

2024

Formulary (List of Covered Drugs)



RiverSpring STAR (HMO I-SNP)

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

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This formulary was updated on 09/24/2024. For more recent information or other questions, please contact us, RiverSpring Health Plan Member Services, at 1-800-580-7000 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit <https://riverspringhealthplans.org/>.

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Table of Contents

WHAT IS THE RIVERSPRING STAR FORMULARY?.....	1
CAN THE FORMULARY (DRUG LIST) CHANGE?	1
WHAT ARE GENERIC DRUGS?	3
ARE THERE ANY RESTRICTIONS ON MY COVERAGE?.....	3
WHAT IF MY DRUG IS NOT ON THE FORMULARY?.....	3
HOW DO I REQUEST AN EXCEPTION TO THE RIVERSPRING STAR'S (HMO D-SNP) FORMULARY?.....	4
WHAT DO I DO BEFORE I CAN TALK TO MY DOCTOR ABOUT CHANGING MY DRUGS OR REQUESTING AN EXCEPTION?.....	4
FOR MORE INFORMATION	5
RIVERSPRING STAR FORMULARY	5
List of Abbreviations	6
ANTI - INFECTIVES	7
ANTIFUNGAL AGENTS	7
ANTIVIRALS	8
CEPHALOSPORINS	12
ERYTHROMYCINS / OTHER MACROLIDES	14
MISCELLANEOUS ANTIINFECTIVES	15
PENICILLINS	20
QUINOLONES.....	22
SULFA'S / RELATED AGENTS	22
TETRACYCLINES	23
URINARY TRACT AGENTS	24
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	24
ADJUNCTIVE AGENTS	24
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS	25
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH.....	40
ANTICONVULSANTS	40
ANTIPARKINSONISM AGENTS	47
MIGRAINE / CLUSTER HEADACHE THERAPY	48

MISCELLANEOUS NEUROLOGICAL THERAPY	49
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY.....	53
NARCOTIC ANALGESICS.....	54
NON-NARCOTIC ANALGESICS	58
PSYCHOTHERAPEUTIC DRUGS	62
CARDIOVASCULAR, HYPERTENSION / LIPIDS	75
ANTIARRHYTHMIC AGENTS.....	75
ANTIHYPERTENSIVE THERAPY	76
COAGULATION THERAPY.....	81
LIPID/CHOLESTEROL LOWERING AGENTS	85
MISCELLANEOUS CARDIOVASCULAR AGENTS	87
NITRATES	88
DERMATOLOGICALS/TOPICAL THERAPY	88
ANTIPSORIATIC / ANTISEBORRHEIC	88
MISCELLANEOUS DERMATOLOGICALS	90
THERAPY FOR ACNE	92
TOPICAL ANTIBACTERIALS.....	94
TOPICAL ANTIFUNGALS	94
TOPICAL ANTIVIRALS	95
TOPICAL CORTICOSTEROIDS	96
TOPICAL SCABICIDES / PEDICULICIDES	98
DIAGNOSTICS / MISCELLANEOUS AGENTS.....	99
ANOREXIANTS	99
ANTIDOTES	99
IRRIGATING SOLUTIONS	99
MISCELLANEOUS AGENTS	99
SMOKING DETERRENTS.....	103
EAR, NOSE / THROAT MEDICATIONS	103
MISCELLANEOUS AGENTS	103
MISCELLANEOUS OTIC PREPARATIONS.....	104
OTIC STEROID / ANTIBIOTIC	104
ENDOCRINE/DIABETES	104
ADRENAL HORMONES.....	104
ANTITHYROID AGENTS	106
DIABETES THERAPY	106
MISCELLANEOUS HORMONES	113

THYROID HORMONES	.....	117
GASTROENTEROLOGY	.....	117
ANTIDIARRHEALS / ANTISPASMODICS	.....	117
MISCELLANEOUS GASTROINTESTINAL AGENTS	.....	118
ULCER THERAPY	.....	123
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	.....	126
BIOTECHNOLOGY DRUGS	.....	126
VACCINES / MISCELLANEOUS IMMUNOLOGICALS	.....	129
MISCELLANEOUS SUPPLIES	.....	132
MISCELLANEOUS SUPPLIES	.....	132
MUSCULOSKELETAL / RHEUMATOLOGY	.....	133
GOUT THERAPY	.....	133
OSTEOPOROSIS THERAPY	.....	133
OTHER RHEUMATOLOGICALS	.....	134
OBSTETRICS / GYNECOLOGY	.....	138
ESTROGENS / PROGESTINS	.....	138
MISCELLANEOUS OB/GYN	.....	140
ORAL CONTRACEPTIVES / RELATED AGENTS	.....	141
OXYTOCICS	.....	145
OPHTHALMOLOGY	.....	145
ANTIBIOTICS	.....	145
ANTIVIRALS	.....	146
BETA-BLOCKERS	.....	146
MISCELLANEOUS OPHTHALMOLOGICS	.....	146
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	.....	147
ORAL DRUGS FOR GLAUCOMA	.....	147
OTHER GLAUCOMA DRUGS	.....	147
STEROID-ANTIBIOTIC COMBINATIONS	.....	148
STEROIDS	.....	148
SYMPATHOMIMETICS	.....	149
RESPIRATORY AND ALLERGY	.....	149
ANTIHISTAMINE / ANTIALLERGENIC AGENTS	.....	149
PULMONARY AGENTS	.....	150
UROLOGICALS	.....	157
ANTICHOLINERGICS / ANTISPASMODICS	.....	157
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY	.....	158

MISCELLANEOUS UROLOGICALS	158
VITAMINS, HEMATINICS / ELECTROLYTES	158
BLOOD DERIVATIVES	158
ELECTROLYTES	159
MISCELLANEOUS NUTRITION PRODUCTS	160
VITAMINS / HEMATINICS	162
INDEX OF DRUGS	163

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 RiverSpring STAR (HMO I-SNP). When it refers to “plan” or “our plan,” it means RiverSpring STAR (HMO I-SNP).

This document includes a list of the drugs (formulary) for our plan which is current as of August 19, 2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2024, and from time to time during the year.

What is the RiverSpring STAR Formulary?

A formulary is a list of covered drugs selected by RiverSpring STAR (HMO I-SNP) 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. RiverSpring STAR (HMO I-SNP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at RiverSpring STAR (HMO I- SNP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but RiverSpring STAR (HMO I-SNP) may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the RiverSpring STAR (HMO I-SNP)’s Formulary?”

Drugs removed from the market. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or

add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] 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, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the RiverSpring STAR (HMO I-SNP)’s Formulary?”

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

The enclosed formulary is current as of August 19, 2023. To get updated information about the drugs covered by RiverSpring STAR (HMO I-SNP) please contact us. Our contact information appears on the front and back cover pages. Monthly updates to the print formularies will be made using formulary errata sheets in the event of mid-year non-maintenance formulary changes.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, BETA BLOCKERS. If you know what your drug is used for, look for the category name in the list that begins on page 107. 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 164. 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?

RiverSpring STAR (HMO I-SNP) covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** RiverSpring STAR (HMO I-SNP) requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from RiverSpring STAR (HMO I-SNP) before you fill your prescriptions. If you don't get approval, RiverSpring STAR (HMO I-SNP) may not cover the drug.
- **Quantity Limits:** For certain drugs, RiverSpring STAR (HMO I-SNP) limits the amount of the drug that RiverSpring STAR (HMO I-SNP) will cover.
- **Step Therapy:** In some cases, RiverSpring STAR (HMO I-SNP) 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, RiverSpring STAR (HMO I-SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, RiverSpring STAR (HMO I-SNP) will then cover Drug B.

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

You can ask RiverSpring STAR (HMO I-SNP) 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 RiverSpring STAR (HMO I-SNP)'s formulary?" on page 5 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 RiverSpring STAR (HMO I-SNP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by RiverSpring STAR (HMO I-SNP). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by RiverSpring STAR (HMO I-SNP).
- You can ask RiverSpring STAR (HMO I-SNP) 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 RiverSpring STAR's (HMO D-SNP) Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, RiverSpring STAR (HMO I-SNP) 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, RiverSpring STAR (HMO I-SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary, [the lower cost-sharing drug] or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a

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

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

Enrollees who are undergoing a change in care are eligible for a temporary supply to ensure the continuity of needed medications across care settings. If the enrollee is not in their transition period during their care change, or is in the transition period but have already received their transition supply fill days supply maximum, the system will reject the claim and appropriate reject codes are returned to the pharmacy. The network pharmacy receives additional secondary messaging (If Level of Care) and training to inform the pharmacy of the appropriate procedure. In the circumstance where an enrollee is changing care setting and may not have access to current prescriptions, the network pharmacy may contact the Express Scripts help desk for an override to dispense a temporary transition supply. Appropriate transition notifications are generated to the enrollee and the prescriber in the required timetable. As these enrollees are vulnerable to disruption in care, Express Scripts also provides daily rejected claims data to the plans for oversight of these enrollees experiencing a change in their care to assure the transition has been effectuated.

For more information

For more detailed information about your RiverSpring STAR (HMO I-SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about RiverSpring STAR (HMO I-SNP), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

RiverSpring STAR Formulary

The formulary below provides coverage information about the drugs covered by RiverSpring STAR (HMO I-SNP)]. If you have trouble finding your drug in the list, turn to the Index that begins on page 164.

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

The information in the Requirements/Limits column tells you if RiverSpring STAR (HMO I-SNP) has any special requirements for coverage of your drug.

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

List of Abbreviations

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	1	B/D PA
AMBISOME	1	B/D PA
<i>amphotericin b</i>	1	B/D PA; MO
<i>amphotericin b liposome</i>	1	B/D PA
ANCOBON	1	MO
CANCIDAS	1	
<i>caspofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMDA	1	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	MO
DIFLUCAN ORAL TABLET 100 MG, 200 MG	1	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	1	MO
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	1	MO
<i>fluconazole</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluconazole in nacl (iso-osm)</i>	1	PA
<i>intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>		
<i>fluconazole in nacl (iso-osm)</i>	1	PA; MO
<i>intravenous piggyback 200 mg/100 ml</i>		
<i>flucytosine</i>	1	MO
<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
MICAFUNGIN IN 0.9 % SODIUM CHL	1	
MYCAMINE	1	MO
NOXAFIL INTRAVENOUS	1	PA
NOXAFIL ORAL SUSP,DELAYED RELEASE FOR RECON	1	PA; MO; QL (32 per 30 days)
NOXAFIL ORAL SUSPENSION	1	PA; MO; QL (630 per 30 days)

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

This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC)	1	PA; MO; QL (96 per 30 days)
<i>nystatin oral</i>	1	MO
<i>posaconazole intravenous</i>	1	PA
<i>posaconazole oral suspension</i>	1	PA; MO; QL (630 per 30 days)
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days)
REZZAYO	1	
SPORANOX ORAL CAPSULE	1	MO; QL (120 per 30 days)
SPORANOX ORAL SOLUTION	1	MO
<i>terbinafine hcl oral</i>	1	MO
TOLSURA	1	PA; MO; QL (120 per 30 days)
VFEND IV	1	PA; MO
VFEND ORAL SUSPENSION FOR RECONSTITUTION	1	PA; MO
VFEND ORAL TABLET	1	PA; MO
VIVJOA	1	PA; QL (18 per 84 days)
<i>voriconazole intravenous</i>	1	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<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
<i>APRETUDE</i>	1	MO
<i>APTIVUS</i>	1	MO
<i>atazanavir</i>	1	MO
<i>ATRIPLA</i>	1	
<i>BARACLUDE</i>	1	MO
<i>BEYFORTUS</i>	1	
<i>BIKTARVY</i>	1	MO
<i>CABENUVA</i>	1	MO
<i>cidofovir</i>	1	B/D PA; MO
<i>CIMDUO</i>	1	MO
<i>COMBIVIR</i>	1	MO
<i>COMPLERA</i>	1	MO
<i>darunavir</i>	1	MO
<i>DELSTRIGO</i>	1	MO
<i>DESCOVY</i>	1	MO
<i>DOVATO</i>	1	MO
<i>EDURANT</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 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>efavirenz</i>	1	MO
<i>efavirenz-emtricitabin-tenofovir</i>	1	MO
<i>efavirenz-lamivu-tenofov disop</i>	1	MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofovir (tdf)</i>	1	MO
EMTRIVA ORAL CAPSULE	1	MO
EMTRIVA ORAL SOLUTION	1	MO
<i>entecavir</i>	1	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days)
EPIVIR	1	MO
EPZICOM	1	MO
<i>etravirine</i>	1	MO
EVOTAZ	1	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
<i>foscarnet</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
FUZEON SUBCUTANEOUS RECON SOLN	1	MO
<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
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	1	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	1	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	1	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	1	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 100 MG, 200 MG	1	MO
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD	1	MO
ISENTRESS ORAL POWDER IN PACKET	1	MO
ISENTRESS ORAL TABLET	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO

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

This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA	1	MO
KALETRA ORAL SOLUTION	1	MO
KALETRA ORAL TABLET 100-25 MG	1	MO
KALETRA ORAL TABLET 200-50 MG	1	MO
LAGEVRIO (EUA)	1	QL (40 per 180 days)
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	1	PA; MO; QL (28 per 28 days)
LEXIVA ORAL TABLET	1	
LIVTENCITY	1	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	1	MO
<i>lopinavir-ritonavir oral tablet</i>	1	MO
maraviroc	1	MO
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
NORVIR ORAL POWDER IN PACKET	1	MO
NORVIR ORAL TABLET	1	MO
ODEFSEY	1	MO
<i>oseltamivir</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 180 days)
PIFELTRO	1	MO
PREVYMIS INTRAVENOUS	1	PA
PREVYMIS ORAL	1	PA; MO; QL (30 per 30 days)
PREZCOBIX	1	MO
PREZISTA ORAL SUSPENSION	1	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	1	MO
RAPIVAB (PF)	1	

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
RELENZA DISKHALER	1	MO	SOVALDI ORAL PELLETS IN PACKET 200 MG	1	PA; MO; QL (56 per 28 days)
RETROVIR INTRAVENOUS	1	MO	SOVALDI ORAL TABLET 200 MG	1	PA; MO; QL (56 per 28 days)
RETROVIR ORAL CAPSULE	1	MO	SOVALDI ORAL TABLET 400 MG	1	PA; MO; QL (28 per 28 days)
RETROVIR ORAL SYRUP	1	MO	STRIBILD	1	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	1	MO	SUNLENCA	1	
REYATAZ ORAL POWDER IN PACKET	1	MO	SYMFI	1	MO
<i>ribavirin oral capsule</i>	1	MO	SYMFI LO	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO	SYMTUZA	1	MO
<i>rimantadine</i>	1	MO	SYNAGIS	1	MO; LA
<i>ritonavir</i>	1	MO	TAMIFLU	1	MO
RUKOBIA	1	MO	<i>tenofovir disoproxil fumarate</i>	1	MO
SELZENTRY ORAL SOLUTION	1	MO	TIVICAY ORAL TABLET 10 MG	1	
SELZENTRY ORAL TABLET 150 MG, 300 MG	1	MO	TIVICAY ORAL TABLET 25 MG, 50 MG	1	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO	TIVICAY PD	1	MO
SOFOSBUVIR- VELPATASVIR	1	PA; MO; QL (28 per 28 days)	TRIUMEQ	1	MO
SOVALDI ORAL PELLETS IN PACKET 150 MG	1	PA; MO; QL (28 per 28 days)	TRIUMEQ PD	1	MO
			TRIZIVIR	1	
			TROGARZO	1	MO; LA
			TRUVADA	1	MO
			TYBOST	1	MO
			<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)

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Drug Name	Drug Tier	Requirements /Limits
VALCYTE	1	MO
<i>valganciclovir oral recon soln</i>	1	MO
<i>valganciclovir oral tablet</i>	1	MO
VALTREX ORAL TABLET 1 GRAM	1	MO; QL (120 per 30 days)
VALTREX ORAL TABLET 500 MG	1	MO; QL (60 per 30 days)
VEKLURY	1	
VEMLIDY	1	MO
VIRACEPT ORAL TABLET	1	MO
VIREAD ORAL POWDER	1	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO
VIREAD ORAL TABLET 300 MG	1	MO
VOSEVI	1	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO
ZEPATIER	1	PA; MO; QL (28 per 28 days)
ZIAGEN ORAL SOLUTION	1	MO
<i>zidovudine oral capsule</i>	1	MO
<i>zidovudine oral syrup</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>zidovudine oral tablet</i>	1	MO
CEPHALOSPORINS		
AVYCAZ	1	PA; MO
<i>cefaclor oral capsule</i>	1	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr</i>	1	MO
<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>cefadroxil oral tablet</i>	1	MO
<i>cefazin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
CEFAZOLIN IN DEXTROSE (ISO-OS) INTRAVENOUS PIGGYBACK 2 GRAM/100 ML	1	
<i>cefazin injection recon soln 1 gram, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin injection recon soln 10 gram, 100 gram, 3 gram, 300 gram</i>	1		<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	1		<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>cefazolin intravenous recon soln 1 gram</i>	1		<i>ceftriaxone in dextrose,iso-os</i>	1	MO
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	1		<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>cefdinir oral capsule</i>	1	MO	<i>ceftriaxone injection recon soln 10 gram</i>	1	
<i>cefdinir oral suspension for reconstitution</i>	1	MO	CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	1	
CEFEPIME IN DEXTROSE 5 %	1	MO	<i>ceftriaxone intravenous</i>	1	MO
<i>cefpeme in dextrose,iso-osm</i>	1		<i>cefuroxime axetil oral tablet</i>	1	MO
<i>cefpeme injection</i>	1	MO	<i>cefuroxime sodium injection recon soln 750 mg</i>	1	PA; MO
CEFEPIME INTRAVENOUS	1		<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	PA; MO
<i>cefixime</i>	1	MO	<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	PA
<i>cefotetan injection</i>	1	PA	<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA	<i>cephalexin oral capsule 750 mg</i>	1	MO
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO	<i>cephalexin oral suspension for reconstitution</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA			
<i>cefpodoxime</i>	1	MO			
<i>ceprozil</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>cephalexin oral tablet</i>	1	MO
FETROJA	1	PA
<i>tazicef injection</i>	1	PA; MO
<i>tazicef intravenous</i>	1	PA
TEFLARO	1	PA; MO
ZERBAXA	1	PA
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
<i>clarithromycin</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	1	QL (136 per 10 days)
DIFICID ORAL TABLET	1	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	1	MO
E.E.S. GRANULES	1	MO
ERYPED 200	1	MO
ERYPED 400	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
ERY-TAB ORAL TABLET,DELAYE D RELEASE (DR/EC) 500 MG	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	1	PA; MO
<i>erythromycin ethylsuccinate oral suspension for reconstitution</i>	1	MO
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin lactobionate</i>	1	PA; MO
<i>erythromycin oral</i>	1	MO
ZITHROMAX INTRAVENOUS	1	PA; MO
ZITHROMAX ORAL PACKET	1	MO
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION	1	MO
ZITHROMAX ORAL TABLET 250 MG	1	

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Drug Name	Drug Tier	Requirements /Limits
ZITHROMAX ORAL TABLET 500 MG	1	MO
ZITHROMAX TRI-PAK	1	
ZITHROMAX Z-PAK	1	MO
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	1	MO; QL (12 per 30 days)
<i>albendazole</i>	1	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	1	PA; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM	1	PA; MO
<i>aztreonam</i>	1	PA; MO
<i>bacitracin intramuscular</i>	1	
BENZNIDAZOLE	1	MO
BETHKIS	1	PA; MO; QL (224 per 28 days)
BILTRICIDE	1	MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
CLEOCIN HCL	1	MO
CLEOCIN INJECTION	1	PA; MO
CLEOCIN PEDIATRIC	1	MO
<i>clindamycin hcl</i>	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	1	PA
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin pediatric</i>	1	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)
COLY-MYCIN M PARENTERAL	1	PA; MO; QL (30 per 10 days)
CUBICIN RF	1	
<i>cycloserine</i>	1	MO
DALVANCE	1	PA; MO
<i>dapsone oral</i>	1	MO
DAPTOMYCIN IN 0.9 % SOD CHLOR	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
DARAPRIM	1	PA

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Drug Name	Drug Tier	Requirements /Limits
EMVERM	1	MO
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO
FIRVANQ	1	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	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
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	1	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	1	PA
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
HUMATIN	1	MO
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
IMPAVIDO	1	PA; MO
INVANZ INJECTION	1	PA; QL (14 per 14 days)
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	PA; MO; QL (20 per 30 days)
KIMYRSA	1	PA
KITABIS PAK	1	PA; MO; QL (280 per 28 days)
KRINTAFEL	1	
LAMPIT	1	MO
LINCOCIN	1	PA; MO
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA; MO
<i>linezolid oral suspension for reconstitution</i>	1	MO
<i>linezolid oral tablet</i>	1	MO
LINEZOLID-0.9% SODIUM CHLORIDE	1	PA
MALARONE	1	MO
MALARONE PEDIATRIC	1	MO
<i>mefloquine</i>	1	
MEPRON	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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)
MEROOPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	1	PA; QL (30 per 10 days)
MEROOPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	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 capsule</i>	1	MO
<i>metronidazole oral tablet</i>	1	MO
MYCOBUTIN	1	MO
NEBUPENT	1	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO
ORBACTIV	1	PA; MO
<i>paromomycin</i>	1	
PENTAM	1	MO
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine injection</i>	1	MO
PLAQUENIL	1	MO
<i>polymyxin b sulfate</i>	1	PA; MO
<i>praziquantel</i>	1	MO
PRETOMANID	1	PA
PRIFTIN	1	MO
PRIMAQUINE	1	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	1	PA; MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO
QUALAQUN	1	MO
<i>quinine sulfate</i>	1	MO
RECARBRO	1	
<i>rifabutin</i>	1	MO
RIFADIN INTRAVENOUS	1	MO
<i>rifampin intravenous</i>	1	MO
<i>rifampin oral</i>	1	MO
RIMSO-50	1	MO
SIRTURO	1	PA; LA
SIVEXTRO INTRAVENOUS	1	PA
SIVEXTRO ORAL	1	
SOLOSEC	1	MO
STREPTOMYCIN	1	PA; MO; QL (60 per 30 days)
STROMECTOL	1	PA; MO; QL (20 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>tigecycline</i>	1	PA; MO	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
<i>tinidazole</i>	1	MO			
TOBI	1	PA; MO; QL (280 per 28 days)			
TOBI PODHALER	1	MO; QL (224 per 56 days)	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML	1	PA; QL (4000 per 10 days)
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)			
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days)	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML	1	PA; QL (4200 per 10 days)
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)			
<i>tobramycin sulfate injection solution</i>	1	PA; MO	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
TRECATOR	1	MO			
TYGACIL	1	PA; MO			
VABOMERE	1	PA			
VANCOCIN ORAL CAPSULE 125 MG	1	PA; MO; QL (40 per 10 days)	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	1	PA; MO; QL (80 per 10 days)			
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)	VANCOMYCIN INJECTION	1	PA; QL (1 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)	<i>vancomycin intravenous recon soln 1,000 mg</i>	1	PA; MO; QL (20 per 10 days)
			VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	1	PA; QL (16 per 10 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	1	PA; QL (14 per 10 days)	VANCOMYCIN-DILUENT COMBO NO.1	1	PA; QL (4200 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)	INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML, 1.75 GRAM/350 ML		
<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)	VANCOMYCIN-DILUENT COMBO NO.1	1	PA; QL (1000 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)	INTRAVENOUS PIGGYBACK 500 MG/100 ML		
<i>vancomycin intravenous recon soln 750 mg</i>	1	PA; MO; QL (27 per 10 days)	VANCOMYCIN-DILUENT COMBO NO.1	1	PA; QL (4050 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)	INTRAVENOUS PIGGYBACK 750 MG/150 ML		
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)	VIBATIV	1	PA
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	1	QL (450 per 10 days)	XENLETA	1	
<i>vancomycin oral recon soln 50 mg/ml</i>	1	MO; QL (450 per 10 days)	XIFAXAN ORAL TABLET 200 MG	1	QL (9 per 30 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 2 GRAM/400 ML	1	PA; QL (4000 per 10 days)	XIFAXAN ORAL TABLET 550 MG	1	MO; QL (90 per 30 days)
			ZEMDRI	1	PA
			ZYVOX	1	PA
			INTRAVENOUS PIGGYBACK 200 MG/100 ML		
			ZYVOX	1	PA; MO
			INTRAVENOUS PIGGYBACK 600 MG/300 ML		
			ZYVOX ORAL	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	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
<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

