



The Health Plan SecureCare (HMO)
The Health Plan SecureChoice (PPO)

2024 Comprehensive Formulary (List of Covered Drugs)

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

This Formulary was updated on 01/25/2024.

For more recent information or other questions, please contact The Health Plan at 1.877.847.7907 or, for TTY users, 711, or visit healthplan.org/medicare.

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 (if applicable). Call Member Services for more information.

Important Message About What You Pay for Insulin - If you receive "Extra Help", you pay \$0 for a one-month supply of each insulin product covered by our plan. If you no longer receive "Extra Help", you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, even if you haven't paid your deductible.

For more recent information or other questions, please contact The Health Plan at 1.877.847.7907 or, for TTY users, 711, or visit healthplan.org/medicare.

Hours of Operation:

- October 1 to March 31: 8:00 am to 8:00 pm, 7 days a week
- April 1 to September 30: 8:00 am to 8:00 pm, Monday through Friday

HPMS Approved Formulary File Submission ID 00024256, Version #8

Y0038_24_091_C | COMPREHENSIVE FORMULARY

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means The Health Plan. When it refers to “plan” or “our plan,” it means The Health Plan Medicare Advantage Plan.

This document includes a list of the drugs (formulary) for our plan which is current as of 09/21/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is The Health Plan Formulary?

A formulary is a list of covered drugs selected by The Health Plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our drug list 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 drug list, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to The Health Plan Formulary?”
- **Drugs removed from the market.** If the 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 provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to The Health Plan Formulary?"

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the drug list for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/21/2023. To get updated information about the drugs covered by The Health Plan, please contact us. Our contact information appears on the front and back cover pages. We update our printed formularies each month, and they are available upon request by calling us (contact information on the front and back covers). You may also view and print an updated formulary on our website at healthplan.org/medicare.

How do I use the formulary?

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

Medical Condition

- The formulary begins on Page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular, Hypertension/Lipids." If you know what your drug is used for, look for the category name in the list that begins below. Then look under the category name for your drug.

Alphabetical Listing

- If you are not sure what category to look under, you should look for your drug in the Index that begins on Page 90. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** The Health Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, The Health Plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets for a 30-day prescription for atorvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, The Health Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on Page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to The Health Plan formulary?" on the next page for more information.

What if my drug is not on the formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that The Health Plan does not cover your drug, you have two options:

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

How do I request an exception to The Health Plan Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug

will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

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

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

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

TRANSITION POLICY:

A transition policy allows a member to obtain drugs when they are subject to certain coverage rules. Most Medicare Part D drugs are eligible for transition. Transition eligible Part D drugs include those that are not on the formulary (list of covered drugs) or are on the formulary with a restriction such as step-therapy, quantity limits or prior authorization (but otherwise considered a "Part D drug"). Some Part D drugs are excluded for transition and are not covered under the transition policy. Examples are drugs used for cosmetic purposes, drugs used for erectile dysfunction, or over the counter drugs.

Members should talk to their doctors to decide if they should switch to a different drug that we cover or request a formulary exception in order to get coverage for the drug. See Chapter 5 of your Evidence of Coverage, Section 5 under “What is an exception?” to learn more about how to request an exception. Please contact Pharmacy Services if your drug is not on our formulary, is subject to certain restrictions, such as prior authorization or step therapy, or will no longer be on our formulary next year and you need help switching to a different drug that we cover or requesting a formulary exception. We will provide current members an opportunity to request a formulary exception 60 days in advance for the following year.

While members are talking to their prescribers about their drug choices, we may provide a temporary supply of a transition eligible drug if members need a refill for the drug during the first 90 days of new membership in our plan. If you are a current member affected by a formulary change from one year to the next, we will provide a temporary supply of a transition eligible drug if you need a refill for the drug during the first 90 days of the new plan year.

When a member goes to a network pharmacy and we provide a temporary supply of a transition eligible drug, we will cover a 30-day supply (unless the prescription is written for fewer days, in which case the plan will allow multiple fills to provide up to a total of 30 days of medication). After we cover the temporary 30-day supply, we generally will not pay for these drugs as part of our transition policy again. We will provide you with a written notice after we cover your temporary supply. This notice will explain the steps you can take to request an exception and how to work with your prescriber to decide if you should switch to an appropriate drug that we cover.

If a new member is a resident of a long-term-care facility (like a nursing home), we will cover a temporary 90-day transition supply (unless the prescription is written for fewer days). If necessary, we will cover more than one refill of these drugs during the first 90 days a new member is enrolled in our plan to meet the temporary 31-day transition supply. If the resident has been enrolled in our plan for more than 90 days and needs a drug that is not on our formulary, or is subject to other restrictions, such as step therapy or dosage limits, we will cover a temporary 31-day emergency supply of that drug (unless the prescription is for fewer days) while the new member pursues a formulary exception.

Please note that our transition policy applies only to those drugs that are “Part D drugs” and bought at a network pharmacy. The transition policy cannot be used to buy a non-Part D drug or a drug out of network, unless you qualify for out of network access.

For more information

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

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 [medicare.gov](https://www.medicare.gov).

The Health Plan Formulary

The formulary that begins on Page 2 provides coverage information about the drugs covered by us. If you have trouble finding your drug in the list, turn to the Index that begins on Page 90.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., INVOKANA) and generic drugs are listed in lower-case italics (e.g., glimepiride).

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

- Drug tier: Your plan has five drug tiers. Each covered drug is in one of the five tiers. Each tier of your plan has a copayment and/or co-insurance amount.

Tier 1 - Preferred Generic drug

Tier 4 - Non-Preferred drug

Tier 2 - Generic drug

Tier 5 - Specialty drug

Tier 3 - Preferred Brand drug

- Pharmacy where covered drug is filled: The price that you pay for a prescription will also depend on what pharmacy you use. If you fill a prescription at a preferred network pharmacy, you will pay **preferred** cost-sharing amounts. If you fill a prescription at other network pharmacies, you will pay **standard** cost-sharing amounts. Please see the plan's Pharmacy Directory for pharmacy designation information.

For more information about cost share amounts, please refer to the Evidence of Coverage (EOC). The EOC explains the plan's coverage stages and lists the copayment and co-insurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copays and co-insurance may be lower. Members who qualify for Extra Help will receive the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (LIS Rider). Please read it to learn about your costs, or call us with questions.

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

List of Abbreviations

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

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

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

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

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

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

V: This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL	5	PA
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	MO
<i>nystatin oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir</i>	3	MO
<i>abacavir-lamivudine</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	2	MO
APRETUDE	5	MO
APTIVUS	5	MO
<i>atazanavir</i>	4	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
CABENUVA	5	MO
<i>cidofovir</i>	5	B/D PA; MO
CIMDUO	5	MO

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

This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
COMPLERA	5	MO
<i>darunavir</i>	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz</i>	4	MO
<i>efavirenz-emtricitabin-tenofov</i>	5	MO
<i>efavirenz-lamivu-tenofov disop</i>	5	MO
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofov (tdf)</i>	4	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
<i>etravirine</i>	5	MO
EVOTAZ	5	MO
<i>fanciclovir</i>	2	MO
<i>fosamprenavir</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO

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

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Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
LAGEVRIO (EUA)	1	QL (40 per 180 days)
<i>lamivudine</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	PA
PREVYMIS ORAL	5	PA; MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
STRIBILD	5	MO
SUNLENCA	5	
SYMTUZA	5	MO
SYNAGIS	5	MO; LA

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

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Drug Name	Drug Tier	Requirements /Limits
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TRIZIVIR	5	
TROGARZO	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY	5	
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	

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

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Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose,iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	4	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose,iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection</i>	4	PA; MO
<i>tazicef intravenous</i>	4	PA
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin</i>	2	MO

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	PA; MO
<i>bacitracin intramuscular</i>	4	
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin phosphate injection</i>	4	PA; MO
<i>clindamycin phosphate intravenous</i>	4	PA; MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM	5	MO
<i>ertapenem</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	4	PA; MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	3	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; QL (10 per 10 days)
<i>metro i.v.</i>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO	5	PA; LA
STREPTOMYCIN	5	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	3	MO
TOBI PODHALER	5	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECATOR	4	MO

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION	4	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	3	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	4	PA; MO
<i>ampicillin sodium intravenous</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN C-R	3	PA; MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA

Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA
<i>oxacillin in dextrose(iso-osm)</i>	4	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	3	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	PA; MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	3	MO
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mondoxyne nl oral capsule 100 mg</i>	2	
<i>tetracycline</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate oral tablet 0.5 g</i>	2	MO
<i>methenamine mandelate oral tablet 1 gram</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	5	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA
<i>leucovorin calcium oral</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO
ADSTILADRIN	5	PA
AKEEGA	5	PA; LA; QL (60 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIQOPA	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days)
<i>anastrozole</i>	2	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ASPARLAS	5	PA
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA; MO
BALVERSA	5	PA; LA
BAVENCIO	5	B/D PA; LA
BELEODAQ	5	B/D PA
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
<i>bleomycin</i>	2	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA

Drug Name	Drug Tier	Requirements /Limits
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA; QL (120 per 30 days)
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINI B MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COLUMVI	5	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 25 MG	3	B/D PA
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA; MO
DANYELZA	5	PA
DARZALEX	5	B/D PA; MO; LA
<i>daunorubicin</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
ELREXFIO	5	PA
ELZONRIS	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
ENVARUSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY	5	PA
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINASE	5	B/D PA
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
EXKIVITY	5	PA; LA; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOLOTYN	5	B/D PA; MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO
FYARRO	5	PA
GAVRETO	5	PA; MO; LA; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf</i>	3	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE	5	MO
HALAVEN	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
IMJUDO	5	PA; MO
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
<i>kemoplat</i>	2	B/D PA
KEYTRUDA	5	PA
KIMMTRAK	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KOSELUGO	5	PA
KRAZATI	5	PA; QL (180 per 30 days)
KYPROLIS	5	B/D PA
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	2	MO
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO	5	PA; LA
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS	5	PA; MO
LUNSUMIO	5	PA; MO
LUPRON DEPOT	5	PA; MO
LYNPARZA	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	
LYTGOBI	5	PA; LA
MARGENZA	5	PA
MATULANE	5	

Drug Name	Drug Tier	Requirements /Limits
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B/D PA; MO
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	3	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MONJUVI	5	PA; LA
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
<i>nelarabine</i>	5	B/D PA; MO
NERLYNX	5	PA; MO; LA
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	4	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OJJAARA	5	PA; QL (30 per 30 days)
ONCASPAR	5	B/D PA
ONIVYDE	5	B/D PA
ONUREG	5	PA; MO; QL (14 per 28 days)
OPDIVO	5	PA; MO
OPDUALAG	5	PA; MO
ORGOVYX	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B/D PA
<i>pazopanib</i>	5	PA; MO; QL (120 per 30 days)
PEMAZYRE	5	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
REZUROCK	5	PA; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	5	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (336 per 28 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYBREVANT	5	PA; MO
RYDAPT	5	PA; MO; QL (224 per 28 days)
RYLAZE	5	PA

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Drug Name	Drug Tier	Requirements /Limits
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE	5	PA; MO
SARCLISA	5	PA; LA
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days)
SIGNIFOR	5	PA
SIMULECT	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sunitinib malate</i>	5	PA; MO; QL (30 per 30 days)
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALVEY	5	PA
TALZENNA	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TECENTRIQ	5	B/D PA; MO; LA
TECVAYLI	5	PA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
TEPMETKO	5	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	PA
TIVDAK	5	PA; MO
<i>topotecan</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TRAZIMERA	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRODELVY	5	PA; LA
TRUQAP	5	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
UNITUXIN	5	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>valrubicin</i>	5	B/D PA; MO
VANFLYTA	5	PA; QL (56 per 28 days)
VECTIBIX	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA
WELIREG	5	PA; LA
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; LA; QL (84 per 28 days)
XOSPATA	5	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	5	PA; LA
ZYNYZ	5	PA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
ANTICONVULSANTS		
APTOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	4	MO
<i>diazepam rectal kit 2.5 mg</i>	4	
DILANTIN 30 MG	4	MO
<i>divalproex</i>	2	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
EPRONTIA	4	PA; MO
<i>ethosuximide</i>	3	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
<i>methsuximide</i>	4	MO

