



P.O. Box 8738  
Dayton, OH 45401-8738

**2025**

CareSource Dual Advantage™ (HMO D-SNP)  
**Formulary**  
*(List of Covered Drugs)*

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

This formulary was updated on 10/15/2024.

For more recent information or other questions, please contact CareSource Dual Advantage Member Services at **1-833-230-2020** or TTY **1-833-711-4711 or 711**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week, or visit **CareSource.com/DSNP**.

Formulary ID: 00025340, Version #: 10

CareSource is an HMO D-SNP with a Medicare and state Medicaid contract. Enrollment in CareSource depends on contract renewal.

**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 CareSource. When it refers to “plan” or “our plan,” it means CareSource Dual Advantage™ (HMO D-SNP).

This document includes a Drug List (formulary) for our plan which is current as of 10/15/2024. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

## **What is the CareSource Dual Advantage formulary?**

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by CareSource Dual Advantage 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. CareSource Dual Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CareSource Dual Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by CareSource Dual Advantage, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

## **Can the formulary change?**

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: [CareSource.com/plans/dsnp/pharmacy/drug-formulary/](https://www.caresource.com/plans/dsnp/pharmacy/drug-formulary/).

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

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

*This formulary was updated on 10/15/2024.*

biological product on our formulary, but immediately add new restrictions.

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

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

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

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or move a drug we are keeping on the formulary to a higher cost-sharing tier or both after we add a corresponding drug. 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, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find

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information in the section below entitled “How do I request an exception to the CareSource Dual Advantage’s Formulary?”

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

The enclosed formulary is current as of 10/15/2024. To get updated information about the drugs covered by CareSource Dual Advantage please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes occurring after the date the formulary was last updated will be distributed to you as notification by mail. We will update our formulary with the new information. The updated formulary will be posted on our website or can be obtained by calling us.

## **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 on page 2. 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 84. 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?**

CareSource Dual Advantage 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.

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Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

## **What are original biological products and how are they related to biosimilars?**

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** CareSource Dual Advantage requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from CareSource Dual Advantage before you fill your prescriptions. If you don't get approval, CareSource Dual Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, CareSource Dual Advantage limits the amount of the drug that our plan will cover. For example, CareSource Dual Advantage provides 1 tablet per day per prescription for atorvastatin 40 mg tablets. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareSource Dual Advantage 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, CareSource Dual Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CareSource Dual Advantage 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.

*This formulary was updated on 10/15/2024.*

You can ask CareSource Dual Advantage 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 CareSource Dual Advantage’s formulary?” on below for information about how to request an exception.

## **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 CareSource Dual Advantage does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by CareSource Dual Advantage. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by CareSource Dual Advantage.
- You can ask CareSource Dual Advantage 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 CareSource Dual Advantage’s Formulary?**

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, CareSource Dual Advantage 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, CareSource Dual Advantage will only approve your request for an exception if the alternative drugs included on the plan’s formulary, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

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

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## **What can I do if my drug is not on the formulary or has a restriction?**

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

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

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

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.

If your treatment setting or the place where you receive and take your medicine changes, we may cover a one-time temporary supply of your drugs up to a 31-day supply. These changes may include:

- Being discharged from a hospital to your home.
- Ending a skilled-nursing facility Medicare Part A stay where payments included all pharmacy charges and now you need to use your Part D plan.
- Changing from hospice status to go back to standard Medicare Part A and Part B coverage.
- Being discharged from chronic psychiatric hospitals with highly individualized drug regimens.
- Ending a long-term care (LTC) facility stay and returning to the community.

### **For more information**

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

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

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

## **Mail-Order Pharmacy**

You can get your eligible Medicare Part D drugs shipped to you through our mail-order pharmacy. We work with Express Scripts® to offer these services to you. You have the option to fill your drugs up to a 102-day supply. It normally takes up to 10 days from the time you place your order to receive your order. If your mail order is delayed, please call Express Scripts at 1-877-887-2891 to check on it. They are open 8 a.m. to 8 p.m. Eastern Standard Time (EST), Monday – Friday. You can also check online at [Express-Scripts.com](http://Express-Scripts.com). Just sign in and provide an order number, Rx number or member information. You can also sign up for automated mail-order delivery.

## **CareSource Dual Advantage Formulary**

The formulary below provides coverage information about the drugs covered by CareSource Dual Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 84.

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

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



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

## List of Abbreviations

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**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 Member Services.

**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).

**NDS:** NDS indicates that the drug is limited to 30 days' supply at retail or mail-order.

**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)).

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Drug Name	Drug Tier	Requirements /Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	1	B/D PA
<i>amphotericin b</i>	1	B/D PA; MO
<i>caspofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	1	PA; NDS
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	1	MO
<i>fluconazole oral tablet</i>	1	MO
<i>flucytosine</i>	1	MO; NDS
<i>griseofulvin microsize</i>	1	MO
<i>griseofulvin ultramicrosize</i>	1	MO
<i>itraconazole oral capsule</i>	1	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	1	MO
<i>ketoconazole oral</i>	1	MO
<i>micafungin</i>	1	MO; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>nystatin oral</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days); NDS
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO; NDS
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO; NDS
<i>voriconazole oral tablet</i>	1	PA; MO
<b>ANTIVIRALS</b>		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl oral capsule</i>	1	MO
<i>amantadine hcl oral solution</i>	1	MO
APTIVUS	1	MO; NDS
<i>atazanavir</i>	1	MO
BARACLUDGE ORAL SOLUTION	1	MO; NDS
BIKTARVY	1	MO; NDS
CABENUVA	1	MO; NDS

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

This drug list was last updated on 10/02/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>cidofovir</i>	1	B/D PA; MO; NDS
CIMDUO	1	MO; NDS
COMPLERA	1	MO; NDS
<i>darunavir</i>	1	MO; NDS
DELSTRIGO	1	MO; NDS
DESCOVY	1	MO; NDS
DOVATO	1	MO; NDS
EDURANT	1	MO; NDS
<i>efavirenz oral tablet</i>	1	MO
<i>efavirenz-emtricitabin-tenofov</i>	1	MO; NDS
<i>efavirenz-lamivu-tenofov disop</i>	1	MO; NDS
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg</i>	1	MO
<i>emtricitabine-tenofov (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	1	MO
EMTRIVA ORAL SOLUTION	1	MO
<i>entecavir</i>	1	MO
<i>etravirine</i>	1	MO; NDS
EVOTAZ	1	MO; NDS
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
FUZEON SUBCUTANEOUS RECON SOLN	1	MO; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>ganciclovir sodium intravenous recon soln</i>	1	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	1	B/D PA
GENVOYA	1	MO; NDS
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD	1	MO; NDS
ISENTRESS ORAL POWDER IN PACKET	1	MO; NDS
ISENTRESS ORAL TABLET	1	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA	1	MO; NDS
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	1	PA; MO; QL (28 per 28 days); NDS
LIVTENCITY	1	PA; LA; QL (120 per 30 days); NDS
<i>lopinavir-ritonavir oral solution</i>	1	MO
<i>lopinavir-ritonavir oral tablet</i>	1	MO
<i>maraviroc</i>	1	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days); NDS
MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days); NDS
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO
NORVIR ORAL POWDER IN PACKET	1	MO
ODEFSEY	1	MO; NDS
<i>oseltamivir</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 90 days)
PIFELTRO	1	MO; NDS
PREVYMIS INTRAVENOUS	1	PA; NDS
PREVYMIS ORAL	1	PA; MO; QL (30 per 30 days); NDS
PREZCOBIX	1	MO; NDS
PREZISTA ORAL SUSPENSION	1	MO; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO; NDS
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	1	MO; NDS
SELZENTRY ORAL SOLUTION	1	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO
SOFOSBUVIR-VELPATASVIR	1	PA; MO; QL (28 per 28 days); NDS
STRIBILD	1	MO; NDS
SUNLENCA	1	NDS
SYMTUZA	1	MO; NDS
SYNAGIS	1	MO; LA; NDS
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	MO; NDS
TIVICAY PD	1	MO; NDS
TRIUMEQ	1	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
TRIUMEQ PD	1	MO; NDS
TROGARZO	1	MO; LA; NDS
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	1	MO; NDS
<i>valganciclovir oral tablet</i>	1	MO
VEMLIDY	1	MO; NDS
VIRACEPT ORAL TABLET	1	MO; NDS
VIREAD ORAL POWDER	1	MO; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
VOSEVI	1	PA; MO; QL (28 per 28 days); NDS
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefadroxil oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	1	MO
<i>cefepime in dextrose, iso-osm</i>	1	
<i>cefepime injection</i>	1	MO
<i>cefixime</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO

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

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Drug Name	Drug Tier	Requirements /Limits
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>ceftriaxone in dextrose, iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>ceftriaxone intravenous</i>	1	MO
<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>tazicef injection</i>	1	PA; MO
<i>tazicef intravenous</i>	1	PA
TEFLARO	1	PA; MO; NDS

**ERYTHROMYCINS / OTHER MACROLIDES**

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	1	MO
<i>clarithromycin oral tablet</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	1	MO
DIFICID ORAL TABLET	1	MO; QL (20 per 10 days); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO

**MISCELLANEOUS ANTIINFECTIVES**

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This drug list was last updated on 10/02/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>albendazole</i>	1	MO; NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	1	PA; LA; NDS
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
<i>aztreonam</i>	1	PA; MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days); NDS
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin phosphate injection</i>	1	PA; MO
COARTEM	1	MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO; NDS
EMVERM	1	MO; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral solution</i>	1	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral</i>	1	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA; MO
<i>linezolid oral suspension for reconstitution</i>	1	MO; NDS
<i>linezolid oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>linezolid-0.9% sodium chloride</i>	1	PA
<i>mefloquine</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	1	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	PA; QL (10 per 10 days)
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO
<i>metronidazole oral tablet</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO; QL (12 per 30 days); NDS
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO
<i>praziquantel</i>	1	MO
PRIFTIN	1	MO
PRIMAQUINE	1	MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO; NDS
<i>quinine sulfate</i>	1	MO
<i>rifabutin</i>	1	MO
<i>rifampin intravenous</i>	1	MO
<i>rifampin oral</i>	1	MO
SIRTURO	1	PA; LA; NDS

Drug Name	Drug Tier	Requirements /Limits
STREPTOMYCIN	1	PA; MO; QL (60 per 30 days); NDS
<i>tigecycline</i>	1	PA; MO; NDS
<i>tinidazole</i>	1	MO
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days); NDS
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days); NDS
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	1	PA; MO
TRECTOR	1	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	PA; MO; QL (20 per 10 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (90 per 30 days); NDS
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral tablet</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	1	PA; MO
<i>ampicillin sodium intravenous</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous</i>	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO

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Drug Name	Drug Tier	Requirements /Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	1	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	1	PA
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	1	PA; NDS
<i>oxacillin in dextrose(iso-osm)</i>	1	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO
<i>penicillin g potassium</i>	1	PA; MO
<i>penicillin g sodium</i>	1	PA; MO
<i>penicillin v potassium</i>	1	MO
<i>pfizerpen-g</i>	1	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1	

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

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Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>TETRACYCLINES</b>		
<i>doxy-100</i>	1	PA; MO
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>mondoxylene nl oral capsule 100 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>tetracycline oral capsule</i>	1	MO
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl</i>	1	B/D PA; MO; NDS
ELITEK	1	MO; NDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA; NDS
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO; NDS
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA; NDS
<i>mesna</i>	1	B/D PA; MO
MESNEX ORAL	1	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
XGEVA	1	B/D PA; MO; NDS
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
ABRAXANE	1	B/D PA; MO; NDS
ADCETRIS	1	B/D PA; MO; NDS
ADSTILADRIN	1	PA; NDS
AKEEGA	1	PA; LA; QL (60 per 30 days); NDS
ALECENSA	1	PA; MO; QL (240 per 30 days); NDS
ALIQOPA	1	B/D PA; LA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days); NDS
<i>anastrozole</i>	1	MO
ANKTIVA	1	PA; MO; NDS
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO; NDS
ASPARLAS	1	PA; NDS
AUGTYRO	1	PA; MO; QL (240 per 30 days); NDS
AYVAKIT	1	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine</i>	1	B/D PA; MO; NDS
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA; MO
BALVERSA	1	PA; LA; NDS
BAVENCIO	1	B/D PA; LA; NDS
BELEODAQ	1	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO; NDS
BENDEKA	1	B/D PA; MO; NDS
BESPONSA	1	B/D PA; MO; LA; NDS
<i>bexarotene</i>	1	PA; MO; NDS
<i>bicalutamide</i>	1	MO
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	1	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO; NDS
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (330 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days); NDS
BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days); NDS
BRUKINSA	1	PA; LA; QL (120 per 30 days); NDS
<i>busulfan</i>	1	B/D PA; NDS
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days); NDS
CALQUENCE	1	PA; LA; QL (60 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days); NDS
<i>carboplatin intravenous solution</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO; NDS
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO; NDS
<i>clofarabine</i>	1	B/D PA; NDS
COLUMVI	1	PA; MO; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days); NDS
COPIKTRA	1	PA; LA; QL (60 per 30 days); NDS
COTELLIC	1	PA; MO; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 25 MG	1	B/D PA
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA	1	B/D PA; MO; NDS
<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	1	B/D PA; NDS
DARZALEX	1	B/D PA; MO; LA; NDS
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days); NDS
<i>decitabine</i>	1	B/D PA; MO; NDS

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>	1	B/D PA; NDS
<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>	1	B/D PA; MO; NDS
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO; NDS
DROXIA	1	MO
ELIGARD	1	PA; MO
ELIGARD (3 MONTH)	1	PA; MO
ELIGARD (4 MONTH)	1	PA; MO
ELIGARD (6 MONTH)	1	PA; MO
ELREXFIO	1	PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
ELZONRIS	1	B/D PA; LA; NDS
EMPLICITI	1	B/D PA; MO; NDS
ENVARUSUS XR	1	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY	1	PA; NDS
ERBITUX	1	B/D PA; MO; NDS
<i>eribulin</i>	1	B/D PA; NDS
ERIVEDGE	1	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
ERWINASE	1	B/D PA; NDS
ETOPOPHOS	1	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (330 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO; NDS
<i>exemestane</i>	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA

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

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>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
<i>gengraf</i>	1	B/D PA; MO
GILOTRIF	1	PA; MO; QL (30 per 30 days); NDS
GLEOSTINE ORAL CAPSULE 10 MG	1	MO; NDS
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	1	MO; NDS
<i>hydroxyurea</i>	1	MO
IBRANCE	1	PA; MO; QL (21 per 28 days); NDS
ICLUSIG	1	PA; QL (30 per 30 days); NDS
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days); NDS
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO

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This drug list was last updated on 10/02/2024.