Drug Name	Drug Tier	Requirements /Limits
<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 ES-600	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN C-R	1	PA; MO
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
EXTENCILLINE	1	PA
LETOCILIN S	1	PA
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	PA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO	<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1		
<i>nafcillin injection recon soln 10 gram</i>	1	PA	UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM	1	PA; MO	
<i>oxacillin in dextrose(iso-osm)</i>	1	PA	UNASYN INJECTION RECON SOLN 15 GRAM	1	PA	
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA	ZOSYN IN DEXTROSE (ISO-OSM)	1		
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO	QUINOLONES			
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	PA	BAXDELA INTRAVENOUS	1	PA	
<i>penicillin g potassium</i>	1	PA; MO	BAXDELA ORAL	1	MO	
<i>penicillin g sodium</i>	1	PA; MO	CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	1		
<i>penicillin v potassium</i>	1	MO	CIPRO ORAL TABLET 250 MG, 500 MG	1	MO	
<i>pfizerpen-g</i>	1	PA	ciprofloxacin	1		
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1		<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO	<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	MO	
			<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO	
			<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA	

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Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin intravenous</i>	1	PA
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>MOXIFLOXACIN-SOD.ACE,SUL-WATER</i>	1	PA
<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>BACTRIM</i>	1	MO
<i>BACTRIM DS</i>	1	MO
<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>demeclacycline</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>DORYX MPC ORAL TABLET,DELAYE D RELEASE (DR/EC) 60 MG</i>	1	ST; MO
<i>DORYX ORAL TABLET,DELAYE D RELEASE (DR/EC) 200 MG, 80 MG</i>	1	ST
<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
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	1	MO
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	MO
<i>DOXYCYCLINE HYCLATE ORAL TABLET,DELAYE D RELEASE (DR/EC) 80 MG</i>	1	ST; MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline monohydrate oral capsule, ir - delay rel, biphasic</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>doxycycline monohydrate oral tablet 150 mg</i>	1	MO
MINOCIN INTRAVENOUS	1	PA; MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>minocycline oral tablet extended release 24 hr</i>	1	MO
<i>monodoxine nl oral capsule 100 mg</i>	1	
MONODOX	1	ST
NUZYRA INTRAVENOUS	1	PA
NUZYRA ORAL	1	
ORACEA	1	ST; MO
SEYSARA ORAL TABLET 100 MG, 60 MG	1	ST; MO
SEYSARA ORAL TABLET 150 MG	1	ST; MO

Drug Name	Drug Tier	Requirements /Limits
<i>SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 80 MG</i>	1	ST
TARGADOX	1	ST; MO
<i>tetracycline oral capsule</i>	1	MO
VIBRAMYCIN ORAL CAPSULE 100 MG	1	ST; MO
XERAVA	1	PA
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG	1	ST
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 45 MG, 90 MG	1	ST; MO
URINARY TRACT AGENTS		
<i>fosfomycin tromethamine</i>	1	MO
FURADANTIN	1	MO
HIPREX	1	
MACROBID	1	MO
MACRODANTIN	1	
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nitrofurantoin macrocrystal oral capsule 25 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	MO
NITROFURANTOIN ORAL SUSPENSION 50 MG/5 ML	1	MO
<i>trimethoprim</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	1	B/D PA; MO
ELITEK	1	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	1	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	1	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	1	B/D PA
<i>leucovorin calcium injection solution</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>leucovorin calcium oral</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln</i>	1	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	1	B/D PA
<i>mesna</i>	1	B/D PA; MO
MESNEX INTRAVENOUS	1	B/D PA; MO
MESNEX ORAL	1	MO
VISTOGARD	1	PA
XGEVA	1	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)
ABRAXANE	1	B/D PA; MO
ADAKVEO	1	PA
ADCETRIS	1	B/D PA; MO
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	1	B/D PA; MO
ADSTILADRIN	1	PA
AFINITOR	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	1	PA; MO; QL (330 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	1	PA; MO; QL (240 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	1	PA; MO; QL (180 per 30 days)
AKEEGA	1	PA; LA; QL (60 per 30 days)
ALECENSA	1	PA; MO; QL (240 per 30 days)
ALIMTA	1	B/D PA; MO
ALIQOPA	1	B/D PA; LA
ALKERAN	1	B/D PA; MO
ALKERAN (AS HCL)	1	B/D PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days)
ALYMSYS	1	PA; MO
<i>anastrozole</i>	1	MO
ANKTIVA	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARIMIDEX	1	MO
AROMASIN	1	MO
ARRANON	1	B/D PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO
ASPARLAS	1	PA
ASTAGRAF XL	1	B/D PA; MO
AUGTYRO	1	PA; MO; QL (240 per 30 days)
AVASTIN	1	PA; MO
AYVAKIT	1	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	1	B/D PA; MO
AZASAN	1	B/D PA; MO
<i>azathioprine oral tablet 100 mg, 75 mg</i>	1	B/D PA; MO
<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
BAVENCIO	1	B/D PA; LA
BELEODAQ	1	B/D PA
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO
BENDAMUSTINE INTRAVENOUS SOLUTION	1	B/D PA
BENDEKA	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
BESPONSA	1	B/D PA; MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BICNU	1	B/D PA; MO
<i>bleomycin</i>	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	1	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days)
BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	1	PA; LA; QL (120 per 30 days)
<i>busulfan</i>	1	B/D PA
BUSULFEX	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	1	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	1	B/D PA; MO
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	1	B/D PA
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO
CASODEX	1	MO
CELLCEPT INTRAVENOUS	1	B/D PA; MO
CELLCEPT ORAL CAPSULE	1	B/D PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CELLCEPT ORAL TABLET	1	B/D PA; MO	CYCLOPHOSPHA MIDE INTRAVENOUS SOLUTION 200 MG/ML	1	B/D PA; MO
<i>cisplatin intravenous solution</i>	1	B/D PA; MO	CYCLOPHOSPHA MIDE INTRAVENOUS SOLUTION 500 MG/ML	1	B/D PA
<i>cladribine</i>	1	B/D PA; MO	<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
<i>clofarabine</i>	1	B/D PA	CYCLOPHOSPHA MIDE ORAL TABLET 25 MG	1	B/D PA
COLUMVI	1	PA; MO	CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	1	B/D PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days)	<i>cyclosporine intravenous</i>	1	B/D PA
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days)	<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days)	<i>cyclosporine modified oral solution</i>	1	B/D PA
COPIKTRA	1	PA; LA; QL (60 per 30 days)	<i>cyclosporine oral capsule</i>	1	B/D PA; MO
COSELA	1	PA	CYRAMZA	1	B/D PA; MO
COSMEGEN	1	B/D PA; MO	<i>cytarabine</i>	1	B/D PA; MO
COTELLIC	1	PA; MO; LA; QL (63 per 28 days)	<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>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO	<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
CYCLOPHOSPHA MIDE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA			

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Drug Name	Drug Tier	Requirements /Limits
<i>dacarbazine</i>	1	B/D PA; MO
DACOGEN	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	1	PA
DARZALEX	1	B/D PA; MO; LA
DARZALEX FASPRO	1	B/D PA; MO
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	1	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	1	B/D PA; MO
DOXIL	1	B/D PA; MO
<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

Drug Name	Drug Tier	Requirements /Limits
<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
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
ELLENCE	1	B/D PA; MO
ELREXFIO	1	PA
ELZONRIS	1	PA; LA
EMPLICITI	1	B/D PA; MO
ENHERTU	1	PA; MO
ENSPRYNG	1	PA; MO
ENVARSUS XR	1	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY	1	PA
ERBITUX	1	B/D PA; MO
<i>eribulin</i>	1	B/D PA
ERIVEDGE	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days)
ERWINASE	1	B/D PA
ETOPOPHOS	1	B/D PA; MO
<i>etoposide intravenous</i>	1	B/D PA; MO
EULEXIN	1	
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO
EVOMELA	1	B/D PA
<i>exemestane</i>	1	MO
FARESTON	1	MO
FASLODEX	1	B/D PA; MO
FEMARA	1	MO
FENSOLVI	1	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO
<i>floxuridine</i>	1	B/D PA
<i>fludarabine intravenous recon soln</i>	1	B/D PA; MO
<i>fludarabine intravenous solution</i>	1	B/D PA
<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
FOLOTYN	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
FOTIVDA	1	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days)
<i>fulvestrant</i>	1	B/D PA; MO
FYARRO	1	PA
GAMIFANT	1	PA; LA
GAVRETO	1	PA; LA; QL (120 per 30 days)
GAZYVA	1	B/D PA; MO
<i>gefitinib</i>	1	PA; MO; QL (30 per 30 days)
<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>genograf</i>	1	B/D PA; MO
GILOTRIF	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLEEVEC ORAL TABLET 100 MG	1	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	1	PA; MO; QL (60 per 30 days)
GLEOSTINE	1	MO
HALAVEN	1	B/D PA; MO
HERCEPTIN HYLECTA	1	PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	1	PA; MO
HERZUMA	1	PA; MO
HYDREA	1	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	1	PA; MO; QL (21 per 28 days)
ICLUSIG	1	PA; QL (30 per 30 days)
IDAMYCIN PFS	1	B/D PA; MO
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)
IFEX	1	B/D PA; MO
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
INREBIC	1	PA; MO; LA; QL (120 per 30 days)
IRESSA	1	PA; MO; QL (30 per 30 days)
<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
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO
ISTODAX	1	B/D PA; MO
IWILFIN	1	PA; LA; QL (240 per 30 days)
IXEMPRA	1	B/D PA; MO
JAKAFI	1	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days)
JEMPERLI	1	PA; MO
JEVTANA	1	B/D PA; MO
JYLAMVO	1	B/D PA; MO
KADCYLA	1	PA; MO
KANJINTI	1	PA; MO
KEYTRUDA	1	PA

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Drug Name	Drug Tier	Requirements /Limits
KIMMTRAK	1	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days)
KLISYRI	1	MO
KOSELUGO	1	PA
KRAZATI	1	PA; QL (180 per 30 days)
KYPROLIS	1	B/D PA
LANREOTIDE SUBCUTANEOUS SYRINGE 120 MG/0.5 ML	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>lapatinib</i>	1	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	1	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days)
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)
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)
<i>letrozole</i>	1	MO
LEUKERAN	1	MO
LEUPROLIDE (3 MONTH)	1	PA; MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	1	PA; LA
LONSURF	1	PA; MO
LOQTORZI	1	PA

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Drug Name	Drug Tier	Requirements /Limits
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)
LUMAKRAS	1	PA; MO
LUNSUMIO	1	PA; MO
LUPKYNIS	1	PA; LA; QL (180 per 30 days)
LUPRON DEPOT	1	PA; MO
LUPRON DEPOT (3 MONTH)	1	PA; MO
LUPRON DEPOT (4 MONTH)	1	PA; MO
LUPRON DEPOT (6 MONTH)	1	PA; MO
LUPRON DEPOT-PED	1	PA; MO
LUPRON DEPOT-PED (3 MONTH)	1	PA; MO
LYNPARZA	1	PA; MO; QL (120 per 30 days)
LYSODREN	1	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA; LA
MARGENZA	1	PA
MATULANE	1	

Drug Name	Drug Tier	Requirements /Limits
<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)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
<i>melphalan hcl</i>	1	B/D PA
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>mitoxantrone</i>	1	B/D PA; MO
MONJUVI	1	PA; LA
MVASI	1	PA; MO
MYCAPSSA	1	PA; LA
<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
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO
MYFORTIC	1	B/D PA; MO
MYHIBBIN	1	B/D PA
MYLOTARG	1	B/D PA; MO; LA
<i>nelarabine</i>	1	B/D PA; MO
NEORAL	1	B/D PA; MO
NERLYNX	1	PA; MO; LA
NEXAVAR	1	PA; MO; LA; QL (120 per 30 days)
NILANDRON	1	PA; MO
<i>nilutamide</i>	1	PA; MO
NINLARO	1	PA; MO; QL (3 per 28 days)
NIPENT	1	B/D PA; MO
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)
NULOJIX	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO
<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
ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
OGIVRI	1	PA; MO
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days)
OJJAARA	1	PA; QL (30 per 30 days)
ONCASPAR	1	B/D PA
ONIVYDE	1	B/D PA
ONTRUZANT	1	PA
ONUREG	1	PA; MO; QL (14 per 28 days)
OPDIVO	1	PA; MO
OPDUALAG	1	PA; MO
ORGOVYX	1	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO
PACLITAXEL PROTEIN-BOUND	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
PADCEV	1	PA; MO
<i>paraplatin</i>	1	B/D PA
<i>pazopanib</i>	1	PA; MO; QL (120 per 30 days)
PEMAZYRE	1	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO
PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG	1	B/D PA
PEMETREXED DISODIUM INTRAVENOUS SOLUTION	1	B/D PA
PEMETREXED INTRAVENOUS RECON SOLN 100 MG	1	B/D PA
PEMETREXED INTRAVENOUS RECON SOLN 500 MG	1	B/D PA
PEMETREXED INTRAVENOUS SOLUTION	1	B/D PA
PEMRYDI RTU	1	B/D PA

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PERJETA	1	B/D PA; MO	RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days)
PHESGO	1	PA; MO	REVLIMID	1	PA; MO; LA; QL (28 per 28 days)
PIQRAY	1	PA; MO	REZLIDHIA	1	PA; QL (60 per 30 days)
POLIVY	1	PA; MO	REZUROCK	1	PA; LA; QL (30 per 30 days)
POMALYST	1	PA; MO; LA	RIABNI	1	PA; MO
PORTRAZZA	1	B/D PA; MO	RITUXAN	1	PA; MO
POTELIGEO	1	PA	RITUXAN HYCELA	1	PA; MO
PRALATREXATE	1	B/D PA; MO	<i>romidepsin intravenous recon soln</i>	1	B/D PA
PROGRAF INTRAVENOUS	1	B/D PA; MO	ROMIDEPSIN INTRAVENOUS SOLUTION	1	B/D PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	1	B/D PA; MO	ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)
PROGRAF ORAL CAPSULE 5 MG	1	B/D PA; MO	ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO	ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days)
PURIXAN	1		RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
QINLOCK	1	PA; LA; QL (90 per 30 days)	RUXIENCE	1	PA; MO
RAPAMUNE ORAL SOLUTION	1	B/D PA	RYBREVANT	1	PA; MO
RAPAMUNE ORAL TABLET 0.5 MG	1	B/D PA			
RAPAMUNE ORAL TABLET 1 MG	1	B/D PA; MO			
RAPAMUNE ORAL TABLET 2 MG	1	B/D PA			
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
RYDAPT	1	PA; MO; QL (224 per 28 days)
RYLAZE	1	PA
RYTELO	1	PA
SANDIMMUNE INTRAVENOUS	1	B/D PA
SANDIMMUNE ORAL CAPSULE	1	B/D PA; MO
SANDIMMUNE ORAL SOLUTION	1	B/D PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML	1	PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON	1	PA; MO
SAPHNELO	1	PA; LA
SARCLISA	1	PA; LA
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days)
SIGNIFOR	1	PA
SIGNIFOR LAR	1	PA
SIKLOS ORAL TABLET 1,000 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
SIKLOS ORAL TABLET 100 MG	1	MO
SIMULECT	1	B/D PA; MO
<i>sirolimus oral solution</i>	1	B/D PA; MO
<i>sirolimus oral tablet</i>	1	B/D PA; MO
SOLTAMOX	1	MO
SOMATULINE DEPOT	1	PA; MO
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; MO; QL (60 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days)
SUPPRELIN LA	1	PA; MO
SUTENT	1	PA; MO; QL (30 per 30 days)
SYLVANT	1	B/D PA; MO
TABLOID	1	MO
TABRECTA	1	PA; MO
<i>tacrolimus oral capsule</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days)
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)
TALVEY	1	PA
TALZENNA	1	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	1	PA; QL (30 per 30 days)
TARGETIN	1	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
TAZVERIK	1	PA; LA
TECENTRIQ	1	B/D PA; MO; LA
TECVAYLI	1	PA
TEMODAR INTRAVENOUS	1	B/D PA; MO
<i>temsirolimus</i>	1	B/D PA; MO
TEPADINA	1	B/D PA
TEPMETKO	1	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
THALOMID ORAL CAPSULE 150 MG, 200 MG	1	PA; QL (56 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO
TIBSOVO	1	PA
TIVDAK	1	PA; MO
<i>topotecan</i>	1	B/D PA; MO
<i>toremifene</i>	1	MO
TORISEL	1	B/D PA; MO
TRAZIMERA	1	B/D PA; MO
TREANDA	1	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO
<i>tretinooin (antineoplastic)</i>	1	MO
TREXALL	1	B/D PA; MO
TRIPTODUR	1	PA
TRISENOX	1	B/D PA; MO
TRODELVY	1	PA; LA
TRUQAP	1	PA; QL (64 per 28 days)
TRUXIMA	1	PA; MO
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days)
TYKERB	1	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	1	B/D PA
UPLIZNA	1	PA; MO; LA
<i>valrubicin</i>	1	B/D PA; MO
VALSTAR	1	B/D PA; MO
VANFLYTA	1	PA; QL (56 per 28 days)
VECTIBIX	1	B/D PA; MO
VEGZELMA	1	PA
VELCADE	1	B/D PA; MO
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)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days)
VERZENIO	1	PA; MO; LA; QL (60 per 30 days)
VIDAZA	1	B/D PA; MO
VIJOICE ORAL GRANULES IN PACKET	1	PA; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
VIJOICE ORAL TABLET 125 MG, 50 MG	1	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; QL (56 per 28 days)
<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)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	1	PA; MO; QL (30 per 30 days)
VONJO	1	PA; QL (120 per 30 days)
VOTRIENT	1	PA; MO; QL (120 per 30 days)
VYXEOS	1	B/D PA
WELIREG	1	PA; LA
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days)
XATMEP	1	B/D PA; MO
XERMELO	1	PA; LA; QL (84 per 28 days)
XOSPATA	1	PA; LA; QL (90 per 30 days)
XPOVIO	1	PA; LA
XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days)
YERVOY	1	B/D PA; MO
YONDELIS	1	B/D PA
YONSA	1	PA; MO; QL (120 per 30 days)
ZALTRAP	1	B/D PA; MO
ZANOSAR	1	B/D PA; MO
ZEJULA ORAL TABLET 100 MG	1	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	1	PA; MO; QL (240 per 30 days)
ZEPZELCA	1	PA

Drug Name	Drug Tier	Requirements /Limits
ZIRABEV	1	B/D PA; MO
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	1	B/D PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	1	B/D PA; MO
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA	1	PA; MO; QL (90 per 30 days)
ZYNLONTA	1	PA; LA
ZYNYZ	1	PA
ZYTIGA ORAL TABLET 250 MG	1	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	1	PA; MO; QL (60 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days)
BANZEL	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
BRIVIACT INTRAVENOUS	1	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	1	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	1	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL	1	MO
CELONTIN ORAL CAPSULE 300 MG	1	MO
CEREBYX	1	
<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)

Drug Name	Drug Tier	Requirements /Limits
<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)
DEPAKOTE	1	MO
DEPAKOTE ER	1	MO
DEPAKOTE SPRINKLES	1	MO
DIACOMIT	1	PA; LA
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	1	MO
DILANTIN EXTENDED 100 MG	1	MO
DILANTIN INFATABS 50 MG	1	MO
DILANTIN-125 125 MG/5 ML	1	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	1	PA; MO; LA
<i>epitol</i>	1	MO
EPRONTIA	1	PA; MO
EQUETRO	1	MO
<i>ethosuximide</i>	1	MO
<i>felbamate oral suspension</i>	1	MO
<i>felbamate oral tablet</i>	1	MO
FELBATOL ORAL TABLET	1	MO
FINTEPLA	1	PA; LA; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fosphenytoin</i>	1	MO
FYCOMPA ORAL SUSPENSION	1	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	MO; QL (30 per 30 days)
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)
<i> gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i> gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i> gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i> gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	1	QL (2160 per 30 days)
<i> gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i> gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i> 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)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	1	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	1	PA; MO; QL (90 per 30 days)
KEPPRA	1	MO
KEPPRA XR	1	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	1	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	1	MO; QL (300 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)
LAMICTAL ODT	1	MO
LAMICTAL ODT STARTER (BLUE)	1	MO
LAMICTAL ODT STARTER (GREEN)	1	MO
LAMICTAL ODT STARTER (ORANGE)	1	MO
LAMICTAL ORAL TABLET	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	1	MO	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
LAMICTAL STARTER (BLUE) KIT	1	MO	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
LAMICTAL STARTER (GREEN) KIT	1	MO	<i>levetiracetam intravenous</i>	1	MO
LAMICTAL STARTER (ORANGE) KIT	1	MO	<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
LAMICTAL XR	1	MO	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
LAMICTAL XR STARTER (BLUE)	1	MO	<i>levetiracetam oral tablet</i>	1	MO
LAMICTAL XR STARTER (GREEN)	1	MO	<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LAMICTAL XR STARTER (ORANGE)	1	MO	LIBERVANT	1	PA; QL (10 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO	LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	1	PA; MO; QL (30 per 30 days)
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	MO	LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	1	PA; MO; QL (60 per 30 days)
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO	LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	1	MO; QL (90 per 30 days)
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO			
<i>lamotrigine oral tablet,disintegrating</i>	1	MO			
<i>lamotrigine oral tablets,dose pack</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits
LYRICA ORAL CAPSULE 225 MG, 300 MG	1	MO; QL (60 per 30 days)
LYRICA ORAL SOLUTION	1	MO; QL (900 per 30 days)
<i>methylsuximide</i>	1	MO
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	1	ST; MO; QL (120 per 30 days)
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 200 MG	1	ST; MO; QL (60 per 30 days)
MY SOLINE	1	MO
NAYZILAM	1	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	1	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	1	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	1	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	1	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	1	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	1	PA; MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ONFI ORAL TABLET	1	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO
OXTELLAR XR	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
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
PHENYTEK	1	MO
<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

