



P.O. Box 8738
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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: 00025339, Version #: 9

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

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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 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 96. 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.

This formulary was updated on 10/15/2024.

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 1-800-351-0567 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. 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 96.

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.

This formulary was updated on 10/15/2024.

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

List of Abbreviations

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

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call 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
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
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</i>	1	MO
<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>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
<i>nystatin oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
ANTIVIRALS		
<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</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 10/04/2024.

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-lamivudine-tenofov disop</i>	1	MO; NDS
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg</i>	1	MO
<i>emtricitabine-tenofovir (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

Drug Name	Drug Tier	Requirements /Limits
FUZEON SUBCUTANEOUS RECON SOLN	1	MO; NDS
<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

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 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>lopinavir-ritonavir oral solution</i>	1	MO
<i>lopinavir-ritonavir oral tablet</i>	1	MO
<i>maraviroc</i>	1	MO; NDS
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

Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
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
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

Drug Name	Drug Tier	Requirements /Limits
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
<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
<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	

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>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
<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

Drug Name	Drug Tier	Requirements /Limits
<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		
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>clarithromycin</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		
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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</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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
STREPTOMYCIN	1	PA; MO; QL (60 per 30 days); NDS
<i>tigecycline</i>	1	PA; MO; NDS
<i>tinidazole</i>	1	MO
TOBI PODHALER	1	MO; QL (224 per 56 days); NDS
<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

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Drug Name	Drug Tier	Requirements /Limits
<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)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	PA; NDS
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
PENICILLINS		
<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

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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

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
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	PA

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Drug Name	Drug Tier	Requirements /Limits
<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	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
QUINOLONES		
<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

Drug Name	Drug Tier	Requirements /Limits
<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
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	1	MO
<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, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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>mondoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	MO
URINARY TRACT AGENTS		
<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

Drug Name	Drug Tier	Requirements /Limits
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<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
XGEVA	1	B/D PA; MO; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<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

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Drug Name	Drug Tier	Requirements /Limits
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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
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
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO; NDS
<i>cisplatin intravenous solution</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<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
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	1	B/D PA
CYCLOPHOSPHAMIDE 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

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Drug Name	Drug Tier	Requirements /Limits
ELREXFIO	1	PA; NDS
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

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days); NDS
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
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
<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

Drug Name	Drug Tier	Requirements /Limits
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
<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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
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
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

Drug Name	Drug Tier	Requirements /Limits
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
<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 X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days); NDS

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
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
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

Drug Name	Drug Tier	Requirements /Limits
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
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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
<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
<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

Drug Name	Drug Tier	Requirements /Limits
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
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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
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
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

Drug Name	Drug Tier	Requirements /Limits
<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
PERJETA	1	B/D PA; MO; NDS

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
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

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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
RYLAZE	1	B/D PA; NDS
RYTELO	1	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE 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

Drug Name	Drug Tier	Requirements /Limits
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
<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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
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
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

Drug Name	Drug Tier	Requirements /Limits
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
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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
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
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

Drug Name	Drug Tier	Requirements /Limits
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
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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
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

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days); NDS
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

Drug Name	Drug Tier	Requirements /Limits
<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)
<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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
<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)
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)

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	1	PA; MO; QL (90 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
<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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
<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
<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

Drug Name	Drug Tier	Requirements /Limits
<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)
PRIMIDONE ORAL TABLET 125 MG	1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>zonisamide</i>	1	PA; MO
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>ropinirole oral tablet extended release 24 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)
<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)
QULIPTA	1	PA; MO; QL (30 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)

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Drug Name	Drug Tier	Requirements /Limits
<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)
<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)
UBRELVY	1	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
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

Drug Name	Drug Tier	Requirements /Limits
<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 23 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
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days); NDS
INGREZZA	1	PA; LA; QL (30 per 30 days); NDS
INGREZZA INITIATION PK(TARDIV)	1	PA; LA; QL (28 per 180 days); NDS
INGREZZA SPRINKLE	1	PA; LA; QL (30 per 30 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
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
VUMERITY	1	PA; MO; QL (120 per 30 days); NDS
ZEPOSIA	1	PA; MO; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT (28-DAY)	1	PA; MO; QL (28 per 180 days); NDS
ZEPOSIA STARTER PACK (7-DAY)	1	PA; MO; QL (7 per 180 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

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Drug Name	Drug Tier	Requirements /Limits
<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)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA	1	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO
<i>buprenorphine transdermal patch</i>	1	PA; MO; QL (4 per 28 days)
<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	

Drug Name	Drug Tier	Requirements /Limits
<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)
<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	

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Drug Name	Drug Tier	Requirements /Limits
<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)
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone 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)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	1	PA; MO; QL (60 per 30 days); NDS
NON-NARCOTIC ANALGESICS		
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
<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>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>etodolac oral tablet extended release 24 hr</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

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Drug Name	Drug Tier	Requirements /Limits
<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	
<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>naproxen sodium oral tablet 275 mg, 550 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

Drug Name	Drug Tier	Requirements /Limits
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9- 0.71 MG, 5.7-1.4 MG	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)

PSYCHOTHERAPEUTIC DRUGS

ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days); NDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days); NDS
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)

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Drug Name	Drug Tier	Requirements /Limits
<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
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL 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)

Drug Name	Drug Tier	Requirements /Limits
<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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	PA; MO; QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	1	ST; MO; QL (60 per 30 days)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLETS,DOSE PACK	1	ST; MO; QL (8 per 180 days)
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

Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	
<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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
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
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

Drug Name	Drug Tier	Requirements /Limits
<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)
<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

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Drug Name	Drug Tier	Requirements /Limits
<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)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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>paroxetine hcl oral tablet extended release 24 hr</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
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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)
<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

Drug Name	Drug Tier	Requirements /Limits
<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>tranylcypromine</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)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	MO; QL (0.28 per 28 days); NDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	MO; QL (0.35 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
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
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)

Drug Name	Drug Tier	Requirements /Limits
<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
ZYPREXA RELPREVV INTRAMUSCULA R SUSPENSION FOR RECONSTITUTIO N 210 MG	1	MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
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, 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	
<i>lidocaine (pf) intravenous</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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
MULTAQ	1	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 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)

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<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)
EDARBI	1	MO
EDARBYCLOR	1	MO
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>isradipine</i>	1	
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

Drug Name	Drug Tier	Requirements /Limits
<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>metirosine</i>	1	PA; MO; NDS
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	
<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	

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hydrochlorothiazide</i>	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazide</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

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate oral</i>	1	MO
<i>torseamide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA; NDS
<i>triamterene-hydrochlorothiazide</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>velettri</i>	1	B/D PA; MO
<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

COAGULATION THERAPY

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
<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
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)

Drug Name	Drug Tier	Requirements /Limits
<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
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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)

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	1	PA; MO
NEXLIZET	1	PA; MO
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>dobutamine</i>	1	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	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)

Drug Name	Drug Tier	Requirements /Limits
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
<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
NITRATES		
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>nitroglycerin translingual</i>	1	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<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

Drug Name	Drug Tier	Requirements /Limits
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
<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

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Drug Name	Drug Tier	Requirements /Limits
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

**MISCELLANEOUS
DERMATOLOGICALS**

ADBRY SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (6 per 28 days); NDS
ADBRY SUBCUTANEOUS SYRINGE	1	PA; MO; QL (6 per 28 days); NDS
<i>ammonium lactate</i>	1	MO
<i>chloroprocaine (pf)</i>	1	
CIBINQO	1	PA; MO; QL (30 per 30 days); NDS
<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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)

Drug Name	Drug Tier	Requirements /Limits
<i>podofilox topical solution</i>	1	MO
<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
THERAPY FOR ACNE		
<i>acutane</i>	1	
<i>amnesteam</i>	1	
<i>azelaic acid</i>	1	MO
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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
<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	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
<i>mupirocin</i>	1	MO; QL (44 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium (acne)</i>	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclofanol topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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)
<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

Drug Name	Drug Tier	Requirements /Limits
<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
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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)
<i>fluticasone propionate topical cream</i>	1	MO
<i>fluticasone propionate topical ointment</i>	1	MO
<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

Drug Name	Drug Tier	Requirements /Limits
<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	

TOPICAL SCABICIDES / PEDICULICIDES

<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)

DIAGNOSTICS / MISCELLANEOUS AGENTS

ANTIDOTES

<i>acetylcysteine intravenous</i>	1	
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IRRIGATING SOLUTIONS

<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>ringer's irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<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
<i>cevimeline</i>	1	MO
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 granules in packet</i>	1	PA; MO; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA; MO; NDS
<i>deferasirox oral tablet 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO; NDS
<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	

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Drug Name	Drug Tier	Requirements /Limits
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<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>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sodium benzoate-sodium 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

Drug Name	Drug Tier	Requirements /Limits
<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
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
<i>water for irrigation, sterile</i>	1	MO
XIAFLEX	1	PA; NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	1	MO
NICOTROL	1	
NICOTROL NS	1	MO
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline oral tablet 1 mg (56 pack)</i>	1	
<i>varenicline oral tablets, dose pack</i>	1	MO

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	1	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	1	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	1	MO
<i>dentagel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
<i>kourzeq</i>	1	
<i>oralone</i>	1	
<i>periogard</i>	1	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<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	

Drug Name	Drug Tier	Requirements /Limits
<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

ANTITHYROID AGENTS

<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO

DIABETES THERAPY

<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)
<i>alcohol pads</i>	1	PA; MO
BAQSIMI	1	MO
BYDUREON BCISE	1	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
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)

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI	1	MO; QL (30 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

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Drug Name	Drug Tier	Requirements /Limits
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
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
INPEFA	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
JARDIANCE	1	MO; QL (30 per 30 days)
JENTADUETO	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO

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Drug Name	Drug Tier	Requirements /Limits
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)
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)

Drug Name	Drug Tier	Requirements /Limits
<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)
RYBELSUS	1	PA; MO; QL (30 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)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	1	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	1	MO; QL (120 per 30 days)
SOLIQUA 100/33	1	MO; QL (90 per 30 days)
STEGLATRO	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SYMLINPEN 120	1	PA; MO; QL (10.8 per 30 days); NDS
SYMLINPEN 60	1	PA; MO; QL (6 per 30 days); NDS
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)
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
TRADJENTA	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
MISCELLANEOUS HORMONES		
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	
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
SOMAVERT	1	PA; MO; NDS
STRENSIQ	1	PA; LA; NDS

Drug Name	Drug Tier	Requirements /Limits
<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)

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<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

Drug Name	Drug Tier	Requirements /Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	1	
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<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
CIMZIA POWDER FOR RECONST	1	PA; MO; QL (2 per 28 days); NDS
CIMZIA STARTER KIT	1	PA; MO; QL (3 per 180 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days); 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