Drug Name	Drug Tier	Requirements /Limits
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days); NDS
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days); NDS
IMDELLTRA	1	PA; NDS
IMFINZI	1	B/D PA; MO; LA; NDS
IMJUDO	1	PA; MO; NDS
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days); NDS
INQOVI	1	PA; MO; QL (5 per 28 days); NDS
INREBIC	1	PA; MO; LA; QL (120 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA; NDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO; NDS
ISTODAX	1	B/D PA; MO; NDS
IWILFIN	1	PA; LA; QL (240 per 30 days); NDS
IXEMPRA	1	B/D PA; MO; NDS
JAKAFI	1	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days); NDS
JEMPERLI	1	PA; MO; NDS
JEVTANA	1	B/D PA; MO; NDS
JYLAMVO	1	B/D PA; MO
KADCYLA	1	PA; MO; NDS
KEYTRUDA	1	PA; NDS
KIMMTRAK	1	B/D PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; MO; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; MO; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; MO; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days); NDS
KOSELUGO	1	PA; NDS
KRAZATI	1	PA; QL (180 per 30 days); NDS
KYPROLIS	1	B/D PA; NDS
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA; MO; NDS
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days); NDS
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days); NDS
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)	1	PA; MO; QL (60 per 30 days); NDS
<i>letrozole</i>	1	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO; NDS
LIBTAYO	1	PA; LA; NDS
LONSURF	1	PA; MO; NDS
LOQTORZI	1	PA; NDS
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; QL (240 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days); NDS
LUNSUMIO	1	PA; MO; NDS
LUPRON DEPOT	1	PA; MO; NDS
LYNPARZA	1	PA; MO; QL (120 per 30 days); NDS
LYSODREN	1	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (84 per 28 days); NDS
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (112 per 28 days); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (140 per 28 days); NDS
MARGENZA	1	B/D PA; NDS
MATULANE	1	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	1	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL RECON SOLN	1	PA; MO; QL (1200 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days); NDS
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days); NDS
<i>melphalan hcl</i>	1	B/D PA; NDS
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO; NDS
<i>mitoxantrone</i>	1	B/D PA; MO
MONJUVI	1	PA; LA; NDS
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYHIBBIN	1	B/D PA; NDS
MYLOTARG	1	B/D PA; MO; LA; NDS
<i>nelarabine</i>	1	B/D PA; MO; NDS
NERLYNX	1	PA; MO; LA; NDS
<i>nilutamide</i>	1	PA; MO; NDS
NINLARO	1	PA; MO; QL (3 per 28 days); NDS
NUBEQA	1	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX	1	B/D PA; MO; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO; NDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO; NDS
ODOMZO	1	PA; MO; LA; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days); NDS
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 per 30 days); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days); NDS
OJJAARA	1	PA; QL (30 per 30 days); NDS
ONCASPAR	1	B/D PA; NDS
ONIVYDE	1	B/D PA; NDS
ONUREG	1	PA; MO; QL (14 per 28 days); NDS
OPDIVO	1	PA; MO; NDS
OPDUALAG	1	PA; MO; NDS
ORGOVYX	1	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
PADCEV	1	PA; MO; NDS
<i>paraplatin</i>	1	B/D PA
<i>pazopanib</i>	1	PA; MO; QL (120 per 30 days); NDS
PEMAZYRE	1	PA; LA; QL (28 per 28 days); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
PERJETA	1	B/D PA; MO; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; MO; QL (56 per 28 days); NDS
POLIVY	1	PA; MO; NDS
POMALYST	1	PA; MO; LA; QL (21 per 28 days); NDS
PORTRAZZA	1	B/D PA; MO; NDS
POTELIGEO	1	PA; NDS
PRALATREXATE	1	B/D PA; MO; NDS
PROGRAF INTRAVENOUS	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
PURIXAN	1	NDS
QINLOCK	1	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days); NDS
RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; LA; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	1	PA; LA; QL (90 per 30 days); NDS
REVLIMID	1	PA; MO; LA; QL (28 per 28 days); NDS
REZLIDHIA	1	PA; QL (60 per 30 days); NDS
REZUROCK	1	PA; LA; QL (30 per 30 days); NDS
<i>romidepsin intravenous recon soln</i>	1	B/D PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days); NDS
RUBRACA	1	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE	1	PA; MO; NDS
RYBREVANT	1	PA; MO; NDS
RYDAPT	1	PA; MO; QL (224 per 28 days); NDS
RYLAZE	1	B/D PA; NDS
RYTELO	1	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	1	PA; MO; NDS
SARCLISA	1	PA; LA; NDS
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days); NDS
SIGNIFOR	1	PA; NDS
SIMULECT	1	B/D PA; MO
<i>sirolimus oral solution</i>	1	B/D PA; MO; NDS
<i>sirolimus oral tablet</i>	1	B/D PA; MO
SOLTAMOX	1	MO; NDS
SOMATULINE DEPOT	1	PA; MO; NDS
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; MO; QL (60 per 30 days); NDS
STIVARGA	1	PA; MO; QL (84 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days); NDS
TABRECTA	1	PA; MO; NDS
<i>tacrolimus oral capsule</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days); NDS
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days); NDS
TAGRISSEO	1	PA; MO; LA; QL (30 per 30 days); NDS
TALVEY	1	PA; NDS
TALZENNA	1	PA; MO; QL (30 per 30 days); NDS
<i>tamoxifen</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days); NDS
TAZVERIK	1	PA; LA; NDS
TECENTRIQ	1	B/D PA; MO; LA; NDS
TECVAYLI	1	PA; NDS
TEMODAR INTRAVENOUS	1	B/D PA; MO; NDS
<i>temsirolimus</i>	1	B/D PA; MO; NDS
TEPMETKO	1	PA; LA; NDS

Drug Name	Drug Tier	Requirements /Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56 per 28 days); NDS
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA; NDS
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO; NDS
TIBSOVO	1	PA; NDS
TIVDAK	1	PA; MO; NDS
<i>topotecan</i>	1	B/D PA; MO; NDS
<i>toremifene</i>	1	MO; NDS
<i>torpenz</i>	1	PA; QL (30 per 30 days); NDS
TRAZIMERA	1	B/D PA; MO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO
<i>tretinoin (antineoplastic)</i>	1	MO; NDS
TRODELVY	1	PA; LA; NDS
TRUQAP	1	PA; QL (64 per 28 days); NDS
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days); NDS
UNITUXIN	1	B/D PA; NDS
<i>valrubicin</i>	1	B/D PA; MO; NDS
VANFLYTA	1	PA; QL (56 per 28 days); NDS
VECTIBIX	1	B/D PA; MO; NDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days); NDS
VERZENIO	1	PA; MO; LA; QL (60 per 30 days); NDS
<i>vinblastine</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days); NDS
VIZIMPRO	1	PA; MO; QL (30 per 30 days); NDS
VONJO	1	PA; QL (120 per 30 days); NDS
VYXEOS	1	B/D PA; NDS
WELIREG	1	PA; LA; NDS
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days); NDS
XALKORI ORAL PELLETT 150 MG	1	PA; MO; QL (180 per 30 days); NDS
XALKORI ORAL PELLETT 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days); NDS
XERMELO	1	PA; LA; QL (84 per 28 days); NDS
XOSPATA	1	PA; LA; QL (90 per 30 days); NDS
XPOVIO	1	PA; LA; NDS
XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days); NDS
YERVOY	1	B/D PA; MO; NDS
YONDELIS	1	B/D PA; NDS
ZALTRAP	1	B/D PA; MO; NDS
ZANOSAR	1	B/D PA; MO
ZEJULA ORAL TABLET	1	PA; MO; LA; QL (30 per 30 days); NDS
ZELBORAF	1	PA; MO; QL (240 per 30 days); NDS
ZEPZELCA	1	PA; NDS
ZIRABEV	1	B/D PA; MO; NDS
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days); NDS
ZYDELIG	1	PA; MO; QL (60 per 30 days); NDS
ZYKADIA	1	PA; MO; QL (90 per 30 days); NDS
ZYNLONTA	1	PA; LA; NDS
ZYNYZ	1	PA; NDS
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days); NDS
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days); NDS
BRIVIACT INTRAVENOUS	1	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	1	MO; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET	1	MO; QL (60 per 30 days); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	MO; QL (60 per 30 days); NDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet, disintegrating</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LIBERVANT	1	PA; QL (10 per 30 days); NDS
<i>methsuximide</i>	1	MO
NAYZILAM	1	PA; MO; QL (10 per 30 days); NDS
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 100 mg/4 ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)

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This drug list was last updated on 10/02/2024.

Drug Name	Drug Tier	Requirements /Limits
PRIMIDONE ORAL TABLET 125 MG	1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	1	PA; MO; NDS
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO; NDS
SPRITAM	1	MO
<i>subvenite oral tablet 100 mg, 200 mg, 25 mg</i>	1	MO
<i>subvenite oral tablet 150 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	1	MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
<i>valproate sodium</i>	1	MO
<i>valproic acid</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1	
VALTOCO	1	PA; MO; QL (10 per 30 days); NDS
<i>vigabatrin</i>	1	PA; MO; LA; NDS
<i>vigadrone</i>	1	PA; LA; NDS
<i>vigpoder</i>	1	PA; LA; NDS
XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	1	MO; QL (28 per 180 days); NDS
ZONISADE	1	PA; MO; NDS
<i>zonisamide</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ZTALMY	1	PA; LA; QL (1100 per 30 days); NDS

### ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days); NDS
NEUPRO	1	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO

### MIGRAINE / CLUSTER HEADACHE THERAPY

Drug Name	Drug Tier	Requirements /Limits
<i>dihydroergotamine injection</i>	1	NDS
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days); NDS
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	1	MO
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
NURTEC ODT	1	PA; QL (16 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	1	MO; QL (24 per 28 days)
<i>sumatriptan</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
BRIUMVI	1	PA; MO; QL (24 per 180 days); NDS
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days); NDS
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>fingolimod</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days); NDS
KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days); NDS
<i>memantine oral capsule, sprinkle, er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	1	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	1	PA; MO
NUEDEXTA	1	PA; MO; NDS
RADICAVA ORS	1	PA; MO; NDS
RADICAVA ORS STARTER KIT SUSP	1	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days); NDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days); NDS

### MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	PA; MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>revonto</i>	1	
<i>tizanidine oral tablet</i>	1	MO

### NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	1	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; MO; QL (120 per 30 days); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	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>	1	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection solution 1 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	1	
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	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>	1	MO; QL (360 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO; QL (224 per 28 days); NDS
<i>diflunisal</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	1	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>	1	MO
<i>nalbuphine</i>	1	
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naloxone nasal</i>	1	MO
<i>naltrexone</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	1	MO
<i>oxaprozin oral tablet</i>	1	MO
<i>piroxicam</i>	1	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIVITROL	1	MO; NDS
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ABILIFY MAINTENA	1	MO; QL (1 per 28 days); NDS
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	1	MO; QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days); NDS
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
AUVELITY	1	ST; QL (60 per 30 days); NDS
BELSOMRA	1	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>bupirone</i>	1	MO
CAPLYTA	1	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet, disintegrating</i>	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	1	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	1	MO
<i>diazepam injection</i>	1	PA
<i>diazepam intensol</i>	1	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	1	PA; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	1	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	1	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM	1	MO; NDS
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	1	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	1	ST; MO; QL (8 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	1	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	QL (30 per 30 days)
<i>flumazenil</i>	1	
<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 solution</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	

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

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days); NDS
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	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>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days); NDS
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days); NDS
MARPLAN	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO
NUPLAZID	1	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>phenelzine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>pimozide</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	1	MO; QL (2 per 28 days); NDS
<i>risperidone oral solution</i>	1	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)

Drug Name	Drug Tier	Requirements /Limits
<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>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO	1	MO; QL (30 per 30 days); NDS
<i>sertraline oral concentrate</i>	1	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 (PREFERRED NDCS STARTING WITH 00054)	1	PA; LA; QL (540 per 30 days); NDS
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO; NDS
<i>thioridazine</i>	1	MO
<i>thiothixene</i>	1	MO
<i>tranlycypromine</i>	1	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	1	MO
<i>trimipramine</i>	1	MO
TRINTELLIX	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	1	MO; QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	1	MO; QL (0.35 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	1	MO; QL (0.42 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	1	MO; QL (0.56 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	1	MO; QL (0.14 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	1	MO; QL (0.21 per 28 days); NDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
VERSACLOZ	1	NDS
<i>vilazodone</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	MO
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; MO; QL (28 per 365 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; MO; QL (14 per 365 days); NDS

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

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone oral tablet 100 mg</i>	1	MO
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>amiodarone oral tablet 400 mg</i>	1	
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine (pf) intravenous</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	1	MO
<i>pacerone oral tablet 200 mg</i>	1	MO
<i>procainamide injection</i>	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO

### ANTIHYPERTENSIVE THERAPY

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

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Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazyd</i>	1	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>	1	MO
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	1	MO
<i>bumetanide oral</i>	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine transdermal patch</i>	1	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral</i>	1	MO
<i>dilt-xr</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynate sodium</i>	1	NDS
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
KERENDIA	1	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	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>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	1	PA; MO; NDS
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	

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

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Drug Name	Drug Tier	Requirements /Limits
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hydrochlorothiaz</i>	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	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>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>torse mide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA; NDS
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET	1	PA; MO; LA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; MO; LA; QL (200 per 180 days); NDS
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil intravenous</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	1	MO; NDS
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	1	MO
CABLIVI INJECTION KIT	1	PA; LA; NDS
CEPROTIN (BLUE BAR)	1	PA; MO
CEPROTIN (GREEN BAR)	1	PA; MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	1	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
DOPTELET (10 TAB PACK)	1	PA; MO; LA; NDS
DOPTELET (15 TAB PACK)	1	PA; MO; LA; NDS
DOPTELET (30 TAB PACK)	1	PA; MO; LA; NDS
ELIQUIS	1	MO; QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START	1	MO; QL (74 per 180 days)
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	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>	1	MO; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO

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

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	1	MO
<i>prasugrel</i>	1	MO
PROMACTA	1	PA; MO; LA; NDS
<i>protamine</i>	1	
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	
<i>colesevelam</i>	1	MO
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	MO
<i>ezetimibe</i>	1	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>omega-3 acid ethyl esters</i>	1	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>	1	MO
REPATHA	1	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	1	PA; QL (7 per 28 days)
REPATHA SURECLICK	1	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

<i>digoxin oral solution</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>dobutamine</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<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>	1	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>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	1	QL (60 per 30 days)
ENTRESTO SPRINKLE	1	QL (240 per 30 days)
<i>ivabradine</i>	1	MO; QL (60 per 30 days)
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>norepinephrine bitartrate</i>	1	
<i>ranolazine</i>	1	MO
<i>sodium nitroprusside</i>	1	B/D PA
VERQUVO	1	MO; QL (30 per 30 days)
VYNDAMAX	1	PA; MO; NDS
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg</i>	1	
<i>isosorbide mononitrate oral tablet 20 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid</i>	1	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>	1	B/D PA
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin translingual</i>	1	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days); NDS
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days); NDS
COSENTYX PEN	1	PA; MO; QL (5 per 28 days); NDS
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days); NDS
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>selenium sulfide topical lotion</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 28 days); NDS
SOTYKTU	1	PA; MO; QL (30 per 30 days); NDS
STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days); NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; QL (2 per 28 days); NDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; QL (2 per 28 days); NDS
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate</i>	1	MO
<i>chloroprocaine (pf)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days); NDS
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
<i>glydo</i>	1	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl laryngotracheal</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	1	
<i>lidocaine-epinephrine</i>	1	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)
<i>lidocan iii</i>	1	PA; QL (90 per 30 days)
<i>lidocan iv</i>	1	PA; QL (90 per 30 days)
<i>lidocan v</i>	1	PA; QL (90 per 30 days)
<i>methoxsalen</i>	1	MO; NDS
PANRETIN	1	PA; MO; NDS
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
REGRANEX	1	QL (15 per 30 days); NDS
SANTYL	1	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
<i>tridacaine ii</i>	1	PA; QL (90 per 30 days)
<i>tridacaine iii</i>	1	PA; QL (90 per 30 days)
VALCHLOR	1	PA; MO; NDS
<b>THERAPY FOR ACNE</b>		
<i>acutane</i>	1	
<i>amnesteam</i>	1	
<i>claravis</i>	1	
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>ery pads</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical</i>	1	MO
<i>tazarotene topical cream 0.05 %</i>	1	PA
<i>tazarotene topical cream 0.1 %</i>	1	PA; MO
<i>tazarotene topical gel</i>	1	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
<i>zenatane</i>	1	
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	1	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	1	MO; QL (60 per 30 days)
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	1	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ciclopirox topical gel</i>	1	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>klayesta</i>	1	MO; QL (180 per 30 days)
<i>naftifine topical gel 2 %</i>	1	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>nystatin-triamcinolone</i>	1	MO; QL (60 per 28 days)
<i>nystop</i>	1	MO; QL (180 per 30 days)