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
NAYZILAM	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg</i>	3	QL (90 per 30 days)
<i>pregabalin oral capsule 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO
SPRITAM	4	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	4	MO
<i>subvenite starter (green) kit</i>	4	MO
<i>subvenite starter (orange) kit</i>	4	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	4	MO
<i>tiagabine oral tablet 16 mg</i>	4	
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA
<i>vigadrone</i>	5	PA; LA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	5	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days)
ZONISADE	5	PA; MO
<i>zonisamide</i>	2	PA; MO
ZTALMY	5	PA; LA; QL (1080 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine</i>	5	PA; QL (90 per 30 days)
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	5	
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
<i>eletriptan</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
QULIPTA	3	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral</i>	4	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		

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Drug Name	Drug Tier	Requirements /Limits
BRIUMVI	5	PA; MO; QL (24 per 180 days)
<i>dalfampridine</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days)
FIRDAPSE	5	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
INGREZZA	5	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	5	PA; LA; QL (28 per 180 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; MO
NUDEXTA	5	PA; MO
RADICAVA ORS	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RADICAVA ORS STARTER KIT SUSP	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	MO
<i>teriflunomide</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
VUMERITY	5	PA; MO; QL (120 per 30 days)
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	3	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BELBUCA BUCCAL FILM 75 MCG	3	PA; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet</i>	3	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone- acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone- ibuprofen</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>	4	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO
<i>hydromorphone injection solution 1 mg/ml</i>	4	
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	4	
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	3	
<i>methadone intensol</i>	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	3	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	2	MO
<i>butorphanol nasal</i>	4	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	4	MO
<i>diflunisal</i>	3	MO
<i>ec-naproxen</i>	2	
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	2	MO
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naloxone nasal</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxaprozin oral tablet</i>	4	MO
<i>piroxicam</i>	3	MO
<i>salsalate oral tablet 500 mg</i>	1	MO
<i>salsalate oral tablet 750 mg</i>	1	
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO

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Drug Name	Drug Tier	Requirements /Limits
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9- 0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULA R SUSPENSION,EX TENDE REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULA R SUSPENSION,EX TENDE REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	3	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INITIO	5	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULA R SUSPENSION,EX TENDE REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULA R SUSPENSION,EX TENDE REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULA R SUSPENSION,EX TENDE REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULA R SUSPENSION,EX TENDE REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY	5	ST; MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone</i>	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	4	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK	3	QL (28 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral capsule, extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	2	
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	5	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	5	MO; QL (60 per 30 days)
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet,disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	4	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	4	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>perphenazine</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
PERSERIS	5	MO; QL (1 per 30 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	5	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; MO
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 180 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZURZUVAE	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	2	
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine (pf) intravenous</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine</i>	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg</i>	2	MO
<i>sorine oral tablet 240 mg, 80 mg</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO

ANTI HYPERTENSIVE THERAPY

<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride- hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine- benazepril</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazyd</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	2	MO
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	2	
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	2	
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
EDARBI	3	MO
EDARBYCLOR	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	3	MO; QL (180 per 30 days)
<i>isradipine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
KERENDIA	3	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	4	MO
<i>nebivolol</i>	2	MO
<i>nicardipine intravenous solution</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	4	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	2	
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule,extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	4	MO
<i>torseamide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-240 mg</i>	2	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 2-180 mg, 4-240 mg</i>	2	
<i>treprostini sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL	5	PA; MO; LA
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	4	MO
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	4	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	3	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cholestyramine light oral powder</i>	3	MO
<i>cholestyramine light oral powder in packet</i>	3	
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	4	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	3	MO
JUXTAPID	5	PA; MO; LA
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	3	MO
REPATHA	3	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (7 per 28 days)
REPATHA SURECLICK	3	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	3	MO
<i>sodium nitroprusside</i>	2	B/D PA
VECAMYL	5	
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO

DERMATOLOGICALS/TOPICAL THERAPY

**ANTIPSORIATIC /
ANTISEBORRHEIC**

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Drug Name	Drug Tier	Requirements /Limits
<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>calcitriol topical</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (3 per 180 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	2	MO
<i>chloroprocaine (pf)</i>	2	
CIBINQO	5	PA; MO; QL (30 per 30 days)
<i>dermacinrx lidocan</i>	4	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-epinephrine</i>	2	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methoxsalen</i>	5	MO
PANRETIN	5	PA; MO
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
REGRANEX	5	QL (15 per 30 days)
SANTYL	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
<i>accutane</i>	4	
<i>amnesteam</i>	4	
<i>azelaic acid</i>	4	MO
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	4	
<i>ivermectin topical cream</i>	2	MO; QL (90 per 30 days)
<i>metronidazole topical</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>naftifine topical cream</i>	4	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>nystatin-triamcinolone</i>	3	MO; QL (60 per 28 days)
<i>nystop</i>	3	QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone</i>	3	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan</i>	4	MO; QL (236 per 28 days)
<i>desonide</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical lotion 2.5 %</i>	2	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate topical ointment</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA
<i>cevimeline</i>	4	MO
CHEMET	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	MO
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w)</i>	4	MO
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa</i>	5	PA; MO
ENDARI	5	PA; MO
INCRELEX	5	MO; LA
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C	5	PA; LA
REVCOVI	5	PA; LA
<i>riluzole</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
VELPHORO	5	MO; QL (180 per 30 days)
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	4	MO
XIAFLEX	5	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	
NICOTROL	4	
NICOTROL NS	4	MO
<i>varenicline</i>	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol,spray</i>	3	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	2	
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
PREVIDENT 5000 DRY MOUTH	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	3	MO
<i>ofloxacin otic (ear)</i>	3	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	MO; QL (7.5 per 7 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>alcohol pads</i>	3	MO
BAQSIMI	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
DROPSAFE ALCOHOL PREP PADS	3	
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI	3	MO; QL (30 per 30 days)
GVOKE	3	MO
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	3	

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INPEFA ORAL TABLET 200 MG	3	PA; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 400 MG	3	PA; QL (30 per 30 days)
INSULIN GLARGINE	3	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	3	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
QTERN	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	3	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33	3	MO; QL (90 per 30 days)
STEGLATRO	3	MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR	3	MO
ZEGALOGUE SYRINGE	3	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet</i>	4	PA; MO
<i>clomid</i>	2	PA; MO
<i>clomiphene citrate</i>	2	PA
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
KORLYM	5	PA
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO
STRENSIQ	5	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	4	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO
VIMIZIM	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral tablet</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	
<i>atropine intravenous solution 0.4 mg/ml</i>	2	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	2	
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
<i>betaine</i>	5	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
CIMZIA	5	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
CIMZIA STARTER KIT	5	PA; MO; QL (3 per 180 days)
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO	5	PA; MO; QL (2 per 28 days)
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>generlac</i>	2	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous</i>	2	MO
<i>granisetron hcl oral</i>	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
LINZESS	3	MO; QL (30 per 30 days)
<i>lubiprostone</i>	4	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release</i>	5	
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK	3	MO; QL (30 per 30 days)
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes</i>	2	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	4	MO
<i>peg-electrolyte</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>procto-med hc</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)
REMICADE	5	PA; MO; QL (20 per 28 days)
SANCUSO	5	MO
<i>scopolamine base</i>	4	MO
SKYRIZI INTRAVENOUS	5	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,mag sulfates</i>	4	MO
SUCRAID	5	PA

Drug Name	Drug Tier	Requirements /Limits
<i>sulfasalazine</i>	2	MO
TRULANCE	3	MO; QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI	3	B/D PA
VIBERZI	5	MO; QL (60 per 30 days)
VIOKACE	3	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	3	
ULCER THERAPY		
<i>cimetidine</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO; QL (60 per 30 days)
<i>misoprostol</i>	3	MO
<i>nizatidine oral capsule</i>	3	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
<i>plerixafor</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	1	V
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	MO; V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
BEXSERO	1	MO; V
BOOSTRIX TDAP	1	MO; V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAIXA (PF)	3	
ENGRIX-B (PF)	1	B/D PA; MO; V
ENGRIX-B PEDIATRIC (PF)	1	B/D PA; MO; V
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	MO; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	MO
HEPLISAV-B (PF)	1	B/D PA; MO; V
HIBERIX (PF)	3	MO
HIZENTRA SUBCUTANEOUS SOLUTION	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE 10 GRAM/50 ML (20 %)	5	B/D PA
HYPERHEP B INTRAMUSCULAR SOLUTION	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)(STOCKPILE)	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	MO; V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	MO; V

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	1	B/D PA; V
PRIORIX (PF)	1	V
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B/D PA; MO; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	1	B/D PA; MO; V
ROTARIX	3	

Drug Name	Drug Tier	Requirements /Limits
ROTATEQ VACCINE	3	
SHINGRIX (PF)	1	MO; V; QL (2 per 720 days)
TDVAX	1	MO; V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	MO; V
TETANUS,DIPHTHERIA TOX PED(PF)	3	
TICE BCG	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	1	MO; V
TWINRIX (PF)	1	MO; V
TYPHIM VI INTRAMUSCULAR SOLUTION	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO; V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	

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Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	3	
YF-VAX (PF)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	MO
BD PEN NEEDLE	3	MO
BD PEN NEEDLE	3	
GAUZE PADS 2 X 2	3	MO

Drug Name	Drug Tier	Requirements /Limits
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	MO
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	MO
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	3	MO
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

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Drug Name	Drug Tier	Requirements /Limits
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-ADAZ	5	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-ADB(MCF) PEN CROHNS	5	PA; QL (6 per 180 days)
ADALIMUMAB-ADB(MCF) PEN PS-UV	5	PA; QL (4 per 180 days)
BENLYSTA	5	PA; MO
CYLTEZO(CF) PEN	5	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN CROHNS-UC-HS START	5	PA; QL (6 per 180 days)
HUMIRA PEN PSOR-UEITS-ADOL HS	5	PA; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; MO; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; MO; QL (2.4 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ PEN PSORIASIS STARTER	5	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RIDAURA	5	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	QL (55 per 180 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz</i>	3	PA
<i>camila</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	3	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	3	PA; MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	PA; MO
<i>fyavolv</i>	4	PA; MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>jinteli</i>	4	PA; MO
<i>lyleq</i>	2	MO
<i>lyllana</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
MENEST	3	PA; MO
<i>mimvey</i>	3	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	4	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal</i>	3	MO
<i>mifepristone</i>	2	LA
MYFEMBREE	5	PA; MO
NEXPLANON	4	
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO
<i>xulane</i>	4	MO
<i>zafemy</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyred eq</i>	2	
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>introvale</i>	2	
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 90-20 mcg (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	
<i>levonorg-eth estradiol triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>luter</i> (28)	2	MO
<i>marlissa</i> (28)	2	MO
<i>microgestin 1.5/30</i> (21)	2	MO
<i>microgestin 1/20</i> (21)	2	MO
<i>microgestin fe 1.5/30</i> (28)	2	MO
<i>microgestin fe 1/20</i> (28)	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki</i> (28)	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg</i> (21)/75 mg (7)	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg</i> (28)	2	MO
<i>nortrel 0.5/35</i> (28)	2	MO
<i>nortrel 1/35</i> (21)	2	MO
<i>nortrel 1/35</i> (28)	2	MO
<i>nortrel 7/7/7</i> (28)	2	MO
<i>philith</i>	2	MO
<i>pimtrea</i> (28)	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>portia 28</i>	2	MO
<i>reclipsen</i> (28)	2	MO
<i>setlakin</i>	2	MO
<i>sprintec</i> (28)	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1-20 eq</i> (28)	2	MO
<i>tilia fe</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-sprintec</i> (28)	2	MO
<i>trivora</i> (28)	2	MO
<i>turqoz</i> (28)	2	
<i>velivet triphasic regimen</i> (28)	2	MO
<i>vestura</i> (28)	2	MO
<i>vienva</i>	2	MO
<i>violele</i> (28)	2	MO
<i>wera</i> (28)	2	MO
<i>zovia 1-35</i> (28)	2	MO
<i>zumandimine</i> (28)	2	MO
OXYTOCICS		
<i>methylergonovine oral</i>	4	PA
OPHTHALMOLOGY		

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
ANTIBIOTICS		
AZASITE	3	MO
<i>bacitracin ophthalmic (eye)</i>	3	MO
<i>bacitracin-polymyxin b</i>	2	MO
BESIVANCE	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	QL (3.5 per 14 days)
<i>gatifloxacin</i>	4	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neo-polycin</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
<i>bepotastine besilate</i>	3	MO
<i>bss</i>	2	
CIMERLI	5	PA; MO
<i>cromolyn ophthalmic (eye)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA
<i>epinastine</i>	3	MO
EYLEA	5	PA; MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	3	MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	
XDEMZY	5	PA; QL (10 per 42 days)
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	3	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ketorolac ophthalmic (eye)</i>	2	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol</i>	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
<i>tafluprost (pf)</i>	3	MO
<i>travoprost</i>	3	MO
STERIOD-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	3	MO
<i>neo-polycin hc</i>	3	