Drug Name	Drug Tier	Requirements /Limits
<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	
<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

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Drug Name	Drug Tier	Requirements /Limits
<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	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
<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

Drug Name	Drug Tier	Requirements /Limits
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>nitroglycerin rectal</i>	1	MO
OCALIVA	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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
REMICADE	1	PA; MO; QL (20 per 28 days); NDS
SANCUSO	1	MO; 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
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>sodium,potassium,m ag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	MO
<i>sodium,potassium,m ag 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
VIBERZI	1	MO; QL (60 per 30 days); NDS
VOWST	1	PA; LA; NDS

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	1	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600-252,600 UNIT	1	MO; 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)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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>nizatidine oral capsule</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)

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Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

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
FULPHILA	1	PA; MO; 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

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

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Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO; NDS
RELEUKO SUBCUTANEOUS	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
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
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
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAXIA (PF)	1	

Drug Name	Drug Tier	Requirements /Limits
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
KINRIX (PF)	1	

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Drug Name	Drug Tier	Requirements /Limits
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	

Drug Name	Drug Tier	Requirements /Limits
SHINGRIX (PF)	1	V; QL (2 per 720 days)
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

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Drug Name	Drug Tier	Requirements /Limits
VARIVAX (PF)	1	V
VAXCHORA VACCINE	1	V
YF-VAX (PF)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

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

Drug Name	Drug Tier	Requirements /Limits
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	1	PA; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; MO
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	

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Drug Name	Drug Tier	Requirements /Limits
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

GOUT THERAPY

<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

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days); NDS

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
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
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
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
SAVELLA ORAL TABLET	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	QL (55 per 180 days)
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

Drug Name	Drug Tier	Requirements /Limits
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days); NDS
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)
DUAVEE	1	MO
<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</i>	1	MO
<i>estradiol valerate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol-norethindrone acet</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO
<i>heather</i>	1	MO
IMVEXXY MAINTENANCE PACK	1	MO
IMVEXXY STARTER PACK	1	MO
<i>incassia</i>	1	MO
<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
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	MO
PREMPHASE	1	MO

Drug Name	Drug Tier	Requirements /Limits
PREMPRO	1	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	1	
MISCELLANEOUS OB/GYN		
<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
<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
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amethyst (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>camrese</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>daysee</i>	1	MO
<i>desog-e.estradiol/e.estradiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>drospirenone-e.estradiol-lm,fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<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

Drug Name	Drug Tier	Requirements /Limits
<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>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21)</i>	1	MO
<i>larin 1/20 (21)</i>	1	MO
<i>larin 24 fe</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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	1	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	
<i>levonorg-eth estrad 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>lutra (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

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<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>philith</i>	1	MO
<i>pimtrea (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

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Drug Name	Drug Tier	Requirements /Limits
<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
<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>gatifloxacin</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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	
<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)

ANTIVIRALS

<i>trifluridine</i>	1	MO
ZIRGAN	1	MO

BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<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
MIEBO (PF)	1	MO; QL (12 per 30 days)
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

Drug Name	Drug Tier	Requirements /Limits
<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)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	1	MO
<i>miostat</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
RHOPRESSA	1	
ROCKLATAN	1	
SIMBRINZA	1	MO
<i>travoprost</i>	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<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	
TOBRADEX OPTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
INVELTYS	1	MO
<i>loteprednol etabonate</i>	1	MO
OZURDEX	1	MO; NDS
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
SYMPATHOMIMETICS		
<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
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<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
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA; MO
ADEMPAS	1	PA; MO; LA; QL (90 per 30 days); NDS
ADVAIR HFA	1	MO; QL (12 per 30 days)
<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

Drug Name	Drug Tier	Requirements /Limits
<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
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	MO; QL (6.1 per 30 days)
<i>alyq</i>	1	PA; QL (60 per 30 days); NDS
<i>ambrisentan</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)

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Drug Name	Drug Tier	Requirements /Limits
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)
ATROVENT HFA	1	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>bosentan</i>	1	PA; MO; LA; QL (60 per 30 days); NDS
BREO ELLIPTA	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>breyana</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)
ELIXOPHYLLIN	1	
FASENRA PEN	1	PA; MO; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
<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)
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

Drug Name	Drug Tier	Requirements /Limits
KALYDECO	1	PA; MO; QL (56 per 28 days); NDS
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	1	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days); NDS
OFEV	1	PA; MO; QL (60 per 30 days); NDS
OPSUMIT	1	PA; MO; LA; QL (30 per 30 days); NDS
OPSYNVI	1	PA; MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
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
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMOZYME	1	B/D PA; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
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)
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<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

Drug Name	Drug Tier	Requirements /Limits
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
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

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Drug Name	Drug Tier	Requirements /Limits
MYRBETRIQ ORAL SUSPENSION,EXT ENDED 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>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
<i>tropium oral tablet</i>	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride- tamsulosin</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CYSTAGON	1	PA; LA
ELMIRON	1	MO
<i>glycine urologic</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	1	
<i>alburx (human) 25 %</i>	1	
<i>alburx (human) 5 %</i>	1	
<i>albutein 25 %</i>	1	
<i>albutein 5 %</i>	1	
ELECTROLYTES		
<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

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Drug Name	Drug Tier	Requirements /Limits
<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	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
MISCELLANEOUS NUTRITION PRODUCTS		

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
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

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This drug list was last updated on 10/04/2024.

Drug Name	Drug Tier	Requirements /Limits
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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 10/04/2024.

Index

A		
<i>abacavir</i>	2	
<i>abacavir-lamivudine</i>	2	
ABELCET.....	2	
ABILIFY ASIMTUFII.....	37	
ABILIFY MAINTENA.....	37	
<i>abiraterone</i>	12	
ABRAXANE.....	12	
ABRYSVO (PF).....	74	
<i>acamprosate</i>	59	
<i>acarbose</i>	62	
<i>accutane</i>	55	
<i>acebutolol</i>	45	
<i>acetaminophen-codeine</i>	34	
<i>acetazolamide</i>	85	
<i>acetazolamide sodium</i>	85	
<i>acetic acid</i>	59, 61	
<i>acetylcysteine</i>	58, 87	
<i>acitretin</i>	53	
ACTEMRA.....	77, 78	
ACTEMRA ACTPEN.....	77	
ACTHIB (PF).....	74	
ACTIMMUNE.....	73	
<i>acyclovir</i>	2, 57	
<i>acyclovir sodium</i>	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	74	
ADBRY.....	54	
ADCETRIS.....	13	
<i>adefovir</i>	2	
ADEMPAS.....	87	
<i>adenosine</i>	45	
<i>adrenalin</i>	86	
ADSTILADRIN.....	13	
ADVAIR HFA.....	87	
AIMOVIG AUTOINJECTOR	31	
AKEEGA.....	13	
<i>ala-cort</i>	57	
<i>albendazole</i>	7	
<i>albumin, human 25 %</i>	92	
<i>alburx (human) 25 %</i>	92	
<i>alburx (human) 5 %</i>	92	
<i>albutein 25 %</i>	92	
<i>albutein 5 %</i>	92	
<i>albuterol sulfate</i>	87	
<i>alclometasone</i>	57	
<i>alcohol pads</i>	62	
ALDURAZYME.....	66	
ALECENSA.....	13	
<i>alendronate</i>	77	
<i>alfuzosin</i>	92	
ALIQOPA.....	13	
<i>aliskiren</i>	45	
<i>allopurinol</i>	77	
<i>allopurinol sodium</i>	77	
<i>aloprim</i>	77	
<i>alose tron</i>	69	
<i>altavera (28)</i>	81	
ALUNBRIG.....	13	
ALVESCO.....	87	
<i>alyacen 1/35 (28)</i>	81	
<i>alyacen 7/7/7 (28)</i>	81	
<i>alyq</i>	87	
<i>amantadine hcl</i>	2	
<i>ambrisentan</i>	87	
<i>amethyst (28)</i>	82	
<i>amikacin</i>	7	
<i>amiloride</i>	45	
<i>amiloride-hydrochlorothiazide</i>	45	
<i>aminocaproic acid</i>	49	
<i>amiodarone</i>	45	
<i>amitriptyline</i>	37	
<i>amlodipine</i>	45	
<i>amlodipine-atorvastatin</i>	51	
<i>amlodipine-benazepril</i>	45	
<i>amlodipine-olmesartan</i>	45	
<i>amlodipine-valsartan</i>	46	
<i>amlodipine-valsartan-hcthiazid</i>	46	
<i>ammonium lactate</i>	54	
<i>amnestem</i>	55	
<i>amoxapine</i>	37	
<i>amoxicillin</i>	9	
<i>amoxicillin-pot clavulanate</i> ...9, 10		
<i>amphotericin b</i>	2	
<i>ampicillin</i>	10	
<i>ampicillin sodium</i>	10	
<i>ampicillin-sulbactam</i>	10	
<i>anagrelide</i>	59	
<i>anastrozole</i>	13	
ANKTIVA.....	13	
<i>apraclonidine</i>	86	
<i>aprepitant</i>	69	
<i>apri</i>	82	
APTIOM.....	27	
APTIVUS.....	2	
<i>aranelle (28)</i>	82	
ARCALYST.....	73	
AREXVY (PF).....	74	
<i>arformoterol</i>	87	
ARIKAYCE.....	7	
<i>aripiprazole</i>	37, 38	
ARISTADA.....	38	
ARISTADA INITIO.....	38	
<i>armodafinil</i>	38	
<i>arsenic trioxide</i>	13	
<i>asenapine maleate</i>	38	
ASMANEX HFA.....	87	
ASMANEX TWISTHALER	88	
ASPARLAS.....	13	
<i>aspirin-dipyridamole</i>	49	
<i>atazanavir</i>	2	
<i>atenolol</i>	46	
<i>atenolol-chlorthalidone</i>	46	
<i>atomoxetine</i>	38	
<i>atorvastatin</i>	51	

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 10/04/2024.