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Drug Name	Drug Tier	Requirements /Limits
<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)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	1	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
QUDEXY XR	1	PA; MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	1	PA; MO
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO
SABRIL	1	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
SEZABY	1	
SPRITAM	1	MO
<i>subvenite oral tablet 100 mg, 200 mg, 25 mg</i>	1	MO
<i>subvenite oral tablet 150 mg</i>	1	
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	1	MO
<i>subvenite starter (orange) kit</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	1	MO
TEGRETOL ORAL TABLET	1	MO
TEGRETOL XR	1	MO
<i>tiagabine</i>	1	MO
TOPAMAX	1	PA; MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg</i>	1	PA; MO
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>topiramate oral capsule,sprinkle,er 24hr</i>	1	PA; MO	VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	1	MO; QL (60 per 30 days)
<i>topiramate oral tablet</i>	1	PA; MO	VIMPAT ORAL TABLET 50 MG	1	MO; QL (120 per 30 days)
TRILEPTAL	1	MO	XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	1	PA; MO	XCOPRI ORAL TABLET 100 MG	1	MO; QL (120 per 30 days)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	1	PA; MO	XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)
valproate sodium	1	MO	XCOPRI ORAL TABLET 25 MG	1	MO; QL (30 per 30 days)
valproic acid	1	MO	XCOPRI ORAL TABLET 50 MG	1	MO; QL (240 per 30 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO	XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1		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)
VALTOCO	1	PA; MO; QL (10 per 30 days)	ZARONTIN	1	MO
vigabatrin	1	PA; MO; LA	ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	1	PA; MO
vigadronе	1	PA; LA	ZONISADE	1	PA; MO
vigpoder	1	PA; LA	zonisamide	1	PA; MO
VIMPAT INTRAVENOUS	1	MO; QL (1200 per 30 days)			
VIMPAT ORAL SOLUTION	1	MO; QL (1200 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
ZTALMY	1	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	1	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine</i>	1	PA; QL (90 per 30 days)
AZILECT	1	MO
<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
COMTAN	1	
DHIVY	1	MO
DUOPA	1	B/D PA; MO
<i>entacapone</i>	1	MO
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG	1	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 68.5 MG	1	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days)
LODOSYN	1	MO
NEUPRO	1	MO
NOURIANZ	1	PA; MO; LA; QL (30 per 30 days)
ONGENTYS	1	PA; MO; QL (30 per 30 days)
OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 129 MG	1	PA; QL (30 per 30 days)
PARLODEL ORAL CAPSULE	1	MO
PARLODEL ORAL TABLET	1	
<i>pramipexole oral tablet</i>	1	MO
<i>pramipexole oral tablet extended release 24 hr</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
RYTARY	1	MO
<i>selegiline hcl</i>	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	1	MO
STALEVO 100	1	MO

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Drug Name	Drug Tier	Requirements /Limits
STALEVO 125	1	MO
STALEVO 150	1	MO
STALEVO 200	1	MO
STALEVO 50	1	MO
STALEVO 75	1	MO
TASMAR ORAL TABLET 100 MG	1	PA; MO
<i>tolcapone</i>	1	PA
XADAGO	1	MO
ZELAPAR	1	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	1	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	1	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	MO; QL (18 per 28 days)
<i>dihydroergotamine injection</i>	1	
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 days)
ELYXYB	1	PA; MO; QL (28.8 per 28 days)
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; MO; QL (3 per 30 days)
ERGOMAR	1	
<i>ergotamine-caffeine</i>	1	MO
FROVA	1	MO; QL (27 per 28 days)
<i>frovatriptan</i>	1	MO; QL (27 per 28 days)
IMITREX ORAL TABLET 100 MG	1	MO; QL (18 per 28 days)
IMITREX ORAL TABLET 25 MG, 50 MG	1	QL (18 per 28 days)
IMITREX STATDOSE PEN	1	MO; QL (8 per 28 days)
IMITREX STATDOSE REFILL	1	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	1	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTE GRATING 10 MG	1	MO; QL (36 per 28 days)
<i>migergot</i>	1	MO
MIGRANAL	1	QL (8 per 28 days)
<i>naratriptan</i>	1	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
NURTEC ODT	1	PA; QL (16 per 30 days)
ONZETRA XSAIL	1	MO; QL (32 per 28 days)
QULIPTA	1	PA; MO; QL (30 per 30 days)
RELPAX	1	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	1	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	1	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>sumatriptan-naproxen</i>	1	MO; QL (18 per 28 days)
TOSYMRA	1	MO; QL (24 per 28 days)
TREXIMET	1	MO; QL (18 per 28 days)
TRUDHESA	1	ST; QL (8 per 28 days)
UBRELVY	1	PA; QL (20 per 30 days)
VYEPTI	1	PA
ZAVZPRET	1	PA; MO; QL (6 per 28 days)
ZEMBRACE SYMTOUCH	1	MO; QL (8 per 28 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	MO; QL (18 per 28 days)
<i>zolmitriptan oral</i>	1	MO; QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 5 MG	1	MO; QL (18 per 28 days)
ZOMIG ORAL	1	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	1	MO
AMONDYS-45	1	PA; LA
AMPYRA	1	PA; MO; LA; QL (60 per 30 days)
AMVUTTRA	1	PA; MO
ARICEPT	1	MO
AUBAGIO	1	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; MO; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; QL (240 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; QL (28 per 180 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	1	PA; MO; QL (42 per 180 days)
BAFIERTAM	1	PA; MO; QL (120 per 30 days)
BRIUMVI	1	PA; MO; QL (24 per 180 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	1	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
DAYBUE	1	PA; LA
<i>dichlorphenamide</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	1	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
<i>edaravone intravenous solution 30 mg/100 ml</i>	1	PA
<i>EVRYSDI</i>	1	PA; MO; LA; QL (240 per 30 days)
<i>EXELON PATCH</i>	1	MO
<i>EXONDYS-51</i>	1	PA
<i>fingolimod</i>	1	PA; MO; QL (30 per 30 days)
<i>FIRDAPSE</i>	1	PA; LA
<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

Drug Name	Drug Tier	Requirements /Limits
<i>GILENYA ORAL CAPSULE 0.25 MG</i>	1	PA; QL (30 per 30 days)
<i>GILENYA ORAL CAPSULE 0.5 MG</i>	1	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)
<i>HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG</i>	1	PA; MO; QL (30 per 30 days)
<i>HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG</i>	1	PA; MO; QL (60 per 30 days)
<i>INGREZZA</i>	1	PA; LA; QL (30 per 30 days)
<i>INGREZZA INITIATION PK(TARDIV)</i>	1	PA; LA; QL (28 per 180 days)
<i>INGREZZA SPRINKLE</i>	1	PA; LA; QL (30 per 30 days)
<i>KESIMPTA PEN</i>	1	PA; MO; QL (1.6 per 28 days)
<i>KEVEYIS</i>	1	PA

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Drug Name	Drug Tier	Requirements /Limits
KISUNLA	1	PA
LEMTRADA	1	PA; MO; QL (6 per 365 days)
LEQEMBI	1	PA
MAVENCLAD (10 TABLET PACK)	1	PA; MO; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	1	PA; MO; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK)	1	PA; MO; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK)	1	PA; MO; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	1	PA; MO; LA; QL (28 per 720 days)
MAVENCLAD (8 TABLET PACK)	1	PA; MO; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	1	PA; MO; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG	1	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; MO; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT)	1	PA; MO; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT)	1	PA; MO; QL (12 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
<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
MEMANTINE ORAL TABLETS,DOSE PACK	1	PA; MO
NAMENDA TITRATION PAK	1	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR	1	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	1	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	1	PA; MO
NUEDEXTA	1	PA; MO
NULIBRY	1	PA; LA
OCREVUS	1	PA; MO; LA; QL (20 per 180 days)
ONPATTRO	1	PA; MO; LA
<i>ormalvi</i>	1	PA
PONVORY	1	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	1	PA; MO; QL (14 per 180 days)
RADICAVA	1	PA

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Drug Name	Drug Tier	Requirements /Limits
RADICAVA ORS	1	PA; MO
RADICAVA ORS STARTER KIT SUSP	1	PA; MO
RELYVRIO	1	PA
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
SKYCLARYS	1	PA; LA
TASCENO ODT	1	MO
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG	1	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	1	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 240 MG	1	PA; MO; LA; QL (60 per 30 days)
TEGSEDI	1	PA; MO; LA
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
TYSABRI	1	PA; MO; LA; QL (15 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
VILTEPSO	1	PA; LA
VUMERITY	1	PA; MO; QL (120 per 30 days)
VYONDYS-53	1	PA; LA
WAINUA	1	PA; LA; QL (0.8 per 28 days)
XENAZINE ORAL TABLET 12.5 MG	1	PA; MO; LA; QL (240 per 30 days)
XENAZINE ORAL TABLET 25 MG	1	PA; MO; LA; QL (120 per 30 days)
ZEPOZIA	1	PA; MO; QL (30 per 30 days)
ZEPOZIA STARTER KIT (28-DAY)	1	PA; MO; QL (28 per 180 days)
ZEPOZIA STARTER PACK (7-DAY)	1	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen intrathecal</i>	1	B/D PA; MO
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	1	MO
BACLOFEN ORAL SOLUTION 5 MG/5 ML	1	
<i>baclofen oral suspension</i>	1	MO
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
BACLOFEN ORAL TABLET 15 MG	1	MO
cyclobenzaprine oral tablet	1	PA; MO
DANTRIUM INTRAVENOUS	1	
DANTRIUM ORAL CAPSULE 25 MG	1	MO
dantrolene intravenous	1	
dantrolene oral	1	MO
FEXMID	1	PA
FLEQSUHVY	1	MO
GABLOFEN	1	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	1	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	1	B/D PA
LYVISPANH ORAL GRANULES IN PACKET 10 MG, 5 MG	1	MO
LYVISPANH ORAL GRANULES IN PACKET 20 MG	1	MO
MESTINON ORAL	1	MO
MESTINON TIMESSPAN	1	MO
OZOBAX DS	1	
pyridostigmine bromide oral syrup	1	MO

Drug Name	Drug Tier	Requirements /Limits
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	
<i>revonto</i>	1	
RYSTIGGO	1	PA
<i>tizanidine oral capsule</i>	1	MO
<i>tizanidine oral tablet</i>	1	MO
VYVGART	1	PA; MO; LA
VYVGART HYTRULO	1	PA; MO; LA
ZANAFLEX	1	MO
ZILBRYSQ	1	PA; LA
NARCOTIC ANALGESICS		
<i>acetaminophen-caff-dihydrocod</i>	1	QL (300 per 30 days)
<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)
BRIXADI	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
buprenorphine hcl injection solution	1	MO	FENTANYL CITRATE (PF) INJECTION SYRINGE 25 MCG/0.5 ML	1	
buprenorphine hcl injection syringe	1		fentanyl citrate (pf) injection syringe 50 mcg/ml	1	
buprenorphine hcl sublingual	1	MO	fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1	
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)	fentanyl citrate (pf) buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; MO; QL (120 per 30 days)
BUTRANS	1	PA; MO; QL (4 per 28 days)	fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; QL (120 per 30 days)
codeine sulfate	1	MO; QL (180 per 30 days)	FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG, 400 MCG, 800 MCG	1	PA; QL (120 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML	1		FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 200 MCG, 600 MCG	1	PA; MO; QL (120 per 30 days)
DILAUDID ORAL LIQUID	1	MO; QL (2400 per 30 days)	FENTORA	1	PA; MO; QL (120 per 30 days)
DILAUDID ORAL TABLET	1	MO; QL (180 per 30 days)	hydrocodone bitartrate, oral only, er 12hr	1	PA; MO; QL (90 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	1	MO			
duramorph (pf) injection solution 1 mg/ml	1				
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	QL (360 per 30 days)			
endocet oral tablet 5-325 mg	1	MO; QL (360 per 30 days)			
fentanyl	1	PA; MO; QL (10 per 30 days)			
fentanyl citrate (pf) injection solution	1				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone bitartrate, oral only,ext.rel.24 hr 100 mg, 120 mg</i>	1	PA; MO; QL (60 per 30 days)	<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
<i>hydrocodone bitartrate, oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; MO; QL (60 per 30 days)	HYDROMORPHO NE INJECTION SYRINGE 0.25 MG/0.5 ML, 0.5 MG/0.5 ML	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days)	<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days)	<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)	<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydrocodone-ibuprofen</i>	1	MO; QL (50 per 30 days)	<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
HYDROMORPHO NE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	1		<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1		HYSINGLA ER, ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	1	PA; MO; QL (60 per 30 days)
<i>hydromorphone (pf) injection syringe 0.5 mg/0.5 ml, 1 mg/ml</i>	1		HYSINGLA ER, ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (60 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	1		INFUMORPH P/F	1	B/D PA; MO
			<i>levorphanol tartrate</i>	1	MO; QL (120 per 30 days)
			<i>methadone injection solution</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)	MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)	MORPHINE INJECTION SYRINGE 2 MG/ML	1	
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)	<i>morphine injection syringe 4 mg/ml</i>	1	MO
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)	<i>morphine intravenous solution 10 mg/ml, 50 mg/ml</i>	1	MO
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)	MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	MO
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)	MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	1	
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)	<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
MITIGO (PF)	1		<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1		<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO	<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	B/D PA	<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)	<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	QL (2000 per 30 days)
<i>MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG</i>	1	PA; MO; QL (120 per 30 days)	<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	QL (1860 per 30 days)
<i>MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG</i>	1	PA; MO; QL (120 per 30 days)	<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	QL (390 per 30 days)
<i>NALOCET</i>	1	MO; QL (390 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)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)	<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	QL (390 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)	<i>OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	1	PA; MO; QL (90 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)	<i>OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG</i>	1	PA; MO; QL (60 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)	<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)	<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>OXYCODONE, ORAL ONLY, EXT.REL.12 HR 10 MG, 20 MG, 40 MG</i>	1	PA; QL (90 per 30 days)	<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; MO; QL (90 per 30 days)
<i>OXYCODONE, ORAL ONLY, EXT.REL.12 HR 80 MG</i>	1	PA; QL (60 per 30 days)	<i>PERCOCET</i>	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PROLATE ORAL SOLUTION	1	MO; QL (2000 per 30 days)
<i>prolate oral tablet</i>	1	MO; QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	1	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	1	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	1	MO; QL (360 per 30 days)
SEGMENTIS	1	ST; MO; QL (120 per 30 days)
SUBLOCADE	1	MO
TREZIX	1	QL (300 per 30 days)
XTAMPZA ER	1	PA; MO; QL (90 per 30 days)

NON-NARCOTIC ANALGESICS		
ACETAMINOPHEN INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML), 500 MG/50 ML (10 MG/ML)	1	MO
ARTHROTEC 50	1	ST; MO
ARTHROTEC 75	1	ST; MO
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
CALDOLOR INTRAVENOUS PIGGYBACK	1	
CALDOLOR INTRAVENOUS RECON SOLN	1	MO
CAMBIA	1	ST; MO; QL (9 per 30 days)
CELEBREX	1	
<i>celecoxib</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
COMBOGESIC IV	1	
CONZIP	1	PA; MO; QL (30 per 30 days)
DAYPRO	1	ST; MO
DICLOFENAC EPOLAMINE	1	PA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac potassium oral capsule</i>	1	MO
<i>diclofenac potassium oral powder in packet</i>	1	MO; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<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)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
DUEXIS	1	ST
<i>ec-naproxen</i>	1	
<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>fenoprofen oral capsule 400 mg</i>	1	MO
<i>fenoprofen oral tablet</i>	1	
FLECTOR	1	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen lysine (pf)</i>	1	
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ibuprofen-famotidine</i>	1	MO
INDOCIN RECTAL	1	MO
<i>indomethacin rectal suppository 50 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	1	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
KETOROLAC NASAL	1	ST
KLOXXADO	1	MO
LICART	1	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	1	ST
<i>lofena</i>	1	MO
<i>lofexidine</i>	1	PA
LUCEMYRA	1	PA; MO
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>meloxicam submicronized</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	
NALFON ORAL CAPSULE 400 MG	1	ST; MO
NALFON ORAL TABLET	1	ST; MO
<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
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 750 MG	1	ST; MO
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	1	ST
NAPROSYN ORAL SUSPENSION	1	ST
<i>naproxen oral suspension</i>	1	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO
<i>naproxen-esomeprazole</i>	1	MO
NARCAN	1	MO
NEOPROFEN (IBUPROFEN LYSN)(PF)	1	
NUCYNTA ER	1	PA; MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 100 MG	1	MO; QL (181 per 30 days)
NUCYNTA ORAL TABLET 50 MG	1	MO; QL (362 per 30 days)
NUCYNTA ORAL TABLET 75 MG	1	MO; QL (242 per 30 days)
OLINVYK INTRAVENOUS PATIENT CONTROL ANALG ESIA SOLN	1	B/D PA
OLINVYK INTRAVENOUS SOLUTION	1	
OPVEE	1	
<i>oxaprozin oral tablet</i>	1	MO
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	1	ST; QL (224 per 28 days)
<i>piroxicam</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PRIALT	1	B/D PA
QDOLO	1	QL (2400 per 30 days)
RELAFEN DS	1	ST; MO
salsalate	1	MO
SPRIX	1	ST
SUBOXONE SUBLINGUAL FILM 12-3 MG	1	MO; QL (60 per 30 days)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	MO; QL (360 per 30 days)
SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	1	MO; QL (90 per 30 days)
sulindac	1	MO
TOLECTIN 600	1	ST
tolmetin oral capsule	1	MO
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	1	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	1	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL SOLUTION	1	MO; QL (2400 per 30 days)
TRAMADOL ORAL TABLET 100 MG, 25 MG	1	MO; QL (120 per 30 days)
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL (30 per 30 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)
VIMOVO	1	ST; MO
VIVITROL	1	MO
VIVLODEX	1	ST; MO; QL (30 per 30 days)
ZIMHI	1	
ZIPSOR	1	ST; MO
ZORVOLEX	1	ST
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	1	MO; QL (2.4 per 56 days)
ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML		

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Drug Name	Drug Tier	Requirements /Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	1	MO; QL (1 per 28 days)
ABILIFY MYCITE MAINTENANCE KIT	1	QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	1	QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	1	QL (30 per 180 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 30 MG, 5 MG	1	QL (30 per 30 days)
ABILIFY ORAL TABLET 2 MG, 20 MG	1	MO; QL (30 per 30 days)
ADDERALL	1	MO
ADDERALL XR	1	ST; MO
ADZENYS XR-ODT	1	ST; MO
AMBIEN	1	QL (30 per 30 days)
AMBIEN CR	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine sulfate</i>	1	PA; MO
ANAFRANIL	1	MO
APLENZIN	1	MO; QL (30 per 30 days)
APTENSIO XR	1	ST; MO
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	1	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE SYRINGE 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	1	MO; QL (60 per 30 days)
ATIVAN INJECTION	1	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	1	PA; MO; QL (90 per 30 days)
ATIVAN ORAL TABLET 2 MG	1	PA; MO; QL (150 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)
AZSTARYS	1	ST; MO
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)

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	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>buspirone</i>	1	MO
CAPLYTA	1	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	1	MO; QL (30 per 30 days)
<i>chlorpromazine</i>	1	MO
CITALOPRAM ORAL CAPSULE	1	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>clozapine oral tablet,disintegrating</i>	1	
CLOZARIL ORAL TABLET 100 MG	1	
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	1	
CONCERTA	1	ST; MO
COTEMPLA XR-ODT	1	ST; MO
CYMBALTA	1	MO; QL (60 per 30 days)
DAYTRANA	1	ST; MO
DAYVIGO	1	PA; MO; QL (30 per 30 days)
<i>desipramine</i>	1	MO
DESVENLAFAVIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	1	MO; QL (120 per 30 days)
DESVENLAFAVIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	1	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG	1	ST; MO
<i>dexamphetamine sulfate</i>	1	MO
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dextroamphetamine sulfate oral solution</i>	1	MO
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	1	MO
<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)
<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)
DOPRAM	1	
<i>doxepin oral capsule</i>	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<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)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (90 per 30 days)
DYANAVEL XR	1	ST; MO
EFFEXOR XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 150 MG, 37.5 MG	1	QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 75 MG	1	QL (90 per 30 days)
EMSAM	1	MO
<i>ergoloid</i>	1	
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
EVEKEO	1	PA; MO
FANAPT ORAL TABLET	1	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	1	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,EXTEN DED RELEASE 24 HR	1	QL (30 per 30 days)
flumazenil	1	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral tablet 60 mg</i>	1	MO; QL (30 per 30 days)
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	1	MO; QL (60 per 30 days)
<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)
FOCALIN	1	MO
FOCALIN XR	1	ST; MO
FORFIVO XL	1	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	1	MO
GEODON ORAL CAPSULE 20 MG	1	MO; QL (60 per 30 days)
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	MO; QL (60 per 30 days)
HALDOL DECANOATE	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	1	PA; MO; QL (30 per 30 days)
HETLIOZ LQ	1	PA; MO; QL (158 per 30 days)
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	1	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	1	MO; QL (60 per 30 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days)
JORNAY PM	1	ST; MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	1	QL (30 per 30 days)
<i>lisdexamfetamine</i>	1	MO
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
LITHOBID	1	MO
<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)

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Drug Name	Drug Tier	Requirements /Limits
LOREEV XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 1 MG, 1.5 MG	1	PA; MO; QL (30 per 30 days)
LOREEV XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 2 MG	1	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 3 MG	1	PA; MO; QL (90 per 30 days)
<i>loxapine succinate</i>	1	MO
LUMRYZ	1	PA; MO; QL (30 per 30 days)
LUNESTA	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
LYBALVI	1	ST; MO; QL (30 per 30 days)
MARPLAN	1	MO
METADATE CD	1	ST
<i>methamphetamine</i>	1	PA; MO
METHYLIN ORAL SOLUTION	1	MO
<i>methylphenidate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40- 60</i>	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	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</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO
METHYLPHENID ATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	1	ST; MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO
<i>midazolam (pf) in 0.9 % nacl intravenous solution</i>	1	