### TOPICAL ANTIVIRALS

<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	1	MO; QL (5 per 30 days)

### TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
<i>alclometasone</i>	1	MO
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented topical cream</i>	1	MO
<i>betamethasone, augmented topical gel</i>	1	MO
<i>betamethasone, augmented topical lotion</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone, augmented topical ointment</i>	1	MO
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	1	MO
<i>desonide topical ointment</i>	1	MO
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>prednicarbate topical ointment</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream</i>	1	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		

Drug Name	Drug Tier	Requirements /Limits
<b>ANTIDOTES</b>		
<i>acetylcysteine intravenous</i>	1	
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	MO
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	1	MO
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
<i>carglumic acid</i>	1	PA; MO; NDS
CHEMET	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	1	
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA; MO; NDS
<i>deferasirox oral tablet 90 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>deferiprone</i>	1	PA; MO; NDS
<i>deferoxamine</i>	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %-lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	
<i>dextrose 70 % in water (d70w)</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa</i>	1	PA; MO; NDS
<i>glutamine (sickle cell)</i>	1	PA; MO; NDS
INCRELEX	1	MO; LA; NDS
<i>kionex (with sorbitol)</i>	1	
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levocarnitine oral tablet</i>	1	MO
LOKELMA	1	MO
<i>midodrine</i>	1	MO
<i>nitisinone</i>	1	PA; MO; NDS
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA; NDS
REZDIFFRA	1	PA; MO; QL (30 per 30 days); NDS
<i>riluzole</i>	1	PA; MO
<i>sodium benzoate-sod phenylacet</i>	1	NDS
<i>sodium chloride 0.9 % intravenous</i>	1	MO
<i>sodium chloride irrigation</i>	1	MO
<i>sodium phenylbutyrate oral powder</i>	1	PA; MO; NDS
<i>sodium phenylbutyrate oral tablet</i>	1	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
<i>trientine oral capsule 250 mg</i>	1	PA; MO; NDS
<i>water for irrigation, sterile</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
XIAFLEX	1	PA; NDS
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA; MO

### SMOKING DETERRENTS

bupropion hcl (smoking deter)	1	MO
NICOTROL	1	
NICOTROL NS	1	MO
varenicline oral tablet 0.5 mg, 1 mg	1	MO
varenicline oral tablet 1 mg (56 pack)	1	
varenicline oral tablets, dose pack	1	MO

### EAR, NOSE / THROAT MEDICATIONS

#### MISCELLANEOUS AGENTS

azelastine nasal spray, non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
azelastine nasal spray, non-aerosol 205.5 mcg (0.15 %)	1	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	1	MO
dentagel	1	MO
fluoride (sodium) dental cream	1	

Drug Name	Drug Tier	Requirements /Limits
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
kourzeq	1	
oralone	1	
periogard	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 dry mouth	1	MO
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	MO
triamcinolone acetonide dental	1	MO

#### MISCELLANEOUS OTIC PREPARATIONS

acetic acid otic (ear)	1	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO

#### OTIC STEROID / ANTIBIOTIC

ciprofloxacin-dexamethasone	1	MO; QL (7.5 per 7 days)
neomycin-polymyxin-hc otic (ear)	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>cortisone</i>	1	
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>fludrocortisone</i>	1	MO
<i>hydrocortisone oral</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous</i>	1	MO
<i>prednisolone oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>alcohol pads</i>	1	PA; MO
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	1	MO
DROPSAFE ALCOHOL PREP PADS	1	PA
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	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)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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)
GVOKE	1	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO

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This drug list was last updated on 10/02/2024.

Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 75-25(U-100)INSULN	1	MO
HUMALOG U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO
HUMULIN R U-500 (CONC) INSULIN	1	MO
HUMULIN R U-500 (CONC) KWIKPEN	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	MO
JANUMET	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
JARDIANCE	1	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV U-100 INSULIN	1	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	1	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)
SOLIQUA 100/33	1	MO; QL (90 per 30 days)
SYNJARDY	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO
TRULICITY	1	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	1	PA; MO; NDS
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO; NDS
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	PA; MO
<i>cinacalcet oral tablet 90 mg</i>	1	PA; MO
<i>clomid</i>	1	PA; MO
CRYSVITA	1	PA; MO; LA; NDS
<i>danazol</i>	1	MO
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	MO
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	1	PA; MO; NDS
FABRAZYME	1	PA; MO; NDS
KANUMA	1	PA; MO; NDS
LUMIZYME	1	PA; MO; NDS
MEPSEVII	1	PA; MO; NDS
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO; NDS
NAGLAZYME	1	PA; MO; LA; NDS
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO
<i>sapropterin</i>	1	PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
SOMAVERT	1	PA; MO; NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate</i>	1	PA; MO
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	1	PA; MO; NDS
VIMIZIM	1	PA; MO; LA; NDS
<i>zoledronic acid intravenous solution</i>	1	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	1	B/D PA; MO

### THYROID HORMONES

<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	1	
<i>levothyroxine oral tablet</i>	1	
<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>	1	MO
<i>unithroid</i>	1	MO

### GASTROENTEROLOGY

#### ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection solution 0.4 mg/ml</i>	1	
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Drug Name	Drug Tier	Requirements /Limits
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	1	
<i>dicyclomine intramuscular</i>	1	MO
<i>dicyclomine oral capsule</i>	1	MO
<i>dicyclomine oral solution</i>	1	MO
<i>dicyclomine oral tablet</i>	1	MO
<i>diphenoxylate-atropine oral liquid</i>	1	MO
<i>diphenoxylate-atropine oral tablet</i>	1	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>loperamide oral capsule</i>	1	MO
<i>opium tincture</i>	1	MO

### MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO
<i>alosetron oral tablet 1 mg</i>	1	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>aprepitant</i>	1	B/D PA; MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO; NDS
<i>budesonide oral capsule, delayed, extended release</i>	1	MO
<i>budesonide oral tablet, delayed and extended release</i>	1	MO; NDS
CINVANTI	1	MO
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	1	MO
CREON	1	MO
<i>cromolyn oral</i>	1	MO
<i>dimenhydrinate injection solution</i>	1	MO
<i>dronabinol</i>	1	B/D PA
<i>droperidol injection solution</i>	1	MO
ENTYVIO	1	PA; MO; QL (2 per 28 days); NDS
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	1	MO
GATTEX 30-VIAL	1	PA; MO; NDS
GATTEX ONE-VIAL	1	PA; MO; NDS
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
INFLECTRA	1	PA; MO; QL (20 per 28 days); NDS
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LINZESS	1	ST; MO; QL (30 per 30 days)
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral capsule,extended release 24hr</i>	1	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>nitroglycerin rectal</i>	1	MO
OICALIVA	1	PA; MO; LA; QL (30 per 30 days); NDS
<i>ondansetron hcl (pf) injection solution</i>	1	MO
<i>ondansetron hcl (pf) injection syringe</i>	1	
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>palonosetron intravenous syringe</i>	1	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte</i>	1	MO
<i>prochlorperazine</i>	1	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	1	MO
<i>proctosol hc topical</i>	1	MO
<i>proctozone-hc</i>	1	MO
RELISTOR SUBCUTANEOUS SOLUTION	1	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	ST; MO; QL (12 per 30 days); NDS
<i>scopolamine base</i>	1	MO
SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days); NDS
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
SUCRAID	1	PA; NDS
<i>sulfasalazine</i>	1	MO
SYMPROIC	1	MO; QL (30 per 30 days)
TRULANCE	1	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	1	B/D PA
VOWST	1	PA; LA; NDS
ZYMFENTRA	1	PA; MO; QL (2 per 28 days); NDS

**ULCER THERAPY**

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

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Drug Name	Drug Tier	Requirements /Limits
<i>sucralfate oral suspension</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE	1	PA; MO; NDS
ARCALYST	1	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days); NDS
BESREMI	1	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days); NDS
ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days); NDS
NIVESTYM	1	PA; MO; NDS
NYVEPRIA	1	PA; MO; NDS
OMNITROPE	1	PA; MO; NDS
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days); NDS
<i>plerixafor</i>	1	B/D PA; MO; NDS

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	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO; NDS
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO (PF)	1	V
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V

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Drug Name	Drug Tier	Requirements /Limits
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAXIA (PF)	1	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	1	
GAMASTAN	1	MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	1	
HIZENTRA	1	B/D PA; MO; NDS
HYPERHEP B INTRAMUSCULAR SOLUTION	1	
HYPERHEP B NEONATAL	1	
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	1	
IPOL	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V

Drug Name	Drug Tier	Requirements /Limits
KINRIX (PF)	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PREHEVBRIO (PF)	1	B/D PA; V
PRIORIX (PF)	1	V
PRIVIGEN	1	PA; MO; NDS
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	1	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	V; QL (2 per 720 days)

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Drug Name	Drug Tier	Requirements /Limits
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS,DIPHTHERIA TOX PED(PF)	1	
TICE BCG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VAXCHORA VACCINE	1	V
YF-VAX (PF)	1	V

Drug Name	Drug Tier	Requirements /Limits
<b>MISCELLANEOUS SUPPLIES</b>		
<b>MISCELLANEOUS SUPPLIES</b>		
BD INSULIN SYRINGE	1	PA; MO
BD INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	1	PA; MO
BD PEN NEEDLE	1	PA; MO
BD PEN NEEDLE	1	PA
CEQR SIMPLICITY	1	MO
CEQR SIMPLICITY INSERTER	1	MO
GAUZE PADS 2 X 2	1	PA; MO
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	PA; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; MO

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This drug list was last updated on 10/02/2024.

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD 5 G6 INTRO KIT (GEN 5)	1	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	1	MO
OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	1	MO
OMNIPOD GO PODS	1	
OMNIPOD GO PODS 10 UNITS/DAY	1	
OMNIPOD GO PODS 15 UNITS/DAY	1	
OMNIPOD GO PODS 20 UNITS/DAY	1	
OMNIPOD GO PODS 25 UNITS/DAY	1	
OMNIPOD GO PODS 30 UNITS/DAY	1	
OMNIPOD GO PODS 40 UNITS/DAY	1	
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	1	PA; MO

## MUSCULOSKELETAL / RHEUMATOLOGY

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

This drug list was last updated on 10/02/2024.

Drug Name	Drug Tier	Requirements /Limits
<b>GOUT THERAPY</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
<b>OSTEOPOROSIS THERAPY</b>		
<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)
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	1	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days); NDS

## OTHER RHEUMATOLOGICALS

Drug Name	Drug Tier	Requirements /Limits
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days); NDS
BENLYSTA	1	PA; MO; NDS
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days); NDS
CYLTEZO(CF) PEN CROHN'S-UC- HS	1	PA; QL (6 per 180 days); NDS
CYLTEZO(CF) PEN PSORIASIS- UV	1	PA; QL (4 per 180 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NDS
ENBREL MINI	1	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days); NDS
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NDS
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days); NDS
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	1	PA; QL (4 per 180 days); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days); NDS
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days); NDS
ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days); NDS
OTEZLA ORAL TABLET 20 MG	1	PA; QL (60 per 30 days); NDS
OTEZLA ORAL TABLET 30 MG	1	PA; MO; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)	1	PA; QL (55 per 180 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days); NDS
<i>penicillamine oral tablet</i>	1	PA; MO; NDS
RIDAURA	1	MO; NDS
RINVOQ LQ	1	PA; MO; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days); NDS
TYENNE AUTOINJECTOR	1	PA; QL (3.6 per 28 days); NDS
TYENNE INTRAVENOUS	1	PA; QL (160 per 28 days); NDS
TYENNE SUBCUTANEOUS	1	PA; QL (3.6 per 28 days); NDS
XELJANZ ORAL SOLUTION	1	PA; MO; QL (480 per 24 days); NDS
XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days); NDS
XELJANZ XR	1	PA; MO; QL (30 per 30 days); NDS
YUFLYMA(CF) AI CROHN'S-UC-HS	1	PA; QL (3 per 180 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; QL (2 per 28 days); NDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NDS

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
DEPO-SUBQ PROVERA 104	1	MO
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
<i>emzahh</i>	1	
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	1	MO
<i>estradiol vaginal tablet</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO
<i>heather</i>	1	MO
<i>incassia</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	1	PA; MO; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
<i>mimvey</i>	1	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	1	
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal</i>	1	MO
<i>eluryng</i>	1	MO
<i>etonogestrel-ethinyl estradiol</i>	1	
LILETTA	1	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mifepristone oral tablet 200 mg</i>	1	LA
MYFEMBREE	1	PA; MO; NDS
NEXPLANON	1	
<i>norelgestromin-ethin.estradiol</i>	1	
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>xulane</i>	1	
<i>zafemy</i>	1	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>introvale</i>	1	
<i>isibloom</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>juleber</i>	1	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1/50 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin fe 1.5/30 (28)</i>	1	MO
<i>larin fe 1/20 (28)</i>	1	MO
<i>lessina</i>	1	MO
<i>levonest (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estradiol triphasic</i>	1	
<i>levora-28</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO
<i>lutera (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>mono-linyah</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>pimtreea (28)</i>	1	MO
<i>portia 28</i>	1	MO
<i>reclipsen (28)</i>	1	MO
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-sprintec (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>trivora (28)</i>	1	MO
<i>turqoz (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO

### OXYTOCICS

<i>methylergonovine oral</i>	1	PA
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## OPHTHALMOLOGY

### ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	MO; QL (3.5 per 14 days)
<i>gentamicin ophthalmic (eye) drops</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	1	MO
ZIRGAN	1	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>bss</i>	1	
CIMERLI	1	PA; MO; NDS
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTARAN	1	PA; NDS
<i>epinastine</i>	1	MO
EYLEA	1	PA; MO; NDS
OXERVATE	1	PA; MO; NDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide-prednisolone</i>	1	MO
XDEMVIY	1	PA; QL (10 per 42 days); NDS
XIIDRA	1	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
<b>OTHER GLAUCOMA DRUGS</b>		
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
<i>miostat</i>	1	
<i>travoprost</i>	1	MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
<b>STERIODS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
<i>loteprednol etabonate</i>	1	MO
OZURDEX	1	MO; NDS
<i>prednisolone acetate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	1	PA; MO; LA; QL (90 per 30 days); NDS
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	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>	1	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>alyq</i>	1	PA; QL (60 per 30 days); NDS
<i>ambriasantan</i>	1	PA; MO; LA; QL (30 per 30 days); NDS
<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	1	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)	1	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ATROVENT HFA	1	MO; QL (25.8 per 30 days)
<i>bosentan</i>	1	PA; MO; LA; QL (60 per 30 days); NDS
<i>breyna</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CINRYZE	1	PA; MO; NDS
COMBIVENT RESPIMAT	1	QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
DULERA	1	MO; QL (13 per 30 days)
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propionate-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	1	PA; MO; NDS
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALYDECO	1	PA; MO; QL (56 per 28 days); NDS
<i>montelukast oral granules in packet</i>	1	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	1	MO
OFEV	1	PA; MO; QL (60 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
OPSUMIT	1	PA; MO; LA; QL (30 per 30 days); NDS
OPSYNVI	1	PA; MO; QL (30 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days); NDS
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days); NDS
PULMOZYME	1	B/D PA; MO; NDS
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	1	PA; MO; NDS
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA; NDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NDS
<i>terbutaline oral</i>	1	MO
<i>terbutaline subcutaneous</i>	1	MO
<i>theophylline oral elixir</i>	1	MO
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	MO

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This drug list was last updated on 10/02/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>tiotropium bromide</i>	1	QL (90 per 90 days)
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days); NDS
TYVASO	1	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO INSTITUTIONAL START KIT	1	B/D PA; QL (11.6 per 180 days); NDS
TYVASO REFILL KIT	1	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO STARTER KIT	1	B/D PA; MO; QL (81.2 per 180 days); NDS
<i>wixela inhub</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days); NDS
<i>zafirlukast</i>	1	MO

## UROLOGICALS

### ANTICHOLINERGICS / ANTISPASMODICS

<i>mirabegron</i>	1	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
<i>oxybutynin chloride oral syrup</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>tolterodine</i>	1	MO
<i>tropium oral tablet</i>	1	MO

### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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

This drug list was last updated on 10/02/2024.