<i>atovaquone</i>	7	<i>betaine</i>	69	<i>bupropion hcl (smoking deter)</i>	60
<i>atovaquone-proguanil</i>	7	<i>betamethasone dipropionate</i>	57	<i>buspirone</i>	38
<i>atropine</i>	68, 85	<i>betamethasone valerate</i>	57	<i>busulfan</i>	14
ATROVENT HFA	88	<i>betamethasone, augmented</i> ..	57	<i>butorphanol</i>	36
<i>aubra eq</i>	82	BETASERON	73	BYDUREON BCISE.....	62
AUGMENTIN.....	10	<i>betaxolol</i>	46, 84	BYETTA	63
AUGTYRO	13	<i>bethanechol chloride</i>	92	C	
AUVELITY.....	38	BEVESPI AEROSPHERE ..	88	CABENUVA.....	2
<i>aviane</i>	82	<i>bexarotene</i>	13	<i>cabergoline</i>	66
AVONEX	73	BEXSERO.....	74	CABLIVI.....	49
AYVAKIT.....	13	<i>bicalutamide</i>	13	CABOMETYX.....	14
<i>azacitidine</i>	13	BICILLIN L-A	10	<i>caffeine citrate</i>	59
<i>azathioprine</i>	13	BIKTARVY	2	<i>calcipotriene</i>	53
<i>azathioprine sodium</i>	13	<i>bisoprolol fumarate</i>	46	<i>calcitonin (salmon)</i>	66
<i>azelaic acid</i>	55	<i>bisoprolol-hydrochlorothiazide</i>	46	<i>calcitriol</i>	66
<i>azelastine</i>	61, 85	<i>bleomycin</i>	13	<i>calcium chloride</i>	92
<i>azithromycin</i>	6	BLINCYTO.....	13	<i>calcium gluconate</i>	92
<i>aztreonam</i>	7	BOOSTRIX TDAP.....	74	CALQUENCE.....	14
<i>azurette (28)</i>	82	<i>bortezomib</i>	13	CALQUENCE (ACALABRUTINIB MAL)	14
B		BOSENTAN.....	88	<i>camila</i>	80
<i>bacitracin</i>	84	BOSULIF	13, 14	<i>camrese</i>	82
<i>bacitracin-polymyxin b</i>	84	BRAFTOVI.....	14	<i>candesartan</i>	46
<i>baclofen</i>	33	BREO ELLIPTA	88	<i>candesartan-</i> <i>hydrochlorothiazid</i>	46
<i>balsalazide</i>	69	<i>breyna</i>	88	CAPLYTA.....	38
BALVERSA.....	13	BREZTRI AEROSPHERE..	88	CAPRELSA.....	14
BAQSIMI.....	62	BRILINTA	49	<i>captopril</i>	46
BARACLUDGE	2	<i>brimonidine</i>	86	<i>captopril-hydrochlorothiazide</i>	46
BAVENCIO	13	BRIUMVI.....	32	<i>carbamazepine</i>	27
BCG VACCINE, LIVE (PF) 74		BRIVIACT	27	<i>carbidopa</i>	31
BD INSULIN SYRINGE	76	<i>bromfenac</i>	85	<i>carbidopa-levodopa</i>	31
BD PEN NEEDLE	76	<i>bromocriptine</i>	31	<i>carbidopa-levodopa-</i> <i>entacapone</i>	31
BELBUCA	34	BRUKINSA.....	14	<i>carboplatin</i>	14
BELEODAQ	13	<i>bss</i>	85	<i>carglumic acid</i>	59
BELSOMRA	38	<i>budesonide</i>	69, 88	<i>carmustine</i>	14
<i>benazepril</i>	46	<i>budesonide-formoterol</i>	88	<i>carteolol</i>	84
<i>benazepril-hydrochlorothiazide</i>	46	<i>bumetanide</i>	46	<i>cartia xt</i>	46
<i>bendamustine</i>	13	<i>buprenorphine hcl</i>	34	<i>carvedilol</i>	46
BENDEKA.....	13	<i>buprenorphine transdermal</i> <i>patch</i>	34		
BENLYSTA	78	<i>buprenorphine-naloxone</i>	36		
<i>benztropine</i>	31	<i>bupropion hcl</i>	38		
BESPONSA	13				
BESREMI.....	73				

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

This drug list was last updated on 10/04/2024.

<i>caspofungin</i>	2	<i>cilostazol</i>	49	<i>clomid</i>	66
CAYSTON.....	7	CIMDUO.....	3	<i>clomipramine</i>	38
<i>cefaclor</i>	5	CIMERLI.....	85	<i>clonazepam</i>	27
<i>cefadroxil</i>	5	CIMZIA.....	69	<i>clonidine (pf)</i>	36, 46
<i>cefazolin</i>	5	CIMZIA POWDER FOR		<i>clonidine hcl</i>	39, 46
<i>cefazolin in dextrose (iso-os)</i> .	5	RECONST.....	69	<i>clonidine transdermal patch</i> ..	46
<i>cefdinir</i>	6	CIMZIA STARTER KIT	69	<i>clopidogrel</i>	49
<i>cefepime</i>	6	<i>cinacalcet</i>	66	<i>clorazepate dipotassium</i>	39
<i>cefepime in dextrose,iso-osm</i> ..	6	CINRYZE.....	88	<i>clotrimazole</i>	2, 56
<i>cefixime</i>	6	CINVANTI.....	69	<i>clotrimazole-betamethasone</i> ..	56
<i>cefoxitin</i>	6	<i>ciprofloxacin</i>	11	<i>clozapine</i>	39
<i>cefoxitin in dextrose, iso-osm</i> .	6	<i>ciprofloxacin hcl</i>	11, 84	COARTEM.....	7
<i>cefepodoxime</i>	6	<i>ciprofloxacin in 5 % dextrose</i>		<i>colchicine</i>	77
<i>cefprozil</i>	6	.....	11	<i>colesevelam</i>	51
<i>ceftazidime</i>	6	<i>ciprofloxacin-dexamethasone</i>		<i>colestipol</i>	51
<i>ceftriaxone</i>	6	.....	61	<i>colistin (colistimethate na)</i>	7
<i>ceftriaxone in dextrose,iso-os</i> .	6	<i>cisplatin</i>	14	COLUMVI	14
<i>cefuroxime axetil</i>	6	<i>citalopram</i>	38	COMBIVENT RESPIMAT..	88
<i>cefuroxime sodium</i>	6	<i>cladribine</i>	14	COMETRIQ	14
<i>celecoxib</i>	36	<i>claravis</i>	55	COMPLERA	3
<i>cephalexin</i>	6	<i>clarithromycin</i>	7	<i>compro</i>	69
CEPROTIN (BLUE BAR) ...	49	<i>clindamycin hcl</i>	7	<i>constulose</i>	69
CEPROTIN (GREEN BAR)	49	<i>clindamycin in 5 % dextrose</i> ..	7	COPIKTRA	14
CEQR SIMPLICITY	76	<i>clindamycin phosphate</i>	7, 55,	CORTIFOAM.....	69
CEQR SIMPLICITY		56, 81		<i>cortisone</i>	61
INSERTER.....	76	CLINIMIX 5%/D15W		COSENTYX.....	53
<i>cetirizine</i>	86	SULFITE FREE	94	COSENTYX (2 SYRINGES)	
<i>cevimeline</i>	59	CLINIMIX 4.25%/D10W		.....	53
CHEMET	59	SULF FREE	94	COSENTYX PEN	53
<i>chloramphenicol sod succinate</i>		CLINIMIX 4.25%/D5W		COSENTYX PEN (2 PENS)	53
.....	7	SULFIT FREE.....	59	COSENTYX UNOREADY	
<i>chlorhexidine gluconate</i>	61	CLINIMIX 5%-		PEN.....	53
<i>chloroprocaine (pf)</i>	54	D20W(SULFITE-FREE)..	94	COTELLIC.....	14
<i>chloroquine phosphate</i>	7	CLINIMIX 6%-D5W		CREON.....	69
<i>chlorothiazide sodium</i>	46	(SULFITE-FREE)	94	CRESEMBA.....	2
<i>chlorpromazine</i>	38	CLINIMIX 8%-		<i>cromolyn</i>	69, 85, 88
<i>chlorthalidone</i>	46	D10W(SULFITE-FREE)..	94	<i>cryselle (28)</i>	82
<i>cholestyramine (with sugar)</i> .	51	CLINIMIX 8%-		CRYSVITA	66
<i>cholestyramine light</i>	51	D14W(SULFITE-FREE)..	94	<i>cyclobenzaprine</i>	33
CIBINQO	54	<i>clobazam</i>	27	<i>cyclophosphamide</i>	14
<i>ciclodan</i>	56	<i>clobetasol</i>	57	CYCLOPHOSPHAMIDE ...	14
<i>ciclopirox</i>	56	<i>clobetasol-emollient</i>	57	<i>cyclosporine</i>	15, 85
<i>cidofovir</i>	3	<i>clofarabine</i>	14	<i>cyclosporine modified</i>	15

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

This drug list was last updated on 10/04/2024.