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	3	MO; QL (10 per 14 days)
STERIODS		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	3	MO
INVELTYS	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution 25 mg/ml</i>	4	

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>promethazine injection solution 50 mg/ml</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	5	PA; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA
<i>arformoterol</i>	4	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ACTUATION (30), 220 MCG/ACTUATION (30), 220 MCG/ACTUATION (60)	3	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>breynga</i>	3	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide-formoterol</i>	3	QL (10.2 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	4	B/D PA; MO
DULERA	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN	4	
FASENRA	5	PA; MO; QL (1 per 28 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
<i>flunisolide</i>	3	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO	5	PA; MO; QL (56 per 28 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	4	B/D PA; MO

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	4	B/D PA
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATIO N	3	MO; QL (21.2 per 30 days)
<i>roflumilast</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	5	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO
THEO-24	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>tiotropium bromide</i>	3	QL (90 per 90 days)
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
<i>wixela inhub</i>	3	QL (60 per 30 days)

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>fesoterodine</i>	3	MO
<i>flavoxate</i>	2	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	3	MO
<i>tropium oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin</i>	4	MO
<i>tamsulosin</i>	1	MO

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN	3	MO

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	4	
<i>alburx (human) 25 %</i>	4	
<i>alburx (human) 5 %</i>	4	
<i>albutein 25 %</i>	4	

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>albutein 5 %</i>	4	
<i>plasbumin 25 %</i>	4	
<i>plasbumin 5 %</i>	4	
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	3	MO; QL (360 per 30 days)
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con oral packet 20</i>	4	MO
<i>klor-con/ef</i>	2	MO
<i>lactated ringers intravenous</i>	4	MO
<i>magnesium chloride injection</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium acetate</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	4	
<i>sodium bicarbonate intravenous</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	MO
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO
<i>sodium chloride intravenous</i>	4	
<i>sodium phosphate</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
<i>electrolyte-148</i>	3	
<i>electrolyte-48 in d5w</i>	4	
<i>electrolyte-a</i>	3	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
PLASMA-LYTE A	3	
<i>plasmanate</i>	4	
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA

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This drug list was last updated on 01/18/2024.

Drug Name	Drug Tier	Requirements /Limits
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prenatal vitamin oral tablet</i>	2	MO
<i>wescap-pn dha</i>	2	MO

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

This drug list was last updated on 01/18/2024.

Index

A		
<i>abacavir</i>	2	
<i>abacavir-lamivudine</i>	2	
ABELCET	2	
ABILIFY ASIMTUFII	35	
ABILIFY MAINTENA	35	
<i>abiraterone</i>	12	
ABRAXANE	12	
ABRYSVO	68	
<i>acamprosate</i>	54	
<i>acarbose</i>	57	
<i>accutane</i>	51	
<i>acebutolol</i>	42	
<i>acetaminophen-codeine</i>	31	
<i>acetazolamide</i>	80	
<i>acetazolamide sodium</i>	80	
<i>acetic acid</i>	54, 56	
<i>acetylcysteine</i>	54, 82	
<i>acitretin</i>	50	
ACTEMRA	72	
ACTEMRA ACTPEN	72	
ACTHIB (PF)	68	
ACTIMMUNE	67	
<i>acyclovir</i>	2, 53	
<i>acyclovir sodium</i>	2	
ADACEL(TDAP		
ADOLESN/ADULT)(PF)		
.....	68	
ADALIMUMAB-ADAZ	72	
ADALIMUMAB-ADBM ...	72	
ADALIMUMAB-ADBM(CF)		
PEN CROHNS	73	
ADALIMUMAB-ADBM(CF)		
PEN PS-UV	73	
ADBRY	50	
ADCETRIS	12	
<i>adefovir</i>	2	
ADEMPAS	82	
<i>adenosine</i>	42	
<i>adrenalin</i>	81	
ADSTILADRIN	12	
ADVAIR HFA	82	
AIMOVIG		
AUTOINJECTOR	29	
AKEEGA	12	
<i>ala-cort</i>	53	
<i>albendazole</i>	7	
<i>albumin, human 25 %</i>	86	
<i>alburx (human) 25 %</i>	86	
<i>alburx (human) 5 %</i>	86	
<i>albutein 25 %</i>	86	
<i>albutein 5 %</i>	87	
<i>albuterol sulfate</i>	82	
<i>alclometasone</i>	53	
<i>alcohol pads</i>	58	
ALDURAZYME	61	
ALECENSA	12	
<i>alendronate</i>	72	
<i>alfuzosin</i>	86	
ALIQOPA	12	
<i>aliskiren</i>	42	
<i>allopurinol</i>	72	
<i>allopurinol sodium</i>	72	
<i>aloprim</i>	72	
<i>alose tron</i>	64	
ALREX	81	
<i>altavera (28)</i>	76	
ALUNBRIG	12, 13	
ALVESCO	82	
<i>alyacen 1/35 (28)</i>	76	
<i>alyacen 7/7/7 (28)</i>	76	
<i>alyq</i>	82	
<i>amabelz</i>	75	
<i>amantadine hcl</i>	2	
<i>ambrisentan</i>	82	
<i>amethyst (28)</i>	76	
<i>amikacin</i>	7	
<i>amiloride</i>	42	
<i>amiloride-hydrochlorothiazide</i>		
.....	42	
<i>aminocaproic acid</i>	46	
<i>amiodarone</i>	42	
<i>amitriptyline</i>	35	
<i>amlodipine</i>	42	
<i>amlodipine-atorvastatin</i>	47	
<i>amlodipine-benazepril</i>	42	
<i>amlodipine-olmesartan</i>	43	
<i>amlodipine-valsartan</i>	43	
<i>amlodipine-valsartan-hcthiazid</i>		
.....	43	
<i>ammonium lactate</i>	50	
<i>amnestem</i>	51	
<i>amoxapine</i>	35	
<i>amoxicillin</i>	9	
<i>amoxicillin-pot clavulanate</i> ...9,		
10		
<i>amphotericin b</i>	2	
<i>ampicillin</i>	10	
<i>ampicillin sodium</i>	10	
<i>ampicillin-sulbactam</i>	10	
<i>anagrelide</i>	54	
<i>anastrozole</i>	13	
APOKYN	28	
<i>apomorphine</i>	28	
<i>apraclonidine</i>	81	
<i>aprepitant</i>	64	
APRETUDE	2	
<i>apri</i>	76	
APTIOM	25	
APTIVUS	2	
<i>aranelle (28)</i>	76	
ARCALYST	67	
AREXVY (PF)	68	
<i>arformoterol</i>	82	
ARIKAYCE	7	
<i>aripiprazole</i>	35	
ARISTADA	35	
ARISTADA INITIO	35	
<i>armodafinil</i>	35	
<i>arsenic trioxide</i>	13	
<i>asenapine maleate</i>	35	
ASMANEX HFA	82	
ASMANEX TWISTHALER		
.....	82, 83	
ASPARLAS	13	
<i>aspirin-dipyridamole</i>	46	
<i>atazanavir</i>	2	
<i>atenolol</i>	43	

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

This drug list was last updated on 01/18/2024.

<i>atenolol-chlorthalidone</i>.....43	BESIVANCE.....79	<i>buprenorphine transdermal</i>
<i>atomoxetine</i> .....35, 36	BESPONSA.....13	<i>patch</i> .....32
<i>atorvastatin</i> .....47	BESREMI.....67	<i>buprenorphine-naloxone</i> 33, 34
<i>atovaquone</i> .....7	<i>betaine</i> .....64	<i>bupropion hcl</i>.....36
<i>atovaquone-proguanil</i> .....7	<i>betamethasone dipropionate</i> 53	<i>bupropion hcl (smoking deter)</i>
<i>atropine</i> .....63, 79	<i>betamethasone valerate</i>.....53	56
ATROVENT HFA.....83	<i>betamethasone, augmented</i> ..53	<i>buspirone</i> .....36
<i>aubra eq</i> .....76	BETASERON .....67	<i>busulfan</i> .....13
AUGMENTIN .....10	<i>betaxolol</i> .....43, 79	<i>butorphanol</i> .....34
AUVELITY.....36	<i>bethanechol chloride</i> .....86	BYDUREON BCISE .....58
<i>aviane</i> .....76	BEVESPI AEROSPHERE 83	BYETTA.....58
AVONEX .....67	<i>bexarotene</i> .....13	C
AYVAKIT .....13	BEXSERO.....69	CABENUVA .....2
<i>azacitidine</i> .....13	<i>bicalutamide</i> .....13	<i>cabergoline</i> .....61
AZASITE .....79	BICILLIN C-R .....10	CABLIVI.....46
<i>azathioprine</i>.....13	BICILLIN L-A.....10	CABOMETYX.....13
<i>azathioprine sodium</i> .....13	BIKTARVY .....2	<i>caffeine citrate</i> .....54
<i>azelaic acid</i>.....51	<i>bisoprolol fumarate</i> .....43	<i>calcipotriene</i> .....50
<i>azelastine</i> .....56, 79	<i>bisoprolol-hydrochlorothiazide</i>	<i>calcitonin (salmon)</i> .....61
<i>azithromycin</i> .....6	43	<i>calcitriol</i> .....50, 62
<i>aztreonam</i> .....7	<i>bleomycin</i>.....13	<i>calcium acetate(phosphat bind)</i>
<i>azurette (28)</i> .....76	BLINCYTO.....13	87
B	BOOSTRIX TDAP .....69	<i>calcium chloride</i> .....87
<i>bacitracin</i> .....7, 79	<i>bortezomib</i> .....13	<i>calcium gluconate</i>.....87
<i>bacitracin-polymyxin b</i>.....79	BORTEZOMIB .....13	CALQUENCE.....13
<i>baclofen</i> .....31	<i>bosentan</i>.....83	CALQUENCE
<i>balanced salt</i> .....79	BOSULIF .....13	(ACALABRUTINIB
<i>balsalazide</i>.....64	BRAFTOVI.....13	MAL) .....13
BALVERSA .....13	BREO ELLIPTA .....83	<i>camila</i> .....75
BAQSIMI.....58	<i>breyna</i> .....83	<i>camrese</i>.....76
BARACLUDE .....2	BREZTRI AEROSPHERE 83	<i>candesartan</i> .....43
BAVENCIO .....13	BRILINTA .....46	<i>candesartan-</i>
BCG VACCINE, LIVE (PF)	<i>brimonidine</i> .....81	<i>hydrochlorothiazid</i> .....43
.....68	<i>brimonidine-timolol</i>.....80	CAPLYTA.....36
BD INSULIN SYRINGE ...71	BRIUMVI.....30	CAPRELSA.....13
BD PEN NEEDLE.....71	BRIVIACT .....25	<i>captopril</i> .....43
BELBUCA .....31, 32	<i>bromfenac</i> .....80	<i>captopril-hydrochlorothiazide</i>
BELEODAQ .....13	<i>bromocriptine</i> .....28	43
<i>benazepril</i>.....43	BROMSITE .....80	<i>carbamazepine</i>.....25
<i>benazepril-hydrochlorothiazide</i>	BRUKINSA.....13	<i>carbidopa</i>.....28
.....43	<i>bss</i> .....79	<i>carbidopa-levodopa</i>.....28, 29
<i>bendamustine</i>.....13	<i>budesonide</i>.....64, 83	<i>carbidopa-levodopa-</i>
BENDEKA .....13	<i>budesonide-formoterol</i> .....83	<i>entacapone</i>.....29
BENLYSTA .....73	<i>bumetanide</i> .....43	<i>carboplatin</i> .....13
<i>benztropine</i> .....28	<i>buprenorphine hcl</i> .....32	<i>carglumic acid</i> .....54
<i>bepotastine besilate</i> .....79		<i>carmustine</i> .....14

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

This drug list was last updated on 01/18/2024.

