i> | 4 | QL (56 GM per 30 days) MO |
| <i>sodium fluoride gel 1.1%</i> | 4 | QL (56 GM per 30 days) MO |
| <i>triamcinolone acetonide dental paste</i> | 2 | MO |

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

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| ABELCET | 4 | <i>amabelz</i> | 38 |
| ABILIFY MAINTENA | 26 | <i>amantadine hcl</i> | 25 |
| <i>abiraterone acetate</i> | 11 | <i>ambrisentan</i> | 20 |
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| <i>acarbose</i> | 32 | <i>amethyst</i> | 34 |
| <i>accutane</i> | 54 | <i>amikacin sulfate</i> | 3 |
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| <i>acetazolamide er</i> | 19 | <i>amiodarone hcl</i> | 16 |
| <i>acetic acid</i> | 43, 52 | <i>amiodarone hydrochloride</i> | 16 |
| <i>acetylcysteine</i> | 39, 53 | <i>amitriptyline hcl</i> | 23 |
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| <i>albendazole</i> | 3 | <i>ampicillin-sulbactam</i> | 9 |
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| <i>atenolol</i> | 17, 18 | <i>betamethasone dipropionate augmented</i> | 55 |
| <i>atenolol/chlorthalidone</i> | 17 | <i>betamethasone valerate</i> | 55 |
| <i>atomoxetine</i> | 28 | BETASERON | 30 |
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| <i>atovaquone/proguanil hcl</i> | 5 | BEVESPI AEROSPHERE | 52 |
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| <i>bacitracin/polymyxin b</i> | 50 | BRIVIACT | 21 |
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| <i>benazepril hcl</i> | 15 | <i>bupropion hcl</i> | 23 |
| <i>benazepril hcl/hydrochlorothiazide</i> | 15 | <i>bupropion hydrochloride er</i> | 30 |
| <i>benazepril hydrochloride</i> | 15 | <i>bupropion hydrochloride er (sr)</i> | 23 |
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| <i>carbamazepine er</i> | 21 | <i>chlorpromazine hydrochloride</i> | 26 |
| <i>carbidopa</i> | 25 | <i>chlorthalidone</i> | 19 |
| <i>carbidopa/levodopa</i> | 25 | <i>chlorzoxazone</i> | 30 |
| <i>carbidopa/levodopa er</i> | 25 | <i>cholestyramine</i> | 17 |
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| <i>carglumic acid</i> | 39 | <i>cilostazol</i> | 44 |
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| <i>cefoxitin sodium</i> | 8 | <i>clindamycin palmitate hcl</i> | 3 |
| <i>cefpodoxime proxetil</i> | 8 | <i>clindamycin phosphate</i> | 3, 43, 54 |
| <i>cefprozil</i> | 8 | <i>clindamycin phosphate/dextrose</i> | 3 |
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| <i>clonazepam</i> | 21 | DAPTOMYCIN | 3 |
| <i>clonazepam odt</i> | 21 | <i>dasetta 1/35</i> | 35 |
| <i>clonidine hcl</i> | 19 | <i>dasetta 7/7/7</i> | 35 |
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| <i>clotrimazole</i> | 55 | <i>deferasirox</i> | 34 |
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You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

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

The typical number of business days after the mail-order pharmacy receives an order to receive your shipment is up to 10 days. Enrollees have the option to sign up for automated mail-order delivery. If your mail-order drugs do not arrive within the estimated time frame, please contact us toll-free at 1-866-235-5660, 24 hours a day, 7 days a week. TTY users call 711.

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

Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

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

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

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

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

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。



We're listening

If you have comments on this formulary or any other plan material, we'd love to hear them. Just visit [AetnaMedicare.com/plandocuments](https://www.aetna.com/plandocuments). You can leave your suggestions there.

This formulary was updated on August 1, 2022. For more recent information or other questions, please contact SilverScript Choice (PDP) Customer Care at 1-866-235-5660, 24 hours a day, 7 days a week (TTY users should call 711), or visit [AetnaMedicare.com](https://www.aetna.com).