CYLTEZO(CF).....	78	<i>deferiprone</i>	59	DIACOMIT.....	27
CYLTEZO(CF) PEN.....	78	<i>deferoxamine</i>	59	<i>diazepam</i>	27, 39
CYLTEZO(CF) PEN		DELSTRIGO.....	3	<i>diazepam intensol</i>	39
CROHN'S-UC-HS.....	78	<i>demeclocycline</i>	11	<i>diazoxide</i>	63
CYLTEZO(CF) PEN		DENG VAXIA (PF).....	74	<i>diclofenac potassium</i>	36
PSORIASIS-UV.....	78	<i>denta 5000 plus</i>	61	<i>diclofenac sodium</i>	36, 54, 85
CYRAMZA.....	15	<i>dentagel</i>	61	<i>diclofenac-misoprostol</i>	36
<i>cyred eq</i>	82	DEPO-SUBQ PROVERA	104	<i>dicloxacillin</i>	10
CYSTAGON.....	92	.....	80	<i>dicyclomine</i>	68
CYSTARAN.....	85	<i>dermacinrx lidocan</i>	54	DIFICID.....	7
<i>cytarabine</i>	15	DESCOVY.....	3	<i>diflunisal</i>	36
<i>cytarabine (pf)</i>	15	<i>desipramine</i>	39	<i>digoxin</i>	51, 52
D		<i>desmopressin</i>	67	<i>dihydroergotamine</i>	31
<i>d10 %-0.45 % sodium chloride</i>		<i>desog-e.estradiol/e.estradiol</i>	82	DILANTIN 30 MG.....	27
.....	59	<i>desogestrel-ethinyl estradiol</i>	82	<i>diltiazem hcl</i>	46
<i>d2.5 %-0.45 % sodium</i>		<i>desonide</i>	58	<i>dilt-xr</i>	46
<i>chloride</i>	59	<i>desvenlafaxine succinate</i>	39	<i>dimenhydrinate</i>	69
<i>d5 % and 0.9 % sodium</i>		<i>dexamethasone</i>	61	<i>dimethyl fumarate</i>	32
<i>chloride</i>	59	<i>dexamethasone intensol</i>	61	<i>diphenhydramine hcl</i>	86
<i>d5 %-0.45 % sodium chloride</i>		<i>dexamethasone sodium phos</i>		<i>diphenoxylate-atropine</i>	68
.....	59	<i>(pf)</i>	62	<i>dipyridamole</i>	49
<i>dabigatran etexilate</i>	49	<i>dexamethasone sodium</i>		<i>disulfiram</i>	59
<i>dacarbazine</i>	15	<i>phosphate</i>	62, 86	<i>divalproex</i>	27
<i>dactinomycin</i>	15	<i>dextrazoxane hcl</i>	12	<i>dobutamine</i>	52
<i>dalfampridine</i>	32	<i>dextroamphetamine-</i>		<i>dobutamine in d5w</i>	52
<i>danazol</i>	67	<i>amphetamine</i>	39	<i>docetaxel</i>	15
<i>dantrolene</i>	33	<i>dextrose 10 % and 0.2 % nacl</i>		<i>dofetilide</i>	45
DANYELZA.....	15	.....	59	<i>donepezil</i>	32
<i>dapsone</i>	7	<i>dextrose 10 % in water (d10w)</i>		<i>dopamine</i>	52
DAPTACEL (DTAP		.....	59	<i>dopamine in 5 % dextrose</i>	52
PEDIATRIC) (PF).....	74	<i>dextrose 25 % in water (d25w)</i>		DOPTELET (10 TAB PACK)	
<i>daptomycin</i>	7	.....	59	.....	49
DAPTOMYCIN.....	7	<i>dextrose 5 % in water (d5w)</i>	59	DOPTELET (15 TAB PACK)	
<i>darunavir</i>	3	<i>dextrose 5 %-lactated ringers</i>		.....	49
DARZALEX.....	15	.....	59	DOPTELET (30 TAB PACK)	
<i>dasetta 1/35 (28)</i>	82	<i>dextrose 5%-0.2 % sod</i>		.....	49
<i>dasetta 7/7/7 (28)</i>	82	<i>chloride</i>	59	<i>dorzolamide</i>	85
<i>daunorubicin</i>	15	<i>dextrose 5%-0.3 %</i>		<i>dorzolamide-timolol</i>	85
DAURISMO.....	15	<i>sod.chloride</i>	59	<i>dotti</i>	80
<i>daysee</i>	82	<i>dextrose 50 % in water (d50w)</i>		DOVATO.....	3
<i>deblitane</i>	80	.....	59	<i>doxazosin</i>	46
<i>decitabine</i>	15	<i>dextrose 70 % in water (d70w)</i>		<i>doxepin</i>	39
<i>deferasirox</i>	59	.....	59	<i>doxercalciferol</i>	67

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 10/04/2024.

<i>doxorubicin</i>	15	ELIQUIS DVT-PE TREAT	EPKINLY	16
<i>doxorubicin, peg-liposomal</i> ..	15	30D START	<i>eplerenone</i>	46
<i>doxy-100</i>	11	ELITEK	EPRONTIA	28
<i>doxycycline hyclate</i>	11	ELIXOPHYLLIN.....	ERBITUX.....	16
<i>doxycycline monohydrate</i>	12	ELMIRON.....	<i>ergotamine-caffeine</i>	31
DRIZALMA SPRINKLE.....	39	ELREXFIO.....	<i>eribulin</i>	16
<i>dronabinol</i>	69	<i>eluryng</i>	ERIVEDGE	16
<i>droperidol</i>	69	ELZONRIS.....	ERLEADA	16
DROPSAFE ALCOHOL		EMGALITY PEN.....	<i>erlotinib</i>	16
PREP PADS	63	EMGALITY SYRINGE.....	<i>errin</i>	80
<i>drospirenone-e.estradiol-lm.fa</i>		EMPLICITI	<i>ertapenem</i>	7
.....	82	EMSAM	ERWINASE	16
<i>drospirenone-ethinyl estradiol</i>		<i>emtricitabine</i>	<i>ery pads</i>	56
.....	82	<i>emtricitabine-tenofovir (tdf)</i> ...3	<i>ery-tab</i>	7
DROXIA	15	EMTRIVA.....	<i>erythrocin (as stearate)</i>	7
<i>droxidopa</i>	59	EMVERM	<i>erythromycin</i>	7, 84
DUAVEE	80	<i>emzahn</i>	<i>erythromycin ethylsuccinate</i> ...7	
DULERA.....	88	<i>enalapril maleate</i>	<i>erythromycin with ethanol</i> ...56	
<i>duloxetine</i>	39	<i>enalaprilat</i>	<i>escitalopram oxalate</i>	39
DUPIXENT PEN	54	<i>enalapril-hydrochlorothiazide</i>	<i>esmolol</i>	46
DUPIXENT SYRINGE.....	54	.....	<i>esomeprazole magnesium</i>	72
<i>dutasteride</i>	92	ENBREL	<i>esomeprazole sodium</i>	72
<i>dutasteride-tamsulosin</i>	92	ENBREL MINI	<i>estarylla</i>	82
E		ENBREL SURECLICK	<i>estradiol</i>	80
<i>econazole</i>	56	<i>endocet</i>	<i>estradiol valerate</i>	80
EDARBI.....	46	ENGERIX-B (PF)	<i>estradiol-norethindrone acet</i> 81	
EDARBYCLOR.....	46	ENGERIX-B PEDIATRIC	<i>eszopiclone</i>	39
EDURANT.....	3	(PF).....	<i>ethacrynate sodium</i>	46
<i>efavirenz</i>	3	<i>enoxaparin</i>	<i>ethambutol</i>	7
<i>efavirenz-emtricitabin-tenofov</i> 3		<i>enpresse</i>	<i>ethosuximide</i>	28
<i>efavirenz-lamivu-tenofov disop</i>		<i>enskyce</i>	<i>ethynodiol diac-eth estradiol</i> 82	
.....	3	<i>entacapone</i>	<i>etodolac</i>	36
<i>effer-k</i>	92	<i>entecavir</i>	<i>etonogestrel-ethinyl estradiol</i>	
ELAPRASE.....	67	ENTRESTO.....	.....	81
<i>electrolyte-148</i>	94	ENTRESTO SPRINKLE	ETOPOPHOS	16
<i>electrolyte-48 in d5w</i>	94	ENTYVIO	<i>etoposide</i>	16
<i>electrolyte-a</i>	94	<i>enulose</i>	<i>etravirine</i>	3
ELIGARD	15	ENVARBUS XR	<i>euthyrox</i>	68
ELIGARD (3 MONTH).....	15	EPIDIOLEX	<i>everolimus (antineoplastic)</i> ..16	
ELIGARD (4 MONTH).....	15	<i>epinastine</i>	<i>everolimus</i>	
ELIGARD (6 MONTH).....	15	<i>epinephrine</i>	(<i>immunosuppressive</i>).....	16
<i>elinest</i>	82	<i>epirubicin</i>	EVOTAZ	3
ELIQUIS	49	<i>epitol</i>	<i>exemestane</i>	16

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 10/04/2024.

EYLEA.....	85	<i>fluocinolone and shower cap</i>	58	GATTEX 30-VIAL	69
<i>ezetimibe</i>	51	<i>fluocinonide</i>	58	GATTEX ONE-VIAL	69
<i>ezetimibe-simvastatin</i>	51	<i>fluocinonide-emollient</i>	58	GAUZE PAD.....	76
F		<i>fluoride (sodium)</i>	61, 95	<i>gavilyte-c</i>	69
FABRAZYME	67	<i>fluorometholone</i>	86	<i>gavilyte-g</i>	69
<i>falmina (28)</i>	82	<i>fluorouracil</i>	17, 54	<i>gavilyte-n</i>	69
<i>famciclovir</i>	3	<i>fluoxetine</i>	40	GAVRETO	17
<i>famotidine</i>	72	<i>fluphenazine decanoate</i>	40	GAZYVA	17
<i>famotidine (pf)</i>	72	<i>fluphenazine hcl</i>	40	<i>gefitinib</i>	17
<i>famotidine (pf)-nacl (iso-os)</i>	72	<i>flurbiprofen</i>	36	<i>gemcitabine</i>	17
FANAPT	39, 40	<i>flurbiprofen sodium</i>	85	GEMCITABINE.....	17
FARXIGA	63	<i>fluticasone propionate</i>	58, 89	<i>gemfibrozil</i>	51
FASENRA.....	88	FLUTICASONE		<i>generlac</i>	69
FASENRA PEN	88	PROPIONATE	89	<i>engraf</i>	17
<i>febuxostat</i>	77	<i>fluticasone propion-salmeterol</i>		<i>gentamicin</i>	7, 56, 84
<i>felbamate</i>	28	.....	89	<i>gentamicin in nacl (iso-osm)</i> ..	7
<i>felodipine</i>	46	<i>fluvastatin</i>	51	<i>gentamicin sulfate (ped) (pf)</i> ..	8
<i>fenofibrate</i>	51	<i>fluvoxamine</i>	40	GENVOYA	3
<i>fenofibrate micronized</i>	51	<i>fomepizole</i>	74	GILOTRIF.....	17
<i>fenofibrate nanocrystallized</i> .	51	<i>fondaparinux</i>	49	<i>glatiramer</i>	32
<i>fenofibric acid</i>	51	<i>formoterol fumarate</i>	89	<i>glatopa</i>	32, 33
<i>fenofibric acid (choline)</i>	51	<i>fosamprenavir</i>	3	GLEOSTINE	17
<i>fentanyl</i>	34	<i>fosaprepitant</i>	69	<i>glimepiride</i>	63
<i>fentanyl citrate</i>	34	<i>fosinopril</i>	46	<i>glipizide</i>	63
<i>fentanyl citrate (pf)</i>	34	<i>fosinopril-hydrochlorothiazide</i>		<i>glipizide-metformin</i>	63
FETZIMA.....	40	.....	46	<i>glutamine (sickle cell)</i>	59
<i>finasteride</i>	92	<i>fosphenytoin</i>	28	<i>glycine urologic</i>	92
<i>finngolimod</i>	32	FOTIVDA	17	<i>glycine urologic solution</i>	92
FINTEPLA	28	FRUZAQLA.....	17	<i>glycopyrrolate</i>	68
FIRMAGON KIT W		FULPHILA.....	73	<i>glycopyrrolate (pf) in water</i> ..	68
DILUENT SYRINGE	16	<i>fulvestrant</i>	17	<i>glydo</i>	54
<i>flac otic oil</i>	61	<i>furosemide</i>	46, 47	GLYXAMBI.....	63
<i>flecainide</i>	45	FUZEON	3	<i>granisetron (pf)</i>	69
<i>floxuridine</i>	16	FYARRO.....	17	<i>granisetron hcl</i>	69
<i>fluconazole</i>	2	<i>fyavolv</i>	81	<i>griseofulvin microsize</i>	2
<i>fluconazole in nacl (iso-osm)</i> .	2	FYCOMPA.....	28	<i>griseofulvin ultramicrosize</i>	2
<i>flucytosine</i>	2	G		GVOKE	63
<i>fludarabine</i>	17	<i>gabapentin</i>	28	GVOKE HYPOPEN 1-PACK	
<i>fludrocortisone</i>	62	<i>galantamine</i>	32	.....	63
<i>flumazenil</i>	40	GAMASTAN	74	GVOKE HYPOPEN 2-PACK	
<i>flunisolide</i>	89	<i>ganciclovir sodium</i>	3	.....	63
<i>fluocinolone</i>	58	GARDASIL 9 (PF).....	74	GVOKE PFS 1-PACK	
<i>fluocinolone acetonide oil</i>	61	<i>gatifloxacin</i>	84	SYRINGE.....	63

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 10/04/2024.