Drug Name	Drug Tier	Requirements /Limits
<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride</i>	1	MO
CYSTAGON	1	PA; LA
ELMIRON	1	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
<i>potassium citrate oral tablet extended release</i>	1	MO
RENACIDIN	1	MO
<i>tadalafil oral tablet 2.5 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		
<i>albumin, human 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>albutein 5 %</i>	1	
<b>ELECTROLYTES</b>		
<i>calcium chloride</i>	1	
<i>calcium gluconate intravenous</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	MO
<i>lactated ringers intravenous</i>	1	MO
<i>magnesium chloride injection</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water</i>	1	
<i>magnesium sulfate injection solution</i>	1	MO
<i>magnesium sulfate injection syringe</i>	1	
<i>potassium acetate</i>	1	
<i>potassium chlorid-d5-0.45%nacl</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<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>	1	
<i>potassium chloride intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>potassium chloride oral liquid</i>	1	MO
<i>potassium chloride oral packet</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous</i>	1	
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	MO
<i>sodium chloride 3 % hypertonic</i>	1	
<i>sodium chloride 5 % hypertonic</i>	1	MO
<i>sodium chloride intravenous</i>	1	
<i>sodium phosphate</i>	1	MO
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		

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This drug list was last updated on 10/02/2024.

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
<i>electrolyte-148</i>	1	
<i>electrolyte-48 in d5w</i>	1	
<i>electrolyte-a</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
PLENAMINE	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	1	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO
<i>wescap-pn dha</i>	1	MO

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

This drug list was last updated on 10/02/2024.

## Index

<b>A</b>		
<i>abacavir</i> .....	2	
<i>abacavir-lamivudine</i> .....	2	
ABELCET.....	2	
ABILIFY ASIMTUFII.....	34	
ABILIFY MAINTENA.....	34	
<i>abiraterone</i> .....	12	
ABRAXANE.....	12	
ABRYSVO (PF).....	65	
<i>acamprosate</i> .....	53	
<i>acarbose</i> .....	56	
<i>accutane</i> .....	50	
<i>acebutolol</i> .....	41	
<i>acetaminophen-codeine</i> .....	31	
<i>acetazolamide</i> .....	76	
<i>acetazolamide sodium</i> .....	76	
<i>acetic acid</i> .....	53, 55	
<i>acetylcysteine</i> .....	53, 77	
<i>acitretin</i> .....	48	
ACTEMRA.....	69	
ACTEMRA ACTPEN.....	69	
ACTHIB (PF).....	65	
ACTIMMUNE.....	65	
<i>acyclovir</i> .....	2, 52	
<i>acyclovir sodium</i> .....	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	65	
ADCETRIS.....	12	
<i>adefovir</i> .....	2	
ADEMPAS.....	77	
<i>adenosine</i> .....	41	
<i>adrenalin</i> .....	76	
ADSTILADRIN.....	12	
AKEEGA.....	12	
<i>ala-cort</i> .....	52	
<i>albendazole</i> .....	7	
<i>albumin, human 25 %</i> .....	81	
<i>alburx (human) 25 %</i> .....	81	
<i>alburx (human) 5 %</i> .....	81	
<i>albutein 25 %</i> .....	81	
<i>albutein 5 %</i> .....	81	
<i>albuterol sulfate</i> .....	77	
<i>alclometasone</i> .....	52	
<i>alcohol pads</i> .....	57	
ALDURAZYME.....	59	
ALECENSA.....	12	
<i>alendronate</i> .....	68	
<i>alfuzosin</i> .....	81	
ALIQOPA.....	12	
<i>aliskiren</i> .....	41	
<i>allopurinol</i> .....	68	
<i>allopurinol sodium</i> .....	68	
<i>aloprim</i> .....	68	
<i>alosetron</i> .....	61	
<i>altavera (28)</i> .....	72	
ALUNBRIG.....	12	
<i>alyacen 1/35 (28)</i> .....	72	
<i>alyacen 7/7/7 (28)</i> .....	72	
<i>alyq</i> .....	77	
<i>amantadine hcl</i> .....	2	
<i>ambrisentan</i> .....	77	
<i>amikacin</i> .....	7	
<i>amiloride</i> .....	41	
<i>amiloride-hydrochlorothiazide</i> .....	41	
<i>aminocaproic acid</i> .....	44	
<i>amiodarone</i> .....	41	
<i>amitriptyline</i> .....	34	
<i>amlodipine</i> .....	41	
<i>amlodipine-benazepril</i> .....	41	
<i>amlodipine-olmesartan</i> .....	41	
<i>amlodipine-valsartan</i> .....	42	
<i>amlodipine-valsartan-hcthiazid</i> .....	42	
<i>ammonium lactate</i> .....	49	
<i>amnesteam</i> .....	50	
<i>amoxapine</i> .....	34	
<i>amoxicillin</i> .....	9	
<i>amoxicillin-pot clavulanate</i> ....	9	
<i>amphotericin b</i> .....	2	
<i>ampicillin</i> .....	9	
<i>ampicillin sodium</i> .....	9	
<i>ampicillin-sulbactam</i> .....	9	
<i>anagrelide</i> .....	53	
<i>anastrozole</i> .....	12	
ANKTIVA.....	12	
<i>apraclonidine</i> .....	76	
<i>aprepitant</i> .....	62	
<i>apri</i> .....	72	
APTIOM.....	25	
APTIVUS.....	2	
<i>aranelle (28)</i> .....	72	
ARCALYST.....	65	
AREXVY (PF).....	65	
<i>arformoterol</i> .....	77	
ARIKAYCE.....	7	
<i>aripiprazole</i> .....	34	
ARISTADA.....	34, 35	
ARISTADA INITIO.....	34	
<i>armodafinil</i> .....	35	
<i>arsenic trioxide</i> .....	12	
<i>asenapine maleate</i> .....	35	
ASMANEX HFA.....	77	
ASMANEX TWISTHALER	77	
ASPARLAS.....	12	
<i>aspirin-dipyridamole</i> .....	44	
<i>atazanavir</i> .....	2	
<i>atenolol</i> .....	42	
<i>atenolol-chlorthalidone</i> .....	42	
<i>atomoxetine</i> .....	35	
<i>atorvastatin</i> .....	46	
<i>atovaquone</i> .....	7	
<i>atovaquone-proguanil</i> .....	7	
<i>atropine</i> .....	61, 75	
ATROVENT HFA.....	78	
<i>aubra eq</i> .....	72	
AUGMENTIN.....	9	
AUGTYRO.....	12	
AUVELITY.....	35	
<i>aviane</i> .....	72	
AVONEX.....	65	
AYVAKIT.....	12	
<i>azacitidine</i> .....	12	
<i>azathioprine</i> .....	12	
<i>azathioprine sodium</i> .....	12	
<i>azelastine</i> .....	55, 75	
<i>azithromycin</i> .....	6	
<i>aztreonam</i> .....	7	
<i>azurette (28)</i> .....	72	

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

This drug list was last updated on 10/02/2024.

<b>B</b>	BREZTRI AEROSPHERE.. 78	<i>carbidopa-levodopa</i> .....29
<i>bacitracin</i> ..... 74	BRILINTA .....44	<i>carbidopa-levodopa-</i>
<i>bacitracin-polymyxin b</i> ..... 74	<i>brimonidine</i> ..... 76	<i>entacapone</i> .....29
<i>baclofen</i> .....31	BRIUMVI.....30	<i>carboplatin</i> .....13
<i>balsalazide</i> .....62	BRIVIACT .....25	<i>carglumic acid</i> .....53
BALVERSA.....12	<i>bromocriptine</i> .....29	<i>carmustine</i> .....13
BARACLUDGE .....2	BRUKINSA.....13	<i>carteolol</i> .....75
BAVENCIO .....12	<i>bss</i> .....75	<i>cartia xt</i> .....42
BCG VACCINE, LIVE (PF) 65	<i>budesonide</i> .....62, 78	<i>carvedilol</i> .....42
BD INSULIN SYRINGE .... 67	<i>budesonide-formoterol</i> .....78	<i>caspofungin</i> .....2
BD PEN NEEDLE ..... 67	<i>bumetanide</i> .....42	CAYSTON .....7
BELEODAQ .....12	<i>buprenorphine hcl</i> .....31	<i>cefaclor</i> .....5
BELSOMRA .....35	<i>buprenorphine-naloxone</i> .....33	<i>cefadroxil</i> .....5
<i>benazepril</i> .....42	<i>bupropion hcl</i> .....35	<i>cefazolin</i> .....5
<i>benazepril-hydrochlorothiazide</i>	<i>bupropion hcl (smoking deter)</i>	<i>cefazolin in dextrose (iso-os)</i> ..5
.....42	.....55	<i>cefdinir</i> .....5
<i>bendamustine</i> .....12	<i>bupirone</i> .....35	<i>cefepime</i> .....5
BENDEKA.....12	<i>busulfan</i> .....13	<i>cefepime in dextrose,iso-osm</i> ..5
BENLYSTA .....69	<i>butorphanol</i> .....33	<i>cefixime</i> .....5
<i>benztropine</i> .....29	BYETTA .....57	<i>cefoxitin</i> .....5
BESPONSIA .....12	<b>C</b>	<i>cefoxitin in dextrose, iso-osm</i> .5
BESREMI.....65	CABENUVA.....2	<i>cefpodoxime</i> .....5
<i>betaine</i> .....62	<i>cabergoline</i> .....59	<i>cefprozil</i> .....5
<i>betamethasone dipropionate</i> 52	CABLIVI.....44	<i>ceftazidime</i> .....6
<i>betamethasone valerate</i> .....52	CABOMETYX.....13	<i>ceftriaxone</i> .....6
<i>betamethasone, augmented</i> ..52	<i>caffeine citrate</i> .....53	<i>ceftriaxone in dextrose,iso-os</i> .6
BETASERON .....65	<i>calcipotriene</i> .....48	<i>cefuroxime axetil</i> .....6
<i>betaxolol</i> .....42, 75	<i>calcitonin (salmon)</i> .....59	<i>cefuroxime sodium</i> .....6
<i>bethanechol chloride</i> .....81	<i>calcitriol</i> .....59	<i>celecoxib</i> .....33
<i>bexarotene</i> .....12	<i>calcium chloride</i> .....81	<i>cephalexin</i> .....6
BEXSERO.....65	<i>calcium gluconate</i> .....81	CEPROTIN (BLUE BAR) ...44
<i>bicalutamide</i> .....12	CALQUENCE.....13	CEPROTIN (GREEN BAR) 44
BICILLIN L-A .....10	CALQUENCE	CEQR SIMPLICITY .....67
BIKTARVY .....2	(ACALABRUTINIB MAL)	CEQR SIMPLICITY
<i>bisoprolol fumarate</i> .....42	.....13	INSERTER .....67
<i>bisoprolol-hydrochlorothiazide</i>	<i>camila</i> .....71	<i>cetirizine</i> .....76
.....42	<i>candesartan</i> .....42	CHEMET.....53
<i>bleomycin</i> .....12	<i>candesartan-</i>	<i>chloramphenicol sod succinate</i>
BLINCYTO.....12	<i>hydrochlorothiazid</i> .....42	.....7
BOOSTRIX TDAP .....65	CAPLYTA.....35	<i>chlorhexidine gluconate</i> .....55
<i>bortezomib</i> .....13	CAPRELSA.....13	<i>chloroprocaine (pf)</i> .....49
BORTEZOMIB.....12	<i>captopril</i> .....42	<i>chloroquine phosphate</i> .....7
<i>bosentan</i> .....78	<i>captopril-hydrochlorothiazide</i>	<i>chlorothiazide sodium</i> .....42
BOSULIF .....13	.....42	<i>chlorpromazine</i> .....35
BRAFTOVI.....13	<i>carbamazepine</i> .....25	<i>chlorthalidone</i> .....42
<i>breyna</i> .....78	<i>carbidopa</i> .....29	<i>cholestyramine (with sugar)</i> .46

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

This drug list was last updated on 10/02/2024.