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet</i>	1	MO	<i>olanzapine-fluoxetine</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	1	MO	<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)	<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)	PAMELOR	1	MO
<i>molindone oral tablet 10 mg, 25 mg</i>	1		PARNATE	1	MO
<i>molindone oral tablet 5 mg</i>	1	MO	<i>paroxetine hcl oral suspension</i>	1	MO
MYDAYIS	1	ST; MO	<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
NARDIL	1	MO	<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
nefazodone	1	MO	<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
NORPRAMIN ORAL TABLET 10 MG, 25 MG	1		<i>paroxetine mesylate(menop.sym.)</i>	1	MO; QL (30 per 30 days)
<i>nortriptyline oral capsule</i>	1	MO	PAXIL CR	1	MO; QL (60 per 30 days)
<i>nortriptyline oral solution</i>	1	MO	PAXIL ORAL SUSPENSION	1	
NUPLAZID	1	PA; MO; QL (30 per 30 days)	PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	1	MO; QL (30 per 30 days)
NUVIGIL	1	PA; MO; QL (30 per 30 days)	PAXIL ORAL TABLET 30 MG	1	MO; QL (60 per 30 days)
<i>olanzapine intramuscular</i>	1	MO	<i>pentobarbital sodium injection solution</i>	1	
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)	<i>perphenazine</i>	1	MO
<i>olanzapine oral tablet,disintegrating</i>	1	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
PERSERIS	1	MO; QL (1 per 30 days)
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
PRISTIQ	1	MO; QL (30 per 30 days)
<i>procenutra</i>	1	MO
<i>protriptyline</i>	1	MO
PROVIGIL ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	1	PA; MO; QL (60 per 30 days)
PROZAC ORAL CAPSULE 10 MG	1	QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	1	QL (90 per 30 days)
PROZAC ORAL CAPSULE 40 MG	1	QL (60 per 30 days)
QUELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	1	ST; QL (30 per 30 days)
QUELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	1	ST; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
QUILLICHEW ER	1	ST; MO
QUILLIVANT XR	1	ST; MO
QUVIVIQ	1	PA; MO; QL (30 per 30 days)
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG	1	ST
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	1	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	1	MO
REMERON SOLTAB	1	MO
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	1	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	1	MO; QL (60 per 30 days)
RISPERDAL ORAL TABLET 4 MG	1	MO; QL (120 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)
<i>risperidone oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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)
RITALIN	1	MO
RITALIN LA	1	ST; MO
ROZEREM	1	MO; QL (30 per 30 days)
SAPHRIS	1	MO; QL (60 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	1	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	1	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	1	MO; QL (30 per 30 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	1	MO; QL (60 per 30 days)
SERTRALINE ORAL CAPSULE	1	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	1	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	1	ST; MO; QL (60 per 30 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	1	ST; MO; QL (30 per 30 days)
SUNOSI	1	PA; QL (30 per 30 days)
SYMBYAX ORAL CAPSULE 3-25 MG	1	

Drug Name	Drug Tier	Requirements /Limits
SYMBYAX ORAL CAPSULE 6-25 MG	1	MO
<i>tasimelteon</i>	1	PA; MO; QL (30 per 30 days)
<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,EXT ENDED REL SYRING 100 MG/0.28 ML	1	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	1	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	1	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	1	MO; QL (0.56 per 56 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	1	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	1	MO; QL (0.21 per 28 days)
VALIUM	1	PA; MO; QL (120 per 30 days)
VENLAFAXINE BESYLATE	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	MO; QL (30 per 30 days)
VERSACLOZ	1	
VIIBRYD ORAL TABLET	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vilazodone</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
VYVANSE	1	ST; MO
WAKIX	1	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR	1	QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	1	QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	QL (30 per 30 days)
XELSTRYM	1	ST; MO
XYREM	1	PA; LA; QL (540 per 30 days)
XYWAV	1	PA; LA; QL (540 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>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	MO
ZOLOFT ORAL CONCENTRATE	1	
ZOLOFT ORAL TABLET 100 MG, 50 MG	1	QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	1	QL (30 per 30 days)
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	1	MO; QL (30 per 30 days)
ZURZUVAE	1	PA; MO
ZYPREXA INTRAMUSCULAR	1	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	MO; QL (30 per 30 days)
ZYPREXA ORAL TABLET 15 MG, 20 MG	1	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	MO; QL (1 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	1	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	1	MO; QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	1	
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	1	MO
<i>amiodarone oral tablet 400 mg</i>	1	
BETAPACE AF	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	1	MO
CORVERT	1	
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	
<i>lidocaine (pf) intravenous</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
MULTAQ	1	MO
NEXTERONE	1	B/D PA
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection</i>	1	
PROCAINAMIDE INTRAVENOUS	1	
<i>propafenone oral capsule, extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate oral</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
RYTHMOL SR	1	

Drug Name	Drug Tier	Requirements /Limits
<i>sorine oral tablet 120 mg</i>	1	
<i>sorine oral tablet 160 mg</i>	1	MO
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
SOTYLIZE	1	MO
TIKOSYN	1	MO
ANTIHYPERTENSIVE THERAPY		
ACCUPRIL	1	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG	1	
<i>acebutolol</i>	1	MO
ALDACTONE	1	MO
<i>aliskiren</i>	1	MO
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG	1	MO
ALTACE ORAL CAPSULE 5 MG	1	
<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
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ATACAND	1	ST; MO
ATACAND HCT	1	ST; MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
AVALIDE	1	ST; MO
AVAPRO	1	ST; MO
AZOR	1	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
BENICAR	1	ST; MO
BENICAR HCT	1	ST; MO
<i>betaxolol oral</i>	1	MO
BIDIL	1	MO; QL (180 per 30 days)
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BREVIBLOC IN NACL (ISO-OSM)	1	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	1	
<i>bumetanide injection</i>	1	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazide</i>	1	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	
CARDENE IV IN SODIUM CHLORIDE	1	
CARDIZEM CD	1	MO
CARDIZEM LA	1	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	1	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	1	ST; MO; QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG	1	ST; MO; QL (60 per 30 days)
CARDURA XL	1	ST; MO; QL (30 per 30 days)
CAROSPIR	1	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
CLEVIPREX	1	
<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>clonidine hcl oral tablet</i>	1	MO
CLONIDINE HCL ORAL TABLET EXTENDED RELEASE 24 HR	1	MO
CONJUPRI	1	
COREG	1	MO
COREG CR	1	MO
CORGARD ORAL TABLET 40 MG	1	
COZAAR	1	ST; MO
DEMSER	1	PA; MO
DIBENZYLINE	1	PA; MO
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral</i>	1	MO
<i>dilt-xr</i>	1	MO
DIOVAN	1	ST; MO
DIOVAN HCT	1	ST; MO
DIURIL	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)
DYRENIUM	1	MO
EDARBI	1	MO
EDARBYCLOR	1	MO
EDECIN	1	MO
<i>enalapril maleate oral solution</i>	1	MO
<i>enalapril maleate oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide</i>	1	MO
EPANED	1	MO
<i>eplerenone</i>	1	MO
<i>epoprostenol</i>	1	B/D PA; MO
<i>esmolol in nacl (iso-osm)</i>	1	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynat e sodium</i>	1	
<i>ethacrynic acid</i>	1	MO
EXFORGE	1	ST; MO
EXFORGE HCT	1	ST; MO
<i>felodipine</i>	1	MO
FLOLAN	1	B/D PA; MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
FUROSCIX	1	ST
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
HEMANGEOL	1	
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
HYZAAR	1	ST; MO
<i>indapamide</i>	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
INDERAL LA	1	MO
INDERAL XL	1	MO
INNOPRAN XL	1	MO
INSPRA	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	
KAPSPARGO SPRINKLE	1	MO
KATERZIA	1	MO
KERENDIA	1	PA; QL (30 per 30 days)
LABETALOL IN DEXTROSE,ISO-OSM	1	
LABETALOL IN NACL (ISO-OSMOT)	1	
<i>labetalol intravenous solution</i>	1	
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	MO
LASIX ORAL TABLET 20 MG, 40 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
LASIX ORAL TABLET 80 MG	1	
LEVAMLODIPINE	1	
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
LOPRESSOR ORAL	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
LOTENSIN HCT ORAL TABLET 10-12.5 MG	1	
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG	1	MO
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	1	
LOTREL	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tar-hydrochlorothiaz</i>	1	MO
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	1	PA; MO
MICARDIS HCT	1	ST; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
MICARDIS ORAL TABLET 20 MG, 40 MG	1	ST; MO	ORENITRAM MONTH 1 TITRATION KT	1	PA; MO
MICARDIS ORAL TABLET 80 MG	1	ST	ORENITRAM MONTH 2 TITRATION KT	1	PA; MO
<i>minoxidil oral</i>	1	MO	ORENITRAM MONTH 3 TITRATION KT	1	PA; MO
<i>moexipril</i>	1		ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA; MO
<i>nadolol</i>	1	MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA; MO
<i>nebivolol</i>	1	MO	OSMITROL 10 %	1	
NEXICLON XR	1		<i>osmitrol 20 %</i>	1	
NICARDIPINE IN NACL (ISO-OS)	1		<i>perindopril erbumine</i>	1	MO
<i>nicardipine intravenous solution</i>	1		<i>phenoxybenzamine</i>	1	PA; MO
<i>nicardipine oral</i>	1	MO	<i>phentolamine</i>	1	
<i>nifedipine oral tablet extended release</i>	1	MO	<i>pindolol</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO	<i>prazosin</i>	1	MO
<i>nimodipine oral capsule</i>	1	MO	PROCARDIA XL	1	MO
<i>nisoldipine</i>	1	MO	<i>propranolol intravenous</i>	1	
NORLIQVA	1	MO	<i>propranolol oral capsule,extended release 24 hr</i>	1	MO
NORVASC	1		<i>propranolol oral solution</i>	1	MO
NYMALIZE ORAL SOLUTION	1	MO			
NYMALIZE ORAL SYRINGE	1				
<i>olmesartan</i>	1	MO			
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO			
<i>olmesartan-hydrochlorothiazide</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>propranolol oral tablet</i>	1	MO
QBRELIS	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
REMODULIN	1	PA; MO; LA
SOAANZ	1	ST; MO
<i>spironolactone oral suspension</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiazid</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	1	MO
TEKTURNA	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amldipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
TENORETIC 100	1	MO
TENORETIC 50	1	MO
TENORMIN	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)

Drug Name	Drug Tier	Requirements /Limits
THALITONE	1	MO
<i>tiadylt er</i>	1	MO
TIAZAC	1	MO
<i>timolol maleate oral</i>	1	MO
TOPROL XL	1	MO
<i>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	1	PA; MO; LA
<i>triamterene</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
TRIBENZOR	1	ST; MO
UPTRAVI INTRAVENOUS	1	PA; LA
UPTRAVI ORAL	1	PA; MO; LA
VALSARTAN ORAL SOLUTION	1	ST; MO
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
VASERETIC	1	MO
VASOTEC	1	MO
<i>veletri</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

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Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral tablet extended release</i>	1	MO
VERELAN	1	
VERELAN PM	1	MO
ZESTORETIC	1	MO
ZESTRIL	1	MO
ZIAC ORAL TABLET 10-6.25 MG	1	
ZIAC ORAL TABLET 2.5-6.25 MG, 5-6.25 MG	1	MO
COAGULATION THERAPY		
ADZYNMA	1	PA; LA
AGGRASTAT CONCENTRATE	1	B/D PA
AGGRASTAT IN SODIUM CHLORIDE	1	B/D PA
ALVAIZ	1	PA; MO
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	1	MO
ANDEXXA	1	
ARGATROBAN	1	
<i>argatroban in 0.9 % sod chlor</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	1	MO

Drug Name	Drug Tier	Requirements /Limits
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	1	MO
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	1	MO
CABLIVI INJECTION KIT	1	PA; LA
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
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO
DOPTELET (10 TAB PACK)	1	PA; MO; LA
DOPTELET (15 TAB PACK)	1	PA; MO; LA
DOPTELET (30 TAB PACK)	1	PA; MO; LA
EFFIENT	1	MO
ELIQUIS	1	MO
ELIQUIS DVT-PE TREAT 30D START	1	MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)	FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	1	MO
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)	<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)	<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>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)	<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO	HEPARIN (PORCINE) IN NAACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	1	
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO	<i>heparin (porcine) injection cartridge</i>	1	MO
FRAGMIN SUBCUTANEOUS SOLUTION	1	MO	<i>heparin (porcine) injection solution</i>	1	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	1	MO	<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1		LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	1	MO; QL (22.4 per 28 days)
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO	LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	1	MO; QL (16.8 per 28 days)
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1		LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	MO; QL (11.2 per 28 days)
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	1	MO	MULPLETA	1	PA; MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO	NPLATE	1	PA; MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1		OCTAPLAS (BLOOD GROUP A)	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	MO	OCTAPLAS (BLOOD GROUP AB)	1	
<i>jantoven</i>	1	MO	OCTAPLAS (BLOOD GROUP B)	1	
LOVENOX SUBCUTANEOUS SOLUTION	1	MO; QL (30 per 30 days)	OCTAPLAS (BLOOD GROUP O)	1	
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	1	MO; QL (28 per 28 days)	<i>pentoxifylline</i>	1	MO
			PLAVIX ORAL TABLET 75 MG	1	MO; QL (30 per 30 days)
			PRADAXA ORAL CAPSULE	1	PA; MO
			PRADAXA ORAL PELLETS IN PACKET	1	PA
			<i>prasugrel</i>	1	MO
			PRAXBIND	1	

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
PROMACTA	1	PA; MO; LA
<i>protamine</i>	1	
SAVAYSA	1	PA; MO
TAVALISSE	1	PA; LA; QL (60 per 30 days)
THROMBATE III	1	
THROMBIN-JMI NASAL	1	
<i>tirofiban-0.9% sodium chloride</i>	1	B/D PA
<i>warfarin</i>	1	MO
XARELTO	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO
ZONTIVITY	1	
LIPID/CHOLESTEROL LOWERING AGENTS		
ALTOPREV	1	ST; MO; QL (30 per 30 days)
<i>amlodipine- atorvastatin</i>	1	MO; QL (30 per 30 days)
ATORVALIQ	1	ST; MO; QL (600 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET	1	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>colesevelam</i>	1	MO
COLESTID ORAL GRANULES	1	MO
COLESTID ORAL TABLET	1	
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	MO
CRESTOR	1	ST; MO; QL (30 per 30 days)
EVKEEZA	1	PA; LA
EZALLOR SPRINKLE	1	ST; QL (30 per 30 days)
<i>ezetimibe</i>	1	MO
EZETIMIBE- ROSUVASTATIN	1	ST; QL (30 per 30 days)
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 130 mg</i>	1	MO
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	1	
<i>fenofibrate nanocrystallized</i>	1	MO
FENOFIBRATE ORAL CAPSULE	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate oral tablet 120 mg, 40 mg</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
FENOGLIDE	1	MO
FIBRICOR	1	MO
FLOLIPID	1	ST; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
JUXTAPIID	1	PA; MO; LA
LEQVIO	1	PA; QL (3 per 180 days)
LESCOL XL	1	ST; MO; QL (30 per 30 days)
LIPITOR	1	ST; MO; QL (30 per 30 days)
LIPOFEN	1	MO
LIVALO	1	ST; MO; QL (30 per 30 days)
LOPID	1	

Drug Name	Drug Tier	Requirements /Limits
<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)
LOVAZA	1	ST; MO
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
NIACOR	1	MO
<i>omega-3 acid ethyl esters</i>	1	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
PRALUENT PEN	1	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	1	MO
QUESTRAN	1	MO
QUESTRAN LIGHT	1	
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)
ROSZET	1	ST; QL (30 per 30 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRICOR ORAL TABLET 145 MG	1	
TRICOR ORAL TABLET 48 MG	1	MO
TRILIPIX	1	MO
VASCEPA	1	ST; MO
VYTORIN 10-10	1	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	1	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	1	ST; MO; QL (30 per 30 days)
VYTORIN 10-80	1	ST; MO; QL (30 per 30 days)
WELCHOL	1	MO
ZETIA	1	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	1	ST; MO; QL (30 per 30 days)
ZYPITAMAG	1	ST; MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

ASPRUZY SPRINKLE ORAL EXTEND RELEASE GRANULES,PACK ET 1,000 MG	1	MO
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Drug Name	Drug Tier	Requirements /Limits
ASPRUZY SPRINKLE ORAL EXTEND RELEASE GRANULES,PACK ET 500 MG	1	
CAMZYOS	1	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	1	QL (450 per 30 days)
CORLANOR ORAL TABLET	1	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO	NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	1	
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA	<i>ranolazine</i>	1	MO
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO	<i>sodium nitroprusside</i>	1	B/D PA
ENTRESTO	1	MO; QL (60 per 30 days)	VECAMYL	1	
ENTRESTO SPRINKLE	1	MO; QL (240 per 30 days)	VERQUVO	1	MO; QL (30 per 30 days)
FILSPARI	1	PA; QL (30 per 30 days)	VYNDAMAX	1	PA; MO
<i>isoproterenol hcl</i>	1		VYNDAQEL	1	PA; MO
<i>ivabradine</i>	1	MO; QL (60 per 30 days)	NITRATES		
LANOXIN ORAL	1	MO	ISORDIL	1	MO
LEVOPHED (BITARTRATE)	1		ISORDIL TITRADOSE ORAL TABLET 5 MG	1	MO
LODOC	1	PA; MO	<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>milrinone</i>	1	B/D PA	<i>isosorbide dinitrate oral tablet 40 mg</i>	1	MO
<i>milrinone in 5 % dextrose</i>	1	B/D PA	<i>isosorbide mononitrate oral tablet 10 mg</i>	1	
<i>nitroprusside in 0.9 % nacl</i>	1	B/D PA	<i>isosorbide mononitrate oral tablet 20 mg</i>	1	MO
<i>norepinephrine bitartrate</i>	1		<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>norepinephrine bitartrate-d5w intravenous solution 16 mg/250 ml (64 mcg/ml)</i>	1				

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Drug Name	Drug Tier	Requirements /Limits
<i>nitro-bid</i>	1	MO
NITRO-DUR	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO
NITROLINGUAL	1	MO
NITROSTAT	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	MO
ANALPRAM-HC TOPICAL	1	MO
BIMZELX	1	PA; MO; QL (2 per 21 days)
BIMZELX AUTOINJECTOR	1	PA; MO; QL (2 per 21 days)
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CALCIPOTRIENE TOPICAL FOAM	1	QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	1	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	1	
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days)
COSENTYX PEN	1	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days)
ENSTILAR	1	MO; QL (400 per 30 days)
EPIFOAM	1	MO
ILUMYA	1	PA; MO; QL (2 per 28 days)
PRAMOSONE TOPICAL CREAM 1-1 %	1	MO

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Drug Name	Drug Tier	Requirements /Limits
PRAMOSONE TOPICAL LOTION	1	MO
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ	1	PA; MO; QL (6 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 28 days)
SORILUX	1	QL (120 per 30 days)
SOTYKTU	1	PA; MO
SPEVIGO INTRAVENOUS	1	PA; MO; LA; QL (30 per 365 days)
SPEVIGO SUBCUTANEOUS	1	PA; MO; QL (4 per 28 days)
STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
TACLONEX TOPICAL OINTMENT	1	QL (400 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TACLONEX TOPICAL SUSPENSION	1	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	1	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	1	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	1	PA; MO; QL (3 per 180 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	1	PA; QL (0.25 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	1	PA; QL (0.5 per 28 days)
TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	1	PA; MO; QL (1 per 28 days)
TREMFYA	1	PA; MO; QL (2 per 28 days)
VECTICAL	1	
VTAMA	1	PA; MO
ZORYVE TOPICAL CREAM 0.3 %	1	PA; MO
ZORYVE TOPICAL FOAM	1	PA; MO; QL (60 per 30 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ADBRY SUBCUTANEOUS SYRINGE	1	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	1	MO
CARAC	1	
<i>chloroprocaine (pf)</i>	1	
CIBINQO	1	PA; MO; QL (30 per 30 days)
CITANEST PLAIN DENTAL	1	
CONDYLOX TOPICAL GEL	1	MO
<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)
<i>doxepin topical</i>	1	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	1	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
EFUDEX TOPICAL CREAM	1	MO
ELIDEL	1	PA; MO; QL (100 per 30 days)
EUCRISA	1	PA; MO; QL (120 per 30 days)
FILSUVEZ	1	PA; LA
FLUOROPLEX	1	
FLUOROURACIL TOPICAL CREAM 0.5 %	1	
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
glydo	1	MO; QL (60 per 30 days)
HYFTOR	1	PA
<i>imiquimod topical cream in metered-dose pump</i>	1	MO
<i>imiquimod topical cream in packet 3.75 %</i>	1	MO
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl laryngotracheal</i>	1	
<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	
LIDOCAINE-EPINEPHRINE BIT INJECTION CARTRIDGE 2 %-1:100,000	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)

Drug Name	Drug Tier	Requirements /Limits
LIDODERM	1	PA; QL (90 per 30 days)
<i>methoxsalen</i>	1	MO
NESACAIN	1	
NESACAIN-MPF	1	
OPZELURA	1	PA; MO; QL (240 per 28 days)
PANRETIN	1	PA; MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
PLIAGLIS	1	PA; QL (30 per 30 days)
<i>podofilox topical gel</i>	1	MO
<i>podofilox topical solution</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
POLOCAINE INJECTION SOLUTION 2 %	1	
<i>polocaine-mpf</i>	1	
<i>prudoxin</i>	1	MO; QL (45 per 30 days)
QBREXZA	1	MO
QUTENZA	1	QL (1 per 90 days)
REGRANEX	1	QL (15 per 30 days)
SANTYL	1	MO; QL (180 per 30 days)
SILVADENE	1	MO
<i>silver sulfadiazine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
TOLAK	1	
<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
VEREGEN	1	MO; QL (30 per 30 days)
VYJUVEK	1	PA
<i>xylocaine dental-epinephrine</i>	1	
XYLOCAINE INJECTION SOLUTION 10 MG/ML (1 %), 20 MG/ML (2 %)	1	
XYLOCAINE WITH EPINEPHRINE	1	
XYLOCAINE-MPF	1	
XYLOCAINE-MPF/EPINEPHRINE	1	
YCANTH	1	MO
ZONALON	1	MO; QL (45 per 30 days)
ZTLIDO	1	PA; MO; QL (90 per 30 days)
ZYCLARA	1	MO
THERAPY FOR ACNE		
ABSORICA	1	

Drug Name	Drug Tier	Requirements /Limits
ABSORICA LD	1	
ACANYA TOPICAL GEL WITH PUMP	1	MO
<i>accutane</i>	1	
ACZONE	1	MO
<i>adapalene topical cream</i>	1	PA; MO
<i>adapalene topical gel 0.3 %</i>	1	PA; MO
<i>adapalene topical gel with pump</i>	1	PA; MO
<i>adapalene topical solution</i>	1	PA
<i>adapalene topical swab</i>	1	PA
<i>adapalene-benzoyl peroxide</i>	1	PA; MO
AKLIEF	1	PA; MO
ALTRENO	1	PA; MO
<i>amnesteem</i>	1	
AMZEEQ	1	MO
ARAZLO	1	PA; MO
ATRALIN	1	PA; MO
<i>azelaic acid</i>	1	MO
AZELEX	1	MO
BENZAMYCIN	1	MO
<i>brimonidine topical</i>	1	PA; MO
CABTREO	1	MO
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	1	MO; QL (120 per 30 days)
<i>clindacin</i>	1	QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clindacin etz topical swab</i>	1	MO; QL (69 per 30 days)
<i>clindacin p</i>	1	QL (69 per 30 days)
CLINDAGEL	1	QL (150 per 30 days)
<i>clindamycin phosphate topical foam</i>	1	QL (100 per 30 days)
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab</i>	1	MO; QL (60 per 30 days)
<i>clindamycin-benzoyl peroxide</i>	1	MO
<i>clindamycin-tretinoin</i>	1	PA; MO
<i>dapsone topical</i>	1	MO
DIFFERIN TOPICAL CREAM	1	PA; MO
DIFFERIN TOPICAL GEL WITH PUMP	1	PA; MO
DIFFERIN TOPICAL LOTION	1	PA; MO
EPIDUO FORTE	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
EPIDUO TOPICAL GEL WITH PUMP	1	PA
EPSOLAY	1	ST; MO
<i>ery pads</i>	1	MO
<i>erygel</i>	1	MO
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
FABIOR	1	PA; MO
FINACEA TOPICAL FOAM	1	ST; MO
FINACEA TOPICAL GEL	1	ST
<i>isotretinoin</i>	1	
<i>ivermectin topical cream</i>	1	MO; QL (90 per 30 days)
METROCREAM	1	ST
METROGEL TOPICAL GEL 1 %	1	ST; MO
METROLOTION	1	ST
<i>metronidazole topical</i>	1	MO
MIRVASO	1	PA; MO
<i>neuac</i>	1	MO
NORITATE	1	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	1	
RETIN-A	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	1	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.1 %	1	PA
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.06 %, 0.08 %	1	PA; MO
SOOLANTRA	1	ST; MO; QL (90 per 30 days)
<i>tazarotene topical cream 0.1 %</i>	1	PA; MO
TAZAROTENE TOPICAL FOAM	1	PA
<i>tazarotene topical gel</i>	1	PA; MO
TAZORAC	1	PA; MO
<i>tretinoin microspheres</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
TWYNEO	1	PA; MO
VELTIN	1	PA
WINLEVI	1	PA; MO
<i>zenatane</i>	1	
ZIANA	1	PA
ZILXI	1	ST; MO