GVOKE PFS 2-PACK SYRINGE.....	63	HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074).....	78	<i>hydroxychloroquine</i>	8
H		HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074).....	78, 79	<i>hydroxyurea</i>	17
<i>halobetasol propionate</i>	58	HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074).....	79	<i>hydroxyzine hcl</i>	87
<i>haloperidol</i>	40	HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074).....	79	HYPERHEP B.....	74
<i>haloperidol decanoate</i>	40	HUMIRA(CF) PEN PSOR- UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074).....	79	HYPERHEP B NEONATAL	74
<i>haloperidol lactate</i>	40	HUMULIN 70/30 U-100 INSULIN.....	64	I	
HAVRIX (PF).....	74	HUMULIN 70/30 U-100 KWIKPEN.....	64	<i>ibandronate</i>	77
<i>heather</i>	81	HUMULIN N NPH INSULIN KWIKPEN.....	64	IBRANCE.....	17
<i>heparin (porcine)</i>	50	HUMULIN N NPH U-100 INSULIN.....	64	<i>ibu</i>	36
<i>heparin (porcine) in 5 % dex</i>	49, 50	HUMULIN R REGULAR U- 100 INSULN.....	64	<i>ibuprofen</i>	36, 37
<i>heparin (porcine) in nacl (pf)</i>	50	HUMULIN R U-500 (CONC) INSULIN.....	64	<i>ibutilide fumarate</i>	45
<i>heparin(porcine) in 0.45% nacl</i>	50	HUMULIN R U-500 (CONC) KWIKPEN.....	64	<i>icatibant</i>	89
HEPARIN(PORCINE) IN 0.45% NACL.....	50	<i>hydralazine</i>	47	ICLUSIG.....	17
<i>heparin, porcine (pf)</i>	50	<i>hydrochlorothiazide</i>	47	<i>icosapent ethyl</i>	51
HEPARIN, PORCINE (PF).....	50	<i>hydrocodone-acetaminophen</i>	34	<i>idarubicin</i>	17
HEPLISAV-B (PF).....	74	<i>hydrocodone-ibuprofen</i>	34	IDHIFA.....	18
HIBERIX (PF).....	74	<i>hydrocortisone</i>	58, 62, 69	<i>ifosfamide</i>	18
HIZENTRA.....	74	<i>hydrocortisone-acetic acid</i>	61	ILARIS (PF).....	73
HUMALOG JUNIOR KWIKPEN U-100.....	64	<i>hydromorphone</i>	34, 35	<i>imatinib</i>	18
HUMALOG KWIKPEN INSULIN.....	64	<i>hydromorphone (pf)</i>	34	IMBRUVICA.....	18
HUMALOG MIX 50-50 KWIKPEN.....	64			IMDELLTRA.....	18
HUMALOG MIX 75-25 KWIKPEN.....	64			IMFINZI.....	18
HUMALOG MIX 75-25(U- 100)INSULN.....	64			<i>imipenem-cilastatin</i>	8
HUMALOG U-100 INSULIN	64			<i>imipramine hcl</i>	40
HUMIRA (PREFERRED NDCS STARTING WITH 00074).....	78			<i>imiquimod</i>	54
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074).....	78			IMJUDO.....	18
				IMOVAX RABIES VACCINE (PF).....	74
				IMVEXXY MAINTENANCE PACK.....	81
				IMVEXXY STARTER PACK	81
				INBRIJA.....	31
				<i>incassia</i>	81
				INCRELEX.....	59
				<i>indapamide</i>	47
				INFANRIX (DTAP) (PF).....	74
				INGREZZA.....	33
				INGREZZA INITIATION PK(TARDIV).....	33
				INGREZZA SPRINKLE.....	33
				INLYTA.....	18

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 10/04/2024.

INPEFA.....	64	J		<i>klor-con m10</i>	93
INQOVI.....	18	JAKAFI	18	<i>klor-con m15</i>	93
INREBIC	18	<i>jantoven</i>	50	<i>klor-con m20</i>	93
INSULIN LISPRO	64	JANUMET	64	<i>klor-con oral packet 20</i>	93
INSULIN SYRINGE-		JANUMET XR.....	64	<i>klor-con/ef</i>	93
NEEDLE U-100	76	JANUVIA.....	64	KOSELUGO.....	19
INSULIN SYRINGES (NON-		JARDIANCE.....	64	<i>kourzeq</i>	61
PREFERRED BRANDS). 76		<i>jasmiel (28)</i>	82	K-PHOS NO 2.....	92
INTELENCE.....	3	JAYPIRCA.....	18, 19	K-PHOS ORIGINAL	92
<i>intralipid</i>	94	JEMPERLI	19	KRAZATI.....	19
<i>introvale</i>	82	<i>jencycla</i>	81	<i>kurvelo (28)</i>	82
INVEGA HAFYERA.....	40	JENTADUETO	64	KYPROLIS.....	19
INVEGA SUSTENNA... 40, 41		JENTADUETO XR.....	64	L	
INVEGA TRINZA.....	41	JEVTANA	19	<i>l norgest/e.estradiol-e.estrad</i>	82
INVELTYS	86	<i>jinteli</i>	81	<i>labetalol</i>	47
IPOL	74	<i>jolessa</i>	82	<i>lacosamide</i>	28
<i>ipratropium bromide</i>	61, 89	<i>juleber</i>	82	<i>lactated ringers</i>	58, 93
<i>ipratropium-albuterol</i>	89	JULUCA.....	3	<i>lactulose</i>	70
<i>irbesartan</i>	47	JYLAMVO.....	19	<i>lamivudine</i>	3
<i>irbesartan-hydrochlorothiazide</i>		JYNNEOS (PF)	74	<i>lamivudine-zidovudine</i>	3
.....	47	K		<i>lamotrigine</i>	28
<i>irinotecan</i>	18	KADCYLA	19	<i>lanreotide</i>	19
ISENTRESS	3	<i>kalliga</i>	82	<i>lansoprazole</i>	72
ISENTRESS HD	3	KALYDECO	89	LANTUS SOLOSTAR U-100	
<i>isibloom</i>	82	KANUMA	67	INSULIN	64
ISOLYTE S PH 7.4.....	94	<i>kariva (28)</i>	82	LANTUS U-100 INSULIN ..	64
ISOLYTE-P IN 5 %		<i>kelnor 1/35 (28)</i>	82	<i>lapatinib</i>	19
DEXTROSE	94	<i>kelnor 1/50 (28)</i>	82	<i>larin 1.5/30 (21)</i>	82
ISOLYTE-S.....	94	KERENDIA.....	47	<i>larin 1/20 (21)</i>	82
<i>isoniazid</i>	8	KESIMPTA PEN	33	<i>larin 24 fe</i>	82
<i>isosorbide dinitrate</i>	52	<i>ketoconazole</i>	2, 56	<i>larin fe 1.5/30 (28)</i>	82
<i>isosorbide mononitrate</i>	52	<i>ketorolac</i>	85	<i>larin fe 1/20 (28)</i>	82
<i>isosorbide-hydralazine</i>	47	KEYTRUDA	19	<i>latanoprost</i>	85
<i>isotretinoin</i>	56	KHAPZORY	12	LEDIPASVIR-SOFOSBUVIR	
<i>isradipine</i>	47	KIMMTRAK.....	19	.....	3
ISTODAX	18	KINRIX (PF).....	74	<i>leflunomide</i>	79
<i>itraconazole</i>	2	<i>kionex (with sorbitol)</i>	59	<i>lenalidomide</i>	19
<i>ivabradine</i>	52	KISQALI	19	LENVIMA.....	19, 20
<i>ivermectin</i>	8	KISQALI FEMARA CO-		<i>lessina</i>	82
IWILFIN.....	18	PACK	19	<i>letrozole</i>	20
IXCHIQ (PF).....	74	<i>klayesta</i>	56	<i>leucovorin calcium</i>	12
IXEMPra.....	18	<i>klor-con 10</i>	92	<i>leuprolide</i>	20
IXIARO (PF).....	74	<i>klor-con 8</i>	93	<i>levetiracetam</i>	28, 29

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 10/04/2024.