<i>cholestyramine light</i> .....	46	<i>clonidine (pf)</i> .....	33, 42	CYRAMZA .....	14
<i>ciclodan</i> .....	51	<i>clonidine hcl</i> .....	35, 42	<i>cyred eq</i> .....	72
<i>ciclopirox</i> .....	51	<i>clonidine transdermal patch</i> .....	42	CYSTAGON .....	81
<i>cidofovir</i> .....	3	<i>clopidogrel</i> .....	44	CYSTARAN.....	75
<i>cilostazol</i> .....	44	<i>clorazepate dipotassium</i> .....	35	<i>cytarabine</i> .....	14
CIMDUO.....	3	<i>clotrimazole</i> .....	2, 51	<i>cytarabine (pf)</i> .....	14
CIMERLI .....	75	<i>clotrimazole-betamethasone</i> .....	51	<b>D</b>	
<i>cinacalcet</i> .....	60	<i>clozapine</i> .....	35	<i>d10 %-0.45 % sodium chloride</i>	
CINRYZE.....	78	COARTEM .....	7	.....	53
CINVANTI.....	62	<i>colchicine</i> .....	68	<i>d2.5 %-0.45 % sodium</i>	
<i>ciprofloxacin</i> .....	10	<i>colesevelam</i> .....	46	<i>chloride</i> .....	53
<i>ciprofloxacin hcl</i> .....	10, 74	<i>colestipol</i> .....	46	<i>d5 % and 0.9 % sodium</i>	
<i>ciprofloxacin in 5 % dextrose</i>		<i>colistin (colistimethate na)</i> .....	7	<i>chloride</i> .....	53
.....	10	COLUMVI .....	13	<i>d5 %-0.45 % sodium chloride</i>	
<i>ciprofloxacin-dexamethasone</i>		COMBIVENT RESPIMAT .....	78	.....	53
.....	55	COMETRIQ .....	13	<i>dabigatran etexilate</i> .....	44
<i>cisplatin</i> .....	13	COMPLERA .....	3	<i>dacarbazine</i> .....	14
<i>citalopram</i> .....	35	<i>compro</i> .....	62	<i>dactinomycin</i> .....	14
<i>cladribine</i> .....	13	<i>constulose</i> .....	62	<i>dalfampridine</i> .....	30
<i>claravis</i> .....	50	COPIKTRA .....	13	<i>danazol</i> .....	60
<i>clarithromycin</i> .....	6	CORTIFOAM .....	62	<i>dantrolene</i> .....	31
<i>clindamycin hcl</i> .....	7	<i>cortisone</i> .....	56	DANYELZA .....	14
<i>clindamycin in 5 % dextrose</i> ..	7	COSENTYX.....	48	<i>dapsone</i> .....	7
<i>clindamycin phosphate</i> ....	7, 50,	COSENTYX (2 SYRINGES)		DAPTACEL (DTAP	
72		.....	48	PEDIATRIC) (PF).....	66
CLINIMIX 5%/D15W		COSENTYX PEN .....	48	<i>daptomycin</i> .....	7
SULFITE FREE .....	83	COSENTYX PEN (2 PENS).....	48	DAPTOMYCIN .....	7
CLINIMIX 4.25%/D10W		COSENTYX UNOREADY		<i>darunavir</i> .....	3
SULF FREE .....	83	PEN .....	48	DARZALEX.....	14
CLINIMIX 4.25%/D5W		COTELIC.....	13	<i>dasetta 1/35 (28)</i> .....	72
SULFIT FREE.....	53	CREON .....	62	<i>dasetta 7/7/7 (28)</i> .....	72
CLINIMIX 5%-		CRESEMBA .....	2	<i>daunorubicin</i> .....	14
D20W(SULFITE-FREE) ..	83	<i>cromolyn</i> .....	62, 75, 78	DAURISMO.....	14
CLINIMIX 6%-D5W		<i>cryselle (28)</i> .....	72	<i>deblitane</i> .....	71
(SULFITE-FREE).....	83	CRYSVITA .....	60	<i>decitabine</i> .....	14
CLINIMIX 8%-		<i>cyclobenzaprine</i> .....	31	<i>deferasirox</i> .....	53
D10W(SULFITE-FREE) ..	83	<i>cyclophosphamide</i> .....	13	<i>deferiprone</i> .....	54
CLINIMIX 8%-		CYCLOPHOSPHAMIDE ....	13	<i>deferoxamine</i> .....	54
D14W(SULFITE-FREE) ..	83	<i>cyclosporine</i> .....	14, 75	DELSTRIGO.....	3
<i>clobazam</i> .....	25	<i>cyclosporine modified</i> .....	14	DENGVAXIA (PF).....	66
<i>clobetasol</i> .....	52	CYLTEZO(CF) .....	69	<i>denta 5000 plus</i> .....	55
<i>clobetasol-emollient</i> .....	52	CYLTEZO(CF) PEN.....	69	<i>dentagel</i> .....	55
<i>clofarabine</i> .....	13	CYLTEZO(CF) PEN		DEPO-SUBQ PROVERA	104
<i>clomid</i> .....	60	CROHN'S-UC-HS.....	69	.....	71
<i>clomipramine</i> .....	35	CYLTEZO(CF) PEN		<i>dermacinrx lidocan</i> .....	49
<i>clonazepam</i> .....	26	PSORIASIS-UV .....	69	DESCOVY .....	3

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

This drug list was last updated on 10/02/2024.

<i>desipramine</i> .....	35	<i>dilt-xr</i> .....	42	<i>dutasteride</i> .....	81
<i>desmopressin</i> .....	60	<i>dimenhydrinate</i> .....	62	<b>E</b>	
<i>desog-e.estradiol/e.estradiol</i>	72	<i>dimethyl fumarate</i> .....	30	<i>econazole</i> .....	51
<i>desogestrel-ethinyl estradiol</i>	72	<i>diphenhydramine hcl</i> .....	76	EDURANT.....	3
<i>desonide</i> .....	52	<i>diphenoxylate-atropine</i> .....	61	<i>efavirenz</i> .....	3
<i>desvenlafaxine succinate</i> .....	35	<i>dipyridamole</i> .....	44	<i>efavirenz-emtricitabin-tenofov</i>	3
<i>dexamethasone</i> .....	56	<i>disulfiram</i> .....	54	<i>efavirenz-lamivu-tenofov disop</i>	3
<i>dexamethasone intensol</i> .....	56	<i>divalproex</i> .....	26	.....	3
<i>dexamethasone sodium phos</i>		<i>dobutamine</i> .....	47	<i>effe-k</i> .....	81
<i>(pf)</i> .....	56	<i>dobutamine in d5w</i> .....	47	ELAPRASE.....	60
<i>dexamethasone sodium</i>		<i>docetaxel</i> .....	14	<i>electrolyte-148</i> .....	83
<i>phosphate</i> .....	56, 76	<i>dofetilide</i> .....	41	<i>electrolyte-48 in d5w</i> .....	83
<i>dexrazoxane hcl</i> .....	11	<i>donepezil</i> .....	30	<i>electrolyte-a</i> .....	83
<i>dextroamphetamine-</i>		<i>dopamine</i> .....	47	ELIGARD.....	14
<i>amphetamine</i> .....	35	<i>dopamine in 5 % dextrose</i> ....	47	ELIGARD (3 MONTH).....	14
<i>dextrose 10 % and 0.2 % nacl</i>		DOPTELET (10 TAB PACK)		ELIGARD (4 MONTH).....	14
.....	54	.....	45	ELIGARD (6 MONTH).....	14
<i>dextrose 10 % in water (d10w)</i>		DOPTELET (15 TAB PACK)		<i>elinest</i> .....	73
.....	54	.....	45	ELIQUIS.....	45
<i>dextrose 25 % in water (d25w)</i>		DOPTELET (30 TAB PACK)		ELIQUIS DVT-PE TREAT	
.....	54	.....	45	30D START.....	45
<i>dextrose 5 % in water (d5w)</i>	54	<i>dorzolamide</i> .....	76	ELITEK.....	11
<i>dextrose 5 %-lactated ringers</i>		<i>dorzolamide-timolol</i> .....	76	ELMIRON.....	81
.....	54	<i>dotti</i> .....	71	ELREXFIO.....	14
<i>dextrose 5%-0.2 % sod</i>		DOVATO.....	3	<i>eluryng</i> .....	72
<i>chloride</i> .....	54	<i>doxazosin</i> .....	42	ELZONRIS.....	15
<i>dextrose 5%-0.3 %</i>		<i>doxepin</i> .....	36	EMGALITY PEN.....	29
<i>sod.chloride</i> .....	54	<i>doxercalciferol</i> .....	60	EMGALITY SYRINGE.....	29
<i>dextrose 50 % in water (d50w)</i>		<i>doxorubicin</i> .....	14	EMPLICITI.....	15
.....	54	<i>doxorubicin, peg-liposomal</i> ..	14	EMSAM.....	36
<i>dextrose 70 % in water (d70w)</i>		<i>doxy-100</i> .....	11	<i>emtricitabine</i> .....	3
.....	54	<i>doxycycline hyclate</i> .....	11	<i>emtricitabine-tenofovir (tdf)</i> ...	3
DIACOMIT.....	26	<i>doxycycline monohydrate</i> .....	11	EMTRIVA.....	3
<i>diazepam</i> .....	26, 35, 36	DRIZALMA SPRINKLE.....	36	EMVERM.....	7
<i>diazepam intensol</i> .....	35	<i>dronabinol</i> .....	62	<i>emzahn</i> .....	71
<i>diazoxide</i> .....	57	<i>droperidol</i> .....	62	<i>enalapril maleate</i> .....	42
<i>diclofenac potassium</i> .....	33	DROPSAFE ALCOHOL		<i>enalaprilat</i> .....	42
<i>diclofenac sodium</i> .....	33, 75	PREP PADS.....	57	<i>enalapril-hydrochlorothiazide</i>	
<i>dicloxacillin</i> .....	10	<i>drospirenone-ethinyl estradiol</i>		.....	42
<i>dicyclomine</i> .....	61	.....	72, 73	ENBREL.....	69
DIFICID.....	6	DROXIA.....	14	ENBREL MINI.....	69
<i>diflunisal</i> .....	33	<i>droxidopa</i> .....	54	ENBREL SURECLICK.....	69
<i>digoxin</i> .....	47	DULERA.....	78	<i>endocet</i> .....	31
<i>dihydroergotamine</i> .....	29	<i>duloxetine</i> .....	36	ENGERIX-B (PF).....	66
DILANTIN 30 MG.....	26	DUPIXENT PEN.....	49	ENGERIX-B PEDIATRIC	
<i>diltiazem hcl</i> .....	42	DUPIXENT SYRINGE.....	49	(PF).....	66

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

This drug list was last updated on 10/02/2024.

<i>enoxaparin</i> .....	45	<i>etonogestrel-ethinyl estradiol</i>	<i>fludarabine</i> .....	15
<i>enpresse</i> .....	73	.....	<i>fludrocortisone</i> .....	56
<i>enskyce</i> .....	73	ETOPOPHOS.....	<i>flumazenil</i> .....	36
<i>entacapone</i> .....	29	<i>etoposide</i> .....	<i>flunisolide</i> .....	78
<i>entecavir</i> .....	3	<i>etravirine</i> .....	<i>fluocinolone</i> .....	52
ENTRESTO .....	47	<i>euthyrox</i> .....	<i>fluocinolone acetone oil</i> ....	55
ENTRESTO SPRINKLE .....	47	<i>everolimus (antineoplastic)</i> ..	<i>fluocinolone and shower cap</i>	52
ENTYVIO .....	62	<i>everolimus</i>	<i>fluocinonide</i> .....	52
<i>enulose</i> .....	62	<i>(immunosuppressive)</i> .....	<i>fluocinonide-emollient</i> .....	52
ENVARSUS XR .....	15	EVOTAZ .....	<i>fluoride (sodium)</i> .....	55, 83
EPIDIOLEX .....	26	<i>exemestane</i> .....	<i>fluorometholone</i> .....	76
<i>epinastine</i> .....	75	EYLEA.....	<i>fluorouracil</i> .....	16, 49
<i>epinephrine</i> .....	76	<i>ezetimibe</i> .....	<i>fluoxetine</i> .....	36
<i>epirubicin</i> .....	15	<i>ezetimibe-simvastatin</i> .....	<i>fluphenazine decanoate</i> .....	36
<i>epitol</i> .....	26	<b>F</b>	<i>fluphenazine hcl</i> .....	36
EPKINLY .....	15	FABRAZYME .....	<i>flurbiprofen</i> .....	33
<i>eplerenone</i> .....	42	<i>falmina (28)</i> .....	<i>flurbiprofen sodium</i> .....	75
EPRONTIA .....	26	<i>famciclovir</i> .....	<i>fluticasone propionate</i> .....	78
ERBITUX.....	15	<i>famotidine</i> .....	FLUTICASONE	
<i>ergotamine-caffeine</i> .....	29	<i>famotidine (pf)</i> .....	PROPIONATE .....	78
<i>eribulin</i> .....	15	<i>famotidine (pf)-nacl (iso-os)</i>	<i>fluticasone propion-salmeterol</i>	
ERIVEDGE.....	15	FANAPT .....	.....	78
ERLEADA .....	15	FARXIGA .....	<i>fluvastatin</i> .....	46
<i>erlotinib</i> .....	15	<i>febuxostat</i> .....	<i>fluvoxamine</i> .....	36
<i>errin</i> .....	71	<i>felbamate</i> .....	<i>fomepizole</i> .....	66
<i>ertapenem</i> .....	7	<i>felodipine</i> .....	<i>fondaparinux</i> .....	45
ERWINASE .....	15	<i>fenofibrate</i> .....	<i>formoterol fumarate</i> .....	78
<i>ery pads</i> .....	50	<i>fenofibrate micronized</i> .....	<i>fosamprenavir</i> .....	3
<i>ery-tab</i> .....	6	<i>fenofibrate nanocrystallized</i>	<i>fosaprepitant</i> .....	62
<i>erythrocin (as stearate)</i> .....	6	<i>fenofibric acid</i> .....	<i>fosinopril</i> .....	42
<i>erythromycin</i> .....	6, 74	<i>fenofibric acid (choline)</i> .....	<i>fosinopril-hydrochlorothiazide</i>	
<i>erythromycin ethylsuccinate</i> ...6		<i>fentanyl</i> .....	.....	42
<i>erythromycin with ethanol</i> ....51		<i>fentanyl citrate</i> .....	<i>fosphenytoin</i> .....	26
<i>escitalopram oxalate</i> .....	36	<i>fentanyl citrate (pf)</i> .....	FOTIVDA.....	16
<i>esmolol</i> .....	42	FETZIMA.....	FRUZAQLA .....	16
<i>esomeprazole magnesium</i> ....64		<i>finasteride</i> .....	<i>fulvestrant</i> .....	16
<i>esomeprazole sodium</i> .....	64	<i>ingolimod</i> .....	<i>furosemide</i> .....	42
<i>estarylla</i> .....	73	FINTEPLA .....	FUZEON .....	3
<i>estradiol</i> .....	71	FIRMAGON KIT W	FYARRO .....	16
<i>estradiol valerate</i> .....	71	DILUENT SYRINGE .....	<i>fyavolv</i> .....	71
<i>estradiol-norethindrone acet</i>	71	<i>flac otic oil</i> .....	FYCOMPA.....	26
<i>ethacrynate sodium</i> .....	42	<i>flecainide</i> .....	<b>G</b>	
<i>ethambutol</i> .....	7	<i>floxuridine</i> .....	<i>gabapentin</i> .....	26
<i>ethosuximide</i> .....	26	<i>fluconazole</i> .....	<i>galantamine</i> .....	30
<i>ethynodiol diac-eth estradiol</i>	73	<i>fluconazole in nacl (iso-osm)</i> .2	GAMASTAN .....	66
<i>etodolac</i> .....	33	<i>flucytosine</i> .....	<i>ganciclovir sodium</i> .....	3

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

This drug list was last updated on 10/02/2024.