<i>carteolol</i>	79	<i>cilostazol</i>	46	<i>clomiphene citrate</i>	62
<i>cartia xt</i>	43	CIMDUO	2	<i>clomipramine</i>	36
<i>carvedilol</i>	43	CIMERLI	79	<i>clonazepam</i>	25
<i>caspofungin</i>	2	<i>cimetidine</i>	66	<i>clonidine</i>	43
CAYSTON	7	CIMZIA	64	<i>clonidine (pf)</i>	34, 43
<i>cefaclor</i>	5	CIMZIA POWDER FOR		<i>clonidine hcl</i>	36, 43
<i>cefadroxil</i>	5	RECONST	64	<i>clopidogrel</i>	46
<i>cefazolin</i>	5, 6	CIMZIA STARTER KIT ..	64	<i>clorazepate dipotassium</i>	36
<i>cefazolin in dextrose (iso-os)</i> .	5	<i>cinacalcet</i>	62	<i>clotrimazole</i>	2, 52
<i>cefdinir</i>	6	CINRYZE	83	<i>clotrimazole-betamethasone</i> .	52
<i>cefepime</i>	6	CINVANTI	64	<i>clozapine</i>	36
<i>cefepime in dextrose, iso-osm.</i> .	6	<i>ciprofloxacin</i>	11	COARTEM	7
<i>cefixime</i>	6	<i>ciprofloxacin hcl</i>	11, 56, 79	<i>colchicine</i>	72
<i>cefoxitin</i>	6	<i>ciprofloxacin in 5 % dextrose</i>		<i>colesevelam</i>	48
<i>cefoxitin in dextrose, iso-osm.</i> .	6	.....	11	<i>colestipol</i>	48
<i>cefpodoxime</i>	6	<i>ciprofloxacin-dexamethasone</i>		<i>colistin (colistimethate na)</i>	7
<i>cefprozil</i>	6	.....	56	COLUMVI	14
<i>ceftazidime</i>	6	<i>cisplatin</i>	14	COMBIVENT RESPIMAT	
<i>ceftriaxone</i>	6	<i>citalopram</i>	36	.....	83
<i>ceftriaxone in dextrose, iso-os.</i> .	6	<i>cladribine</i>	14	COMETRIQ	14
<i>cefuroxime axetil</i>	6	<i>claravis</i>	51	COMPLERA	3
<i>cefuroxime sodium</i>	6	<i>clarithromycin</i>	6	<i>compro</i>	64
<i>celecoxib</i>	34	<i>clindamycin hcl</i>	7	<i>constulose</i>	64
<i>cephalexin</i>	6	<i>clindamycin in 5 % dextrose</i> ..	7	COPIKTRA	14
CEPROTIN (BLUE BAR) .	46	<i>clindamycin phosphate</i>	7, 51,	CORLANOR	48
CEPROTIN (GREEN BAR)		52, 76		CORTIFOAM	64
.....	46	CLINIMIX 5%/D15W		<i>cortisone</i>	57
<i>cetirizine</i>	81	SULFITE FREE	88	COSMEGEN	14
<i>cevimeline</i>	54	CLINIMIX 4.25%/D10W		COTELIC	14
CHEMET	54	SULF FREE	88	CREON	64
CHENODAL	64	CLINIMIX 4.25%/D5W		CRESEMBA	2
<i>chloramphenicol sod succinate</i>		SULFIT FREE	54	<i>cromolyn</i>	64, 79, 83
.....	7	CLINIMIX 5%-		<i>crotan</i>	54
<i>chlorhexidine gluconate</i>	56	D20W(SULFITE-FREE)	88	<i>cryselle (28)</i>	76
<i>chloroprocaine (pf)</i>	50	CLINIMIX 6%-D5W		CRYSVITA	62
<i>chloroquine phosphate</i>	7	(SULFITE-FREE)	88	<i>cyclobenzaprine</i>	31
<i>chlorothiazide sodium</i>	43	CLINIMIX 8%-		<i>cyclophosphamide</i>	14
<i>chlorpromazine</i>	36	D10W(SULFITE-FREE)	88	CYCLOPHOSPHAMIDE .	14
<i>chlorthalidone</i>	43	CLINIMIX 8%-		<i>cyclosporine</i>	14, 80
CHOLBAM	64	D14W(SULFITE-FREE)	88	<i>cyclosporine modified</i>	14
<i>cholestyramine (with sugar)</i> .	47	<i>clobazam</i>	25	CYLTEZO(CF)	73
<i>cholestyramine light</i>	48	<i>clobetasol</i>	53	CYLTEZO(CF) PEN	73
CIBINQO	50	<i>clobetasol-emollient</i>	53	CYLTEZO(CF) PEN	
<i>ciclodan</i>	52	<i>clodan</i>	53	CROHN'S-UC-HS	73
<i>ciclopirox</i>	52	<i>clofarabine</i>	14	CYLTEZO(CF) PEN	
<i>cidofovir</i>	2	<i>clomid</i>	62	PSORIASIS-UV	73

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

This drug list was last updated on 01/18/2024.

CYRAMZA	14	<i>dermacinrx lidocan</i>	50	<i>dihydroergotamine</i>	29
<i>cyred eq</i>	76	DESCOVY	3	DILANTIN 30 MG	25
CYSTAGON	86	<i>desipramine</i>	36	<i>diltiazem hcl</i>	43
CYSTARAN	80	<i>desmopressin</i>	62	<i>dilt-xr</i>	43
<i>cytarabine</i>	14	<i>desog-e.estradiol/e.estradiol</i> 76		<i>dimenhydrinate</i>	64
<i>cytarabine (pf)</i>	14	<i>desogestrel-ethinyl estradiol</i> 77		<i>dimethyl fumarate</i>	30
D		<i>desonide</i>	53	<i>diphenhydramine hcl</i>	81
<i>d10 %-0.45 % sodium chloride</i>		<i>desvenlafaxine succinate</i>	36	<i>diphenoxylate-atropine</i>	63
.....	54	<i>dexamethasone</i>	57	<i>dipyridamole</i>	46
<i>d2.5 %-0.45 % sodium</i>		<i>dexamethasone intensol</i>	57	<i>disulfiram</i>	55
<i>chloride</i>	54	<i>dexamethasone sodium phos</i>		<i>divalproex</i>	25
<i>d5 % and 0.9 % sodium</i>		<i>(pf)</i>	57	<i>dobutamine</i>	49
<i>chloride</i>	54	<i>dexamethasone sodium</i>		<i>dobutamine in d5w</i>	49
<i>d5 %-0.45 % sodium chloride</i>		<i>phosphate</i>	57, 81	<i>docetaxel</i>	15
.....	54	<i>dextrazoxane hcl</i>	12	<i>dofetilide</i>	42
<i>dabigatran etexilate</i>	46	<i>dextroamphetamine-</i>		<i>donepezil</i>	30
<i>dacarbazine</i>	14	<i>amphetamine</i>	36	<i>dopamine</i>	49
<i>dactinomycin</i>	14	<i>dextrose 10 % and 0.2 % nacl</i>		<i>dopamine in 5 % dextrose</i>	49
<i>dalfampridine</i>	30	.....	55	DOPTELET (10 TAB	
<i>danazol</i>	62	<i>dextrose 10 % in water (d10w)</i>		PACK)	46
<i>dantrolene</i>	31	.....	55	DOPTELET (15 TAB	
DANYELZA	14	<i>dextrose 25 % in water (d25w)</i>		PACK)	46
<i>dapsone</i>	7	.....	55	DOPTELET (30 TAB	
DAPTACEL (DTAP		<i>dextrose 5 % in water (d5w)</i>	55	PACK)	46
PEDIATRIC) (PF)	69	<i>dextrose 5 %-lactated ringers</i>		<i>dorzolamide</i>	80
<i>daptomycin</i>	7	.....	55	<i>dorzolamide-timolol</i>	80
DAPTOMYCIN	7	<i>dextrose 5%-0.2 % sod</i>		<i>dotti</i>	75
<i>darunavir</i>	3	<i>chloride</i>	55	DOVATO	3
DARZALEX	14	<i>dextrose 5%-0.3 %</i>		<i>doxazosin</i>	43
<i>dasetta 1/35 (28)</i>	76	<i>sod.chloride</i>	55	<i>doxepin</i>	36
<i>dasetta 7/7/7 (28)</i>	76	<i>dextrose 50 % in water (d50w)</i>		<i>doxercalciferol</i>	62
<i>daunorubicin</i>	14	.....	55	<i>doxorubicin</i>	15
DAURISMO	14	<i>dextrose 70 % in water (d70w)</i>		<i>doxorubicin, peg-liposomal</i> ..	15
<i>daysee</i>	76	.....	55	<i>doxy-100</i>	11
<i>deblitane</i>	75	DIACOMIT	25	<i>doxycycline hyclate</i>	11
<i>decitabine</i>	14	<i>diazepam</i>	25, 36	<i>doxycycline monohydrate</i>	11
<i>deferasirox</i>	54, 55	<i>diazepam intensol</i>	36	DRIZALMA SPRINKLE ..	37
<i>deferiprone</i>	55	<i>diazoxide</i>	58	<i>dronabinol</i>	64
<i>deferoxamine</i>	55	<i>diclofenac potassium</i>	34	<i>droperidol</i>	64
DELSTRIGO	3	<i>diclofenac sodium</i>	34, 50, 80	DROPSAFE ALCOHOL	
<i>demeclocycline</i>	11	<i>diclofenac-misoprostol</i>	34	PREP PADS	58
DENG VAXIA (PF)	69	<i>dicloxacillin</i>	10	<i>drospirenone-e.estradiol-lm.fa</i>	
<i>denta 5000 plus</i>	56	<i>dicyclomine</i>	63	.....	77
<i>dentagel</i>	56	DIFICID	7	<i>drospirenone-ethinyl estradiol</i>	
DEPO-SUBQ PROVERA		<i>diflunisal</i>	34	.....	77
104	75	<i>digoxin</i>	48, 49	DROXIA	15

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

This drug list was last updated on 01/18/2024.

<i>droxidopa</i>	55	<i>emtricitabine-tenofovir (tdf)</i> ...	3	<i>erythromycin with ethanol</i>	52
DUAVEE	75	EMTRIVA	3	<i>escitalopram oxalate</i>	37
DULERA	83	EMVERM	7	<i>esmolol</i>	44
<i>duloxetine</i>	37	<i>enalapril maleate</i>	44	<i>esomeprazole magnesium</i>	67
DUPIXENT PEN	50	<i>enalaprilat</i>	44	<i>esomeprazole sodium</i>	67
DUPIXENT SYRINGE 50,	51	<i>enalapril-hydrochlorothiazide</i>		<i>estarylla</i>	77
<i>dutasteride</i>	86	.....	44	<i>estradiol</i>	75
<i>dutasteride-tamsulosin</i>	86	ENBREL	73	<i>estradiol valerate</i>	75
E		ENBREL MINI	73	<i>estradiol-norethindrone acet</i>	75
<i>e.e.s. 400</i>	7	ENBREL SURECLICK	73	<i>eszopiclone</i>	37
<i>ec-naproxen</i>	34	ENDARI	55	<i>ethacrynate sodium</i>	44
<i>econazole</i>	52	<i>endocet</i>	32	<i>ethambutol</i>	7
EDARBI	43	ENERGIX-B (PF)	69	<i>ethosuximide</i>	25
EDARBYCLOR	43	ENERGIX-B PEDIATRIC		<i>ethynodiol diac-eth estradiol</i>	77
EDURANT	3	(PF)	69	<i>etodolac</i>	34
<i>efavirenz</i>	3	<i>enoxaparin</i>	46	<i>etonogestrel-ethinyl estradiol</i>	
<i>efavirenz-emtricitabin-tenofov</i>	3	<i>enpresse</i>	77	.....	76
<i>efavirenz-lamivu-tenofov disop</i>		<i>enskyce</i>	77	ETOPOPHOS	15
.....	3	<i>entacapone</i>	29	<i>etoposide</i>	15
<i>effer-k</i>	87	<i>entecavir</i>	3	<i>etravirine</i>	3
ELAPRASE	62	ENTRESTO	49	<i>euthyrox</i>	63
<i>electrolyte-148</i>	88	ENTYVIO	64	<i>everolimus (antineoplastic)</i> .	15,
<i>electrolyte-48 in d5w</i>	88	<i>enulose</i>	64	16	
<i>electrolyte-a</i>	88	ENVARUS XR	15	<i>everolimus</i>	
<i>eletriptan</i>	29	EPCLUSA	3	<i>(immunosuppressive)</i>	16
ELIGARD	15	EPIDIOLEX	25	EVOTAZ	3
ELIGARD (3 MONTH)	15	<i>epinastine</i>	80	<i>exemestane</i>	16
ELIGARD (4 MONTH)	15	<i>epinephrine</i>	81	EXKIVITY	16
ELIGARD (6 MONTH)	15	<i>epirubicin</i>	15	EYLEA	80
<i>elinest</i>	77	<i>epitol</i>	25	<i>ezetimibe</i>	48
ELIQUIS	46	EPKINLY	15	<i>ezetimibe-simvastatin</i>	48
ELIQUIS DVT-PE TREAT		<i>eplerenone</i>	44	F	
30D START	46	EPRONTIA	25	FABRAZYME	62
ELITEK	12	ERBITUX	15	<i>falmina (28)</i>	77
ELIXOPHYLLIN	83	<i>ergotamine-caffeine</i>	29	<i>famciclovir</i>	3
ELMIRON	86	ERIVEDGE	15	<i>famotidine</i>	67
ELREXFIO	15	ERLEADA	15	<i>famotidine (pf)</i>	67
<i>eluryng</i>	76	<i>erlotinib</i>	15	<i>famotidine (pf)-nacl (iso-os)</i>	67
ELZONRIS	15	<i>errin</i>	75	FANAPT	37
EMCYT	15	<i>ertapenem</i>	7	FARXIGA	58
EMEND	64	ERWINASE	15	FASENRA	83
EMGALITY PEN	29	<i>ery pads</i>	52	FASENRA PEN	83
EMGALITY SYRINGE ...	29	<i>ery-tab</i>	7	<i>febuxostat</i>	72
EMPLICITI	15	<i>erythrocin (as stearate)</i>	7	<i>felbamate</i>	25
EMSAM	37	<i>erythromycin</i>	7, 79	<i>felodipine</i>	44
<i>emtricitabine</i>	3	<i>erythromycin ethylsuccinate</i> ...	7	<i>fenofibrate</i>	48

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

This drug list was last updated on 01/18/2024.