<i>levetiracetam in nacl (iso-os)</i>	LIVTENCITY	3	<i>magnesium sulfate in water</i> ..93
.....	LOKELMA	60	<i>malathion</i>.....58
<i>levobunolol</i>	LONSURF.....	20	<i>mannitol 20 %</i>47
85	<i>loperamide</i>	68	<i>mannitol 25 %</i>47
<i>levocarnitine</i>	<i>lopinavir-ritonavir</i>	4	<i>maraviroc</i>
60	LOQTORZI.....	20	MARGENZA
<i>levocarnitine (with sugar)</i>	<i>lorazepam</i>	41	20
60	<i>lorazepam intensol</i>	41	<i>marlissa (28)</i>
<i>levocetirizine</i>	LORBRENA	20	83
87	<i>loryna (28)</i>	83	MARPLAN.....
<i>levofloxacin</i>	<i>losartan</i>	47	41
11, 84	<i>losartan-hydrochlorothiazide</i>		MATULANE.....
<i>levofloxacin in d5w</i>.....	.....	47	20
11	<i>loteprednol etabonate</i>	86	<i>matzim la</i>
<i>levoleucovorin calcium</i>	<i>lovastatin</i>	51	47
12	<i>low-ogestrel (28)</i>	83	MAVYRET
<i>levonest (28)</i>	<i>loxapine succinate</i>	41	4
82	<i>lo-zumandimine (28)</i>	83	<i>meclizine</i>
<i>levonorgestrel-ethinyl estrad</i>	<i>lubiprostone</i>	70	70
83	LUMAKRAS.....	20	<i>medroxyprogesterone</i>
<i>levonorg-eth estrad triphasic</i>	LUMIGAN	85	81
83	LUMIZYME	67	<i>mefloquine</i>
<i>levora-28</i>	LUNSUMIO.....	20	8
83	LUPRON DEPOT	20	<i>megestrol</i>
<i>levo-t</i>	<i>lurasidone</i>	41	20
68	<i>luteru (28)</i>	83	MEKINIST
<i>levothyroxine</i>	<i>lyleq</i>	81	20
68	<i>lyllana</i>	81	MEKTOVI.....
<i>levoxyl</i>	LYNPARZA.....	20	20
68	LYSODREN.....	20	<i>meloxicam</i>
LIBERVANT	LYTGOBI	20	37
29	LYUMJEV KWIKPEN U-100		<i>melphalan hcl</i>
LIBTAYO	INSULIN	65	20
20	LYUMJEV KWIKPEN U-200		<i>memantine</i>
<i>lidocaine</i>	INSULIN	65	33
55	LYUMJEV U-100 INSULIN		MENACTRA (PF).....
<i>lidocaine (pf)</i> .....	.....	65	75
45, 54	<i>lyza</i>	81	MENQUADFI (PF).....
<i>lidocaine hcl</i>	M		75
54, 55	<i>magnesium chloride</i>	93	MENVEO A-C-Y-W-135-DIP
<i>lidocaine in 5 % dextrose (pf)</i>	<i>magnesium sulfate</i>	93	(PF).....
.....	MAGNESIUM SULFATE IN		75
45	D5W	93	MEPSEVII.....
<i>lidocaine viscous</i>			67
55			<i>mercaptopurine</i>
<i>lidocaine-epinephrine</i>			20
55			<i>meropenem</i>
<i>lidocaine-epinephrine (pf)</i>			8
55			<i>mesalamine</i>
<i>lidocaine-prilocaine</i>			70
55			<i>mesalamine with cleansing</i>
<i>lidocan iii</i>			<i>wipe</i>
55			70
<i>lidocan iv</i>			<i>mesna</i>
55			12
<i>lidocan v</i>			MESNEX.....
55			12
LILETTA			<i>metformin</i>
81			65
<i>lincomycin</i>			<i>methadone</i>
8			35
<i>linezolid</i>			<i>methadone intensol</i>
8			35
<i>linezolid in dextrose 5%</i>			<i>methadose</i>
8			35
<i>linezolid-0.9% sodium chloride</i>			<i>methazolamide</i>
.....			85
8			<i>methenamine hippurate</i>
LINZESS.....			12
70			<i>methenamine mandelate</i>
<i>liothyronine</i>			12
68			<i>methimazole</i>
<i>lisinopril</i>			62
47			<i>methotrexate sodium</i>
<i>lisinopril-hydrochlorothiazide</i>			20
.....			<i>methotrexate sodium (pf)</i>
47			21
<i>lithium carbonate</i>			<i>methoxsalen</i>
41			55
<i>lithium citrate</i>			
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 10/04/2024.

<i>methsuximide</i>	29	<i>mondoxyne nl</i>	12	<i>neomycin-bacitracin-</i>	
<i>methylergonovine</i>	84	MONJUVI.....	21	<i>polymyxin</i>	84
<i>methylphenidate hcl</i>	41, 42	<i>mono-lynyah</i>	83	<i>neomycin-polymyxin b gu</i>	58
<i>methylprednisolone</i>	62	<i>montelukast</i>	89	<i>neomycin-polymyxin b-</i>	
<i>methylprednisolone acetate</i> ..	62	<i>morphine</i>	35	<i>dexameth</i>	86
<i>methylprednisolone sodium</i>		<i>morphine (pf)</i>	35	<i>neomycin-polymyxin-</i>	
<i>succ</i>	62	<i>morphine concentrate</i>	35	<i>gramicidin</i>	84
<i>metoclopramide hcl</i>	70	MOUNJARO.....	65	<i>neomycin-polymyxin-hc</i> ..	61, 86
<i>metolazone</i>	47	<i>moxifloxacin</i>	11, 84	<i>neo-polycin</i>	84
<i>metoprolol succinate</i>	47	<i>moxifloxacin-sod.chloride(iso)</i>		<i>neo-polycin hc</i>	86
<i>metoprolol ta-hydrochlorothiaz</i>		.....	11	NERLYNX.....	21
.....	47	MRESVIA (PF).....	75	NEUPRO.....	31
<i>metoprolol tartrate</i>	47	MULTAQ.....	45	<i>nevirapine</i>	4
<i>metro i.v.</i>	8	<i>mupirocin</i>	56	NEXLETOL	51
<i>metronidazole</i>	8, 56, 81	<i>mycophenolate mofetil</i>	21	NEXLIZET.....	51
<i>metronidazole in nacl (iso-os)</i>	8	<i>mycophenolate mofetil (hcl)</i> .	21	NEXPLANON.....	81
<i>metyrosine</i>	47	<i>mycophenolate sodium</i>	21	<i>niacin</i>	51
<i>mexiletine</i>	45	MYFEMBREE.....	81	<i>nicardipine</i>	47
<i>micafungin</i>	2	MYHIBBIN.....	21	NICOTROL.....	60
<i>microgestin 1.5/30 (21)</i>	83	MYLOTARG	21	NICOTROL NS.....	60
<i>microgestin 1/20 (21)</i>	83	MYRBETRIQ	92	<i>nifedipine</i>	47
<i>microgestin fe 1.5/30 (28)</i> ...	83	N		<i>nikki (28)</i>	83
<i>microgestin fe 1/20 (28)</i>	83	<i>nabumetone</i>	37	<i>nilutamide</i>	21
<i>midodrine</i>	60	<i>nadolol</i>	47	<i>nimodipine</i>	47
MIEBO (PF).....	85	<i>nafacillin</i>	10	NINLARO	21
<i>mifepristone</i>	67, 81	<i>nafacillin in dextrose iso-osm.</i>	10	<i>nitazoxanide</i>	8
<i>mili</i>	83	<i>naftifine</i>	57	<i>nitisinone</i>	60
<i>milrinone</i>	52	NAGLAZYME.....	67	<i>nitro-bid</i>	52
<i>milrinone in 5 % dextrose</i> ...	52	<i>nalbuphine</i>	37	<i>nitrofurantoin macrocrystal</i> .	12
<i>mimvey</i>	81	<i>naloxone</i>	37	<i>nitrofurantoin monohyd/m-</i>	
<i>minocycline</i>	12	<i>naltrexone</i>	37	<i>cryst</i>	12
<i>minoxidil</i>	47	NAMZARIC.....	33	<i>nitroglycerin</i>	53, 70
<i>miostat</i>	85	<i>naproxen</i>	37	<i>nitroglycerin in 5 % dextrose</i>	
<i>mirabegron</i>	91	<i>naproxen sodium</i>	37	.....	53
<i>mirtazapine</i>	42	<i>naratriptan</i>	31	NIVESTYM	73
<i>misoprostol</i>	72	<i>nateglinide</i>	65	<i>nizatidine</i>	72
<i>mitomycin</i>	21	NAYZILAM.....	29	<i>nora-be</i>	81
<i>mitoxantrone</i>	21	<i>nebivolol</i>	47	<i>norelgestromin-ethin.estradiol</i>	
M-M-R II (PF).....	75	<i>nefazodone</i>	42	.....	81
<i>modafinil</i>	42	<i>nelarabine</i>	21	<i>norepinephrine bitartrate</i>	52
<i>moexipril</i>	47	<i>neomycin</i>	8	<i>norethindrone (contraceptive)</i>	
<i>molindone</i>	42	<i>neomycin-bacitracin-poly-hc</i>	86	.....	81
<i>mometasone</i>	58, 89			<i>norethindrone acetate</i>	81

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 10/04/2024.

<i>norethindrone ac-eth estradiol</i> 81, 83	OMNIPOD 5 G6 PODS (GEN 5)..... 76	<i>oxacillin</i> 10
<i>norethindrone-e.estradiol-iron</i> 83	OMNIPOD DASH INTRO KIT (GEN 4) 76	<i>oxacillin in dextrose(iso-osm)</i> 10
<i>norgestimate-ethinyl estradiol</i> 83	OMNIPOD DASH PODS (GEN 4)..... 76	<i>oxaliplatin</i> 22
<i>nortrel 0.5/35 (28)</i> 83	OMNIPOD GO PODS 76	<i>oxaprozin</i> 37
<i>nortrel 1/35 (21)</i> 83	OMNIPOD GO PODS 10 UNITS/DAY 76	<i>oxcarbazepine</i> 29
<i>nortrel 1/35 (28)</i> 83	OMNIPOD GO PODS 15 UNITS/DAY 76	OXERVATE..... 85
<i>nortrel 7/7/7 (28)</i> 83	OMNIPOD GO PODS 20 UNITS/DAY 76	<i>oxybutynin chloride</i> 92
<i>nortriptyline</i> 42	OMNIPOD GO PODS 25 UNITS/DAY 77	<i>oxycodone</i> 35, 36
NORVIR..... 4	OMNIPOD GO PODS 30 UNITS/DAY 77	<i>oxycodone-acetaminophen</i> ... 36
NUBEQA 21	OMNIPOD GO PODS 40 UNITS/DAY 77	OXYCONTIN 36
NUCALA 89	OMNITROPE..... 73	OZEMPIC..... 65
NUEDEXTA 33	ONCASPAR..... 22	OZURDEX 86
NULOJIX 21	<i>ondansetron</i> 70	P
NUPLAZID 42	<i>ondansetron hcl</i> 70	<i>pacerone</i> 45
NURTEC ODT 31	<i>ondansetron hcl (pf)</i> 70	<i>paclitaxel</i> 22
<i>nyamyc</i> 57	ONIVYDE 22	PADCEV 22
<i>nystatin</i> 2, 57	ONUREG 22	<i>paliperidone</i> 42
<i>nystatin-triamcinolone</i> 57	OPDIVO 22	<i>palonosetron</i> 70
<i>nystop</i> 57	OPDUALAG 22	<i>pamidronate</i> 67
NYVEPRIA..... 73	<i>opium tincture</i> 69	PANRETIN 55
O	OPSUMIT 89	<i>pantoprazole</i> 72, 73
OICALIVA..... 70	OPSYNVI..... 89	<i>paraplatin</i> 22
<i>octreotide acetate</i> 21	<i>oralone</i> 61	<i>paricalcitol</i> 67
ODEFSEY 4	ORENCIA 79	<i>paroxetine hcl</i> 42
ODOMZO 21	ORENCIA (WITH MALTOSE)..... 79	PAXLOVID..... 4
OFEV 89	ORENCIA CLICKJECT 79	<i>pazopanib</i> 22
<i>ofloxacin</i> 61, 84	ORGOVYX 22	PEDIARIX (PF) 75
OGSIVEO 21	ORKAMBI 90	PEDVAX HIB (PF)..... 75
OJEMDA..... 21, 22	ORSERDU 22	<i>peg 3350-electrolytes</i> 70
OJJAARA..... 22	<i>oseltamivir</i> 4	PEGASYS 73
<i>olanzapine</i> 42	<i>osmitrol 20 %</i> 47	<i>peg-electrolyte</i> 70
<i>olmesartan</i> 47	OTEZLA 79	PEMAZYRE..... 22
<i>olmesartan-amlodipin- hcthiazyd</i> 47	OTEZLA STARTER..... 79	<i>pemetrexed disodium</i> 22
<i>olmesartan- hydrochlorothiazide</i> 47		PEN NEEDLES (NON- PREFERRED BRANDS). 77
<i>omega-3 acid ethyl esters</i> 51		PENBRAYA (PF) 75
<i>omeprazole</i> 72		<i>penciclovir</i> 57
OMNIPOD 5 G6 INTRO KIT (GEN 5)..... 76		<i>penicillamine</i> 79

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 10/04/2024.