TOPICAL ANTIBACTERIALS

Drug Name	Drug Tier	Requirements /Limits
ALTABAX	1	QL (30 per 30 days)
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
KLARON	1	MO
<i>mafenide acetate</i>	1	MO
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>mupirocin calcium</i>	1	MO; QL (30 per 30 days)
NEO-SYNALAR	1	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLYON TOPICAL CREAM	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<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-beta-methasone topical cream</i>	1	MO; QL (45 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)
ERTACZO	1	QL (60 per 28 days)
EXELDERM	1	MO; QL (60 per 28 days)
JUBLIA	1	QL (8 per 30 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan</i>	1	QL (100 per 28 days)
<i>klayesta</i>	1	MO; QL (180 per 30 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	1	QL (60 per 28 days)
LOPROX TOPICAL SHAMPOO	1	QL (120 per 28 days)
LULICONAZOLE	1	MO; QL (60 per 28 days)
LUZU	1	MO; QL (60 per 28 days)
MICONAZOLE NITRATE-ZINC OX-PET	1	QL (50 per 28 days)
<i>naftifine topical cream</i>	1	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>naftifine topical gel 2 %</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 1 %	1	QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	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)
<i>oxiconazole</i>	1	MO; QL (90 per 28 days)
OXISTAT TOPICAL LOTION	1	MO; QL (60 per 28 days)
<i>tavaborole</i>	1	MO; QL (10 per 30 days)
VUSION	1	MO; QL (50 per 28 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	1	MO; QL (5 per 30 days)
<i>penciclovir</i>	1	MO; QL (5 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XERESE	1	MO
ZOVIRAX TOPICAL CREAM	1	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	1	PA; MO; QL (30 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
ALA-SCALP	1	MO
<i>alclometasone</i>	1	MO
<i>amcinonide topical cream</i>	1	
<i>amcinonide topical ointment</i>	1	
<i>apexicon e</i>	1	QL (120 per 30 days)
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical foam</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
BRYHALI	1	MO

Drug Name	Drug Tier	Requirements /Limits
CAPEX	1	
<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 topical spray,non-aerosol</i>	1	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	1	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	1	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON- AEROSOL	1	QL (125 per 28 days)
<i>clocortolone pivalate</i>	1	MO
<i>clodan</i>	1	MO; QL (236 per 28 days)
CORDRAN TAPE LARGE ROLL	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
CORDRAN TOPICAL CREAM 0.05 %	1	QL (120 per 30 days)
CORDRAN TOPICAL LOTION	1	QL (120 per 30 days)
DERMA-SMOOTH/F S BODY OIL	1	MO
DERMA-SMOOTH/F S SCALP OIL	1	MO
<i>desonide</i>	1	MO
DESOWEN TOPICAL CREAM	1	
<i>desoximetasone</i>	1	MO
<i>diflorasone</i>	1	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	1	MO
DUOBRII	1	MO; QL (200 per 30 days)
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>flurandrenolide topical cream</i>	1	QL (120 per 30 days)
<i>flurandrenolide topical lotion</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>flurandrenolide topical ointment</i>	1	QL (120 per 30 days)
<i>fluticasone propionate topical</i>	1	MO
<i>halcinonide topical cream</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical foam</i>	1	
<i>halobetasol propionate topical ointment</i>	1	MO
HALOG TOPICAL CREAM	1	MO
HALOG TOPICAL OINTMENT	1	
HALOG TOPICAL SOLUTION	1	
<i>hydrocortisone butyrate topical cream</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical lotion</i>	1	MO; QL (118 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical solution</i>	1	MO; QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2 %</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate</i>	1	MO
KENALOG TOPICAL	1	QL (126 per 28 days)
LEXETTE	1	
LOCOID LIPOCREAM	1	MO; QL (120 per 30 days)
LOCOID TOPICAL LOTION	1	MO; QL (118 per 30 days)
<i>mometasone topical</i>	1	MO
PANDEL	1	MO
<i>prednicarbate topical ointment</i>	1	
PROCTOCORT TOPICAL	1	MO
SYNALAR TOPICAL CREAM	1	MO
SYNALAR TOPICAL OINTMENT	1	MO
SYNALAR TOPICAL SOLUTION	1	
TEXACORT	1	MO
TOPICORT	1	
<i>tovet emollient</i>	1	MO; QL (100 per 28 days)
<i>triamicinolone acetonide topical aerosol</i>	1	MO; QL (126 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>triamicinolone acetonide topical cream</i>	1	MO
<i>triamicinolone acetonide topical lotion</i>	1	MO
<i>triamicinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triamicinolone acetonide topical ointment 0.05 %</i>	1	MO
<i>triderm topical cream</i>	1	
ULTRAVATE TOPICAL LOTION	1	
VANOS	1	MO; QL (120 per 30 days)
VERDESO	1	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
<i>malathion</i>	1	MO
NATROBA	1	MO
OVIDE	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
<i>spinosad</i>	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
ORLISTAT	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	1	PA; MO; QL (4 per 365 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; MO; QL (3 per 28 days)
XENICAL	1	PA; MO
ANTIDOTES		
ACETADOTE	1	
<i>acetylcysteine</i> <i>intravenous</i>	1	
PROTOPAM CHLORIDE	1	
IRRIGATING SOLUTIONS		
<i>lactated ringers</i> <i>irrigation</i>	1	
<i>neomycin-polymyxin</i> <i>b gu</i>	1	
PHYSIOLYTE	1	
<i>ringer's irrigation</i>	1	MO
SORBITOL IRRIGATION	1	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
acamprosate	1	MO
<i>acetic acid irrigation</i>	1	MO
AGRYLIN	1	MO
AMMONUL	1	
<i>anagrelide</i>	1	MO
ARALAST NP	1	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
AURYXIA	1	PA; MO
BUPHENYL	1	PA
CAF CIT	1	
<i>caffeine citrate</i> <i>intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CARBAGLU	1	PA; MO; LA
<i>carglumic acid</i>	1	PA; MO
CARNITOR	1	MO
CARNITOR (SUGAR-FREE)	1	MO
<i>cevimeline</i>	1	MO
CHEMET	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
CLINIMIX E 2.75%/D5W SULF FREE	1	B/D PA
CUVRIOR	1	PA; LA
<i>d10 %-0.45 %</i> <i>sodium chloride</i>	1	
<i>d2.5 %-0.45 %</i> <i>sodium chloride</i>	1	
<i>d5 % and 0.9 %</i> <i>sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium</i> <i>chloride</i>	1	MO
<i>deferasirox oral</i> <i>granules in packet</i>	1	PA; MO
<i>deferasirox oral</i> <i>tablet 180 mg, 360</i> <i>mg</i>	1	PA; MO
<i>deferasirox oral</i> <i>tablet 90 mg</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO
<i>deferiprone</i>	1	PA; MO
<i>deferoxamine</i>	1	B/D PA; MO
<i>DESFERAL</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
<i>DUVYZAT</i>	1	PA
<i>EMPAVELI</i>	1	PA; LA
<i>ENDARI</i>	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ENJAYMO</i>	1	PA; LA
<i>EVOXAC</i>	1	MO
<i>EXJADE</i>	1	PA; MO; LA
<i>EXSERVAN</i>	1	PA
<i>FABHALTA</i>	1	PA
<i>FERRIPROX</i>	1	PA
<i>FERRIPROX (2 TIMES A DAY)</i>	1	PA
<i>FOSRENOL ORAL POWDER IN PACKET 1,000 MG</i>	1	MO; QL (135 per 30 days)
<i>FOSRENOL ORAL POWDER IN PACKET 750 MG</i>	1	MO; QL (180 per 30 days)
<i>FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG</i>	1	MO; QL (135 per 30 days)
<i>FOSRENOL ORAL TABLET,CHEWABLE 500 MG</i>	1	MO; QL (270 per 30 days)
<i>FOSRENOL ORAL TABLET,CHEWABLE 750 MG</i>	1	MO; QL (180 per 30 days)
<i>GIVLAARI</i>	1	PA; MO; LA
<i>GLASSIA</i>	1	PA; MO; LA
<i>glutamine (sickle cell)</i>	1	PA; MO
<i>INCRELEX</i>	1	MO; LA
<i>JADENU</i>	1	PA; MO
<i>JADENU SPRINKLE</i>	1	PA; MO
<i>JOENJA</i>	1	PA; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>kionex (with sorbitol)</i>	1	
LAMZEDE	1	PA; LA
<i>lanthanum oral tablet, chewable 1,000 mg</i>	1	MO; QL (135 per 30 days)
<i>lanthanum oral tablet, chewable 500 mg</i>	1	MO; QL (270 per 30 days)
<i>lanthanum oral tablet, chewable 750 mg</i>	1	MO; QL (180 per 30 days)
<i>levocarnitine (with sugar)</i>	1	MO
<i>levocarnitine intravenous</i>	1	
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet</i>	1	MO
LITFULO	1	PA; MO; QL (28 per 28 days)
LITHOSTAT	1	
LOKELMA	1	MO
<i>midodrine</i>	1	MO
<i>nitisinone</i>	1	PA; MO
NITYR	1	PA; MO; LA
NORTHERA	1	PA; MO
OLPRUVA	1	PA; LA
ORFADIN	1	PA; LA
OXBRYTA ORAL TABLET 300 MG	1	PA; MO; LA; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OXBRYTA ORAL TABLET 500 MG	1	PA; MO; LA; QL (90 per 30 days)
OXBRYTA ORAL TABLET FOR SUSPENSION	1	PA; MO; LA; QL (150 per 30 days)
PANHEMATIN	1	
PEDMARK	1	B/D PA
PHEBURANE	1	PA; MO
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	1	PA; LA; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	1	PA; LA; QL (7 per 180 days)
PYRUKYND ORAL TABLETS,DOSE PACK	1	PA; LA; QL (14 per 180 days)
RAVICTI	1	PA; MO
RECLAST	1	PA; MO
RENELA ORAL POWDER IN PACKET 0.8 GRAM	1	MO; QL (180 per 30 days)
RENELA ORAL POWDER IN PACKET 2.4 GRAM	1	MO; QL (90 per 30 days)
RENELA ORAL TABLET	1	MO; QL (270 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
REVCovi	1	PA; LA
REZDIFRA	1	PA; MO; QL (30 per 30 days)
RILUTEK	1	PA
<i>riluzole</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	1	MO
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	1	
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	1	MO; QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	1	MO; QL (90 per 30 days)
<i>sevelamer carbonate oral tablet</i>	1	MO; QL (270 per 30 days)
<i>sevelamer hcl</i>	1	MO
<i>sodium benzoate-sod phenylacet</i>	1	
<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
<i>sodium phenylbutyrate oral tablet</i>	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	1	PA; LA; QL (112 per 28 days)
SOHONOS ORAL CAPSULE 10 MG	1	PA; LA; QL (56 per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	1	PA; LA; QL (140 per 28 days)
SOHONOS ORAL CAPSULE 5 MG	1	PA; LA; QL (84 per 28 days)
SOLIRIS	1	PA; MO
<i>sps (with sorbitol) oral</i>	1	MO
<i>sps (with sorbitol) rectal</i>	1	
SURVANTA	1	
SYPRINE	1	PA; MO
TAVNEOS	1	PA; LA; QL (180 per 30 days)
TEGLUTIK	1	PA
THIOLA	1	PA
THIOLA EC	1	PA
TIGLUTIK	1	PA
<i>tiopronin</i>	1	PA; MO
<i>trientine oral capsule 250 mg</i>	1	PA; MO
TRIENTINE ORAL CAPSULE 500 MG	1	PA; MO
TZIELD	1	

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Drug Name	Drug Tier	Requirements /Limits
ULTOMIRIS	1	PA; MO
VELPHORO	1	MO; QL (180 per 30 days)
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
VEOPOZ	1	PA; LA
VOYDEYA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days)
VOYDEYA ORAL TABLET 150 MG (50 MG X 1-100 MG X 1)	1	PA; LA; QL (90 per 30 days)
<i>water for irrigation, sterile</i>	1	MO
XENPOZYME	1	PA; MO
XIAFLEX	1	PA
XPHOZAH	1	PA
XURIDEN	1	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	1	PA; MO; LA
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	1	PA; MO; LA
ZOKINVY	1	PA; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
CHANTIX CONTINUING MONTH BOX	1	
CHANTIX ORAL TABLET 1 MG	1	
CHANTIX STARTING MONTH BOX	1	
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
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	1	MO
<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)

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Drug Name	Drug Tier	Requirements /Limits
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CLINPRO 5000	1	MO
<i>denta 5000 plus</i>	1	MO
<i>denta 5000 plus sensitive</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>fluoride (sodium) dental solution</i>	1	MO
FLUORIDEX DAILY DEFENSE	1	
FLUORIDEX SENSITIVITY RELIEF	1	
FLUORIMAX 5000	1	
FLUORIMAX 5000 SENSITIVE	1	
<i>fraiche 5000</i>	1	
FRAICHE 5000 PREVI	1	
FRAICHE 5000 SENSITIVE	1	
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
JUST RIGHT 5000	1	
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oralone</i>	1	
PATANASE	1	QL (30.5 per 30 days)
<i>periogard</i>	1	MO
PREVIDENT	1	MO
PREVIDENT 5000 BOOSTER PLUS	1	MO
PREVIDENT 5000 DRY MOUTH	1	
PREVIDENT 5000 ENAMEL PROTECT	1	MO
PREVIDENT 5000 ORTHO DEFENSE	1	MO
PREVIDENT 5000 PLUS	1	MO
PREVIDENT 5000 SENSITIVE	1	MO
PREVIDENT KIDS	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	
<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
CETRAXAL	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
DERMOTIC OIL	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

CIPRO HC	1	MO
<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)
CIPROFLOXACIN-FLUOCINOLONE	1	MO
CORTISPORIN-TC	1	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
OTOVEL	1	

ENDOCRINE/DIABETES

ADRENAL HORMONES

ACTHAR	1	PA; MO
ACTHAR SELFJECT	1	PA; MO
AGAMREE	1	PA; LA
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	1	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	1	

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone acet,sod phos</i>	1	MO
CELESTONE SOLUSPAN	1	MO
CORTEF	1	MO
<i>cortisone</i>	1	
CORTROPHIN GEL	1	PA; MO
<i>deflazacort oral suspension</i>	1	PA
<i>deflazacort oral tablet</i>	1	PA; MO
DEPO-MEDROL	1	MO
<i>dexabliss</i>	1	
<i>dexamethasone intensol</i>	1	MO
<i>dexamethasone oral elixir</i>	1	MO
<i>dexamethasone oral solution</i>	1	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
DEXAMETHASONE SODIUM PHOS (PF) INJECTION SYRINGE	1	
<i>dexamethasone sodium phosphate injection</i>	1	MO
EMFLAZA	1	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>fludrocortisone</i>	1	MO	<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	MO
HEMADY	1		<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
HEXATTRIONE	1		<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg</i>	1	
<i>hydrocortisone oral</i>	1	MO	<i>prednisolone sodium phosphate oral tablet,disintegrating 15 mg, 30 mg</i>	1	B/D PA; MO
KENALOG INJECTION	1	MO	<i>prednisone intensol</i>	1	MO
KENALOG-80	1	MO	<i>prednisone oral solution</i>	1	MO
MEDROL (PAK)	1	MO	<i>prednisone oral tablet</i>	1	MO
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	1	B/D PA; MO	<i>prednisone oral tablets,dose pack</i>	1	MO
MEDROL ORAL TABLET 2 MG	1	B/D PA	<i>RAYOS</i>	1	MO
<i>methylprednisolone acetate</i>	1	MO	<i>SOLU-CORTEF</i>	1	
<i>methylprednisolone oral tablet</i>	1	B/D PA; MO	<i>SOLU-CORTEF ACT-O-VIAL (PF)</i>	1	MO
<i>methylprednisolone oral tablets,dose pack</i>	1	MO	<i>SOLU-MEDROL (PF)</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			
ORAPRED ODT	1	B/D PA; MO			
<i>prednisolone oral solution</i>	1	MO			
<i>prednisolone oral tablet</i>	1	B/D PA; MO			

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Drug Name	Drug Tier	Requirements /Limits
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	1	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM, 500 MG	1	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	1	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	1	
TARPEYO	1	PA; QL (120 per 30 days)
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
TRIESENCE (PF)	1	
XIPERE (PF)	1	MO
ZILRETTA	1	
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)

Drug Name	Drug Tier	Requirements /Limits
ACTOPLUS MET ORAL TABLET 15-850 MG	1	MO; QL (90 per 30 days)
ACTOS	1	MO; QL (30 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	1	ST; MO
ADMELOG U-100 INSULIN LISPRO	1	PA; MO
AFREZZA	1	MO
<i>alcohol pads</i>	1	MO
ALOGLIPTIN	1	ST; MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	1	ST; MO; QL (60 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	1	MO; QL (30 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	1	ST; MO
APIDRA U-100 INSULIN	1	PA; MO
BAQSIMI	1	MO
BASAGLAR KWIKPEN U-100 INSULIN	1	ST; MO
BASAGLAR TEMPO PEN(U-100)INSLN	1	ST; MO
BYDUREON BCISE	1	PA; MO; QL (4 per 28 days)

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This drug list was last updated on 09/17/2024.

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)
CYCLOSET	1	MO; QL (180 per 30 days)
DAPAGLIFLOZ PROPANED- METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG	1	ST; MO; QL (30 per 30 days)
DAPAGLIFLOZ PROPANED- METFORMIN ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	ST; MO; QL (60 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG	1	ST; MO; QL (30 per 30 days)
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 5 MG	1	ST; MO; QL (60 per 30 days)
<i>diazoxide</i>	1	MO
DROPSAFE ALCOHOL PREP PADS	1	
DUETACT	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U- 100 INSULIN	1	ST
FIASP PENFILL U- 100 INSULIN	1	ST; MO
FIASP U-100 INSULIN	1	PA; MO
FREESTYLE INSULINX STRIP	1	MO
FREESTYLE INSULINX TEST STRIPS	1	MO
FREESTYLE LITE STRIPS	1	MO
FREESTYLE PRECISION NEO STRIPS	1	MO
FREESTYLE TEST	1	MO
<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)
GLIPIZIDE ORAL TABLET 2.5 MG	1	MO; QL (30 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)

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Drug Name	Drug Tier	Requirements /Limits
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLUCAGON (HCL) EMERGENCY KIT	1	ST
glucagon emergency kit (human)	1	MO
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	1	MO; QL (60 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	1	QL (240 per 30 days)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	1	MO; QL (120 per 30 days)
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	1	ST; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	1	ST; QL (120 per 30 days)
GLYXAMBI	1	MO; QL (30 per 30 days)
GVOKE	1	MO
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMALOG MIX 75-25(U- 100)INSULN	1	MO	INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	1	ST; MO
HUMALOG TEMPO PEN(U- 100)INSULN	1	ST; MO	INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	1	PA; MO
HUMALOG U-100 INSULIN	1	MO	INSULIN DEGLUDEC	1	ST; MO
HUMULIN 70/30 U-100 INSULIN	1	MO	INSULIN GLARGINE U-300 CONC	1	ST; MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO	INSULIN GLARGINE-YFGN	1	ST; MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO	INSULIN LISPRO PROTAMIN- LISPRO	1	ST; MO
HUMULIN N NPH U-100 INSULIN	1	MO	INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	1	ST; MO
HUMULIN R REGULAR U-100 INSULN	1	MO	INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	1	ST; MO
HUMULIN R U-500 (CONC) INSULIN	1	MO	INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	MO
HUMULIN R U-500 (CONC) KWIKPEN	1	MO	INVOKAMET	1	ST; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 200 MG	1	PA; MO; QL (60 per 30 days)	INVOKAMET XR	1	ST; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 400 MG	1	PA; MO; QL (30 per 30 days)	INVOKANA	1	ST; MO; QL (30 per 30 days)
INSULIN ASP PRT- INSULIN ASPART	1	ST; MO			
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	1	ST; MO			

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Drug Name	Drug Tier	Requirements /Limits
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)
KAZANO ORAL TABLET 12.5-1,000 MG	1	ST; MO; QL (60 per 30 days)
KAZANO ORAL TABLET 12.5-500 MG	1	ST; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO

Drug Name	Drug Tier	Requirements /Limits
LEVEMIR FLEXPEN	1	ST; MO
LEVEMIR U-100 INSULIN	1	ST; MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV TEMPO PEN(U-100)INSULN	1	ST; MO
LYUMJEV U-100 INSULIN	1	MO
<i>metformin oral solution</i>	1	MO; QL (765 per 30 days)
<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)
METFORMIN ORAL TABLET 625 MG	1	MO; QL (120 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)
<i>metformin oral tablet extended release (osm) 24 hr 1,000 mg</i>	1	ST; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet extended release (osm) 24 hr 500 mg</i>	1	ST; MO; QL (150 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 1,000 mg</i>	1	ST; MO; QL (60 per 30 days)
<i>metformin oral tablet,er gast.retention 24 hr 500 mg</i>	1	ST; MO; QL (120 per 30 days)
<i>miglitol oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
MOUNJARO	1	PA; MO; QL (2 per 28 days)
MYXREDLIN	1	
<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)
NESINA	1	ST; QL (30 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	1	ST; MO
NOVOLIN 70-30 FLEXPEN U-100	1	ST
NOVOLIN N FLEXPEN	1	ST; MO
NOVOLIN N NPH U-100 INSULIN	1	ST; MO
NOVOLIN R FLEXPEN	1	ST

Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R REGULAR U100 INSULIN	1	ST; MO
NOVOLOG FLEXPEN U-100 INSULIN	1	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	1	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	1	ST
NOVOLOG PENFILL U-100 INSULIN	1	ST; MO
NOVOLOG U-100 INSULIN ASPART	1	PA; MO
ONETOUCH ULTRA TEST	1	MO
ONETOUCH VERIO TEST STRIPS	1	MO
ONGLYZA ORAL TABLET 5 MG	1	ST; MO; QL (30 per 30 days)
OSENI ORAL TABLET 12.5-30 MG	1	MO; QL (30 per 30 days)
OSENI ORAL TABLET 25-15 MG, 25-45 MG	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; MO; QL (3 per 28 days)	<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone</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)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)	SEGLUROMET ORAL TABLET 2.5-500 MG	1	MO; QL (120 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)	SEMLEE(INSULIN GLARGINE-YFGN)	1	ST; MO
PRECISION XTRA TEST	1	MO	SEMLEE(INSULIN GLARG-YFGN)PEN	1	ST; MO
PROGLYCEM	1	MO	SITAGLIPTIN	1	ST; QL (30 per 30 days)
QTERN	1	MO; QL (30 per 30 days)	SOLIQUA 100/33	1	MO; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)	STEGLATRO	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)	STEGLUJAN	1	ST; MO; QL (30 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)	SYMLINPEN 120	1	PA; MO; QL (10.8 per 30 days)
REZVOGLAR KWIKPEN	1	ST; MO	SYMLINPEN 60	1	PA; MO; QL (6 per 30 days)
RIOMET	1	QL (765 per 30 days)	SYNJARDY	1	MO; QL (60 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)			

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
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)
TOUJEON MAX U-300 SOLOSTAR	1	MO
TOUJEON SOLOSTAR U-300 INSULIN	1	MO
TRADJENTA	1	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	1	ST; MO
TRESIBA FLEXTOUCH U-200	1	ST; MO
TRESIBA U-100 INSULIN	1	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
TRULICITY	1	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
VICTOZA 2-PAK	1	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	1	PA; MO; QL (9 per 30 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)
XULTOPHY 100/3.6	1	ST; MO; QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR	1	MO
ZEGALOGUE SYRINGE	1	MO
ZITUVIO	1	ST; QL (30 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	1	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	1	PA; QL (37.5 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	1	PA; QL (150 per 30 days)
AVEED	1	PA; LA
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO
<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	
CERDELGA	1	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULA R	1	PA; MO
<i>cinacalcet</i>	1	PA; MO
<i>clomid</i>	1	PA; MO
<i>clomiphene citrate</i>	1	PA
CRYSVITA	1	PA; MO; LA
<i>danazol</i>	1	MO
DDAVP INJECTION	1	MO
DDAVP ORAL	1	MO

Drug Name	Drug Tier	Requirements /Limits
DEPO- TESTOSTERONE INTRAMUSCULA R OIL 100 MG/ML	1	PA; MO
DEPO- TESTOSTERONE INTRAMUSCULA R OIL 200 MG/ML	1	PA
<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
ELELYSO	1	PA; MO
ELFABRIO	1	PA; LA
FABRAZYME	1	PA; MO
GALAFOLD	1	PA; MO; LA; QL (15 per 30 days)
HECTOROL INTRAVENOUS	1	
ISTURISA ORAL TABLET 1 MG	1	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JATENZO ORAL CAPSULE 158 MG, 198 MG	1	PA; MO; QL (120 per 30 days)
JATENZO ORAL CAPSULE 237 MG	1	PA; MO; QL (60 per 30 days)
<i>javygtor oral powder in packet 100 mg</i>	1	PA; MO
<i>javygtor oral powder in packet 500 mg</i>	1	PA; MO
<i>javygtor oral tablet,soluble</i>	1	PA; MO
JYNARQUE	1	PA; LA
KANUMA	1	PA; MO
KORLYM	1	PA
KUVAN	1	PA; MO
LUMIZYME	1	PA; MO
MEPSEVII	1	PA; MO
METHITEST	1	MO
<i>methyltestosterone oral capsule</i>	1	MO
MIACALCIN INJECTION	1	MO
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO
<i>miglustat</i>	1	PA; MO; LA
MYALEPT	1	PA; MO; LA
NAGLAZYME	1	PA; MO; LA
NATESTO	1	PA; MO; QL (21.96 per 30 days)
NEXVIAZYME	1	PA; MO
NOCDURNA (MEN)	1	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NOCDURNA (WOMEN)	1	PA; QL (30 per 30 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	1	PA; MO
OPFOLDA	1	PA; MO; QL (8 per 28 days)
ORILISSA	1	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	1	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO
POMBILITI	1	PA; MO
PREGNYL	1	PA; MO
RAYALDEE	1	MO
RECORLEV	1	PA
ROCALTROL	1	
SAMSCA	1	PA; MO
<i>sapropterin</i>	1	PA; MO
SENSIPAR ORAL TABLET 30 MG	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SENSIPAR ORAL TABLET 60 MG, 90 MG	1	PA; MO	<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)
SOMAVERT	1	PA; MO	<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)
STRENSIQ	1	PA; LA	<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; QL (37.5 per 30 days)
SYNAREL	1	PA; MO	<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
TEPEZZA	1	PA; MO; LA	<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
TESTIM	1	PA; MO; QL (300 per 30 days)	TLANDO	1	PA; MO; QL (120 per 30 days)
TESTOPEL	1	PA	tolvaptan	1	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO	<i>vasopressin</i>	1	
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA	VASOPRESSIN IN 0.9 % SOD CHLOR INTRAVENOUS SOLUTION 20 UNIT/100 ML (0.2 UNIT/ML), 40 UNIT/100 ML (0.4 UNIT/ML)	1	
<i>testosterone enanthate</i>	1	PA; MO	VASOSTRICT	1	
<i>testosterone transdermal gel</i>	1	PA; MO; QL (300 per 30 days)	VIMIZIM	1	PA; MO; LA
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; QL (120 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)			

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Drug Name	Drug Tier	Requirements /Limits
VOGELXO	1	PA; QL (300 per 30 days)
VOXZOGO	1	PA; MO
VPRIV	1	PA; MO
XYOSTED	1	PA; MO; QL (2 per 28 days)
yargesa	1	PA; LA
ZAVESCA	1	PA; MO; LA
ZEMPLAR INTRAVENOUS	1	MO
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	1	MO
zoledronic acid intravenous solution	1	B/D PA; MO
zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml	1	B/D PA; MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	1	B/D PA; MO
THYROID HORMONES		
CYTOMEL	1	MO
ERMEZA	1	
euthyrox	1	MO
levo-t	1	
levothyroxine intravenous recon soln	1	
LEVOTHYROXINE INTRAVENOUS SOLUTION	1	
LEVOTHYROXINE ORAL CAPSULE	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levothyroxine oral tablet</i>	1	MO
<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
SYNTROID	1	ST; MO
THYQUIDITY	1	MO
TIROSINT	1	MO
TIROSINT-SOL	1	MO
<i>unithroid</i>	1	MO
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 solution 1 mg/ml</i>	1	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	1	
BENTYL INTRAMUSCULAR	1	MO
CUVPOSA	1	MO
<i>dicyclomine intramuscular</i>	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<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
GLYCATE	1	
<i>glycopyrrolate (pf)</i>	1	
GLYCOPYRROLATE (PF) IN WATER INJECTION	1	
<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 solution</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	
LOMOTIL	1	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
MOTOFEN	1	MO
MYTESI	1	MO
<i>opium tincture</i>	1	MO
ROBINUL FORTE	1	MO

Drug Name	Drug Tier	Requirements /Limits
ROBINUL ORAL	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	1	MO
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION	1	MO
<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO
<i>alosetron oral tablet 1 mg</i>	1	PA; MO
AMITIZA	1	ST; MO; QL (60 per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %	1	MO
ANTIVERT ORAL TABLET 50 MG	1	
ANTIVERT ORAL TABLET,CHEWABLE	1	
ANUSOL-HC TOPICAL	1	MO
ANZEMET ORAL TABLET 50 MG	1	B/D PA; MO
<i>aprepitant</i>	1	B/D PA; MO
APRISO	1	MO
AVSOLA	1	PA; MO; QL (20 per 28 days)
AZULFIDINE	1	MO

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Drug Name	Drug Tier	Requirements /Limits
AZULFIDINE EN-TABS	1	MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO
BONJESTA	1	MO
<i>budesonide oral capsule,delayed,extended.release</i>	1	MO
<i>budesonide oral tablet,delayed and ext.release</i>	1	MO
<i>budesonide rectal</i>	1	MO
BYLVAY	1	PA; MO; LA
CANASA	1	MO
CHENODAL	1	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	1	PA
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days)
CIMZIA	1	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	1	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	1	PA; MO; QL (3 per 180 days)
CINVANTI	1	MO
CLENPIQ ORAL SOLUTION 10 MG- 3.5 GRAM- 12 GRAM/160 ML	1	ST
CLENPIQ ORAL SOLUTION 10 MG- 3.5 GRAM- 12 GRAM/175 ML	1	ST; MO
COLAZAL	1	MO

Drug Name	Drug Tier	Requirements /Limits
COMPАЗINE RECTAL	1	
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTENEMA	1	MO
CORTIFOAM	1	MO
CREON	1	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	1	
DELZICOL	1	
DICLEGIS	1	MO
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM	1	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
<i>dronabinol</i>	1	B/D PA
<i>droperidol injection solution</i>	1	MO
EMEND (FOSAPREPITANT)	1	MO
EMEND ORAL CAPSULE 80 MG	1	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	1	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA
ENTYVIO	1	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ENTYVIO PEN	1	PA; MO; QL (1.36 per 28 days)
<i>enulose</i>	1	MO
EOHILIA	1	PA; MO; QL (600 per 30 days)
FOCINVEZ	1	
<i>fosaprepitant</i>	1	MO
GASTROCROM	1	MO
GATTEX 30-VIAL	1	PA; MO
GATTEX ONE-VIAL	1	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	
<i>generlac</i>	1	
GIMOTI	1	
GOLYTELY	1	ST; MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 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

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
IBSRELA	1	ST; QL (60 per 30 days)
INFLECTRA	1	PA; MO; QL (20 per 28 days)
INFLIXIMAB	1	PA; QL (20 per 28 days)
IQIRVO	1	PA; MO; QL (30 per 30 days)
KRISTALOSE	1	MO
<i>lactulose oral packet</i>	1	
<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	
LIALDA	1	
LINZESS	1	MO; QL (30 per 30 days)
LIVMARLI	1	PA; LA
LOTRONEX	1	PA; MO
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	1	B/D PA
MARINOL ORAL CAPSULE 2.5 MG	1	B/D PA
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MECLIZINE ORAL TABLET 50 MG	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule,extended release 24hr</i>	1	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1	
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating 5 mg</i>	1	
MOTEGRITY	1	ST; QL (30 per 30 days)
MOVANTIK	1	MO; QL (30 per 30 days)
MOVIPREP	1	ST; MO
<i>nitroglycerin rectal</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
OCALIVA	1	PA; MO; LA; QL (30 per 30 days)
OMVOH INTRAVENOUS	1	PA; MO; QL (45 per 180 days)
OMVOH PEN	1	PA; MO; QL (2 per 28 days)
OMVOH SUBCUTANEOUS	1	PA; MO; QL (2 per 28 days)
<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
ONDANSETRON ORAL TABLET,DISINTEGRATING 16 MG	1	B/D PA
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	1	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,500-35,500- 61,500 UNIT, 16,800-56,800- 98,400 UNIT, 2,600- 8,800- 15,200 UNIT, 21,000-54,700- 83,900 UNIT, 4,200- 14,200- 24,600 UNIT	1	ST; MO	PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 4,000- 14,375- 15,125 UNIT, 8,000- 28,750- 30,250 UNIT	1	ST; MO
PANCREAZE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 37,000-97,300- 149,900 UNIT	1	ST; MO	PERTZYE ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 24,000-86,250- 90,750 UNIT	1	ST; MO
peg 3350- <i>electrolytes</i>	1		PLENU	1	ST; MO
peg3350-sod sul- <i>nacl-kcl-asb-c</i>	1	MO	<i>prochlorperazine</i>	1	MO
peg-electrolyte	1	MO	<i>prochlorperazine</i> <i>edisylate injection</i> <i>solution 10 mg/2 ml</i> <i>(5 mg/ml)</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO	<i>prochlorperazine</i> <i>maleate oral</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	1	MO	PROCTOFOAM HC	1	MO
			<i>procto-med hc</i>	1	MO
			<i>proctosol hc topical</i>	1	MO
			<i>proctozone-hc</i>	1	MO
			REBYOTA	1	MO
			RECTIV	1	MO
			REGLAN ORAL	1	MO
			RELISTOR ORAL	1	MO; QL (90 per 30 days)
			RELISTOR SUBCUTANEOUS SOLUTION	1	MO; QL (18 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	MO; QL (12 per 30 days)
RELTONE	1	
REMICADE	1	PA; MO; QL (20 per 28 days)
RENFLEXIS	1	PA; MO; QL (20 per 28 days)
ROWASA RECTAL ENEMA KIT	1	MO
SANCUSO	1	MO
<i>scopolamine base</i>	1	MO
SFROWASA	1	MO
SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	1	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	1	
SUCRAID	1	PA
SUFLAVE	1	ST; MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	1	ST; MO
SUSTOL	1	
SUTAB	1	ST; MO
SYMPROIC	1	MO; QL (30 per 30 days)
SYNDROS	1	B/D PA; MO
TRANSDERM-SCOP	1	MO
TRULANCE	1	QL (30 per 30 days)
UCERIS ORAL	1	MO
UCERIS RECTAL	1	MO
URSO 250	1	
URSO FORTE	1	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
VELSIPITY	1	PA; MO; QL (30 per 30 days)
VIBERZI	1	MO; QL (60 per 30 days)
VIOKACE	1	MO
VOWST	1	PA; LA
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	1	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	1	MO
ZYMFENTRA	1	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
ACIPHEX	1	QL (60 per 30 days)
amoxicil- clarithromy- lansopraz	1	MO; QL (112 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
<i>bismuth subcit k-metronidz-tcn</i>	1	MO; QL (120 per 180 days)
CARAFATE ORAL SUSPENSION	1	
CARAFATE ORAL TABLET	1	MO
<i>cimetidine</i>	1	MO
<i>cimetidine hcl oral</i>	1	
CYTOTEC	1	MO
DEXILANT	1	QL (30 per 30 days)
<i>dexlansoprazole</i>	1	QL (30 per 30 days)
<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)
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	MO
<i>famotidine (pf)</i>	1	MO
<i>famotidine (pf)-nacl (iso-os)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
famotidine intravenous	1	MO
famotidine oral suspension for reconstitution	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
KONVOMEP	1	QL (600 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (60 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	MO; QL (60 per 30 days)
misoprostol	1	MO
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	1	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	1	MO; QL (60 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	1	MO; QL (60 per 30 days)
nizatidine oral capsule	1	MO
OMECLAMOX-PAK	1	QL (80 per 180 days)
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
omeprazole-sodium bicarbonate oral capsule	1	MO; QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet	1	MO; QL (30 per 30 days)
PANTOPRAZOLE IN 0.9% SOD CHLOR	1	
pantoprazole intravenous	1	MO
pantoprazole oral granules dr for susp in packet	1	MO; QL (60 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PEPCID ORAL TABLET	1	MO
PREVACID	1	QL (60 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 15 MG	1	QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 30 MG	1	QL (60 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	1	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	1	MO; QL (480 per 30 days)
PROTONIX INTRAVENOUS	1	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	1	QL (60 per 30 days)
PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 20 MG	1	QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 40 MG	1	QL (60 per 30 days)
PYLERA	1	MO; QL (120 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO
TALICIA	1	MO; QL (168 per 180 days)
VOQUEZNA	1	ST; MO; QL (30 per 30 days)
VOQUEZNA DUAL PAK	1	MO; QL (112 per 180 days)
VOQUEZNA TRIPLE PAK	1	MO; QL (112 per 180 days)
ZEGERID ORAL CAPSULE 20-1.1 MG-GRAM	1	MO; QL (30 per 30 days)
ZEGERID ORAL CAPSULE 40-1.1 MG-GRAM	1	QL (30 per 30 days)
ZEGERID ORAL PACKET	1	MO; QL (30 per 30 days)

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	1	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA; MO	EPOGEN 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
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	1	PA; MO	EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	1	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	1	PA; MO	FULPHILA	1	PA; MO
ARCALYST	1	PA	FYLNETRA	1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)	GENOTROPIN	1	PA; MO
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)	GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	1	PA; MO
BESREMI	1	PA; LA	GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	1	PA; MO
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)	GRANIX	1	PA; MO
EGRIFTA SV	1	PA; MO	HUMATROPE INJECTION CARTRIDGE	1	PA; MO
			ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
LEUKINE INJECTION RECON SOLN	1	PA; MO
MOZOBIL	1	B/D PA; MO
NEULASTA	1	PA; MO
NEULASTA ONPRO	1	PA; MO
NEUPOGEN	1	PA; MO
NGENLA	1	PA; MO
NIVESTYM	1	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; MO
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 30 MG/3 ML (10 MG/ML)	1	PA
NUTROPIN AQ NUSPIN	1	PA; MO
NYVEPRIA	1	PA; MO
OMNITROPE	1	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULA R	1	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
<i>plerixafor</i>	1	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO
REBIF (WITH ALBUMIN)	1	PA; MO; QL (6 per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; MO; QL (6 per 28 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; MO; QL (4.2 per 180 days)
REBIF TITRATION PACK	1	PA; MO; QL (4.2 per 180 days)
REBLOZYL	1	PA
RELEUKO SUBCUTANEOUS	1	PA; MO
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
ROLVEDON	1	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; MO
SKYTROFA	1	PA; MO
SOGROYA	1	PA; MO
STIMUFEND	1	PA; MO
UDENYCA	1	PA; MO
UDENYCA AUTOINJECTOR	1	PA; MO
UDENYCA ONBODY	1	PA; MO
XOLREMDI	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
ZARXIO	1	PA; MO
ZIEXTENZO	1	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	1	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	1	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
ALYGLO	1	PA; MO
AREXVY (PF)	1	V
ASCENIV	1	PA; MO
ATGAM	1	B/D PA
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BIVIGAM	1	PA; MO
BOOSTRIX TDAP	1	V
BOTOX	1	PA; MO
CUTAQUIG	1	B/D PA; MO
CUVITRU	1	B/D PA; MO
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
DENGVAXIA (PF)	1	
DYSPORT	1	PA; MO
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 %	1	PA
fomepizole	1	
GAMASTAN	1	MO
GAMMAGARD LIQUID	1	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	1	PA; MO
GAMMAKED	1	PA; MO
GAMMAPLEX	1	PA; MO
GAMMAPLEX (WITH SORBITOL)	1	PA; MO
GAMUNEX-C	1	PA; MO
GARDASIL 9 (PF)	1	V
GRASTEK	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPAGAM B	1	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	1	

Drug Name	Drug Tier	Requirements /Limits
HIZENTRA	1	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	1	
HYPERHEP B NEONATAL	1	
HYQVIA	1	B/D PA; MO
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	1	
IOPOL	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
MYOBLOC	1	PA; MO
NABI-HB	1	
OCTAGAM	1	PA; MO
ODACTRA	1	PA; MO
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	1	
PALFORZIA (LEVEL 1)	1	PA

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
PALFORZIA (LEVEL 2)	1	PA
PALFORZIA (LEVEL 3)	1	PA
PALFORZIA (LEVEL 4)	1	PA
PALFORZIA (LEVEL 5)	1	PA
PALFORZIA (LEVEL 6)	1	PA
PALFORZIA (LEVEL 7)	1	PA
PALFORZIA (LEVEL 8)	1	PA
PALFORZIA (LEVEL 9)	1	PA
PALFORZIA (LEVEL 10)	1	PA
PALFORZIA (LEVEL 11 UP-DOSE)	1	PA
PALFORZIA INITIAL DOSE	1	PA
PALFORZIA LEVEL 11 MAINTENANCE	1	PA
PANZYGA	1	PA; MO
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PREHEVBRIOD (PF)	1	B/D PA; V

Drug Name	Drug Tier	Requirements /Limits
PRIORIX (PF)	1	V
PRIVIGEN	1	PA; MO
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	V
RAGWITEK	1	MO
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS,DIPHTHERIA TOX PED(PF)	1	
THYMOGLOBULIN	1	B/D PA; MO
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

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Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	1	
VAXCHORA VACCINE	1	
XEMBIFY	1	B/D PA; MO; LA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	1	PA; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	1	PA; MO
YF-VAX (PF)	1	V
ZINPLAVA	1	
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	1	MO

Drug Name	Drug Tier	Requirements /Limits
BD AUTOSHIELD DUO PEN NEEDLE	1	MO
BD INSULIN SYRINGE (HALF UNIT)	1	MO
BD INSULIN SYRINGE U-500	1	MO
BD INSULIN SYRINGE	1	MO
BD NANO 2ND GEN PEN NEEDLE	1	MO
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	1	MO
BD ULTRA-FINE MICRO PEN NEEDLE	1	MO
BD ULTRA-FINE MINI PEN NEEDLE	1	MO
BD ULTRA-FINE NANO PEN NEEDLE	1	
BD ULTRA-FINE SHORT PEN NEEDLE	1	MO
BD VEO INSULIN SYR (HALF UNIT)	1	MO
BD VEO INSULIN SYRINGE UF	1	MO
CEQUR SIMPLICITY	1	MO
CEQUR SIMPLICITY INSERTER	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PEN NEEDLES (NON-PREFERRED BRANDS)	1	ST	DROPLET INSULIN SYRINGE	1	ST
DEXCOM G6 RECEIVER	1	MO	SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE		
DEXCOM G6 SENSOR	1	MO	X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE		
DEXCOM G6 TRANSMITTER	1	MO	X 15/64", 1 ML 29 GAUGE X 1/2", 1		
DEXCOM G7 RECEIVER	1	MO	ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1		
DEXCOM G7 SENSOR	1	MO	ML 31 GAUGE X 15/64"		
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	1	ST	DROPLET INSULIN SYRINKE	1	ST; MO
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16"	1	ST; MO	SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE		
			X 5/16", 1 ML 30 GAUGE X 1/2", 1		
			ML 31 GAUGE X 5/16		
			DROPLET MICRON PEN NEEDLE	1	ST; MO
			DROPLET PEN NEEDLE NEEDLE	1	ST; MO
			29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"		