<i>fenofibrate micronized</i>	48	<i>fomepizole</i>	69	GLEOSTINE	17
<i>fenofibrate nanocrystallized</i>	48	<i>fondaparinux</i>	46	<i>glimepiride</i>	58
<i>fenofibric acid</i>	48	<i>formoterol fumarate</i>	83	<i>glipizide</i>	58
<i>fenofibric acid (choline)</i>	48	FOSAMAX PLUS D	72	<i>glipizide-metformin</i>	58
<i>fentanyl</i>	32	<i>fosamprenavir</i>	3	<i>glycine urologic</i>	86
<i>fentanyl citrate</i>	32	<i>fosaprepitant</i>	64	<i>glycine urologic solution</i>	86
<i>fentanyl citrate (pf)</i>	32	<i>fosinopril</i>	44	<i>glycopyrrolate</i>	64
<i>fesoterodine</i>	86	<i>fosinopril-hydrochlorothiazide</i>	44	<i>glycopyrrolate (pf) in water</i> ..	63
FETZIMA	37	<i>fosphenytoin</i>	25	<i>glydo</i>	51
<i>finasteride</i>	86	FOTIVDA	16	GLYXAMBI	58
<i>fingolimod</i>	30	FRUZAQLA	16	GRALISE	26
FINTEPLA	25	<i>fulvestrant</i>	16	<i>granisetron (pf)</i>	64
FIRDAPSE	30	<i>furosemide</i>	44	<i>granisetron hcl</i>	64
FIRMAGON KIT W DILUENT SYRINGE	16	FUZEON	3	<i>griseofulvin microsize</i>	2
<i>flac otic oil</i>	56	FYARRO	16	<i>griseofulvin ultramicrosize</i>	2
<i>flavoxate</i>	86	<i>fyavolv</i>	75	GVOKE	58
<i>flecainide</i>	42	FYCOMPA	25	GVOKE HYOPEN 1- PACK	58
<i>floxuridine</i>	16	G <i>gabapentin</i>	26	GVOKE HYOPEN 2- PACK	58
<i>fluconazole</i>	2	<i>galantamine</i>	30	GVOKE PFS 1-PACK SYRINGE	58, 59
<i>fluconazole in nacl (iso-osm)</i> .	2	GAMASTAN	69	GVOKE PFS 2-PACK SYRINGE	59
<i>flucytosine</i>	2	GAMASTAN S/D	69	H HALAVEN	17
<i>fludarabine</i>	16	<i>ganciclovir sodium</i>	3	<i>halobetasol propionate</i>	53
<i>fludrocortisone</i>	57	GARDASIL 9 (PF)	69	<i>haloperidol</i>	37
<i>flumazenil</i>	37	<i>gatifloxacin</i>	79	<i>haloperidol decanoate</i>	37, 38
<i>flunisolide</i>	83	GATTEX 30-VIAL	64	<i>haloperidol lactate</i>	38
<i>fluocinolone</i>	53	GATTEX ONE-VIAL	64	HARVONI	3
<i>fluocinolone acetone oil</i>	56	GAUZE PAD	71	HAVRIX (PF)	69
<i>fluocinolone and shower cap</i> ..	53	<i>gavilyte-c</i>	64	<i>heather</i>	75
<i>fluocinonide</i>	53	<i>gavilyte-g</i>	64	<i>heparin (porcine)</i>	47
<i>fluocinonide-emollient</i>	53	GAVRETO	16	<i>heparin (porcine) in 5 % dex</i> ..	47
<i>fluoride (sodium)</i>	56, 89	GAZYVA	16	<i>heparin (porcine) in nacl (pf)</i>	47
<i>fluorometholone</i>	81	<i>gefitinib</i>	16	<i>heparin (porcine) in 0.45% nacl</i>	47
<i>fluorouracil</i>	16, 51	<i>gemcitabine</i>	16, 17	HEPARIN(PORCINE) IN 0.45% NACL	47
<i>fluoxetine</i>	37	GEMCITABINE	17	<i>heparin, porcine (pf)</i>	47
<i>fluoxetine (pmd)</i>	37	<i>gemfibrozil</i>	48	HEPARIN, PORCINE (PF)	47
<i>fluphenazine decanoate</i>	37	<i>generlac</i>	64	HEPLISAV-B (PF)	69
<i>fluphenazine hcl</i>	37	<i>gengraf</i>	17	HIBERIX (PF)	69
<i>flurbiprofen</i>	34	<i>gentamicin</i>	7, 52, 79		
<i>flurbiprofen sodium</i>	80	<i>gentamicin in nacl (iso-osm)</i> ..	7		
<i>fluticasone propionate</i>	83	<i>gentamicin sulfate (ped) (pf)</i> ..	8		
<i>fluticasone propion-salmeterol</i>	83	GENVOYA	3		
<i>fluvastatin</i>	48	GILOTRIF	17		
<i>fluvoxamine</i>	37	<i>glatiramer</i>	30		
FOLOTYN	16	<i>glatopa</i>	30		

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This drug list was last updated on 01/18/2024.

HIZENTRA	69	<i>hydrochlorothiazide</i>	44	IMOVAX RABIES	
HUMALOG JUNIOR		<i>hydrocodone-acetaminophen</i>	32	VACCINE (PF)	69
KWIKPEN U-100	59	<i>hydrocodone-ibuprofen</i>	32	IMVEXXY	
HUMALOG KWIKPEN		<i>hydrocortisone</i>	53, 54, 57, 65	MAINTENANCE PACK	
INSULIN	59	<i>hydrocortisone-acetic acid</i> ...	56	.....	75
HUMALOG MIX 50-50		<i>hydromorphone</i>	32	IMVEXXY STARTER	
INSULN U-100	59	<i>hydromorphone (pf)</i>	32	PACK	75
HUMALOG MIX 50-50		<i>hydroxychloroquine</i>	8	<i>incassia</i>	75
KWIKPEN	59	<i>hydroxyprogesterone caproate</i>	.....	INCRELEX	55
HUMALOG MIX 75-25		.....	75	<i>indapamide</i>	44
KWIKPEN	59	<i>hydroxyurea</i>	17	INFANRIX (DTAP) (PF) ...	69
HUMALOG MIX 75-25(U-		<i>hydroxyzine hcl</i>	81	INGREZZA	30
100)INSULN	59	HYPERHEP B	69	INGREZZA INITIATION	
HUMALOG U-100 INSULIN		HYPERHEP B NEONATAL	.....	PACK	30
.....	59	.....	69	INLYTA	17
HUMIRA	73	HYRIMOZ CF		INPEFA	59
HUMIRA PEN	73	(PREFERRED NDCS		INQOVI	17
HUMIRA PEN CROHNS-		STARTING WITH 61314)		INREBIC	17
UC-HS START	73	.....	74	INSULIN GLARGINE	59
HUMIRA PEN PSOR-		HYRIMOZ PEN CROHN'S-		INSULIN LISPRO	59
UVEITS-ADOL HS	73	UC STARTER	74	INSULIN SYRINGE-	
HUMIRA(CF)	74	HYRIMOZ PEN		NEEDLE U-100	71
HUMIRA(CF) PEDI		PSORIASIS STARTER	74	INSULIN SYRINGES (NON-	
CROHNS STARTER	73	HYRIMOZ(CF) PEDI		PREFERRED BRANDS)	
HUMIRA(CF) PEN	73	CROHN STARTER	74	.....	71
HUMIRA(CF) PEN		I		INTELENCE	3
CROHNS-UC-HS	73	<i>ibandronate</i>	72	<i>intralipid</i>	88
HUMIRA(CF) PEN		IBRANCE	17	<i>introvale</i>	77
PEDIATRIC UC	73	<i>ibu</i>	34	INVEGA HAFYERA	38
HUMIRA(CF) PEN PSOR-		<i>ibuprofen</i>	34	INVEGA SUSTENNA	38
UV-ADOL HS	73	<i>ibutilide fumarate</i>	42	INVEGA TRINZA	38
HUMULIN 70/30 U-100		<i>icatibant</i>	83	INVELTYS	81
INSULIN	59	ICLUSIG	17	IPOL	69
HUMULIN 70/30 U-100		<i>icosapent ethyl</i>	48	<i>ipratropium bromide</i>	56, 83
KWIKPEN	59	<i>idarubicin</i>	17	<i>ipratropium-albuterol</i>	83
HUMULIN N NPH INSULIN		IDHIFA	17	<i>irbesartan</i>	44
KWIKPEN	59	<i>ifosfamide</i>	17	<i>irbesartan-hydrochlorothiazide</i>	.....
HUMULIN N NPH U-100		ILARIS (PF)	67	.....	44
INSULIN	59	<i>imatinib</i>	17	<i>irinotecan</i>	17, 18
HUMULIN R REGULAR U-		IMBRUVICA	17	ISENTRESS	3, 4
100 INSULN	59	IMFINZI	17	ISENTRESS HD	3
HUMULIN R U-500 (CONC)		<i>imipenem-cilastatin</i>	8	<i>isibloom</i>	77
INSULIN	59	<i>imipramine hcl</i>	38	ISOLYTE S PH 7.4	88
HUMULIN R U-500 (CONC)		<i>imipramine pamoate</i>	38	ISOLYTE-P IN 5 %	
KWIKPEN	59	<i>imiquimod</i>	51	DEXTROSE	88
<i>hydralazine</i>	44	IMJUDO	17	ISOLYTE-S	88

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This drug list was last updated on 01/18/2024.