<i>penicillin v potassium</i>	11	PORTRAZZA	23	PREVYMIS	4
PENTACEL (PF)	75	<i>posaconazole</i>	2	PREZCOBIX.....	4
<i>pentamidine</i>	8	<i>potassium acetate</i>	93	PREZISTA	4
<i>pentobarbital sodium</i>	42	<i>potassium chlorid-d5-</i>		PRIFTIN	8
<i>pentoxifylline</i>	50	<i>0.45%nacl</i>	93	PRIMAQUINE	8
<i>perindopril erbumine</i>	48	<i>potassium chloride</i>	93, 94	<i>primidone</i>	29
<i>perio gard</i>	61	<i>potassium chloride in</i>		PRIMIDONE	29
PERJETA	22	<i>0.9%nacl</i>	93	PRIORIX (PF).....	75
<i>permethrin</i>	58	<i>potassium chloride in 5 % dex</i>		PRIVIGEN	75
<i>perphenazine</i>	42	.....	93	<i>probenecid</i>	77
<i>pfizerpen-g</i>	11	<i>potassium chloride in lr-d5</i> ..	93	<i>probenecid-colchicine</i>	77
<i>phenelzine</i>	42	<i>potassium chloride in water</i> .	93	<i>procainamide</i>	45
<i>phenobarbital</i>	29	<i>potassium chloride-0.45 %</i>		<i>prochlorperazine</i>	70
<i>phenobarbital sodium</i>	29	<i>nacl</i>	94	<i>prochlorperazine edisylate</i> ...	70
<i>phentolamine</i>	48	<i>potassium chloride-d5-</i>		<i>prochlorperazine maleate oral</i>	
<i>phenytoin</i>	29	<i>0.2%nacl</i>	94	.....	70
<i>phenytoin sodium</i>	29	<i>potassium chloride-d5-</i>		PROCRIT	73, 74
<i>phenytoin sodium extended</i> ..	29	<i>0.9%nacl</i>	94	<i>procto-med hc</i>	71
<i>philith</i>	83	<i>potassium citrate</i>	92	<i>proctosol hc</i>	71
PIFELTRO	4	<i>potassium phosphate m-/d-</i>		<i>proctozone-hc</i>	71
<i>pilocarpine hcl</i>	60, 85	<i>basic</i>	94	<i>progesterone</i>	81
<i>pimecrolimus</i>	55	POTELIGEO	23	<i>progesterone micronized</i>	81
<i>pimozide</i>	42	PRALATREXATE.....	23	PROGRAF.....	23
<i>pimtree (28)</i>	83	<i>pramipexole</i>	31	PROLASTIN-C	60
<i>pindolol</i>	48	<i>prasugrel</i>	50	PROLIA.....	77
<i>pioglitazone</i>	65	<i>pravastatin</i>	51	PROMACTA	50
<i>piperacillin-tazobactam</i>	11	<i>praziquantel</i>	8	<i>promethazine</i>	87
PIQRAY	23	<i>prazosin</i>	48	<i>propafenone</i>	45
<i>pirfenidone</i>	90	<i>prednicarbate</i>	58	<i>propranolol</i>	48
<i>piroxicam</i>	37	<i>prednisolone</i>	62	<i>propylthiouracil</i>	62
<i>pitavastatin calcium</i>	51	<i>prednisolone acetate</i>	86	PROQUAD (PF).....	75
PLEGRIDY	73	<i>prednisolone sodium</i>		<i>protamine</i>	50
PLENAMINE.....	94	<i>phosphate</i>	62, 86	<i>protriptyline</i>	42
<i>plerixafor</i>	73	<i>prednisone</i>	62	PULMICORT FLEXHALER	
<i>podofilox</i>	55	<i>prednisone intensol</i>	62	.....	90
POLIVY	23	<i>pregabalin</i>	29	PULMOZYME.....	90
<i>polocaine</i>	55	PREHEVBRIO (PF).....	75	PURIXAN	23
<i>polocaine-mpf</i>	55	PREMARIN	81	<i>pyrazinamide</i>	8
<i>polycin</i>	84	<i>premasol 10 %</i>	94	<i>pyridostigmine bromide</i> ..	33, 34
<i>polymyxin b sulf-trimethoprim</i>		PREMPHASE	81	<i>pyrimethamine</i>	8
.....	84	PREMPRO	81	Q	
POMALYST	23	<i>prenatal vitamin oral tablet</i> ..	95	QINLOCK	23
<i>portia 28</i>	83	<i>prevalite</i>	51	QUADRACEL (PF)	75

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 10/04/2024.

<i>quetiapine</i>	42	<i>rifabutin</i>	8	<i>saxagliptin-metformin</i>	65
<i>quinapril</i>	48	<i>rifampin</i>	8	SCEMBLIX	24
<i>quinapril-hydrochlorothiazide</i>		<i>riluzole</i>	60	<i>scopolamine base</i>	71
.....	48	<i>rimantadine</i>	4	SECUADO	43
<i>quinidine sulfate</i>	45	<i>ringer's</i>	59, 94	SEGLUROMET	65
<i>quinine sulfate</i>	8	RINVOQ	79, 80	<i>selegiline hcl</i>	31
QULIPTA.....	31	RINVOQ LQ	79	<i>selenium sulfide</i>	53
QVAR REDIHALER.....	90	<i>risedronate</i>	60, 77	SELZENTRY	4
R		<i>risperidone</i>	43	<i>sertraline</i>	43
RABAVERT (PF)	75	<i>risperidone microspheres</i>	43	<i>setlakin</i>	83
RADICAVA ORS	33	<i>ritonavir</i>	4	<i>sf 61</i>	
RADICAVA ORS STARTER		<i>rivastigmine</i>	33	<i>sf 5000 plus</i>	61
KIT SUSP.....	33	<i>rivastigmine tartrate</i>	33	<i>sharobel</i>	81
<i>raloxifene</i>	77	<i>rizatriptan</i>	31	SHINGRIX (PF).....	75
<i>ramelteon</i>	43	ROCKLATAN	86	SIGNIFOR.....	24
<i>ramipril</i>	48	<i>roflumilast</i>	90	<i>sildenafil (pulmonary arterial</i>	
<i>ranolazine</i>	52	<i>romidepsin</i>	23	<i>hypertension)</i>	90
<i>rasagiline</i>	31	<i>ropinirole</i>	31	<i>silver sulfadiazine</i>	55
<i>reclipsen (28)</i>	83	<i>rosuvastatin</i>	51	SIMBRINZA	86
RECOMBIVAX HB (PF)	75	ROTARIX	75	SIMULECT	24
REGANEX	55	ROTATEQ VACCINE.....	75	<i>simvastatin</i>	51
RELENZA DISKHALER.....	4	<i>roweepra</i>	30	<i>sirolimus</i>	24
RELEUKO	74	ROZLYTREK	23	SIRTURO	8
RELISTOR.....	71	RUBRACA.....	23	SKYRIZI	53, 71
REMICADE	71	<i>rufinamide</i>	30	<i>sodium acetate</i>	94
RENACIDIN.....	92	RUKOBIA.....	4	<i>sodium benzoate-sod</i>	
<i>repaglinide</i>	65	RUXIENCE.....	23	<i>phenylacet</i>	60
REPATHA	51	RYBELSUS.....	65	<i>sodium bicarbonate</i>	94
REPATHA PUSHTRONEX	51	RYBREVANT.....	23	<i>sodium chloride</i>	60, 94
REPATHA SURECLICK	51	RYDAPT	23	<i>sodium chloride 0.45 %</i>	94
RETACRIT	74	RYLAZE	24	<i>sodium chloride 0.9 %</i>	60
RETEVMO.....	23	RYTELO	24	<i>sodium chloride 3 %</i>	
RETROVIR.....	4	S		<i>hypertonic</i>	94
REVLIMID	23	<i>sajazir</i>	90	<i>sodium chloride 5 %</i>	
<i>revonto</i>	34	<i>salsalate</i>	37	<i>hypertonic</i>	94
REXULTI.....	43	SANCUSO	71	<i>sodium fluoride 5000 dry</i>	
REYATAZ	4	SANDOSTATIN LAR		<i>mouth</i>	61
REZDIFFRA	60	DEPOT	24	<i>sodium fluoride 5000 plus</i>	61
REZLIDHIA.....	23	SANTYL	55	<i>sodium fluoride-pot nitrate</i> ...61	
REZUROCK	23	<i>sapropterin</i>	67	<i>sodium nitroprusside</i>	52
RHOPRESSA.....	86	SARCLISA.....	24	SODIUM OXYBATE	
<i>ribavirin</i>	4	SAVELLA.....	80	(PREFERRED NDCS	
RIDAURA.....	79	<i>saxagliptin</i>	65		

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 10/04/2024.