GARDASIL 9 (PF).....	66	<b>H</b>		HUMIRA(CF) PEN	
GATTEX 30-VIAL.....	62	<i>halobetasol propionate</i> .....	53	CROHNS-UC-HS	
GATTEX ONE-VIAL.....	62	<i>haloperidol</i> .....	36	(PREFERRED NDCS	
GAUZE PAD .....	67	<i>haloperidol decanoate</i> ....	36, 37	NDCS STARTING WITH	
<i>gavilyte-c</i> .....	62	<i>haloperidol lactate</i> .....	37	00074).....	70
<i>gavilyte-g</i> .....	62	HAVRIX (PF) .....	66	HUMIRA(CF) PEN	
<i>gavilyte-n</i> .....	62	<i>heather</i> .....	71	PEDIATRIC UC (ONLY	
GAVRETO.....	16	<i>heparin (porcine)</i> .....	45	NDCS STARTING WITH	
GAZYVA.....	16	<i>heparin (porcine) in 5 % dex</i>	45	00074).....	70
<i>gefitinib</i> .....	16	<i>heparin (porcine) in nacl (pf)</i>		HUMIRA(CF) PEN PSOR-	
<i>gemcitabine</i> .....	16	.....	45	UV-ADOL HS	
GEMCITABINE .....	16	<i>heparin(porcine) in 0.45% nacl</i>		(PREFERRED NDCS	
<i>gemfibrozil</i> .....	46	.....	45	NDCS STARTING WITH	
<i>generlac</i> .....	62	HEPARIN(PORCINE) IN		00074).....	70
<i>gengraf</i> .....	16	0.45% NAACL.....	45	HUMULIN 70/30 U-100	
<i>gentamicin</i> .....	7, 51, 74	<i>heparin, porcine (pf)</i> .....	46	INSULIN .....	58
<i>gentamicin in nacl (iso-osm)</i> ..	7	HEPARIN, PORCINE (PF) .	46	HUMULIN 70/30 U-100	
<i>gentamicin sulfate (ped) (pf)</i> ..	7	HEPLISAV-B (PF).....	66	KWIKPEN.....	58
GENVOYA .....	3	HIBERIX (PF).....	66	HUMULIN N NPH INSULIN	
GILOTRIF.....	16	HIZENTRA .....	66	KWIKPEN.....	58
<i>glatiramer</i> .....	30	HUMALOG JUNIOR		HUMULIN N NPH U-100	
<i>glatopa</i> .....	30	KWIKPEN U-100 .....	57	INSULIN .....	58
GLEOSTINE.....	16	HUMALOG KWIKPEN		HUMULIN R REGULAR U-	
<i>glimepiride</i> .....	57	INSULIN .....	57	100 INSULN .....	58
<i>glipizide</i> .....	57	HUMALOG MIX 50-50		HUMULIN R U-500 (CONC)	
<i>glipizide-metformin</i> .....	57	KWIKPEN.....	57	INSULIN .....	58
<i>glutamine (sickle cell)</i> .....	54	HUMALOG MIX 75-25		HUMULIN R U-500 (CONC)	
<i>glycine urologic</i> .....	81	KWIKPEN.....	57	KWIKPEN.....	58
<i>glycine urologic solution</i> .....	81	HUMALOG MIX 75-25(U-		<i>hydralazine</i> .....	42
<i>glycopyrrolate</i> .....	61	100)INSULN .....	58	<i>hydrochlorothiazide</i> .....	42
<i>glycopyrrolate (pf) in water</i> .	61	HUMALOG U-100 INSULIN		<i>hydrocodone-acetaminophen</i>	31
<i>glydo</i> .....	49	.....	58	<i>hydrocodone-ibuprofen</i> .....	32
<i>granisetron (pf)</i> .....	62	HUMIRA (PREFERRED		<i>hydrocortisone</i> .....	53, 56, 62
<i>granisetron hcl</i> .....	62	NDCS STARTING WITH		<i>hydrocortisone-acetic acid</i> ...	55
<i>griseofulvin microsize</i> .....	2	00074).....	69	<i>hydromorphone</i> .....	32
<i>griseofulvin ultramicrosize</i> .....	2	HUMIRA PEN (PREFERRED		<i>hydromorphone (pf)</i> .....	32
GVOKE.....	57	NDCS STARTING WITH		<i>hydroxychloroquine</i> .....	7
GVOKE HYPOPEN 1-PACK		00074).....	69	<i>hydroxyurea</i> .....	16
.....	57	HUMIRA(CF) (PREFERRED		<i>hydroxyzine hcl</i> .....	77
GVOKE HYPOPEN 2-PACK		NDCS STARTING WITH		HYPERHEP B.....	66
.....	57	00074).....	69	HYPERHEP B NEONATAL	
GVOKE PFS 1-PACK		HUMIRA(CF) PEN		.....	66
SYRINGE.....	57	(PREFERRED NDCS		<b>I</b>	
GVOKE PFS 2-PACK		NDCS STARTING WITH		<i>ibandronate</i> .....	68
SYRINGE.....	57	00074).....	69, 70	IBRANCE.....	16
				<i>ibu</i> .....	33

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

This drug list was last updated on 10/02/2024.

<i>ibuprofen</i> .....	33	ISENTRESS .....	3	KESIMPTA PEN.....	30
<i>ibutilide fumarate</i> .....	41	ISENTRESS HD .....	3	<i>ketoconazole</i> .....	2, 51
<i>icatibant</i> .....	78	<i>isibloom</i> .....	73	<i>ketorolac</i> .....	75
ICLUSIG .....	16	ISOLYTE S PH 7.4.....	83	KEYTRUDA .....	17
<i>icosapent ethyl</i> .....	46	ISOLYTE-P IN 5 %		KHAPZORY .....	11
<i>idarubicin</i> .....	16	DEXTROSE .....	83	KIMMTRAK.....	17
IDHIFA .....	16	ISOLYTE-S.....	83	KINRIX (PF).....	66
<i>ifosfamide</i> .....	16, 17	<i>isoniazid</i> .....	7	<i>kionex (with sorbitol)</i> .....	54
ILARIS (PF).....	65	<i>isosorbide dinitrate</i> .....	48	KISQALI .....	18
<i>imatinib</i> .....	17	<i>isosorbide mononitrate</i> .....	48	KISQALI FEMARA CO-	
IMBRUVICA .....	17	<i>isotretinoin</i> .....	51	PACK .....	18
IMDELLTRA.....	17	ISTODAX .....	17	<i>klayesta</i> .....	51
IMFINZI.....	17	<i>itraconazole</i> .....	2	<i>klor-con 10</i> .....	81
<i>imipenem-cilastatin</i> .....	7	<i>ivabradine</i> .....	47	<i>klor-con 8</i> .....	81
<i>imipramine hcl</i> .....	37	<i>ivermectin</i> .....	7	<i>klor-con m10</i> .....	81
<i>imiquimod</i> .....	49	IWILFIN.....	17	<i>klor-con m15</i> .....	81
IMJUDO.....	17	IXCHIQ (PF).....	66	<i>klor-con m20</i> .....	81
IMOVAX RABIES VACCINE		IXEMPRA .....	17	<i>klor-con oral packet 20</i> .....	81
(PF).....	66	IXIARO (PF).....	66	<i>klor-con/ef</i> .....	81
INBRIJA.....	29	<b>J</b>		KOSELUGO.....	18
<i>incassia</i> .....	71	JAKAFI .....	17	<i>kourzeq</i> .....	55
INCRELEX .....	54	<i>jantoven</i> .....	46	K-PHOS NO 2.....	81
<i>indapamide</i> .....	43	JANUMET .....	58	K-PHOS ORIGINAL .....	81
INFANRIX (DTAP) (PF).....	66	JANUMET XR.....	58	KRAZATI.....	18
INFLECTRA.....	62	JANUVIA.....	58	<i>kurvelo (28)</i> .....	73
INLYTA .....	17	JARDIANCE.....	58	KYPROLIS.....	18
INQOVI.....	17	<i>jasmiel (28)</i> .....	73	<b>L</b>	
INREBIC .....	17	JAYPIRCA.....	17	<i>l norgest/e.estradiol-e.estrad</i> 73	
INSULIN LISPRO .....	58	JEMPERLI .....	17	<i>labetalol</i> .....	43
INSULIN SYRINGE-		<i>jencycla</i> .....	72	<i>lacosamide</i> .....	26
NEEDLE U-100 .....	67	JEVTANA .....	17	<i>lactated ringers</i> .....	53, 81
INSULIN SYRINGES (NON-		<i>jinteli</i> .....	72	<i>lactulose</i> .....	62
PREFERRED BRANDS).67		<i>jolessa</i> .....	73	<i>lamivudine</i> .....	3
INTELENCE .....	3	<i>juleber</i> .....	73	<i>lamivudine-zidovudine</i> .....	3
<i>intralipid</i> .....	83	JULUCA.....	3	<i>lamotrigine</i> .....	26
<i>introvale</i> .....	73	JYLAMVO .....	17	<i>lanreotide</i> .....	18
INVEGA HAFYERA.....	37	JYNNEOS (PF) .....	66	<i>lansoprazole</i> .....	64
INVEGA SUSTENNA.....	37	<b>K</b>		LANTUS SOLOSTAR U-100	
INVEGA TRINZA .....	37	KADCYLA .....	17	INSULIN .....	58
IPOL .....	66	<i>kalliga</i> .....	73	LANTUS U-100 INSULIN ..	58
<i>ipratropium bromide</i> .....	55, 78	KALYDECO .....	78	<i>lapatinib</i> .....	18
<i>ipratropium-albuterol</i> .....	78	KANUMA .....	60	<i>larin 1.5/30 (21)</i> .....	73
<i>irbesartan</i> .....	43	<i>kariva (28)</i> .....	73	<i>larin 1/20 (21)</i> .....	73
<i>irbesartan-hydrochlorothiazide</i>		<i>kelnor 1/35 (28)</i> .....	73	<i>larin fe 1.5/30 (28)</i> .....	73
.....	43	<i>kelnor 1/50 (28)</i> .....	73	<i>larin fe 1/20 (28)</i> .....	73
<i>irinotecan</i> .....	17	KERENDIA.....	43	<i>latanoprost</i> .....	76

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

This drug list was last updated on 10/02/2024.

LEDIPASVIR-SOFOSBUVIR	LINZESS .....	62	<i>magnesium sulfate</i> .....	81
.....	<i>lithyronine</i> .....	61	MAGNESIUM SULFATE IN	
<i>leflunomide</i> .....	<i>lisinopril</i> .....	43	D5W .....	81
<i>lenalidomide</i> .....	<i>lisinopril-hydrochlorothiazide</i>		<i>magnesium sulfate in water</i> ..	81
LENVIMA .....	.....	43	<i>malathion</i> .....	53
<i>lessina</i> .....	<i>lithium carbonate</i> .....	37	<i>mannitol 20 %</i> .....	43
<i>letrozole</i> .....	<i>lithium citrate</i> .....	37	<i>mannitol 25 %</i> .....	43
<i>leucovorin calcium</i> .....	LIVTENCITY .....	3	<i>maraviroc</i> .....	3
<i>leuprolide</i> .....	LOKELMA .....	54	MARGENZA .....	19
<i>levetiracetam</i> .....	LONSURF .....	18	<i>marlissa (28)</i> .....	73
<i>levetiracetam in nacl (iso-os)</i>	<i>loperamide</i> .....	61	MARPLAN .....	38
.....	<i>lopinavir-ritonavir</i> .....	3	MATULANE .....	19
<i>levobunolol</i> .....	LOQTORZI .....	18	<i>matzim la</i> .....	43
<i>levocarnitine</i> .....	<i>lorazepam</i> .....	37, 38	MAVYRET .....	4
<i>levocarnitine (with sugar)</i> ..	<i>lorazepam intensol</i> .....	37	<i>meclizine</i> .....	62
<i>levocetirizine</i> .....	LORBRENA .....	18	<i>medroxyprogesterone</i> .....	72
<i>levofloxacin</i> .....	<i>loryna (28)</i> .....	73	<i>mefloquine</i> .....	8
<i>levofloxacin in d5w</i> .....	<i>losartan</i> .....	43	<i>megestrol</i> .....	19
<i>levoleucovorin calcium</i> .....	<i>losartan-hydrochlorothiazide</i>		MEKINIST .....	19
<i>levonest (28)</i> .....	.....	43	MEKTOVI .....	19
<i>levonorgestrel-ethinyl estrad</i>	<i>loteprednol etabonate</i> .....	76	<i>meloxicam</i> .....	33
<i>levonorg-eth estrad triphasic</i>	<i>lovastatin</i> .....	46, 47	<i>melfhalan hcl</i> .....	19
<i>levora-28</i> .....	<i>low-ogestrel (28)</i> .....	73	<i>memantine</i> .....	30
<i>levo-t</i> .....	<i>loxapine succinate</i> .....	38	MENACTRA (PF) .....	66
<i>levothyroxine</i> .....	<i>lo-zumandimine (28)</i> .....	73	MENQUADFI (PF) .....	66
<i>levoxyl</i> .....	<i>lubiprostone</i> .....	62	MENVEO A-C-Y-W-135-DIP	
LIBERVANT .....	LUMAKRAS .....	19	(PF) .....	66
LIBTAYO .....	LUMIZYME .....	60	MEPSEVII .....	60
<i>lidocaine</i> .....	LUNSUMIO .....	19	<i>mercaptapurine</i> .....	19
<i>lidocaine (pf)</i> .....	LUPRON DEPOT .....	19	<i>meropenem</i> .....	8
<i>lidocaine hcl</i> .....	<i>lurasidone</i> .....	38	<i>mesalamine</i> .....	62, 63
<i>lidocaine in 5 % dextrose (pf)</i>	<i>lutera (28)</i> .....	73	<i>mesalamine with cleansing</i>	
.....	<i>lyleq</i> .....	72	<i>wipe</i> .....	63
<i>lidocaine viscous</i> .....	<i>lyllana</i> .....	72	<i>mesna</i> .....	11
<i>lidocaine-epinephrine</i> .....	LYNPARZA .....	19	MESNEX .....	11
<i>lidocaine-epinephrine (pf)</i> ..	LYSODREN .....	19	<i>metformin</i> .....	58
<i>lidocaine-prilocaine</i> .....	LYTGOBI .....	19	<i>methadone</i> .....	32
<i>lidocan iii</i> .....	LYUMJEV KWIKPEN U-100		<i>methadone intensol</i> .....	32
<i>lidocan iv</i> .....	INSULIN .....	58	<i>methadose</i> .....	32
<i>lidocan v</i> .....	LYUMJEV KWIKPEN U-200		<i>methazolamide</i> .....	76
LILETTA .....	INSULIN .....	58	<i>methenamine hippurate</i> .....	11
<i>lincomycin</i> .....	LYUMJEV U-100 INSULIN		<i>methenamine mandelate</i> .....	11
<i>linezolid</i> .....	.....	58	<i>methimazole</i> .....	56
<i>linezolid in dextrose 5%</i> .....	<i>lyza</i> .....	72	<i>methotrexate sodium</i> .....	19
<i>linezolid-0.9% sodium chloride</i>	<b>M</b>		<i>methotrexate sodium (pf)</i> .....	19
.....	<i>magnesium chloride</i> .....	81	<i>methoxsalen</i> .....	50

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

This drug list was last updated on 10/02/2024.