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 3/8", 30 GAUGE X 5/16", 32 GAUGE X 5/16"	1	ST	INPEN (FOR HUMALOG) PINK	1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	1	ST; MO	INPEN (NOVOLOG OR FIASP) BLUE	1	
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	ST	INPEN (NOVOLOG OR FIASP) GREY	1	
FREESTYLE FREEDOM LITE	1	MO	INPEN (NOVOLOG OR FIASP) PINK	1	
FREESTYLE INSULINX	1		BD INSULIN SYRINGE	1	MO
FREESTYLE LIBRE 14 DAY READER	1		NOVO PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	1	MO
FREESTYLE LIBRE 14 DAY SENSOR	1		NOVO PEN NEEDLE	1	
FREESTYLE LIBRE 2 READER	1	MO	OMNIPOD 5 G6 INTRO KIT (GEN 5)	1	MO; QL (1 per 720 days)
FREESTYLE LIBRE 2 SENSOR	1		OMNIPOD 5 G6 PODS (GEN 5)	1	MO
FREESTYLE LIBRE 3 READER	1	MO	OMNIPOD CLASSIC PODS (GEN 3)	1	
FREESTYLE LIBRE 3 SENSOR	1		OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1 per 720 days)
FREESTYLE LITE METER	1	MO	OMNIPOD DASH PODS (GEN 4)	1	MO
GAUZE PADS 2 X 2	1	MO	OMNIPOD GO PODS	1	
INPEN (FOR HUMALOG) BLUE	1		OMNIPOD GO PODS 10 UNITS/DAY	1	
INPEN (FOR HUMALOG) GREY	1		OMNIPOD GO PODS 15 UNITS/DAY	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
OMNIPOD GO PODS 20 UNITS/DAY	1		TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	1	ST; MO
OMNIPOD GO PODS 25 UNITS/DAY	1				
OMNIPOD GO PODS 30 UNITS/DAY	1				
OMNIPOD GO PODS 40 UNITS/DAY	1				
ONETOUCH ULTRA2 METER	1	MO	TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	ST; MO
ONETOUCH VERIO FLEX METER	1	MO			
ONETOUCH VERIO REFLECT METER	1		TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	1	ST
BD PEN NEEDLE	1	MO			
PEN NEEDLES (NON-PREFERRED BRANDS)	1	ST			
PRECISION XTRA MONITOR	1	MO	TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	1	ST; MO
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	1	ST; MO			

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Drug Name	Drug Tier	Requirements /Limits
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2"	1	ST
TRUEPLUS PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	ST; MO
UNIFINE PENTIPS MAXFLOW	1	ST; MO
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	1	ST; MO
UNIFINE PENTIPS PLUS	1	ST; MO
UNIFINE PENTIPS PLUS MAXFLOW	1	ST
UNIFINE SAFECONTROL NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	1	ST; MO
UNIFINE SAFECONTROL NEEDLE 32 GAUGE X 5/32"	1	ST
UNIFINE SAFECONTROL PEN NEEDLE	1	ST

Drug Name	Drug Tier	Requirements /Limits
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	1	ST
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	1	ST; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS)	1	ST
V-GO 20	1	MO
V-GO 30	1	MO
V-GO 40	1	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
ALLOPURINOL ORAL TABLET 200 MG	1	
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral capsule</i>	1	
<i>colchicine oral tablet</i>	1	MO
COLCRYS	1	ST; MO
<i>febuxostat</i>	1	MO
GLOPERBA	1	ST
KRYSTEXXA	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
MITIGARE	1	ST
<i>probenecid</i>	1	MO
<i>probenecid-colchicine</i>	1	MO
ULORIC	1	MO
ZYLOPRIM ORAL TABLET 100 MG	1	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	1	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	1	ST; MO; QL (4 per 28 days)
<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)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATELVIA	1	ST; MO; QL (4 per 28 days)
BINOSTO	1	ST; MO; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	1	PA; QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	1	PA; MO; QL (2.34 per 30 days)
EVISTA	1	MO
FORTEO	1	PA; MO; QL (2.4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
FOSAMAX ORAL TABLET 70 MG	1	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	1	ST; 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)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	1	PA; MO; QL (2.4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days)
TYMLOS	1	PA; MO; QL (1.56 per 30 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN	1	PA; QL (6 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; QL (2 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB- AACF SUBCUTANEOUS PEN INJECTOR KIT	1	PA; MO; QL (4 per 28 days)
ADALIMUMAB- AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)
ADALIMUMAB- AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB- AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; QL (2 per 28 days)
ADALIMUMAB- AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)
ADALIMUMAB- ADAZ	1	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB- ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
ADALIMUMAB- ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)
ADALIMUMAB- ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB- ADBM (PREFERRED NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)	ADALIMUMAB- RYVK SUBCUTANEOUS SYRINGE KIT	1	PA; QL (6 per 28 days)
ADALIMUMAB- ADBM(CF) PEN CROHNS (PREFERRED NDCS STARTING WITH 00597)	1	PA; QL (6 per 180 days)	AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; MO; QL (2.4 per 28 days)
ADALIMUMAB- ADBM(CF) PEN PS-UV (PREFERRED NDCS STARTING WITH 00597)	1	PA; QL (4 per 180 days)	AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	1	PA; MO; QL (4.8 per 28 days)
ADALIMUMAB- FKJP SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (6 per 28 days)	AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML	1	PA; MO; QL (0.4 per 28 days)
ADALIMUMAB- FKJP SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; QL (2 per 28 days)	AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	1	PA; MO; QL (0.8 per 28 days)
ADALIMUMAB- FKJP SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)	AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; QL (2.4 per 28 days)
ADALIMUMAB- RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	1	PA; MO; QL (6 per 28 days)			

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Drug Name	Drug Tier	Requirements /Limits
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1	PA; MO; QL (4.8 per 28 days)
ARAVA	1	MO; QL (30 per 30 days)
BENLYSTA	1	PA; MO
CUPRIMINE	1	PA; MO
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC- HS	1	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS- UV	1	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
DEPEN TITRATABS	1	PA; MO
ENBREL MINI	1	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)
HADLIMA	1	PA; MO; QL (4.8 per 28 days)
HADLIMA PUSHTOUCH	1	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF)	1	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	1	PA; MO; QL (2.4 per 28 days)
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	1	PA; QL (6 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 28 days)
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)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074)	1	PA; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)
HYRIMOZ (PREFERRED NDCS STARTING WITH 61314)	1	PA; QL (3.2 per 28 days)
HYRIMOZ PEN (PREFERRED NDCS STARTING WITH 61314)	1	PA; QL (3.2 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314)	1	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314)	1	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	1	PA; MO; QL (0.2 per 28 days)

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	1	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; QL (1.6 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	1	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	1	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	1	PA; QL (1.6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	1	PA; MO; QL (1.6 per 28 days)
IDACIO(CF)	1	PA; MO; QL (4 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR	1	PA; MO; QL (6 per 180 days)
IDACIO(CF) PEN PSORIASIS START	1	PA; MO; QL (4 per 180 days)
IDACIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT	1	PA; MO; QL (4 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML	1	PA; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2.28 per 28 days)
KINERET	1	PA; QL (20.1 per 30 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
OLUMIANT	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 20 MG	1	PA; QL (60 per 30 days)
OTEZLA ORAL TABLET 30 MG	1	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51)	1	PA; QL (55 per 180 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days)
OTREXUP (PF)	1	MO
<i>penicillamine</i>	1	PA; MO
RASUVO (PF)	1	MO
RIDAURA	1	MO

Drug Name	Drug Tier	Requirements /Limits
RINVOQ LQ	1	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR	1	PA; MO; QL (6 per 28 days)
SIMPONI ARIA	1	PA; MO; QL (64 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TOFIDENCE	1	PA; QL (160 per 28 days)
TYENNE AUTOINJECTOR	1	PA; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	1	PA; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	1	PA; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	1	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days)
XELJANZ XR	1	PA; MO; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	1	PA; QL (3 per 180 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
YUSIMRY(CF) PEN	1	PA; QL (4.8 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
ACTIVELLA	1	PA; MO
ANGELIQ	1	PA; MO
BIJUVA	1	PA; MO
<i>camila</i>	1	MO
CLIMARA	1	PA; MO; QL (4 per 28 days)
CLIMARA PRO	1	PA; MO
COMBIPATCH	1	PA
CRINONE VAGINAL GEL 4 %	1	MO
CRINONE VAGINAL GEL 8 %	1	PA; MO
<i>deblitane</i>	1	MO
DELESTROGEN	1	MO
DEPO-ESTRADIOL	1	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	1	MO
DEPO-PROVERA INTRAMUSCULAR SYRINGE	1	MO
DEPO-SUBQ PROVERA 104	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	1	PA; MO; QL (30 per 30 days)	<i>estradiol</i> <i>transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	1	PA; MO; QL (37.5 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	1	PA; MO; QL (37.5 per 30 days)	<i>estradiol</i> <i>transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)	<i>estradiol</i> <i>transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)
DUAVEE	1	MO	<i>estradiol vaginal</i>	1	MO
ELESTRIN	1	PA; MO; QL (70 per 30 days)	<i>estradiol valerate</i>	1	MO
<i>emzahh</i>	1		<i>estradiol- norethindrone acet</i>	1	PA; MO
<i>errin</i>	1	MO	ESTRING	1	MO
ESTRACE ORAL	1	PA; MO	ESTROGEL	1	MO; QL (50 per 30 days)
ESTRACE VAGINAL	1	ST; MO	EVAMIST	1	PA; MO; QL (16.2 per 30 days)
<i>estradiol oral</i>	1	PA; MO	FEMRING	1	ST; MO
<i>estradiol</i> <i>transdermal gel in metered-dose pump</i>	1	MO; QL (50 per 30 days)	<i>fyavolv</i>	1	PA; MO
<i>estradiol</i> <i>transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %)</i>	1	PA; MO; QL (30 per 30 days)	<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	

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Drug Name	Drug Tier	Requirements /Limits
<i>medroxyprogesterone</i>	1	MO
MENEST	1	PA; MO
MENOSTAR	1	PA; MO; QL (4 per 28 days)
<i>mimvey</i>	1	PA; MO
MINIVELLE	1	PA; MO; QL (8 per 28 days)
<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 INJECTION	1	
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	MO
PREMPHASE	1	MO
PREMPRO	1	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
PROMETRIUM	1	MO
PROVERA	1	MO
<i>sharobel</i>	1	MO
VAGIFEM	1	ST; MO
VIVELLE-DOT	1	PA; MO; QL (8 per 28 days)
<i>yuvafem</i>	1	

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS OB/GYN		
ANNOVERA	1	MO
CLEOCIN VAGINAL	1	MO
<i>clindamycin phosphate vaginal</i>	1	MO
CLINDESSE	1	MO
<i>eluryng</i>	1	MO
<i>enilloring</i>	1	MO
<i>etonogestrel-ethynodiol estradiol</i>	1	
GYZNAZOLE-1	1	MO
haloette	1	MO
INTRAROSA	1	MO
KYLEENA	1	
LILETTA	1	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>mifepristone oral tablet 200 mg</i>	1	LA
MIRENA	1	
MYFEMBREE	1	PA; MO
NEXPLANON	1	
<i>norelgestromin-ethinodiol</i>	1	
NUVARING	1	MO
NUVESSA	1	MO
ORIAHNN	1	PA; MO
OSPHENA	1	MO
PHEXXI	1	MO

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Drug Name	Drug Tier	Requirements /Limits
SKYLA	1	
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>vandazole</i>	1	MO
VEOZAH	1	PA; MO
XACIATO	1	ST; MO
<i>xulane</i>	1	
<i>zafemy</i>	1	MO

ORAL CONTRACEPTIVES / RELATED AGENTS

<i>afirmelle</i>	1	
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethia</i>	1	
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30 (21)</i>	1	MO
<i>aurovela 1/20 (21)</i>	1	
<i>aurovela 24 fe</i>	1	MO
<i>aurovela fe 1.5/30 (28)</i>	1	MO
<i>aurovela fe 1-20 (28)</i>	1	MO
<i>aviane</i>	1	MO
<i>ayuna</i>	1	MO
<i>azurette (28)</i>	1	MO
BALCOLTRA	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>balziva (28)</i>	1	MO
BEYAZ	1	MO
<i>blisovi 24 fe</i>	1	MO
<i>blisovi fe 1.5/30 (28)</i>	1	MO
<i>blisovi fe 1/20 (28)</i>	1	MO
<i>briellyn</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>charlotte 24 fe</i>	1	MO
<i>chateal eq (28)</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
<i>desog-</i> <i>e.estradiol/e.estradio</i> <i>l</i>	1	
<i>desogestrel-ethinyl</i> <i>estradiol</i>	1	
<i>dolishale</i>	1	MO
<i>drospirenone-</i> <i>e.estradiol-lm.fa</i>	1	MO
<i>drospirenone-ethinyl</i> <i>estradiol oral tablet</i> <i>3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl</i> <i>estradiol oral tablet</i> <i>3-0.03 mg</i>	1	
<i>elinest</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO
<i>estarrylla</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>ethynodiol diac-eth estradiol</i>	1		<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>falmina (28)</i>	1	MO	<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>finzala</i>	1	MO	<i>larin 1.5/30 (21)</i>	1	MO
<i>gemmily</i>	1	MO	<i>larin 1/20 (21)</i>	1	MO
<i>hailey</i>	1	MO	<i>larin 24 fe</i>	1	MO
<i>hailey 24 fe</i>	1	MO	<i>larin fe 1.5/30 (28)</i>	1	MO
<i>hailey fe 1.5/30 (28)</i>	1	MO	<i>larin fe 1/20 (28)</i>	1	MO
<i>hailey fe 1/20 (28)</i>	1	MO	<i>layolis fe</i>	1	MO
<i>iclevia</i>	1		<i>leena 28</i>	1	MO
<i>introvale</i>	1		<i>lessina</i>	1	MO
<i>isibloom</i>	1	MO	<i>levonest (28)</i>	1	MO
<i>jaimiess</i>	1	MO	<i>levonorgest-eth.estradiol-iron</i>	1	
<i>jasmiel (28)</i>	1	MO	<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>jolessa</i>	1	MO	<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>joyeaux</i>	1	MO	<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	
<i>juleber</i>	1	MO			
<i>junel 1.5/30 (21)</i>	1	MO			
<i>junel 1/20 (21)</i>	1	MO			
<i>junel fe 1.5/30 (28)</i>	1	MO			
<i>junel fe 1/20 (28)</i>	1	MO			
<i>junel fe 24</i>	1	MO			
<i>kaitlib fe</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			

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Drug Name	Drug Tier	Requirements /Limits
<i>levonorg-eth estrad triphasic</i>	1	
<i>levora-28</i>	1	MO
<i>LO LOESTRIN FE</i>	1	
<i>LOESTRIN 1.5/30 (21)</i>	1	MO
<i>LOESTRIN 1/20 (21)</i>	1	MO
<i>LOESTRIN FE 1.5/30 (28-DAY)</i>	1	MO
<i>LOESTRIN FE 1/20 (28-DAY)</i>	1	MO
<i>lojaimies</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>low-ogestrel (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO
<i>lutera (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>merzee</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin 24 fe</i>	1	
<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>NATAZIA</i>	1	MO
<i>necon 0.5/35 (28)</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>NEXTSTELLIS</i>	1	MO
<i>nikki (28)</i>	1	MO
<i>noreth-ethinyl estradiol-iron</i>	1	
<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 capsule</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet 1-20(5)/1-30(7)/1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estradiol-iron oral tablet, chewable</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>nylia 1/35 (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nylia 7/7/7 (28)</i>	1	MO
<i>nymyo</i>	1	
<i>ocella</i>	1	
<i>philith</i>	1	MO
<i>pimtrea (28)</i>	1	MO
<i>portia 28</i>	1	MO
QUARTETTE	1	MO
<i>reclipsen (28)</i>	1	MO
<i>rivelsa</i>	1	MO
SAFYRAL	1	MO
<i>setlakin</i>	1	MO
<i>simliya (28)</i>	1	MO
<i>simpesse</i>	1	MO
SLYND	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina 24 fe</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
TAYTULLA	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-mili</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-mili</i>	1	
<i>tri-nymyo</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>turqoz (28)</i>	1	MO
TYBLUME	1	MO
<i>tydemy</i>	1	
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienna</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>volnea (28)</i>	1	MO
<i>vyfemla (28)</i>	1	MO
<i>vylibra</i>	1	MO
<i>wera (28)</i>	1	MO
<i>wymzya fe</i>	1	MO
YASMIN (28)	1	MO
YAZ (28)	1	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO
OXYTOCICS		
<i>methylergonovine oral</i>	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	1	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO
BESIVANCE	1	MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
CILOXAN OPHTHALMIC (EYE) OINTMENT	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
<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	
NATACYN	1	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	
OCUFLOX	1	MO
<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)

Drug Name	Drug Tier	Requirements /Limits
TOBREX OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
VIGAMOX	1	MO
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	1	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
BETIMOL	1	MO
BETOPTIC S	1	MO
<i>carteolol</i>	1	MO
ISTALOL	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate (pf)</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
TIMOPTIC OCUDOSE (PF)	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	1	
ALOMIDE	1	MO
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
ATROPINE SULFATE (PF)	1	
<i>azelastine ophthalmic (eye)</i>	1	MO
BEOVU INTRAVITREAL SYRINGE	1	PA; MO
<i>bepotastine besilate</i>	1	MO
BEPREVE	1	MO
<i>bss</i>	1	
BSS PLUS	1	
BYOOVIZ	1	PA; MO
CEQUA	1	MO; QL (60 per 30 days)
CIMERLI	1	PA; MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTADROPS	1	PA
CYSTARAN	1	PA
<i>epinastine</i>	1	MO
EYLEA	1	PA; MO
EYLEA HD	1	PA; MO
IZERVAY (PF)	1	PA
LUCENTIS INTRAVITREAL SYRINGE	1	PA; MO
MIEBO (PF)	1	MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	MO
OMIDRIA	1	
OXERVATE	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
PHOSPHOLINE IODIDE	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS	1	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	1	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide-prednisolone</i>	1	MO
SYFOVRE (PF)	1	PA; MO
TYRVAYA	1	MO; QL (8.4 per 30 days)
VABYSMO INTRAVITREAL SOLUTION	1	PA; MO
VERKAZIA	1	PA; QL (120 per 30 days)
VEVYE	1	MO; QL (2 per 30 days)
VUITY	1	PA; MO
XDEMVY	1	PA; QL (10 per 42 days)
XIIDRA	1	MO; QL (60 per 30 days)
ZERVIATE	1	
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	1	ST; MO

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ACULAR LS	1	ST; MO
ACUVAIL (PF)	1	ST; MO
<i>bromfenac</i>	1	MO
BROMSITE	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	1	ST; MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
NEVANAC	1	ST; MO
PROLENSA	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		
AZOPT	1	MO
<i>bimatoprost ophthalmic (eye)</i>	1	MO
<i>brimonidine-timolol</i>	1	MO
<i>brinzolamide</i>	1	MO
COMBIGAN	1	MO
COSOPT	1	MO
COSOPT (PF)	1	MO
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO
DURYSTA	1	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
IYUZEH (PF)	1	ST; MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
<i>miostat</i>	1	
RHOPRESSA	1	
ROCKLATAN	1	
SIMBRINZA	1	MO
<i>tafluprost (pf)</i>	1	MO
TRAVATAN Z	1	ST; MO
<i>travoprost</i>	1	MO
VYZULTA	1	ST
XALATAN	1	ST; MO
XELPROS	1	ST
ZIOPTAN (PF)	1	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	1	MO
<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 OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
TOBRADEX ST	1	MO
<i>tobramycin- dexamethasone</i>	1	MO; QL (10 per 14 days)

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Drug Name	Drug Tier	Requirements /Limits
ZYLET	1	MO; QL (10 per 14 days)
STEROIDS		
ALREX	1	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
DEXTENZA	1	
<i>diluprednate</i>	1	MO
DUREZOL	1	MO
EYSUVIS	1	PA; MO; QL (8.3 per 14 days)
FLAREX	1	MO
<i>fluorometholone</i>	1	MO
FML FORTE	1	MO
FML LIQUIFILM	1	MO
INVELTYS	1	MO
LOTEMAX	1	MO
LOTEMAX SM	1	MO
<i>loteprednol etabonate</i>	1	MO
MAXIDEX	1	MO
OZURDEX	1	MO
PRED FORTE	1	MO
PRED MILD	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
RETISERT	1	
YUTIQ	1	
SYMPATHOMIMETICS		

Drug Name	Drug Tier	Requirements /Limits
ALPHAGAN P	1	MO
<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
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
AUVI-Q	1	QL (2 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
CLARINEX ORAL TABLET	1	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	1	MO; QL (60 per 30 days)
<i>desloratadine</i>	1	MO; QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diphenhydramine hcl oral elixir</i>	1	PA
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	MO; QL (2 per 30 days)
<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)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURE D BY MYLAN SPECIALTY)	1	QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	
EPIPEN	1	QL (2 per 30 days)
EPIPEN 2-PAK	1	QL (2 per 30 days)
EPIPEN JR	1	QL (2 per 30 days)
EPIPEN JR 2-PAK	1	QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION	1	MO
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
QUZYTTIR	1	
SYMJEPI	1	QL (2 per 30 days)
PULMONARY AGENTS		
ACCOLATE	1	
<i>acetylcysteine</i>	1	B/D PA; MO
ADCIRCA	1	PA; MO; QL (60 per 30 days)
ADEMPAS	1	PA; MO; LA
ADVAIR DISKUS	1	MO; QL (60 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)
AIRDUO DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG-14 MCG/ACTUATION , 232-14 MCG/ACTUATION	1	ST; QL (1 per 30 days)
AIRDUO RESPICLICK	1	ST; MO; QL (1 per 30 days)
AIRSUPRA	1	ST; MO; QL (32.1 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	1	ST; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	MO; QL (12.2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
<i>ambrisentan</i>	1	PA; MO; LA
<i>aminophylline intravenous</i>	1	
ANORO ELLIPTA	1	ST; MO; QL (60 per 30 days)
<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)
ARMONAIR DIGIHALER INHALATION AERO POWDR BREATH ACT W/SENSOR 113 MCG/ACTUATION , 232 MCG/ACTUATION	1	ST; QL (1 per 30 days)
ARNUITY ELLIPTA	1	ST; QL (30 per 30 days)
ASMANEX HFA	1	MO; QL (13 per 30 days)

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This drug list was last updated on 09/17/2024.