<i>isoniazid</i>	8	KHAPZORY	12	<i>letrozole</i>	19
<i>isosorbide dinitrate</i>	49	KIMMTRAK	18	<i>leucovorin calcium</i>	12
<i>isosorbide mononitrate</i>	49	KINRIX (PF)	69	LEUKERAN	19
<i>isosorbide-hydralazine</i>	44	KISQALI	18	LEUKINE	67
<i>isotretinoin</i>	52	KISQALI FEMARA CO-		<i>leuprolide</i>	19
<i>isradipine</i>	44	PACK	18	<i>levalbuterol hcl</i>	83, 84
ISTODAX	18	<i>klor-con 10</i>	87	<i>levetiracetam</i>	26
<i>itraconazole</i>	2	<i>klor-con 8</i>	87	<i>levetiracetam in nacl (iso-os)</i>	
<i>ivermectin</i>	8, 52	<i>klor-con m10</i>	87	.....	26
IXEMPRA	18	<i>klor-con m15</i>	87	<i>levobunolol</i>	79
IXIARO (PF)	69	<i>klor-con m20</i>	87	<i>levocarnitine</i>	55
J		<i>klor-con oral packet 20</i>	87	<i>levocarnitine (with sugar)</i>	55
JAKAFI	18	<i>klor-con/ef</i>	87	<i>levocetirizine</i>	81
<i>jantoven</i>	47	KORLYM	62	<i>levofloxacin</i>	11, 79
JANUMET	59	KOSELUGO	18	<i>levofloxacin in d5w</i>	11
JANUMET XR	59	<i>kourzeq</i>	56	<i>levoleucovorin calcium</i>	12
JANUVIA	59	K-PHOS NO 2	86	<i>levonest (28)</i>	77
JARDIANCE	59	K-PHOS ORIGINAL	86	<i>levonorgestrel-ethinyl estrad</i>	77
<i>jasmiel (28)</i>	77	KRAZATI	18	<i>levonorg-eth estrad triphasic</i>	77
JAYPIRCA	18	<i>kurvelo (28)</i>	77	<i>levora-28</i>	77
JEMPERLI	18	KYPROLIS	18	<i>levo-t</i>	63
<i>jencycla</i>	75	L		<i>levothyroxine</i>	63
JENTADUETO	59	<i>l norgest/e.estradiol-e.estrad</i>	77	<i>levoxyl</i>	63
JENTADUETO XR	60	<i>labetalol</i>	44	LEXIVA	4
JEVTANA	18	<i>lacosamide</i>	26	LIBTAYO	19
<i>jinteli</i>	76	<i>lactated ringers</i>	54, 87	<i>lidocaine</i>	51
<i>jolessa</i>	77	<i>lactulose</i>	65	<i>lidocaine (pf)</i>	42, 51
<i>juleber</i>	77	LAGEVRIO (EUA)	4	<i>lidocaine hcl</i>	51
JULUCA	4	<i>lamivudine</i>	4	<i>lidocaine in 5 % dextrose (pf)</i>	
JUXTAPID	48	<i>lamivudine-zidovudine</i>	4	.....	42
JYNNEOS		<i>lamotrigine</i>	26	<i>lidocaine viscous</i>	51
(PF)(STOCKPILE)	69	<i>lansoprazole</i>	67	<i>lidocaine-epinephrine</i>	51
K		LANTUS SOLOSTAR U-100		<i>lidocaine-epinephrine (pf)</i>	51
KADCYLA	18	INSULIN	60	<i>lidocaine-prilocaine</i>	51
<i>kalliga</i>	77	LANTUS U-100 INSULIN	60	<i>lincomycin</i>	8
KALYDECO	83	<i>lapatinib</i>	18	<i>linezolid</i>	8
KANUMA	62	<i>larin 1.5/30 (21)</i>	77	<i>linezolid in dextrose 5%</i>	8
<i>kariva (28)</i>	77	<i>larin 1/20 (21)</i>	77	<i>linezolid-0.9% sodium chloride</i>	
<i>kelnor 1/35 (28)</i>	77	<i>larin 24 fe</i>	77	.....	8
<i>kelnor 1-50 (28)</i>	77	<i>larin fe 1.5/30 (28)</i>	77	LINZESS	65
<i>kemoplat</i>	18	<i>larin fe 1/20 (28)</i>	77	LIORESAL	31
KEPIVANCE	12	<i>latanoprost</i>	80	<i>liothyronine</i>	63
KERENDIA	44	<i>leflunomide</i>	74	<i>lisinopril</i>	44
<i>ketoconazole</i>	2, 52	<i>lenalidomide</i>	18	<i>lisinopril-hydrochlorothiazide</i>	
<i>ketorolac</i>	80	LENVIMA	18, 19		44
KEYTRUDA	18	<i>lessina</i>	77	<i>lithium carbonate</i>	38

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This drug list was last updated on 01/18/2024.

<i>lithium citrate</i>	38	<i>maraviroc</i>	4	<i>methylprednisolone sodium</i>	
LOKELMA	55	MARGENZA	19	<i>succ</i>	57
LONSURF	19	<i>marlissa</i> (28)	78	<i>metoclopramide hcl</i>	65
<i>loperamide</i>	64	MARPLAN	39	<i>metolazone</i>	44
<i>lopinavir-ritonavir</i>	4	MATULANE	19	<i>metoprolol succinate</i>	44
<i>lorazepam</i>	38, 39	<i>matzim la</i>	44	<i>metoprolol ta-hydrochlorothiaz</i>	
<i>lorazepam intensol</i>	38	<i>meclizine</i>	65	.....	44
LORBRENA	19	<i>medroxyprogesterone</i>	76	<i>metoprolol tartrate</i>	44
<i>loryna</i> (28)	77	<i>mefloquine</i>	8	<i>metro i.v.</i>	8
<i>losartan</i>	44	<i>megestrol</i>	19	<i>metronidazole</i>	8, 52, 76
<i>losartan-hydrochlorothiazide</i>		MEKINIST	19	<i>metronidazole in nacl (iso-os)</i>	8
.....	44	MEKTOVI	19	<i>metyrosine</i>	44
<i>loteprednol etabonate</i>	81	<i>meloxicam</i>	34	<i>mexiletine</i>	42
<i>lovastatin</i>	48	<i>melfhalan</i>	19	<i>micafungin</i>	2
<i>low-ogestrel</i> (28)	77	<i>melfhalan hcl</i>	19	<i>microgestin 1.5/30 (21)</i>	78
<i>loxapine succinate</i>	39	<i>memantine</i>	30	<i>microgestin 1/20 (21)</i>	78
<i>lo-zumandimine</i> (28)	77	MENACTRA (PF)	69	<i>microgestin fe 1.5/30 (28)</i>	78
<i>lubiprostone</i>	65	MENEST	76	<i>microgestin fe 1/20 (28)</i>	78
LUMAKRAS	19	MENQUADFI (PF)	69	<i>midodrine</i>	55
LUMIGAN	80	MENVEO A-C-Y-W-135-		<i>mifepristone</i>	76
LUMIZYME	62	DIP (PF)	69	<i>mili</i>	78
LUNSUMIO	19	MEPSEVII	62	<i>milrinone</i>	49
LUPRON DEPOT	19	<i>mercaptopurine</i>	19	<i>milrinone in 5 % dextrose</i>	49
<i>lurasidone</i>	39	<i>meropenem</i>	8	<i>mimvey</i>	76
<i>lutera</i> (28)	78	<i>mesalamine</i>	65	<i>minocycline</i>	11
<i>lyleq</i>	76	<i>mesalamine with cleansing</i>		<i>minoxidil</i>	44
<i>lyllana</i>	76	<i>wipe</i>	65	<i>miostat</i>	80
LYNPARZA	19	<i>mesna</i>	12	<i>mirtazapine</i>	39
LYSODREN	19	MESNEX	12	<i>misoprostol</i>	67
LYTGOBI	19	<i>metformin</i>	60	<i>mitomycin</i>	19, 20
LYUMJEV KWIKPEN U-		<i>methadone</i>	32, 33	<i>mitoxantrone</i>	20
100 INSULIN	60	<i>methadone intensol</i>	32	M-M-R II (PF)	69
LYUMJEV KWIKPEN U-		<i>methadose</i>	33	<i>modafinil</i>	39
200 INSULIN	60	<i>methazolamide</i>	80	<i>moexipril</i>	44
LYUMJEV U-100 INSULIN		<i>methenamine hippurate</i>	12	<i>molindone</i>	39
.....	60	<i>methenamine mandelate</i>	12	<i>mometasone</i>	54, 84
<i>lyza</i>	76	<i>methimazole</i>	57	<i>mondoxyne nl</i>	12
M		<i>methotrexate sodium</i>	19	MONJUVI	20
<i>magnesium chloride</i>	87	<i>methotrexate sodium (pf)</i>	19	<i>mono-lynyah</i>	78
<i>magnesium sulfate</i>	87	<i>methoxsalen</i>	51	<i>montelukast</i>	84
MAGNESIUM SULFATE IN		<i>methsuximide</i>	26	<i>morphine</i>	33
D5W	87	<i>methylergonovine</i>	78	<i>morphine (pf)</i>	33
<i>magnesium sulfate in water</i> ..	87	<i>methylphenidate hcl</i>	39	<i>morphine concentrate</i>	33
<i>malathion</i>	54	<i>methylprednisolone</i>	57	MOUNJARO	60
<i>mannitol 20 %</i>	44	<i>methylprednisolone acetate</i> ..	57	MOVANTIK	65
<i>mannitol 25 %</i>	44			<i>moxifloxacin</i>	11, 79

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This drug list was last updated on 01/18/2024.

<i>moxifloxacin-sod.chloride(iso)</i>	<i>nevirapine</i>	NUPLAZID
..... 11	4	39
MOZOBIL	NEXLETOL	NURTEC ODT
.....67	48	29
<i>mupirocin</i>	NEXLIZET	<i>nyamyc</i>
.....52	48	52
MYALEPT	NEXPLANON	<i>nystatin</i>
.....62	76	2, 52
<i>mycophenolate mofetil</i>	<i>niacin</i>	<i>nystatin-triamcinolone</i>
.....20	48	53
<i>mycophenolate mofetil (hcl)</i>	<i>nicardipine</i>	<i>nystop</i>
.....20	44, 45	53
<i>mycophenolate sodium</i>	NICOTROL	NYVEPRIA
.....20	56	67
MYFEMBREE	NICOTROL NS	O
.....76	56	
MYLOTARG	<i>nifedipine</i>	OALIVA
.....20	45	65
MYRBETRIQ	<i>nikki (28)</i>	<i>octreotide acetate</i>
.....86	78	20
N	<i>nilutamide</i>	ODEFSEY
	20	4
<i>nabumetone</i>	<i>nimodipine</i>	ODOMZO
.....34	45	20
<i>nadolol</i>	NINLARO	OFEV
.....44	20	84
<i>nafcillin</i>	<i>nisoldipine</i>	<i>ofloxacin</i>
.....10	45	56, 79
<i>nafcillin in dextrose iso-osm</i>	<i>nitazoxanide</i>	OJJAARA
.....10	8	20
<i>naftifine</i>	<i>nitisinone</i>	<i>olanzapine</i>
.....52	55	39
NAGLAZYME	<i>nitro-bid</i>	<i>olanzapine-fluoxetine</i>
.....62	49	39
<i>nalbuphine</i>	<i>nitrofurantoin macrocrystal</i>	<i>olmesartan</i>
.....34	12	45
<i>naloxone</i>	<i>nitrofurantoin monohyd/m-</i>	<i>olmesartan-amlodipin-</i>
.....34	<i>cryst</i>	<i>hcthiazid</i>
<i>naltrexone</i>	12	45
.....34	<i>nitroglycerin</i>	<i>olmesartan-</i>
NAMZARIC	49	<i>hydrochlorothiazide</i>
.....30	<i>nitroglycerin in 5 % dextrose</i>	45
<i>naproxen</i>	49	<i>olopatadine</i>
.....34	NIVESTYM	80
<i>naproxen sodium</i>	67	<i>omega-3 acid ethyl esters</i>
.....34	<i>nizatidine</i>	48
<i>naratriptan</i>	67	<i>omeprazole</i>
.....29	<i>nora-be</i>	67
NATACYN	76	OMNIPOD 5 G6 INTRO
.....79	<i>norepinephrine bitartrate</i>	KIT (GEN 5)
<i>nateglinide</i>	49	71
.....60	<i>norethindrone (contraceptive)</i>	OMNIPOD 5 G6 PODS
NATPARA	76	(GEN 5)
.....62	<i>norethindrone acetate</i>	71
NAYZILAM	76	OMNIPOD CLASSIC PODS
.....27	<i>norethindrone ac-eth estradiol</i>	(GEN 3)
<i>nebivolol</i>	76, 78	71
.....44	<i>norethindrone-e.estradiol-iron</i>	OMNIPOD DASH INTRO
<i>nefazodone</i>	78	KIT (GEN 4)
.....39	<i>norgestimate-ethinyl estradiol</i>	71
<i>nelarabine</i>	78	OMNIPOD DASH PODS
.....20	<i>nortrel 0.5/35 (28)</i>	(GEN 4)
<i>neomycin</i>	78	71
.....8	<i>nortrel 1/35 (21)</i>	OMNITROPE
<i>neomycin-bacitracin-poly-hc</i>	78	68
.....80	<i>nortrel 1/35 (28)</i>	ONCASPAR
<i>neomycin-bacitracin-</i>	<i>nortrel 7/7/7 (28)</i>	20
<i>polymyxin</i>	78	<i>ondansetron</i>
.....79	<i>nortriptyline</i>	65
<i>neomycin-polymyxin b gu</i>	39	<i>ondansetron hcl</i>
.....54	NORVIR	65
<i>neomycin-polymyxin b-</i>	4	<i>ondansetron hcl (pf)</i>
<i>dexameth</i>	NUBEQA	65
.....80	20	ONIVYDE
<i>neomycin-polymyxin-</i>	NUCALA	20
<i>gramicidin</i>	84	ONUREG
.....79	NUDEXTA	20
<i>neomycin-polymyxin-hc</i>	30	OPDIVO
.....57, 80	NULOJIX	20
<i>neo-polycin</i>	20	OPDUALAG
.....79		20
<i>neo-polycin hc</i>		<i>opium tincture</i>
.....80		64
NERLYNX		OPSUMIT
.....20		84
NEUPRO		
.....29		

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This drug list was last updated on 01/18/2024.