<i>methsuximide</i> .....	27	<i>morphine</i> .....	32	NERLYNX.....	20
<i>methylergonovine</i> .....	74	<i>morphine (pf)</i> .....	32	NEUPRO.....	29
<i>methylphenidate hcl</i> .....	38	<i>morphine concentrate</i> .....	32	<i>nevirapine</i> .....	4
<i>methylprednisolone</i> .....	56	MOUNJARO.....	58	NEXPLANON.....	72
<i>methylprednisolone acetate</i> ..	56	<i>moxifloxacin</i> .....	10, 74	<i>niacin</i> .....	47
<i>methylprednisolone sodium</i>		<i>moxifloxacin-sod.chloride(iso)</i>		<i>nicardipine</i> .....	43
<i>succ</i> .....	56	.....	10	NICOTROL.....	55
<i>metoclopramide hcl</i> .....	63	MRESVIA (PF).....	66	NICOTROL NS.....	55
<i>metolazone</i> .....	43	<i>mupirocin</i> .....	51	<i>nifedipine</i> .....	43
<i>metoprolol succinate</i> .....	43	<i>mycophenolate mofetil</i> ....	19, 20	<i>nikki (28)</i> .....	73
<i>metoprolol ta-hydrochlorothiaz</i>		<i>mycophenolate mofetil (hcl)</i> .	19	<i>nilutamide</i> .....	20
.....	43	<i>mycophenolate sodium</i> .....	20	<i>nimodipine</i> .....	43
<i>metoprolol tartrate</i> .....	43	MYFEMBREE .....	72	NINLARO .....	20
<i>metro i.v.</i> .....	8	MYHIBBIN.....	20	<i>nitazoxanide</i> .....	8
<i>metronidazole</i> .....	8, 51, 72	MYLOTARG .....	20	<i>nitisinone</i> .....	54
<i>metronidazole in nacl (iso-os)</i>	8	MYRBETRIQ .....	80	<i>nitro-bid</i> .....	48
<i>metyrosine</i> .....	43	<b>N</b>		<i>nitrofurantoin macrocrystal</i> .	11
<i>mexiletine</i> .....	41	<i>nabumetone</i> .....	33	<i>nitrofurantoin monohyd/m-</i>	
<i>micafungin</i> .....	2	<i>nadolol</i> .....	43	<i>cryst</i> .....	11
<i>microgestin 1.5/30 (21)</i> .....	73	<i>nafcillin</i> .....	10	<i>nitroglycerin</i> .....	48, 63
<i>microgestin 1/20 (21)</i> .....	73	<i>nafcillin in dextrose iso-osm.</i>	10	<i>nitroglycerin in 5 % dextrose</i>	
<i>microgestin fe 1.5/30 (28)</i> ...	73	<i>naftifine</i> .....	51	.....	48
<i>microgestin fe 1/20 (28)</i> .....	73	NAGLAZYME.....	60	NIVESTYM .....	65
<i>midodrine</i> .....	54	<i>nalbuphine</i> .....	33	<i>nora-be</i> .....	72
<i>mifepristone</i> .....	60, 72	<i>naloxone</i> .....	33, 34	<i>norelgestromin-ethin.estradiol</i>	
<i>mili</i> .....	73	<i>naltrexone</i> .....	34	.....	72
<i>milrinone</i> .....	47	NAMZARIC.....	30	<i>norepinephrine bitartrate</i> ....	48
<i>milrinone in 5 % dextrose</i> ...	47	<i>naproxen</i> .....	34	<i>norethindrone (contraceptive)</i>	
<i>mimvey</i> .....	72	<i>naratriptan</i> .....	29	.....	72
<i>minocycline</i> .....	11	<i>nateglinide</i> .....	58	<i>norethindrone acetate</i> .....	72
<i>minoxidil</i> .....	43	NAYZILAM.....	27	<i>norethindrone ac-eth estradiol</i>	
<i>miostat</i> .....	76	<i>nebivolol</i> .....	43	.....	72, 73
<i>mirabegron</i> .....	80	<i>nefazodone</i> .....	38	<i>norethindrone-e.estradiol-iron</i>	
<i>mirtazapine</i> .....	38	<i>nelarabine</i> .....	20	.....	74
<i>misoprostol</i> .....	64	<i>neomycin</i> .....	8	<i>norgestimate-ethinyl estradiol</i>	
<i>mitomycin</i> .....	19	<i>neomycin-bacitracin-poly-hc</i>	76	.....	74
<i>mitoxantrone</i> .....	19	<i>neomycin-bacitracin-</i>		<i>nortrel 0.5/35 (28)</i> .....	74
M-M-R II (PF).....	66	<i>polymyxin</i> .....	75	<i>nortrel 1/35 (21)</i> .....	74
<i>modafinil</i> .....	38	<i>neomycin-polymyxin b gu</i> ....	53	<i>nortrel 1/35 (28)</i> .....	74
<i>moexipril</i> .....	43	<i>neomycin-polymyxin b-</i>		<i>nortrel 7/7/7 (28)</i> .....	74
<i>molindone</i> .....	38	<i>dexameth</i> .....	76	<i>nortriptyline</i> .....	38
<i>mometasone</i> .....	53	<i>neomycin-polymyxin-</i>		NORVIR.....	4
<i>mondoxyne nl</i> .....	11	<i>gramicidin</i> .....	75	NUBEQA .....	20
MONJUVI.....	19	<i>neomycin-polymyxin-hc</i> ..	55, 76	NUDEXTA .....	30
<i>mono-lynyah</i> .....	73	<i>neo-polycin</i> .....	75	NULOJIX .....	20
<i>montelukast</i> .....	78	<i>neo-polycin hc</i> .....	76	NUPLAZID .....	38

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

This drug list was last updated on 10/02/2024.

NURTEC ODT.....	29	ONCASPAR.....	20	<i>paroxetine hcl</i> .....	38
<i>nyamyc</i> .....	51	<i>ondansetron</i> .....	63	PAXLOVID.....	4
<i>nystatin</i> .....	2, 51	<i>ondansetron hcl</i> .....	63	<i>pazopanib</i> .....	21
<i>nystatin-triamcinolone</i> .....	52	<i>ondansetron hcl (pf)</i> .....	63	PEDIARIX (PF) .....	66
<i>nystop</i> .....	52	ONIVYDE.....	20	PEDVAX HIB (PF).....	66
NYVEPRIA.....	65	ONUREG .....	20	<i>peg 3350-electrolytes</i> .....	63
<b>O</b>		OPDIVO.....	20	PEGASYS .....	65
OCALIVA.....	63	OPDUALAG .....	20	<i>peg-electrolyte</i> .....	63
<i>octreotide acetate</i> .....	20	<i>opium tincture</i> .....	61	PEMAZYRE.....	21
ODEFSEY .....	4	OPSUMIT .....	79	<i>pemetrexed disodium</i> .....	21
ODOMZO .....	20	OPSYNVI.....	79	PEN NEEDLES (NON-	
OFEV .....	78	<i>oralone</i> .....	55	PREFERRED BRANDS).....	68
<i>ofloxacin</i> .....	55, 75	ORENCIA .....	70	PENBRAYA (PF) .....	66
OGSIVEO .....	20	ORENCIA (WITH		<i>penciclovir</i> .....	52
OJEMDA.....	20	MALTOSE).....	70	<i>penicillamine</i> .....	70
OJJAARA.....	20	ORENCIA CLICKJECT .....	70	<i>penicillin g potassium</i> .....	10
<i>olanzapine</i> .....	38	ORGOVYX.....	20	<i>penicillin g sodium</i> .....	10
<i>olmesartan</i> .....	43	ORKAMBI.....	79	<i>penicillin v potassium</i> .....	10
<i>olmesartan-amlodipin-</i>		ORSERDU .....	20, 21	PENTACEL (PF).....	66
<i>hcthiamid</i> .....	43	<i>oseltamivir</i> .....	4	<i>pentamidine</i> .....	8
<i>olmesartan-</i>		<i>osmitrol 20 %</i> .....	43	<i>pentobarbital sodium</i> .....	38
<i>hydrochlorothiazide</i> .....	43	OTEZLA .....	70	<i>pentoxifylline</i> .....	46
<i>omega-3 acid ethyl esters</i> .....	47	OTEZLA STARTER.....	70	<i>perindopril erbumine</i> .....	43
<i>omeprazole</i> .....	64	<i>oxacillin</i> .....	10	<i>periogard</i> .....	55
OMNIPOD 5 G6 INTRO KIT		<i>oxacillin in dextrose(iso-osm)</i>		PERJETA .....	21
(GEN 5).....	68	.....	10	<i>permethrin</i> .....	53
OMNIPOD 5 G6 PODS (GEN		<i>oxaliplatin</i> .....	21	<i>perphenazine</i> .....	38
5).....	68	<i>oxaprozin</i> .....	34	<i>pfizerpen-g</i> .....	10
OMNIPOD DASH INTRO		<i>oxcarbazepine</i> .....	27	<i>phenelzine</i> .....	38
KIT (GEN 4) .....	68	OXERVATE .....	75	<i>phenobarbital</i> .....	27
OMNIPOD DASH PODS		<i>oxybutynin chloride</i> .....	80	<i>phenobarbital sodium</i> .....	27
(GEN 4).....	68	<i>oxycodone</i> .....	33	<i>phentolamine</i> .....	43
OMNIPOD GO PODS .....	68	<i>oxycodone-acetaminophen</i> ...	33	<i>phenytoin</i> .....	27
OMNIPOD GO PODS 10		OZEMPIC .....	59	<i>phenytoin sodium</i> .....	27
UNITS/DAY .....	68	OZURDEX.....	76	<i>phenytoin sodium extended</i> ...27	
OMNIPOD GO PODS 15		<b>P</b>		PIFELTRO .....	4
UNITS/DAY .....	68	<i>pacerone</i> .....	41	<i>pilocarpine hcl</i> .....	54, 75
OMNIPOD GO PODS 20		<i>paclitaxel</i> .....	21	<i>pimecrolimus</i> .....	50
UNITS/DAY .....	68	PADCEV .....	21	<i>pimozide</i> .....	39
OMNIPOD GO PODS 25		<i>paliperidone</i> .....	38	<i>pimtrea (28)</i> .....	74
UNITS/DAY .....	68	<i>palonosetron</i> .....	63	<i>pindolol</i> .....	43
OMNIPOD GO PODS 30		<i>pamidronate</i> .....	60	<i>pioglitazone</i> .....	59
UNITS/DAY .....	68	PANRETIN .....	50	<i>piperacillin-tazobactam</i> .....	10
OMNIPOD GO PODS 40		<i>pantoprazole</i> .....	64	PIQRAY .....	21
UNITS/DAY .....	68	<i>paraplatin</i> .....	21	<i>pirfenidone</i> .....	79
OMNITROPE.....	65	<i>paricalcitol</i> .....	60	<i>piroxicam</i> .....	34

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

This drug list was last updated on 10/02/2024.

<i>pitavastatin calcium</i> .....	47	<i>prednisone intensol</i> .....	56	QUADRACEL (PF) .....	66
PLENAMINE.....	83	<i>pregabalin</i> .....	27	<i>quetiapine</i> .....	39
<i>plerixafor</i> .....	65	PREHEVBRIO (PF).....	66	<i>quinapril</i> .....	43
<i>podofilox</i> .....	50	<i>premasol 10 %</i> .....	83	<i>quinapril-hydrochlorothiazide</i> .....	43
POLIVY .....	21	<i>prenatal vitamin oral tablet</i> ..	83	<i>quinidine sulfate</i> .....	41
<i>polocaine</i> .....	50	<i>prevalite</i> .....	47	<i>quinine sulfate</i> .....	8
<i>polocaine-mpf</i> .....	50	PREVYMIS.....	4	QVAR REDIHALER .....	79
<i>polycin</i> .....	75	PREZCOBIX.....	4	<b>R</b>	
<i>polymyxin b sulf-trimethoprim</i> .....	75	PREZISTA .....	4	RABAVERT (PF) .....	66
POMALYST .....	21	PRIFTIN.....	8	RADICAVA ORS .....	30
<i>portia 28</i> .....	74	PRIMAQUINE.....	8	RADICAVA ORS STARTER KIT SUSP .....	30
PORTRAZZA .....	21	<i>primidone</i> .....	28	<i>raloxifene</i> .....	68
<i>posaconazole</i> .....	2	PRIMIDONE.....	28	<i>ramelteon</i> .....	39
<i>potassium acetate</i> .....	81	PRIORIX (PF).....	66	<i>ramipril</i> .....	44
<i>potassium chlorid-d5-</i> <i>0.45%nacl</i> .....	81	PRIVIGEN .....	66	<i>ranolazine</i> .....	48
<i>potassium chloride</i> .....	82	<i>probenecid</i> .....	68	<i>rasagiline</i> .....	29
<i>potassium chloride in</i> <i>0.9%nacl</i> .....	82	<i>probenecid-colchicine</i> .....	68	<i>reclipsen (28)</i> .....	74
<i>potassium chloride in 5 % dex</i> .....	82	<i>procainamide</i> .....	41	RECOMBIVAX HB (PF).....	66
<i>potassium chloride in lr-d5</i> ..	82	<i>prochlorperazine</i> .....	63	REGRANEX .....	50
<i>potassium chloride in water</i> ..	82	<i>prochlorperazine edisylate</i> ...63		RELENZA DISKHALER .....	4
<i>potassium chloride-0.45 %</i> <i>nacl</i> .....	82	<i>prochlorperazine maleate oral</i> .....	63	RELISTOR .....	63
<i>potassium chloride-d5-</i> <i>0.2%nacl</i> .....	82	PROCRIT .....	65	RENACIDIN .....	81
<i>potassium chloride-d5-</i> <i>0.9%nacl</i> .....	82	<i>procto-med hc</i> .....	63	<i>repaglinide</i> .....	59
<i>potassium citrate</i> .....	81	<i>proctosol hc</i> .....	63	REPATHA.....	47
<i>potassium phosphate m-/d-</i> <i>basic</i> .....	82	<i>proctozone-hc</i> .....	63	REPATHA PUSHTRONEX	47
POTELIGEO.....	21	<i>progesterone</i> .....	72	REPATHA SURECLICK ...	47
PRALATREXATE.....	21	<i>progesterone micronized</i> .....	72	RETACRIT.....	65
<i>pramipexole</i> .....	29	PROGRAF.....	21	RETEVMO.....	21, 22
<i>prasugrel</i> .....	46	PROLASTIN-C .....	54	RETROVIR .....	4
<i>pravastatin</i> .....	47	PROLIA.....	68	REVLIMID.....	22
<i>praziquantel</i> .....	8	PROMACTA.....	46	<i>revonto</i> .....	31
<i>prazosin</i> .....	43	<i>promethazine</i> .....	77	REXULTI.....	39
<i>prednicarbate</i> .....	53	<i>propafenone</i> .....	41	REYATAZ .....	4
<i>prednisolone</i> .....	56	<i>propranolol</i> .....	43	REZDIFFRA .....	54
<i>prednisolone acetate</i> .....	76	<i>propylthiouracil</i> .....	56	REZLIDHIA .....	22
<i>prednisolone sodium</i> <i>phosphate</i> .....	56, 76	PROQUAD (PF).....	66	REZUROCK.....	22
<i>prednisone</i> .....	56	<i>protamine</i> .....	46	<i>ribavirin</i> .....	4
		<i>protriptyline</i> .....	39	RIDAURA .....	70
		PULMOZYME.....	79	<i>rifabutin</i> .....	8
		PURIXAN .....	21	<i>rifampin</i> .....	8
		<i>pyrazinamide</i> .....	8	<i>riluzole</i> .....	54
		<i>pyridostigmine bromide</i> .....	31	<i>rimantadine</i> .....	4
		<i>pyrimethamine</i> .....	8	<i>ringer's</i> .....	53, 82
		<b>Q</b>		RINVOQ.....	70, 71
		QINLOCK .....	21		

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

This drug list was last updated on 10/02/2024.