STARTING WITH 00054)	<i>sulfadiazine</i>	11	<i>telmisartan-hydrochlorothiazid</i>	48
.....	<i>sulfamethoxazole-trimethoprim</i>	11	.....	48
<i>sodium phenylbutyrate</i> .....	.....	11	TEMODAR	25
<i>sodium phosphate</i>	<i>sulfasalazine</i>	71	<i>temsirolimus</i>	25
<i>sodium polystyrene sulfonate</i>	<i>sulindac</i>	37	TENIVAC (PF)	75
<i>sodium,potassium,mag sulfates</i>	<i>sumatriptan</i>	31	<i>tenofovir disoproxil fumarate</i> .5	
.....	<i>sumatriptan succinate</i>	31, 32	TEPMETKO.....	25
SOFOSBUVIR-	<i>sunitinib malate</i>	24	<i>terazosin</i>	48
VELPATASVIR.....	SUNLENCA.....	4	<i>terbinafine hcl</i>	2
<i>solifenacin</i>	<i>syeda</i>	83	<i>terbutaline</i>	91
SOLIQUA 100/33	SYMDEKO	90	<i>terconazole</i>	81
SOLTAMOX.....	SYMLINPEN 120	66	<i>teriflunomide</i>	33
SOMATULINE DEPOT	SYMLINPEN 60	66	TERIPARATIDE	77
SOMAVERT	SYMPAZAN	30	<i>testosterone</i>	67, 68
<i>sorafenib</i>	SYMPROIC.....	71	<i>testosterone cypionate</i>	67
<i>sotalol</i>	SYMTUZA.....	5	<i>testosterone enanthate</i>	67
<i>sotalol af</i>	SYNAGIS.....	5	TETANUS,DIPHThERIA	
SOTYKTU	SYNJARDY	66	TOX PED(PF)	75
SPIRIVA RESPIMAT	SYNJARDY XR.....	66	<i>tetrabenazine</i>	33
<i>spironolactone</i>	T		<i>tetracycline</i>	12
<i>spironolacton-</i>	TABRECTA.....	24	THALOMID.....	25
<i>hydrochlorothiaz</i>	<i>tacrolimus</i>	24, 55	<i>theophylline</i>	91
SPRAVATO.....	<i>tadalafil</i>	92	<i>thioridazine</i>	43
<i>sprintec (28)</i>	<i>tadalafil (pulmonary arterial</i>		<i>thiotepa</i>	25
SPRITAM.....	<i>hypertension) oral tablet 20</i>		<i>thiothixene</i>	43
SPRYCEL	<i>mg</i>	91	<i>tiadylt er</i>	48
<i>sps (with sorbitol)</i>	TAFINLAR	24	<i>tiagabine</i>	30
<i>sronyx</i>	TAGRISSO	24	TIBSOVO.....	25
<i>ssd</i>	TALVEY	24	TICE BCG	75
STEGLATRO.....	TALZENNA.....	24	TICOVAC	75
STELARA.....	<i>tamoxifen</i>	24	<i>tigecycline</i>	8
STIOLTO RESPIMAT	<i>tamsulosin</i>	92	<i>tilia fe</i>	83
STIVARGA.....	<i>tarina fe 1-20 eq (28)</i>	83	<i>timolol maleate</i>	48, 85
STRENSIQ.....	TASIGNA	24	<i>tinidazole</i>	8
STREPTOMYCIN	<i>tazarotene</i>	56	<i>tiotropium bromide</i>	91
STRIBILD.....	<i>tazicef</i>	6	TIVDAK.....	25
STRIVERDI RESPIMAT ...	TAZVERIK.....	24	TIVICAY.....	5
<i>subvenite</i>	TDVAX	75	TIVICAY PD.....	5
SUCRAID	TECENTRIQ.....	24	<i>tizanidine</i>	34
<i>sucrafate</i>	TECVAYLI.....	25	TOBI PODHALER	8
<i>sulfacetamide sodium</i>	TEFLARO	6	TOBRADEX	86
<i>sulfacetamide sodium (acne)</i> 56	<i>telmisartan</i>	48	<i>tobramycin</i>	8, 84
<i>sulfacetamide-prednisolone</i> .85	<i>telmisartan-amlodipine</i>	48	<i>tobramycin in 0.225 % nacl</i>	8

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 10/04/2024.

<i>tobramycin sulfate</i>	9	TRIJARDY XR.....	66	V
<i>tobramycin-dexamethasone</i> ..	86	TRIKAFTA.....	91	<i>valacyclovir</i>
<i>tolterodine</i>	92	<i>tri-legest fe</i>	84	VALCHLOR.....
<i>tolvaptan</i>	68	<i>tri-linyah</i>	84	<i>valganciclovir</i>
<i>topiramate</i>	30	<i>tri-lo-estarylla</i>	84	<i>valproate sodium</i>
<i>topotecan</i>	25	<i>tri-lo-marzia</i>	84	<i>valproic acid</i>
<i>toremifene</i>	25	<i>tri-lo-sprintec</i>	84	<i>valproic acid (as sodium salt)</i>
<i>torpenz</i>	25	<i>trimethoprim</i>	12	.....
<i>torse mide</i>	48	<i>trimipramine</i>	43	<i>valrubicin</i>
TOUJEO MAX U-300		TRINTELLIX.....	43	<i>valsartan</i>
SOLOSTAR.....	66	<i>tri-sprintec (28)</i>	84	<i>valsartan-hydrochlorothiazide</i>
TOUJEO SOLOSTAR U-300		TRIUMEQ.....	5	.....
INSULIN.....	66	TRIUMEQ PD.....	5	VALTOCO.....
TRADJENTA.....	66	<i>trivora (28)</i>	84	<i>vancomycin</i>
<i>tramadol</i>	37	TRODELVY.....	25	VANCOMYCIN IN 0.9 %
<i>tramadol-acetaminophen</i>	37	TROGARZO.....	5	SODIUM CHL.....
<i>trandolapril</i>	48	TROPHAMINE 10 %.....	94	VANFLYTA.....
<i>trandolapril-verapamil</i>	48	<i>trospium</i>	92	VAQTA (PF).....
<i>tranexamic acid</i>	81	TRULANCE.....	71	<i>varenicline</i>
<i>tranlycypromine</i>	43	TRULICITY.....	66	VARIVAX (PF).....
<i>travasol 10 %</i>	94	TRUMENBA.....	75	VARUBI.....
<i>travoprost</i>	86	TRUQAP.....	25	VAXCHORA VACCINE.....
TRAZIMERA.....	25	TUKYSA.....	25	VECTIBIX.....
<i>trazodone</i>	43	TURALIO.....	25	<i>veletri</i>
TRECTOR.....	9	<i>turqoz (28)</i>	84	<i>velivet triphasic regimen (28)</i>
TRELEGY ELLIPTA.....	91	TWINRIX (PF).....	75	.....
TRELSTAR.....	25	TYENNE.....	80	VELTASSA.....
TREMFYA.....	54	TYENNE AUTOINJECTOR		VEMLIDY.....
<i>treprostinil sodium</i>	48	.....	80	VENCLEXTA.....
<i>tretinoin (antineoplastic)</i>	25	TYPHIM VI.....	75	VENCLEXTA STARTING
<i>tretinoin topical</i>	56	TYVASO.....	91	PACK.....
<i>triamcinolone acetonide 58, 61,</i>		TYVASO INSTITUTIONAL		<i>venlafaxine</i>
62		START KIT.....	91	<i>verapamil</i>
<i>triamterene-hydrochlorothiazid</i>		TYVASO REFILL KIT.....	91	VERQUVO.....
.....	48	TYVASO STARTER KIT ..	91	VERSACLOZ.....
<i>tridacaine ii</i>	55	U		VERZENIO.....
<i>tridacaine iii</i>	55	UBRELVY.....	32	<i>vestura (28)</i>
<i>triderm</i>	58	<i>unithroid</i>	68	VIBATIV.....
<i>trientine</i>	60	UNITUXIN.....	25	VIBERZI.....
<i>tri-estarylla</i>	83	UPTRAVI.....	48	<i>vienva</i>
<i>trifluoperazine</i>	43	<i>ursodiol</i>	71	<i>vigabatrin</i>
<i>trifluridine</i>	84	UZEDY.....	43, 44	<i>vigadrone</i>
<i>trihexyphenidyl</i>	31			<i>vigpoder</i>

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 10/04/2024.

<i>vilazodone</i>	44	XCOPRI TITRATION PACK	ZELBORAF	26
VIMIZIM	68	.....	<i>zenatane</i>	56
<i>vinblastine</i>	26	XDEMVI	ZENPEP	72
<i>vincristine</i>	26	XELJANZ	ZEPOSIA.....	33
<i>vinorelbine</i>	26	XELJANZ XR.....	ZEPOSIA STARTER KIT (28-	
<i>viorele (28)</i>	84	XERMELO.....	DAY).....	33
VIRACEPT	5	XGEVA	ZEPOSIA STARTER PACK	
VIREAD.....	5	XIAFLEX.....	(7-DAY)	33
VITRAKVI.....	26	XIFAXAN.....	ZEPZELCA	26
VIVITROL	37	XIGDUO XR.....	<i>zidovudine</i>	5
VIZIMPRO.....	26	XIIDRA	<i>ziprasidone hcl</i>	44
VONJO.....	26	XOFLUZA	<i>ziprasidone mesylate</i>	44
<i>voriconazole</i>	2	XOLAIR.....	ZIRABEV	26
VOSEVI	5	XOSPATA.....	ZIRGAN	84
VOWST.....	71	XPOVIO.....	ZOLADEX	26
VRAYLAR.....	44	XTANDI.....	<i>zoledronic acid</i>	68
VUMERITY	33	<i>xulane</i>	<i>zoledronic acid-mannitol-water</i>	
VYNDAMAX	52	Y	.....	60, 68
VYXEOS.....	26	YERVOY	ZOLINZA.....	26
W		YF-VAX (PF).....	<i>zolpidem</i>	44
<i>warfarin</i>	50	YONDELIS	ZONISADE	30
<i>water for irrigation, sterile</i> ...	60	YUFLYMA(CF).....	<i>zonisamide</i>	31
WELIREG.....	26	YUFLYMA(CF) AI	<i>zovia 1-35 (28)</i>	84
<i>wera (28)</i>	84	CROHN'S-UC-HS.....	ZTALMY	31
<i>wescap-pn dha</i>	95	YUFLYMA(CF)	ZUBSOLV.....	37
<i>wixela inhub</i>	91	AUTOINJECTOR.....	<i>zumandimine (28)</i>	84
X		<i>yuvafem</i>	ZURZUVAE.....	44
XALKORI.....	26	Z	ZYDELIG.....	27
XARELTO	50	<i>zafemy</i>	ZYKADIA.....	27
XARELTO DVT-PE TREAT		<i>zafirlukast</i>	ZYMFENTRA.....	72
30D START	50	<i>zaleplon</i>	ZYNLONTA	27
XCOPRI	30	ZALTRAP	ZYNYZ.....	27
XCOPRI MAINTENANCE		ZANOSAR.....	ZYPREXA RELPREVV 44, 45	
PACK	30	ZEJULA		

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 10/04/2024.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-833-230-2020**. Someone who speaks your language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-230-2020. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-230-2020。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-230-2020。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-833-230-2020. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-230-2020. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-230-2020 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-230-2020. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-230-2020 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

TTY: 1-833-711-4711 or 711

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-230-2020. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-230-2020. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-230-2020 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-230-2020. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-230-2020. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-230-2020. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-230-2020. 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
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

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**.