<i>oralone</i>	56	<i>peg-electrolyte</i>	65	<i>plasbumin 5 %</i>	87
ORENCIA	74	PEMAZYRE	21	PLASMA-LYTE A	88
ORENCIA (WITH		<i>pemtrexed disodium</i>	21	<i>plasmanate</i>	88
MALTOSE)	74	PEN NEEDLES (NON-		PLEGRIDY	68
ORENCIA CLICKJECT ...	74	PREFERRED BRANDS)		PLENAMINE	88
ORGOVYX	20	.....	71	<i>plerixafor</i>	68
ORKAMBI	84	<i>penciclovir</i>	53	<i>podofilox</i>	51
ORSERDU	20	<i>penicillamine</i>	75	POLIVY	21
<i>oseltamivir</i>	4	PENICILLIN G POT IN		<i>polocaine</i>	51
<i>osmitrol 20 %</i>	45	DEXTROSE	10	<i>polocaine-mpf</i>	51
OTEZLA	74	<i>penicillin g potassium</i>	10	<i>polycin</i>	79
OTEZLA STARTER	75	<i>penicillin g sodium</i>	10	<i>polymyxin b sulf-trimethoprim</i>	
<i>oxacillin</i>	10	<i>penicillin v potassium</i>	10	.....	79
<i>oxacillin in dextrose(iso-osm)</i>		PENTACEL (PF)	70	POMALYST	21
.....	10	<i>pentamidine</i>	8	<i>portia 28</i>	78
<i>oxaliplatin</i>	20, 21	PENTASA	65	PORTRAZZA	21
<i>oxaprozin</i>	34	<i>pentoxifylline</i>	47	<i>posaconazole</i>	2
<i>oxcarbazepine</i>	27	<i>perindopril erbumine</i>	45	<i>potassium acetate</i>	87
OXERVATE	80	<i>periogard</i>	56	<i>potassium chlorid-d5-</i>	
<i>oxybutynin chloride</i>	86	PERJETA	21	0.45%nacl	87
<i>oxycodone</i>	33	<i>permethrin</i>	54	<i>potassium chloride</i>	87, 88
<i>oxycodone-acetaminophen</i> ..	33	<i>perphenazine</i>	39	<i>potassium chloride in</i>	
OXYCONTIN	33	PERSERIS	40	0.9%nacl	87
OZEMPIC	60	<i>pfizerpen-g</i>	10	<i>potassium chloride in 5 % dex</i>	
OZURDEX	81	<i>phenelzine</i>	40	.....	87
P		<i>phenobarbital</i>	27	<i>potassium chloride in lr-d5</i> ..	87
<i>pacerone</i>	42	<i>phenobarbital sodium</i>	27	<i>potassium chloride in water</i> ..	87
<i>paclitaxel</i>	21	<i>phentolamine</i>	45	<i>potassium chloride-0.45 %</i>	
PADCEV	21	<i>phenytoin</i>	27	nacl	88
<i>paliperidone</i>	39	<i>phenytoin sodium</i>	27	<i>potassium chloride-d5-</i>	
<i>palonosetron</i>	65	<i>phenytoin sodium extended</i> ..	27	0.2%nacl	88
<i>pamidronate</i>	62	<i>philith</i>	78	<i>potassium chloride-d5-</i>	
PANRETIN	51	PHOSPHOLINE IODIDE ..	80	0.9%nacl	88
<i>pantoprazole</i>	67	PIFELTRO	4	<i>potassium citrate</i>	86
<i>paraplatin</i>	21	<i>pilocarpine hcl</i>	55, 80	<i>potassium phosphate m-/d-</i>	
<i>paricalcitol</i>	62	<i>pimecrolimus</i>	51	basic	88
<i>paromomycin</i>	8	<i>pimozide</i>	40	POTELIGEO	21
<i>paroxetine hcl</i>	39	<i>pimtrea (28)</i>	78	<i>pramipexole</i>	29
PAXLOVID	4	<i>pindolol</i>	45	<i>prasugrel</i>	47
<i>pazopanib</i>	21	<i>pioglitazone</i>	60	<i>pravastatin</i>	48
PEDIARIX (PF)	70	<i>piperacillin-tazobactam</i> ..	10, 11	<i>praziquantel</i>	8
PEDVAX HIB (PF)	70	PIQRAY	21	<i>prazosin</i>	45
<i>peg 3350-electrolytes</i>	65	<i>pirfenidone</i>	84	<i>prednicarbate</i>	54
<i>peg3350-sod sul-nacl-kcl-asb-c</i>		<i>piroxicam</i>	34	<i>prednisolone</i>	57
.....	65	<i>pitavastatin calcium</i>	48	<i>prednisolone acetate</i>	81
PEGASYS	68	<i>plasbumin 25 %</i>	87		

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This drug list was last updated on 01/18/2024.

<i>prednisolone sodium phosphate</i>	57, 81	<i>propylthiouracil</i>	57	RETACRIT	68
<i>prednisone</i>	57	PROQUAD (PF)	70	RETEVMO	21
<i>prednisone intensol</i>	57	<i>protamine</i>	47	RETROVIR	4
<i>pregabalin</i>	27	<i>protriptyline</i>	40	REVCovi	55
PREHEVBRIo (PF)	70	PULMICORT FLEXHALER	84	<i>revonto</i>	31
PREMARIN	76	PULMOZYME	84	REXULTI	40
<i>premasol 10 %</i>	88	PURIXAN	21	REYATAZ	4
PREMPHASE	76	<i>pyrazinamide</i>	8	REZLIDHIA	21
PREMPRO	76	<i>pyridostigmine bromide</i>	31	REZUROCK	21
<i>prenatal vitamin oral tablet</i> ..	89	<i>pyrimethamine</i>	8	RHOPRESSA	80
<i>prevalite</i>	48	Q		<i>ribavirin</i>	4
PREVIDENT 5000 BOOSTER PLUS	56	QINLOCK	21	RIDAURA	75
PREVIDENT 5000 DRY MOUTH	56	QTERN	60	<i>rifabutin</i>	8
PREVYMIS	4	QUADRACEL (PF)	70	<i>rifampin</i>	8
PREZCOBIX	4	<i>quetiapine</i>	40	<i>riluzole</i>	55
PREZISTA	4	<i>quinapril</i>	45	<i>rimantadine</i>	4
PRIFTIN	8	<i>quinapril-hydrochlorothiazide</i>	45	<i>ringer's</i>	54, 88
PRIMAQUINE	8	<i>quinidine sulfate</i>	42	RINVOQ	75
<i>primidone</i>	27	<i>quinine sulfate</i>	8	<i>risedronate</i>	55, 72
PRIMIDONE	27	QULIPTA	29	RISPERDAL CONSTA	40
PRIORIX (PF)	70	QVAR REDIHALER ..	84, 85	<i>risperidone</i>	40
PRIVIGEN	70	R		<i>ritonavir</i>	4
<i>probenecid</i>	72	RABAVERT (PF)	70	<i>rivastigmine</i>	31
<i>probenecid-colchicine</i>	72	RADICAVA ORS	30	<i>rivastigmine tartrate</i>	31
<i>procainamide</i>	42	RADICAVA ORS STARTER KIT SUSP	31	<i>rizatriptan</i>	29
<i>prochlorperazine</i>	65	<i>raloxifene</i>	72	ROCKLATAN	80
<i>prochlorperazine edisylate</i> ..	65	<i>ramelteon</i>	40	<i>roflumilast</i>	85
<i>prochlorperazine maleate oral</i>	65	<i>ramipril</i>	45	<i>romidepsin</i>	21
PROCRIT	68	<i>ranolazine</i>	49	<i>ropinirole</i>	29
<i>procto-med hc</i>	66	<i>rasagiline</i>	29	<i>rosuvastatin</i>	48
<i>proctosol hc</i>	66	<i>reclipsen (28)</i>	78	ROTARIX	70
<i>proctozone-hc</i>	66	RECOMBIVAX HB (PF) ..	70	ROTATEQ VACCINE	70
<i>progesterone</i>	76	RECTIV	66	<i>roweepira</i>	27
<i>progesterone micronized</i>	76	REGRANEX	51	ROZLYTREK	21
PROGRAF	21	RELENZA DISKHALER ..	4	RUBRACA	21
PROLASTIN-C	55	RELISTOR	66	<i>rufinamide</i>	27
PROLENSA	80	REMICADE	66	RUKOBIA	4
PROLIA	72	RENACIDIN	86	RUXIENCE	21
PROMACTA	47	<i>repaglinide</i>	60	RYBELSUS	60
<i>promethazine</i>	81, 82	REPATHA	48	RYBREVANT	21
<i>propafenone</i>	42	REPATHA PUSHTRONEX	48	RYDAPT	21
<i>propranolol</i>	45	REPATHA SURECLICK ..	48	RYLAZE	21
				S	
				<i>sajazir</i>	85
				<i>salsalate</i>	34
				SANCUSO	66

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This drug list was last updated on 01/18/2024.

SANDIMMUNE	22	<i>sodium fluoride 5000 dry</i>		<i>sulfacetamide sodium (acne)</i> 52	
SANDOSTATIN LAR		<i>mouth</i>	56	<i>sulfacetamide-prednisolone</i> ..80	
DEPOT	22	<i>sodium fluoride 5000 plus</i>	56	<i>sulfadiazine</i>.....11	
SANTYL	51	<i>sodium fluoride-pot nitrate</i> ...56		<i>sulfamethoxazole-trimethoprim</i>	
<i>sapropterin</i>	62	<i>sodium nitroprusside</i>	49	11	
SARCLISA	22	SODIUM OXYBATE	40	<i>sulfasalazine</i>	66
SAVELLA	75	<i>sodium phenylbutyrate</i>	55	<i>sulindac</i>	34
<i>saxagliptin</i>	60	<i>sodium phosphate</i>	88	<i>sumatriptan</i>	29
<i>saxagliptin-metformin</i>	60	<i>sodium polystyrene sulfonate</i> 55		<i>sumatriptan succinate</i>	29
SCSEMBLIX	22	<i>sodium,potassium,mag sulfates</i>		<i>sunitinib malate</i>	22
<i>scopolamine base</i>	66	.....	66	SUNLENCA	4
SECUADO	40	<i>solifenacin</i>	86	<i>syeda</i>	78
SEGLUROMET	61	SOLQUA 100/33	61	SYMDEKO	85
<i>selegiline hcl</i>	29	SOLTAMOX	22	SYMLINPEN 120	61
<i>selenium sulfide</i>	50	SOMATULINE DEPOT	22	SYMLINPEN 60	61
SELZENTRY	4	SOMAVERT	62	SYMPAZAN	27, 28
<i>sertraline</i>	40	<i>sorafenib</i>	22	SYMTUZA	4
<i>setlakin</i>	78	<i>sorine</i>	42	SYNAGIS	4
<i>sevelamer carbonate</i>	55	<i>sotalol</i>	42	SYNJARDY	61
<i>sf 56</i>		<i>sotalol af</i>	42	SYNJARDY XR	61
<i>sf 5000 plus</i>	56	SPIRIVA RESPIMAT	85	T	
<i>sharobel</i>	76	<i>spironolactone</i>	45	TABLOID	22
SHINGRIX (PF)	70	<i>spironolacton-</i>		TABRECTA	22
SIGNIFOR	22	<i>hydrochlorothiaz</i>	45	<i>tacrolimus</i>	22, 51
<i>sildenafil (pulmonary arterial</i>		SPRAVATO	40	<i>tadalafil (pulmonary arterial</i>	
<i>hypertension)</i>	85	<i>sprintec (28)</i>	78	<i>hypertension) oral tablet 20</i>	
<i>silodosin</i>	86	SPRITAM	27	<i>mg</i>	85
<i>silver sulfadiazine</i>	51	SPRYCEL	22	TAFINLAR	22
SIMBRINZA	80	<i>sps (with sorbitol)</i>	55	<i>tafluprost (pf)</i>	80
SIMULECT	22	<i>sronyx</i>	78	TAGRISSO	22
<i>simvastatin</i>	48	<i>ssd</i>	51	TALTZ AUTOINJECTOR 50	
<i>sirolimus</i>	22	STEGLATRO	61	TALTZ AUTOINJECTOR	
SIRTURO	8	STELARA	50	(2 PACK)	50
SKYRIZI	50, 66	STIOLTO RESPIMAT	85	TALTZ AUTOINJECTOR	
<i>sodium acetate</i>	88	STIVARGA	22	(3 PACK)	50
<i>sodium benzoate-sod</i>		STRENSIQ	62	TALTZ SYRINGE	50
<i>phenylacet</i>	55	STREPTOMYCIN	8	TALVEY	22
<i>sodium bicarbonate</i>	88	STRIBILD	4	TALZENNA	22
<i>sodium chloride</i>	55, 88	STRIVERDI RESPIMAT ..85		<i>tamoxifen</i>	22
<i>sodium chloride 0.45 %</i>	88	<i>subvenite</i>	27	<i>tamsulosin</i>	86
<i>sodium chloride 0.9 %</i>	55	<i>subvenite starter (blue) kit</i>	27	<i>tarina 24 fe</i>	78
<i>sodium chloride 3 %</i>		<i>subvenite starter (green) kit</i> .27		<i>tarina fe 1-20 eq (28)</i>	78
<i>hypertonic</i>	88	<i>subvenite starter (orange) kit</i> 27		TASIGNA	22
<i>sodium chloride 5 %</i>		SUCRAID	66	<i>tazarotene</i>	52
<i>hypertonic</i>	88	<i>sucralfate</i>	67	<i>tazicef</i>	6
		<i>sulfacetamide sodium</i>	80	<i>taztia xt</i>	45

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This drug list was last updated on 01/18/2024.