RINVOQ LQ.....	70	<i>sildenafil (pulmonary arterial hypertension)</i> .....	79	<i>spironolacton-hydrochlorothiaz</i> .....	44
<i>risperidone</i> .....	39	<i>silver sulfadiazine</i> .....	50	SPRAVATO .....	39
<i>risperidone microspheres</i> .....	39	SIMULECT .....	22	<i>sprintec (28)</i> .....	74
<i>ritonavir</i> .....	4	<i>simvastatin</i> .....	47	SPRITAM.....	28
<i>rivastigmine</i> .....	31	<i>sirolimus</i> .....	22	SPRYCEL.....	22
<i>rivastigmine tartrate</i> .....	31	SIRTURO .....	8	<i>sps (with sorbitol)</i> .....	54
<i>rizatriptan</i> .....	29	SKYRIZI .....	49, 63, 64	<i>sronyx</i> .....	74
<i>roflumilast</i> .....	79	<i>sodium acetate</i> .....	82	<i>ssd</i> .....	50
<i>romidepsin</i> .....	22	<i>sodium benzoate-sodium phenylacet</i> .....	54	STELARA .....	49
<i>ropinirole</i> .....	29	<i>sodium bicarbonate</i> .....	82	STIOLTO RESPIMAT .....	79
<i>rosuvastatin</i> .....	47	<i>sodium chloride</i> .....	54, 82	STIVARGA.....	22
ROTARIX.....	66	<i>sodium chloride 0.45 %</i> .....	82	STREPTOMYCIN .....	8
ROTATEQ VACCINE .....	66	<i>sodium chloride 0.9 %</i> .....	54	STRIBILD .....	4
<i>roweepra</i> .....	28	<i>sodium chloride 3 % hypertonic</i> .....	82	STRIVERDI RESPIMAT ...	79
ROZLYTREK .....	22	<i>sodium chloride 5 % hypertonic</i> .....	82	<i>subvenite</i> .....	28
RUBRACA.....	22	<i>sodium fluoride 5000 dry mouth</i> .....	55	SUCRAID.....	64
<i>rufinamide</i> .....	28	<i>sodium fluoride 5000 plus</i> ....	55	<i>sucralfate</i> .....	65
RUKOBIA.....	4	<i>sodium fluoride-pot nitrate</i> ...55		<i>sulfacetamide sodium</i> .....	75
RUXIENCE.....	22	<i>sodium nitroprusside</i> .....	48	<i>sulfacetamide sodium (acne)</i> 51	
RYBREVANT .....	22	SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) .....	39	<i>sulfacetamide-prednisolone</i> ..75	
RYDAPT.....	22	<i>sodium phenylbutyrate</i> .....	54	<i>sulfadiazine</i> .....	10
RYLAZE .....	22	<i>sodium phosphate</i> .....	82	<i>sulfamethoxazole-trimethoprim</i> .....	11
RYTELO .....	22	<i>sodium polystyrene sulfonate</i> 54		<i>sulfasalazine</i> .....	64
<b>S</b>		<i>sodium,potassium,mag sulfates</i> .....	64	<i>sulindac</i> .....	34
<i>sajazir</i> .....	79	SOFOSBUVIR-VELPATASVIR.....	4	<i>sumatriptan</i> .....	29
<i>salsalate</i> .....	34	SOLQUA 100/33 .....	59	<i>sumatriptan succinate</i> .....29, 30	
SANDOSTATIN LAR DEPOT .....	22	SOLTAMOX.....	22	<i>sunitinib malate</i> .....	23
SANTYL .....	50	SOMATULINE DEPOT .....	22	SUNLENCA.....	4
<i>sapropterin</i> .....	60	SOMAVERT .....	60	<i>syeda</i> .....	74
SARCLISA.....	22	<i>sorafenib</i> .....	22	SYMDEKO .....	79
<i>saxagliptin</i> .....	59	<i>sotalol</i> .....	41	SYMPAZAN .....	28
<i>saxagliptin-metformin</i> .....	59	<i>sotalol af</i> .....	41	SYMPROIC.....	64
SCSEMBLIX.....	22	SOTYKTU .....	49	SYMTUZA.....	4
<i>scopolamine base</i> .....	63	SPIRIVA RESPIMAT.....	79	SYNAGIS.....	4
SECUADO .....	39	<i>spironolactone</i> .....	44	SYNJARDY .....	59
<i>selegiline hcl</i> .....	29			SYNJARDY XR.....	59
<i>selenium sulfide</i> .....	49			<b>T</b>	
SELZENTRY .....	4			TABRECTA .....	23
<i>sertraline</i> .....	39			<i>tacrolimus</i> .....	23, 50
<i>setlakin</i> .....	74			<i>tadalafil</i> .....	81
<i>sf 55</i>				<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i> .....	79
<i>sf 5000 plus</i> .....	55			TAFINLAR .....	23
<i>sharobel</i> .....	72				
SHINGRIX (PF).....	66				
SIGNIFOR .....	22				

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

This drug list was last updated on 10/02/2024.

TAGRISSE	23	<i>tigecycline</i>	8	<i>triderm</i>	53
TALVEY	23	<i>tilia fe</i>	74	<i>trientine</i>	54
TALZENNA	23	<i>timolol maleate</i>	44, 75	<i>tri-estarylla</i>	74
<i>tamoxifen</i>	23	<i>tinidazole</i>	8	<i>trifluoperazine</i>	39
<i>tamsulosin</i>	81	<i>tiotropium bromide</i>	80	<i>trifluridine</i>	75
<i>tarina fe 1-20 eq (28)</i>	74	TIVDAK	23	<i>trihexyphenidyl</i>	29
TASIGNA	23	TIVICAY	4	TRIKAFTA	80
<i>tazarotene</i>	51	TIVICAY PD	4	<i>tri-legest fe</i>	74
<i>tazicef</i>	6	<i>tizanidine</i>	31	<i>tri-linyah</i>	74
TAZVERIK	23	<i>tobramycin</i>	8, 75	<i>tri-lo-estarylla</i>	74
TDVAX	67	<i>tobramycin in 0.225 % nacl</i>	8	<i>tri-lo-marzia</i>	74
TECENTRIQ	23	<i>tobramycin sulfate</i>	8	<i>tri-lo-sprintec</i>	74
TECVAYLI	23	<i>tobramycin-dexamethasone</i>	76	<i>trimethoprim</i>	11
TEFLARO	6	<i>tolterodine</i>	80	<i>trimipramine</i>	39
<i>telmisartan</i>	44	<i>tolvaptan</i>	61	TRINTELLIX	39
<i>telmisartan-amlodipine</i>	44	<i>topiramate</i>	28	<i>tri-sprintec (28)</i>	74
<i>telmisartan-hydrochlorothiazid</i>	44	<i>topotecan</i>	23	TRIUMEQ	4
TEMODAR	23	<i>toremifene</i>	23	TRIUMEQ PD	5
<i>temsirolimus</i>	23	<i>torpenz</i>	23	<i>trivora (28)</i>	74
TENIVAC (PF)	67	<i>torseamide</i>	44	TRODELVY	23
<i>tenofovir disoproxil fumarate</i>	4	TOUJEO MAX U-300		TROGARZO	5
TEPMETKO	23	SOLOSTAR	59	TROPHAMINE 10 %	83
<i>terazosin</i>	44	TOUJEO SOLOSTAR U-300		<i>trospium</i>	80
<i>terbinafine hcl</i>	2	INSULIN	59	TRULANCE	64
<i>terbutaline</i>	79	<i>tramadol</i>	34	TRULICITY	59
<i>terconazole</i>	72	<i>tramadol-acetaminophen</i>	34	TRUMENBA	67
<i>teriflunomide</i>	31	<i>trandolapril</i>	44	TRUQAP	23
TERIPARATIDE	68	<i>tranexamic acid</i>	72	TUKYSA	23, 24
<i>testosterone</i>	60, 61	<i>tranylcypromine</i>	39	TURALIO	24
<i>testosterone cypionate</i>	60	<i>travasol 10 %</i>	83	<i>turqoz (28)</i>	74
<i>testosterone enanthate</i>	60	<i>travoprost</i>	76	TWINRIX (PF)	67
TETANUS, DIPHTEHRIA		TRAZIMERA	23	TYENNE	71
TOX PED (PF)	67	<i>trazodone</i>	39	TYENNE AUTOINJECTOR	
<i>tetrabenazine</i>	31	TRECTOR	8		71
<i>tetracycline</i>	11	TRELEGY ELLIPTA	80	TYPHIM VI	67
THALOMID	23	TRELSTAR	23	TYVASO	80
<i>theophylline</i>	79, 80	TREMFYA	49	TYVASO INSTITUTIONAL	
<i>thioridazine</i>	39	<i>treprostinil sodium</i>	44	START KIT	80
<i>thiotepa</i>	23	<i>tretinoin (antineoplastic)</i>	23	TYVASO REFILL KIT	80
<i>thiothixene</i>	39	<i>tretinoin topical</i>	51	TYVASO STARTER KIT	80
<i>tiadylt er</i>	44	<i>triamcinolone acetonide</i>	53, 55, 56	U	
<i>tiagabine</i>	28	<i>triamterene-hydrochlorothiazid</i>		<i>unithroid</i>	61
TIBSOVO	23		44	UNITUXIN	24
TICE BCG	67	<i>tridacaine ii</i>	50	UPTRAVI	44
TICOVAC	67	<i>tridacaine iii</i>	50	<i>ursodiol</i>	64
				UZEDY	40

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

This drug list was last updated on 10/02/2024.



<b>V</b>		
<i>valacyclovir</i> .....	5	
VALCHLOR.....	50	
<i>valganciclovir</i> .....	5	
<i>valproate sodium</i> .....	28	
<i>valproic acid</i> .....	28	
<i>valproic acid (as sodium salt)</i> .....	28	
<i>valrubicin</i> .....	24	
<i>valsartan</i> .....	44	
<i>valsartan-hydrochlorothiazide</i> .....	44	
VALTOCO.....	28	
<i>vancomycin</i> .....	8, 9	
VANCOMYCIN IN 0.9 % SODIUM CHL.....	8	
VANFLYTA.....	24	
VAQTA (PF).....	67	
<i>varenicline</i> .....	55	
VARIVAX (PF).....	67	
VARUBI.....	64	
VAXCHORA VACCINE ....	67	
VECTIBIX.....	24	
<i>veletri</i> .....	44	
<i>velivet triphasic regimen (28)</i> .....	74	
VEMLIDY.....	5	
VENCLEXTA.....	24	
VENCLEXTA STARTING PACK.....	24	
<i>venlafaxine</i> .....	40	
<i>verapamil</i> .....	44	
VERQUVO.....	48	
VERSACLOZ.....	40	
VERZENIO.....	24	
<i>vestura (28)</i> .....	74	
<i>vienna</i> .....	74	
<i>vigabatrin</i> .....	28	
<i>vigadrone</i> .....	28	
<i>vigpoder</i> .....	28	
<i>vilazodone</i> .....	40	
VIMIZIM.....	61	
<i>vinblastine</i> .....	24	
<i>vincristine</i> .....	24	
<i>vinorelbine</i> .....	24	
<i>viorele (28)</i> .....	74	
VIRACEPT.....	5	
VIREAD.....	5	
VITRAKVI.....	24	
VIVITROL.....	34	
VIZIMPRO.....	24	
VONJO.....	24	
<i>voriconazole</i> .....	2	
VOSEVI.....	5	
VOWST.....	64	
VRAYLAR.....	40	
VYNDAMAX.....	48	
VYXEOS.....	24	
<b>W</b>		
<i>warfarin</i> .....	46	
<i>water for irrigation, sterile</i> ...	54	
WELIREG.....	24	
<i>wera (28)</i> .....	74	
<i>wescap-pn dha</i> .....	83	
<i>wixela inhub</i> .....	80	
<b>X</b>		
XALKORI.....	24	
XARELTO.....	46	
XARELTO DVT-PE TREAT 30D START.....	46	
XCOPRI.....	28	
XCOPRI MAINTENANCE PACK.....	28	
XCOPRI TITRATION PACK .....	28	
XDEMVY.....	75	
XELJANZ.....	71	
XELJANZ XR.....	71	
XERMELO.....	24	
XGEVA.....	12	
XIAFLEX.....	55	
XIFAXAN.....	9	
XIGDUO XR.....	59	
XIIDRA.....	75	
XOLAIR.....	80	
XOSPATA.....	24	
XPOVIO.....	24	
XTANDI.....	24, 25	
<i>xulane</i> .....	72	
<b>Y</b>		
YERVOY.....	25	
YF-VAX (PF).....	67	
YONDELIS.....	25	
YUFLYMA(CF).....	71	
YUFLYMA(CF) AI CROHN'S-UC-HS.....	71	
YUFLYMA(CF) AUTOINJECTOR.....	71	
<i>yuvafem</i> .....	72	
<b>Z</b>		
<i>zafemy</i> .....	72	
<i>zafirlukast</i> .....	80	
<i>zaleplon</i> .....	40	
ZALTRAP.....	25	
ZANOSAR.....	25	
ZEJULA.....	25	
ZELBORAF.....	25	
<i>zenatane</i> .....	51	
ZEPZELCA.....	25	
<i>zidovudine</i> .....	5	
<i>ziprasidone hcl</i> .....	40	
<i>ziprasidone mesylate</i> .....	40	
ZIRABEV.....	25	
ZIRGAN.....	75	
ZOLADEX.....	25	
<i>zoledronic acid</i> .....	61	
<i>zoledronic acid-mannitol-water</i> .....	55, 61	
ZOLINZA.....	25	
<i>zolpidem</i> .....	40	
ZONISADE.....	28	
<i>zonisamide</i> .....	28	
<i>zovia 1-35 (28)</i> .....	74	
ZTALMY.....	29	
<i>zumandimine (28)</i> .....	74	
ZURZUVAE.....	40	
ZYDELIG.....	25	
ZYKADIA.....	25	
ZYMFENTRA.....	64	
ZYNLONTA.....	25	
ZYNYZ.....	25	
ZYPREXA RELPREVV.....	41	

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

This drug list was last updated on 10/02/2024.

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**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 1-833-230-2020. 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、1-833-230-2020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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Mail: CareSource  
Attn: Civil Rights Coordinator  
P.O. Box 1947  
Dayton, Ohio 45401

Email: [CivilRightsCoordinator@CareSource.com](mailto:CivilRightsCoordinator@CareSource.com)  
Phone: 1-800-488-0134 (TTY: 711)  
Fax: 1-844-417-6254

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Mail: U.S. Dept of Health and Human Services  
200 Independence Ave, SW Room 509F HHH Building  
Washington, D.C. 20201

Online: [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

Phone: 1-800-368-1019 (TTY: 1-800-537-7697)

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



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For more recent information or other questions, please contact CareSource Dual Advantage Member Services at **1-833-230-2020** or TTY **1-833-711-4711** or **711**, 8 a.m. to 8 p.m. Monday through Friday, and from October 1 through March 31, the same hours seven days a week, or visit **CareSource.com/DSNP**.