TAZVERIK	22	<i>tizanidine</i>	31	<i>tri-linyah</i>	78
TDVAX	70	TOBI PODHALER	8	<i>tri-lo-estarylla</i>	78
TECENTRIQ	22	TOBRADEX	81	<i>tri-lo-marzia</i>	78
TECVAYLI	22	<i>tobramycin</i>	8, 79	<i>tri-lo-sprintec</i>	78
TEFLARO	6	<i>tobramycin in 0.225 % nacl</i> ...	8	<i>trimethoprim</i>	12
<i>telmisartan</i>	45	<i>tobramycin sulfate</i>	8	<i>trimipramine</i>	41
<i>telmisartan-amlodipine</i>	45	<i>tobramycin-dexamethasone</i> ..	81	TRINTELLIX	41
<i>telmisartan-hydrochlorothiazid</i>	45	<i>tolterodine</i>	86	<i>tri-sprintec (28)</i>	78
TEMODAR	22	<i>tolvaptan</i>	63	TRIUMEQ	5
<i>temsirolimus</i>	22	<i>topiramate</i>	28	TRIUMEQ PD	5
TENIVAC (PF)	70	<i>topotecan</i>	23	<i>trivora (28)</i>	78
<i>tenofovir disoproxil fumarate</i> ..	5	<i>toremifene</i>	23	TRIZIVIR	5
TEPMETKO	22	<i>torsemide</i>	45	TRODELVY	23
<i>terazosin</i>	45	TOUJEO MAX U-300 SOLOSTAR	61	TROGARZO	5
<i>terbinafine hcl</i>	2	TOUJEO SOLOSTAR U-300 INSULIN	61	TROPHAMINE 10 %	89
<i>terbutaline</i>	85	TRADJENTA	61	<i>tropium</i>	86
<i>terconazole</i>	76	<i>tramadol</i>	34	TRULANCE	66
<i>teriflunomide</i>	31	<i>tramadol-acetaminophen</i>	34	TRULICITY	61
TERIPARATIDE	72	<i>trandolapril</i>	45	TRUMENBA	70
<i>testosterone</i>	62, 63	<i>trandolapril-verapamil</i>	45	TRUQAP	23
<i>testosterone cypionate</i>	62	<i>tranexamic acid</i>	76	TUKYSA	23
<i>testosterone enanthate</i>	62	<i>tranylcypromine</i>	40	TURALIO	23
TETANUS,DIPHThERIA TOX PED(PF)	70	<i>travasol 10 %</i>	88	<i>turqoz (28)</i>	78
<i>tetrabenazine</i>	31	<i>travoprost</i>	80	TWINRIX (PF)	70
<i>tetracycline</i>	12	TRAZIMERA	23	TYPHIM VI	70
THALOMID	23	<i>trazodone</i>	40	TYVASO	85
THEO-24	85	TRECATOR	8	TYVASO INSTITUTIONAL START KIT	85
<i>theophylline</i>	85	TRELEGY ELLIPTA	85	TYVASO REFILL KIT	85
<i>thioridazine</i>	40	TRELSTAR	23	TYVASO STARTER KIT ..	85
<i>thiotepa</i>	23	<i>treprostinil sodium</i>	45	U	
<i>thiothixene</i>	40	<i>tretinoin (antineoplastic)</i>	23	UBRELVY	29
<i>tiadylt er</i>	45	<i>tretinoin topical</i>	52	<i>unithroid</i>	63
<i>tiagabine</i>	28	<i>triamcinolone acetonide</i> 54, 56, 57		UNITUXIN	23
TIBSOVO	23	<i>triamterene-hydrochlorothiazid</i>	45	UPTRAVI	45
TICE BCG	70	<i>triderm</i>	54	<i>ursodiol</i>	66
TICOVAC	70	<i>trientine</i>	55	UZEDY	41
<i>tigecycline</i>	8	<i>tri-estarylla</i>	78	V	
<i>tilia fe</i>	78	<i>trifluoperazine</i>	40	<i>valacyclovir</i>	5
<i>timolol maleate</i>	45, 79	<i>trifluridine</i>	79	VALCHLOR	51
<i>tinidazole</i>	8	TRIJARDY XR	61	<i>valganciclovir</i>	5
<i>tiotropium bromide</i>	85	TRIKAFTA	85	<i>valproate sodium</i>	28
TIVDAK	23	<i>tri-legest fe</i>	78	<i>valproic acid</i>	28
TIVICAY	5			<i>valproic acid (as sodium salt)</i>	28
TIVICAY PD	5			<i>valrubicin</i>	23

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

This drug list was last updated on 01/18/2024.

<i>valsartan</i>	45	VIOKACE	66	XPOVIO	24
<i>valsartan-hydrochlorothiazide</i>	45	<i>viorele (28)</i>	78	XTANDI	24
VALTOCO	28	VIRACEPT	5	<i>xulane</i>	76
<i>vancomycin</i>	9	VIREAD	5	Y	
VANCOMYCIN	9	VISTOGARD	12	YERVOY	24
VANCOMYCIN IN 0.9 %		VITRAKVI	23	YF-VAX (PF)	71
SODIUM CHL	9	VIVITROL	34	YONDELIS	24
<i>vandazole</i>	76	VIZIMPRO	23	<i>yuvafem</i>	76
VANFLYTA	23	VONJO	23	Z	
VAQTA (PF)	70, 71	<i>voriconazole</i>	2	<i>zafemy</i>	76
<i>varenicline</i>	56	VOSEVI	5	<i>zafirlukast</i>	86
VARIVAX (PF)	71	VOTRIENT	24	<i>zaleplon</i>	41
VARIZIG	71	VRAYLAR	41	ZALTRAP	24
VARUBI	66	VUMERITY	31	ZANOSAR	24
VECAMYL	49	VYNDAMAX	49	ZARXIO	68
VECTIBIX	23	VYXEOS	24	ZEGALOGUE	
VEKLURY	5	W		AUTOINJECTOR	61
<i>velettri</i>	45	<i>warfarin</i>	47	ZEGALOGUE SYRINGE	61
<i>velivet triphasic regimen (28)</i>	78	<i>water for irrigation, sterile</i>	56	ZEJULA	24
VELPHORO	56	WELIREG	24	ZELBORAF	24
VELTASSA	56	<i>wera (28)</i>	78	<i>zenatane</i>	52
VEMLIDY	5	<i>wescap-pn dha</i>	89	ZENPEP	66
VENCLEXTA	23	<i>wixela inhub</i>	85	ZEPOSIA	31
VENCLEXTA STARTING		X		ZEPOSIA STARTER KIT	
PACK	23	XALKORI	24	(28-DAY)	31
<i>venlafaxine</i>	41	XARELTO	47	ZEPOSIA STARTER PACK	
<i>verapamil</i>	46	XARELTO DVT-PE TREAT		(7-DAY)	31
VERQUVO	49	30D START	47	ZEPZELCA	24
VERSACLOZ	41	XATMEP	24	<i>zidovudine</i>	5
VERZENIO	23	XCOPRI	28	ZIEXTENZO	68
<i>vestura (28)</i>	78	XCOPRI MAINTENANCE		<i>ziprasidone hcl</i>	41
V-GO 20	71	PACK	28	<i>ziprasidone mesylate</i>	41
V-GO 30	71	XCOPRI TITRATION		ZIRABEV	24
V-GO 40	71	PACK	28	ZIRGAN	79
VIBATIV	9	XDEMVI	80	ZOLADEX	24
VIBERZI	66	XELJANZ	75	<i>zoledronic acid</i>	63
<i>vienva</i>	78	XELJANZ XR	75	<i>zoledronic acid-mannitol-water</i>	56, 63
<i>vigabatrin</i>	28	XERMELO	24	ZOLINZA	24
<i>vigadrone</i>	28	XGEVA	12	<i>zolmitriptan</i>	29
<i>vilazodone</i>	41	XIAFLEX	56	<i>zolpidem</i>	41
VIMIZIM	63	XIFAXAN	9	ZONISADE	28
<i>vinblastine</i>	23	XIGDUO XR	61	<i>zonisamide</i>	28
<i>vincristine</i>	23	XIIDRA	80	<i>zovia 1-35 (28)</i>	78
<i>vinorelbine</i>	23	XOFLUZA	5	ZTALMY	28
		XOLAIR	86	ZUBSOLV	35
		XOSPATA	24		

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

This drug list was last updated on 01/18/2024.

<i>zumandimine</i> (28).....	78	ZYKADIA	24	ZYPREXA RELPREVV	42
ZURZUVAE	41	ZYNLONTA	24		
ZYDELIG	24	ZYNYZ	24		

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

This drug list was last updated on 01/18/2024.

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Washington, D.C. 20201
1.800.368.1019, 1.800.537.7697 (TDD).

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

English:

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1.877.847.7907 (TTY: 711).

Spanish:

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.847.7907 (TTY: 711).

Chinese:

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.877.847.7907 (TTY: 711)。

Tagalog:

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.877.847.7907 (TTY: 711).

French:

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.877.847.7907 (ATS : 711).

Vietnamese:

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.877.847.7907 (TTY: 711).

German:

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.847.7907 (TTY: 711).

Korean:

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.877.847.7907 (TTY: 711)번으로 전화해 주십시오.

Russian:

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.847.7907 (телетайп: 711).

Arabic:

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.877.847.7907 (رقم هاتف الصم والبكم: 711).

Hindi:

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1.877.847.7907 (TTY: 711) पर कॉल करें।

Italian:

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.847.7907 (TTY: 711).

Portugues:

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1.877.847.7907 (TTY: 711).

French Creole:

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.877.847.7907 (TTY: 711).

Polish:

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.877.847.7907 (TTY: 711).

Japanese:

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.877.847.7907（TTY: 711）まで、お電話にてご連絡ください。

Dutch:

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se totogi, mo oe, Telefoni mai: 1.877.847.7907 (TTY: 711).

Pennsylvania Dutch:

Wann du (Deutsch (Pennsylvania German / Dutch)) schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.877.847.7907 (TTY: 711).

Ukranian:

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером (1.877.847.7907) (TTY: 711).

Romanian:

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la (1.877.847.7907) (TTY: 711).

Cushite:

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa (1.877.847.7907) (TTY: 711).

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-847-7915. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-847-7915. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-877-847-7915。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-877-847-7915。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-847-7915. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-847-7915. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-877-847-7915 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-847-7915. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-847-7915번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-847-7915. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول بمساعدتك. على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-847-7915 سيقوم شخص ما يتحدث العربية بهذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-847-7915 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-847-7915. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-847-7915. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-847-7915. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-847-7915. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-877-847-7915にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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We have made no changes to this formulary since 01/25/2024.

For more recent information or other questions, please contact The Health Plan at 1.877.847.7907 or, for TTY users, 711, or visit healthplan.org/medicare.

Hours of Operation:

- October 1 to March 31: 8:00 am to 8:00 pm, 7 days a week
- April 1 to September 30: 8:00 am to 8:00 pm, Monday through Friday