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)
<i>azelastine-</i> <i>fluticasone</i>	1	MO; QL (23 per 30 days)
BERINERT INTRAVENOUS KIT	1	PA; MO
BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>bosentan</i>	1	PA; MO; LA
BREO ELLIPTA	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>breyna</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
BRONCHITOL	1	PA; MO
BROVANA	1	B/D PA; MO; QL (120 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)
CINQAIR	1	PA; LA
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
CUROSURF	1	
DALIRESP	1	PA; MO; QL (30 per 30 days)
DUAKLIR PRESSAIR	1	ST; MO; QL (1 per 30 days)
DULERA	1	MO; QL (13 per 30 days)
DYMISTA	1	MO; QL (23 per 30 days)
ELIXOPHYLLIN	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ESBRIET ORAL CAPSULE	1	PA; MO; QL (270 per 30 days)	FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; MO; QL (270 per 30 days)	FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)
ESBRIET ORAL TABLET 801 MG	1	PA; MO; QL (90 per 30 days)	FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)
FASENRA PEN	1	PA; MO; QL (1 per 28 days)	<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)	FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	ST; MO; QL (1 per 30 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days)	<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
FIRAZYR	1	PA; MO	FLUTICASONE PROPION- SALMETEROL INHALATION HFA AEROSOL INHALER	1	ST; MO; QL (12 per 30 days)
<i>flunisolide</i>	1	MO; QL (50 per 30 days)	<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)
FLUTICASONE FUROATE- VILANTEROL	1	ST; MO; QL (60 per 30 days)			
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	1	ST; MO; QL (60 per 30 days)			
FLUTICASONE PROPIONATE INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	1	ST; MO; QL (240 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
HAEGARDA	1	PA; MO; LA
<i>icatibant</i>	1	PA; MO
INCRUSE ELLIPTA	1	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALBITOR	1	PA; MO
KALYDECO	1	PA; MO; QL (56 per 28 days)
LETAIRIS	1	PA; MO; LA
<i>levalbuterol hcl</i>	1	B/D PA; MO
LEVALBUTEROL TARTRATE	1	ST; MO; QL (30 per 30 days)
LIQREV	1	PA; MO; QL (180 per 30 days)
<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)
NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days)
OFEV	1	PA; MO; QL (60 per 30 days)
OMNARIS	1	ST; MO; QL (12.5 per 30 days)
OPSUMIT	1	PA; MO; LA
OPSYNVI	1	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
ORLADEYO	1	PA; LA
PERFOROMIST	1	B/D PA; MO; QL (120 per 30 days)
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	1	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days)
PROAIR DIGIHALER	1	ST; QL (2 per 30 days)
PROAIR RESPICLICK	1	ST; MO; QL (2 per 30 days)
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)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	1	B/D PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	1	B/D PA; MO; QL (60 per 30 days)
PULMOZYME	1	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	1	ST; QL (6.8 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	1	ST; QL (10.6 per 30 days)
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)
REVATIO INTRAVENOUS	1	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTION	1	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	1	PA; MO; QL (90 per 30 days)
roflumilast	1	PA; MO; QL (30 per 30 days)
RUCONEST	1	PA; MO
RYALTRIS	1	ST; MO; QL (29 per 30 days)
sajazir	1	PA; MO
SEREVENT DISKUS	1	ST; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil</i> <i>(pulmonary arterial hypertension)</i> <i>intravenous solution 10 mg/12.5 ml</i>	1	PA
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral suspension for reconstitution 10 mg/ml</i>	1	PA; MO; QL (224 per 30 days)
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SINGULAIR	1	
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	1	ST; MO; QL (90 per 90 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMBICORT	1	ST; MO; QL (10.2 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days)
TADLIQ	1	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TAKHZYRO	1	PA; MO; LA
<i>terbutaline oral</i>	1	MO
<i>terbutaline subcutaneous</i>	1	MO
TEZSPIRE	1	PA; MO; QL (1.91 per 30 days)
THEO-24	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)
TRACLEER	1	PA; MO; LA
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	1	ST; MO; QL (1 per 30 days)

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

This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits	
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	1	ST; QL (1 per 30 days)	XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)	
TYVASO	1	B/D PA; MO	XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)	
TYVASO DPI	1	PA; MO	XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)	
TYVASO INSTITUTIONAL START KIT	1	B/D PA	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)	
TYVASO REFILL KIT	1	B/D PA; MO	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)	
TYVASO STARTER KIT	1	B/D PA; MO	XOPENEX HFA	1	ST; MO; QL (30 per 30 days)	
VENTAVIS	1	B/D PA; MO	YUPELRI	1	B/D PA; MO; QL (90 per 30 days)	
VENTOLIN HFA	1	ST; MO; QL (36 per 30 days)	<i>zafirlukast</i>	1	MO	
WINREVAIR SUBCUTANEOUS KIT 45 MG (2 PACK), 60 MG (2 PACK)	1	PA	ZETONNA	1	ST; MO; QL (6.1 per 30 days)	
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	1	PA; MO	<i>zileuton</i>	1	MO	
<i>wixela inh</i>	1	QL (60 per 30 days)	ZYFLO	1	MO	
XHANCE	1	ST; MO; QL (32 per 30 days)	UROLOGICALS			
ANTICHOLINERGICS / ANTISPASMODICS						
<i>darifenacin</i>		1	MO			

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
DETROL	1	MO
DETROL LA	1	MO
<i>fesoterodine</i>	1	MO
<i>flavoxate</i>	1	MO
GEMTESA	1	MO
<i>mirabegron</i>	1	MO
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
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
OXYTROL	1	MO; QL (8 per 28 days)
<i>solifenacin</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	1	MO
<i>trospium oral capsule,extended release 24hr</i>	1	MO
<i>trospium oral tablet</i>	1	MO
VESICARE	1	MO

Drug Name	Drug Tier	Requirements /Limits
VESICARE LS	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
AVODART	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride- tamsulosin</i>	1	MO
ENTADFI	1	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX	1	ST; MO
PROSCAR	1	MO
RAPAFLO	1	ST; MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO
UROXATRAL	1	ST; MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 2.5 MG	1	PA; QL (60 per 30 days)
CIALIS ORAL TABLET 5 MG	1	PA; QL (30 per 30 days)
CYSTAGON	1	PA; LA
ELMIRON	1	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
OXLUMO	1	PA; LA

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 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>potassium citrate oral tablet extended release</i>	1	MO
PROSYSBI	1	PA; MO
PROSTIN VR PEDIATRIC	1	
RENACIDIN	1	MO
RIVFLOZA	1	PA
<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)
UROCIT-K 10	1	MO
UROCIT-K 15	1	MO
UROCIT-K 5	1	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
ALBUKED-25	1	
ALBUKED-5	1	
<i>albumin, human 25 %</i>	1	
ALBUMIN, HUMAN 5 %	1	
ALBUMINEX 25 %	1	
ALBUMINEX 5 %	1	
<i>alburx (human) 25 %</i>	1	
ALBURX (HUMAN) 5 %	1	
ALBUTEIN 25 %	1	
ALBUTEIN 5 %	1	

Drug Name	Drug Tier	Requirements /Limits
FLEXBUMIN 25 %	1	
FLEXBUMIN 5 %	1	
RYPLAZIM	1	PA
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	MO; QL (360 per 30 days)
<i>calcium chloride</i>	1	
CALCIUM GLUC IN NACL, ISO- OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	1	
<i>calcium gluconate intravenous</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	1	MO
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO
GLYCOPHOS	1	
<i>klor-con 10</i>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	1	MO
<i>klor-con m20</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO
<i>klor-con/ef</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	1	

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>lactated ringers intravenous</i>	1	MO	<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>magnesium chloride injection</i>	1		<i>potassium chloride intravenous</i>	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1		<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>magnesium sulfate in water</i>	1		<i>potassium chloride oral liquid</i>	1	MO
<i>magnesium sulfate injection solution</i>	1	MO	<i>potassium chloride oral packet</i>	1	
<i>magnesium sulfate injection syringe</i>	1		<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium acetate</i>	1		<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chlorid-d5-0.45%nacl</i>	1		<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1		<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1		<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1		<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.9%nacl</i>	1		CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1		CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
POTASSIUM PHOSPHATE M-/D-BASIC INTRAVENOUS SOLUTION 3 MMOL/ML (4.7 MEQ/ML)	1		CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
<i>ringer's intravenous</i>	1		CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
<i>sodium acetate</i>	1		CLINIMIX E 4.25%/D10W SULFREE	1	B/D PA
<i>sodium bicarbonate intravenous</i>	1		CLINIMIX E 4.25%/D5W SULF FREE	1	B/D PA
<i>sodium chloride 0.45 % intravenous</i>	1	MO	CLINIMIX E 5%/D15W SULFIT FREE	1	B/D PA
<i>sodium chloride 3 % hypertonic</i>	1		CLINIMIX E 5%/D20W SULFIT FREE	1	B/D PA
<i>sodium chloride 5 % hypertonic</i>	1	MO	CLINIMIX E 8%-D10W SULFITEFREE	1	B/D PA
<i>sodium chloride intravenous</i>	1		CLINIMIX E 8%-D14W SULFITEFREE	1	B/D PA
<i>sodium phosphate</i>	1	MO	CLINISOL SF 15 %	1	B/D PA
TPN ELECTROLYTES	1		CLINOLIPID	1	B/D PA
MISCELLANEOUS NUTRITION PRODUCTS			DOJOLVI	1	PA; MO; LA
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA	EDETATE CALCIUM DISODIUM INJECTION	1	
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA	electrolyte-148	1	

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This drug list was last updated on 09/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>electrolyte-48 in d5w</i>	1	
<i>electrolyte-a</i>	1	
<i>intralipid</i>	1	B/D PA
<i>intravenous emulsion 20 %</i>		
INTRALIPID INTRAVENOUS EMULSION 30 %	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
KABIVEN	1	B/D PA
NUTRILIPID	1	B/D PA
OMEGAVEN	1	B/D PA; MO
PERIKABIVEN	1	B/D PA
PLASMA-LYTE 148	1	
PLASMA-LYTE A	1	
PLENAMINE	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
PROSOL 20 %	1	B/D PA
SMOFLIPID	1	B/D PA
THAM	1	
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	1	B/D PA
VITAMINS / HEMATINICS		
CITRANATAL MEDLEY	1	MO
<i>fluoride (sodium) oral tablet</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
NESTABS ONE	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO
wescap-c dha	1	MO
wescap-pn dha	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 09/17/2024.

Index

A	
abacavir.....	3
abacavir-lamivudine.....	3
ABELCET.....	2
ABILIFY.....	58
ABILIFY ASIMTUFII....	57, 58
ABILIFY MAINTENA.....	58
ABILIFY MYCITE MAINTENANCE KIT.....	58
ABILIFY MYCITE STARTER KIT	58
abiraterone.....	19
ABRAXANE.....	19
ABRILADA(CF).....	135
ABRILADA(CF) PEN	135
ABRYSVO (PF).....	126
ABSORICA.....	88
ABSORICA LD	88
acamprosate	95
ACANYA.....	88
acarbose	103
ACCOLATE.....	152
ACCUPRIL.....	71
ACCURETIC	71
accutane	88
acebutolol	71
ACETADOTE.....	95
ACETAMINOPHEN	54
acetaminophen-caff- dihydrocod.....	49
acetaminophen-codeine.....	49
acetazolamide	150
acetazolamide sodium	150
acetic acid	95, 100
acylcysteine	95, 152
ACIPHEX	121
acitretin	84
ACTEMRA	135
ACTEMRA ACTPEN.....	135
ACTHAR	101
ACTHAR SELFJECT	101
ACTHIB (PF).....	126
ACTIMMUNE	123
ACTIVELLA.....	141
ACTONEL	134
ACTOPLUS MET	103
ACTOS.....	103
ACULAR.....	149
ACULAR LS.....	150
ACUVAIL (PF).....	150
acyclovir	3, 91
acyclovir sodium.....	3
ACZONE.....	88
ADACEL(TDAP ADOLESN/ADULT)(PF)	126
ADAKVEO	19
ADALIMUMAB-AACF	135
ADALIMUMAB-AATY	135
ADALIMUMAB-ADAZ....	135
ADALIMUMAB-ADBM (PREFERRED NDCS STARTING WITH 00597)	135, 136
ADALIMUMAB-ADBM(CF) PEN CROHNS (PREFERRED NDCS STARTING WITH 00597)	136
ADALIMUMAB-ADBM(CF) PEN PS-UV (PREFERRED NDCS STARTING WITH 00597).....	136
ADALIMUMAB-FKJP.....	136
ADALIMUMAB-RYVK ...	136
adapalene	88
adapalene-benzoyl peroxide.	88
ADBRY	85, 86
ADCETRIS	19
ADCIRCA	152
ADDERALL	58
ADDERALL XR	58
adefovir.....	3
ADEMPAS	152
adenosine	70
ADLARITY.....	45
ADMELOG SOLOSTAR U- 100 INSULIN	103
ADMELOG U-100 INSULIN LISPRO	103
adrenalin.....	151
ADRIAMYCIN	19
ADSTILADRIN	19
ADVAIR DISKUS	152
ADVAIR HFA.....	152
ADZENYS XR-ODT	58
ADZYNMA.....	77
AEMCOLO	10
AFINITOR	19
AFINITOR DISPERZ	20
afirmelle.....	144
AFREZZA	103
AGAMREE	101
AGGRASTAT CONCENTRATE.....	77
AGGRASTAT IN SODIUM CHLORIDE	77
AGRYLIN	95
AIMOVIG AUTOINJECTOR	43
AIRDUO DIGIHALER.....	152
AIRDUO RESPICLICK.....	152
AIRSUPRA	152
AJOVY AUTOINJECTOR ..	43
AJOVY SYRINGE	43
AKEEGA	20
AKLIEF	88
AKYNZEO (FOSNETUPITANT)	115
ala-cort	92
ALA-SCALP	92
albendazole	10
ALBUKED-25.....	161
ALBUKED-5.....	161
albumin, human 25 %.....	161
ALBUMIN, HUMAN 5 %.	161
ALBUMINEX 25 %.....	161
ALBUMINEX 5 %.....	161
alburx (human) 25 %.....	161

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 09/17/2024.

ALBURX (HUMAN) 5 %	.161	
ALBUTEIN 25 %	.....161	
ALBUTEIN 5 %	.....161	
<i>albuterol sulfate</i>	.....153	
ALBUTEROL SULFATE..	153	
<i>alclometasone</i>	.....92	
<i>alcohol pads</i>	.....103	
ALDACTONE	.....71	
ALDURAZYME	.....110	
ALECENSA	.....20	
<i>alendronate</i>	.....134	
<i>alfuzosin</i>	.....160	
ALIMTA	.....20	
ALIQOPA	.....20	
<i>aliskiren</i>	.....71	
ALKERAN	.....20	
ALKERAN (AS HCL)	.....20	
ALKINDI SPRINKLE	.....101	
<i>allopurinol</i>	.....133	
ALLOPURINOL	.....133	
<i>allopurinol sodium</i>	.....133	
<i>almotriptan malate</i>	.....43	
ALOCRIL	.....148	
ALOGLIPTIN	.....103	
ALOGLIPTIN-METFORMIN	.....103	
ALOGLIPTIN-		
PIOGLITAZONE	.....103	
ALOMIDE	.....148	
<i>aloprim</i>	.....133	
<i>alosetron</i>	.....115	
ALPHAGAN P	.....151	
ALREX	.....151	
ALTABAX	.....90	
ALTACE	.....71	
<i>altavera (28)</i>	.....144	
ALTOPREV	.....80	
ALTRENO	.....88	
ALUNBRIG	.....20	
ALVAIZ	.....77	
ALVESCO	.....153	
<i>alyacen 1/35 (28)</i>	.....144	
<i>alyacen 7/7/7 (28)</i>	.....144	
ALYGLO	.....126	
ALYMSYS	.....20	
<i>alyq</i>	.....153	
<i>amantadine hcl</i>	.....3	
AMBIEN	.....58	
AMBIEN CR	.....58	
AMBISOME	.....2	
<i>ambrisentan</i>	.....153	
<i>amcinonide</i>	.....92	
<i>amethia</i>	.....144	
<i>amethyst (28)</i>	.....144	
<i>amikacin</i>	.....10	
<i>amiloride</i>	.....71	
<i>amiloride-hydrochlorothiazide</i>	.....71	
<i>aminocaproic acid</i>	.....77	
<i>aminophylline</i>	.....153	
<i>amiodarone</i>	.....70	
AMITIZA	.....115	
<i>amitriptyline</i>	.....58	
AMJEVITA (PREFERRED NDCS STARTING WITH 55513)	.....136, 137	
<i>amlodipine</i>	.....71	
<i>amlodipine-atorvastatin</i>	.....80	
<i>amlodipine-benazepril</i>	.....71	
<i>amlodipine-olmesartan</i>	.....71	
<i>amlodipine-valsartan</i>	.....71	
<i>amlodipine-valsartan-hcthiazid</i>	.....71	
<i>ammonium lactate</i>	.....86	
AMMONUL	.....95	
<i>amnesteem</i>	.....88	
AMONDYS-45	.....45	
<i>amoxapine</i>	.....58	
<i>amoxicil-clarithromy-</i>		
<i>lansopraz</i>	.....121	
<i>amoxicillin</i>	.....15	
<i>amoxicillin-pot clavulanate</i>	..15	
<i>amphetamine sulfate</i>	.....58	
<i>amphotericin b</i>	.....2	
<i>amphotericin b liposome</i>	.....2	
<i>ampicillin</i>	.....15	
<i>ampicillin sodium</i>	.....15	
<i>ampicillin-sulbactam</i>	.....15	
AMPYRA	.....45	
AMVUTTRA	.....45	
AMZEEQ	.....88	
ANAFRANIL	.....58	
<i>anagrelide</i>	.....95	
ANALPRAM-HC	.....84, 115	
<i>anastrozole</i>	.....20	
ANCOBON	.....2	
ANDEXXA	.....77	
ANDROGEL	.....110, 111	
ANGELIQ	.....141	
ANKTIVA	.....20	
ANNOVERA	.....143	
ANORO ELLIPTA	.....153	
ANTIVERT	.....115	
ANUSOL-HC	.....115	
ANZEMET	.....115	
<i>apexicon e</i>	.....92	
APIDRA SOLOSTAR U-100 INSULIN	.....103	
APIDRA U-100 INSULIN	.103	
APLENZIN	.....58	
APOKYN	.....42	
<i>apomorphine</i>	.....42	
<i>apraclonidine</i>	.....151	
<i>aprepitant</i>	.....115	
APRETUDE	.....3	
<i>apri</i>	.....144	
APRISO	.....115	
APTENSIO XR	.....58	
APTIOM	.....35	
APTIVUS	.....3	
ARALAST NP	.....95	
<i>aranelle (28)</i>	.....144	
ARANESP (IN POLYSORBATE)	..123, 124	
ARAVA	.....137	
ARAZLO	.....88	
ARCALYST	.....124	
ARESTIN	.....99	
AREXVY (PF)	.....126	
<i>arformoterol</i>	.....153	
ARGATROBAN	.....77	
<i>argatroban in 0.9 % sod chlor</i>		
	.....77	
ARICEPT	.....45	
ARIKAYCE	.....10	
ARIMIDEX	.....20	
<i>ariPIPrazole</i>	.....58	
ARISTADA	.....58, 59	

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 09/17/2024.

ARISTADA INITIO	58	AUGTYRO	20	<i>baclofen</i>	48
ARIXTRA	77	<i>aurovela 1.5/30 (21)</i>	144	BACLOFEN	48, 49
<i>armodafinil</i>	59	<i>aurovela 1/20 (21)</i>	144	BACTRIM	17
ARMONAIR DIGIHALER	153	<i>aurovela 24 fe</i>	144	BACTRIM DS	17
ARNUITY ELLIPTA.....	153	<i>aurovela fe 1.5/30 (28)</i>	144	BAFIERTAM	45
AROMASIN.....	20	<i>aurovela fe 1-20 (28)</i>	144	BALCOLTRA	144
ARRANON	20	AURYXIA.....	95	<i>balsalazide</i>	116
<i>arsenic trioxide</i>	20	AUSTEDO	45	BALVERSA	20
ARTHROTEC 50.....	54	AUSTEDO XR.....	45	<i>balziva (28)</i>	144
ARTHROTEC 75.....	54	AUSTEDO XR TITRATION		BANZEL	35
ASCENIV	126	KT(WK1-4)	45	BAQSIMI	103
<i>asenapine maleate</i>	59	AUVELITY	59	BARACLUDE.....	3
<i>ashlyna</i>	144	AUVI-Q.....	151	BASAGLAR KWIKPEN U-	
ASMANEX HFA	153	AVALIDE	72	100 INSULIN	103
ASMANEX TWISTHALER	.....	AVAPRO.....	72	BASAGLAR TEMPO PEN(U-	
.....	154	AVASTIN	20	100)INSLN	103
ASPARLAS	20	AVEED	111	BAVENCIO	20
<i>aspirin-dipyridamole</i>	77	<i>aviane</i>	144	BAXDELA	16
ASPRUZY SPRINKLE....	82	AVODART	160	BCG VACCINE, LIVE (PF)	
ASSURE ID INSULIN		AVONEX	124	.....	126
SAFETY	129	AVSOLA.....	115	BD AUTOSHIELD DUO PEN	
ASTAGRAF XL	20	AVYCAZ	7	NEEDLE.....	129
ATACAND	72	<i>ayuna</i>	144	BD INSULIN SYRINGE	
ATACAND HCT	72	AYVAKIT.....	20	(HALF UNIT)	129
<i>atazanavir</i>	3	<i>azacitidine</i>	20	BD INSULIN SYRINGE U-	
ATELVIA.....	134	AZACTAM	10	500	129
<i>atenolol</i>	72	AZASAN	20	BD INSULIN SYRINGE	
<i>atenolol-chlorthalidone</i>	72	AZASITE	147	ULTRA-FINE.....	129
ATGAM	126	<i>azathioprine</i>	20	BD NANO 2ND GEN PEN	
ATIVAN.....	59	<i>azathioprine sodium</i>	20	NEEDLE.....	129
<i>atomoxetine</i>	59	<i>azelaic acid</i>	88	BD SAFETYGLIDE INSULIN	
ATORVALIQ.....	80	<i>azelastine</i>	99, 149	SYRINGE.....	129
<i>atorvastatin</i>	80	<i>azelastine-fluticasone</i>	154	BD ULTRA-FINE MICRO	
<i>atovaquone</i>	10	AZELEX	88	PEN NEEDLE	129
<i>atovaquone-proguanil</i>	10	AZILECT	42	BD ULTRA-FINE MINI PEN	
ATRALIN	88	<i>azithromycin</i>	9	NEEDLE.....	129
ATRIPLA	3	AZOPT	150	BD ULTRA-FINE NANO	
<i>atropine</i>	114, 148	AZOR	72	PEN NEEDLE	129
ATROPINE	114	AZSTARYS	59	BD ULTRA-FINE SHORT	
ATROPINE SULFATE (PF)	.....	<i>aztreonam</i>	10	PEN NEEDLE	129
.....	149	AZULFIDINE	115	BD VEO INSULIN SYR	
ATROVENT HFA	154	AZULFIDINE EN-TABS ..	116	(HALF UNIT)	129
AUBAGIO	45	<i>azurette (28)</i>	144	BD VEO INSULIN SYRINGE	
<i>aura eq</i>	144	B		UF	129
AUGMENTIN.....	15	<i>bacitracin</i>	10, 147	BELBUCA	49
AUGMENTIN ES-600.....	15	<i>bacitracin-polymyxin b</i>	147	BELEODAQ.....	20

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 09/17/2024.

BELSOMRA	59	BIKTARVY	3	BRYHALI	92
<i>benazepril</i>	72	BILTRICIDE	10	<i>bss</i>	149
<i>benazepril-hydrochlorothiazide</i>	72	<i>bimatoprost</i>	150	BSS PLUS	149
<i>bendamustine</i>	20	BIMZELX	84	<i>budesonide</i>	116, 154
BENDAMUSTINE	20	BIMZELX AUTOINJECTOR	84	<i>budesonide-formoterol</i>	154
BENDEKA	20	BINOSTO	134	<i>bumetanide</i>	72
BENICAR	72	<i>bismuth subcit k-metronidz-tcn</i>	121	BUPHENYL	95
BENICAR HCT	72	<i>bisoprolol fumarate</i>	72	<i>buprenorphine hcl</i>	50
BENLYSTA	137	<i>bisoprolol-hydrochlorothiazide</i>	72	<i>buprenorphine transdermal patch</i>	50
BENTYL	114	BIVIGAM	126	<i>buprenorphine-naloxone</i>	54
BENZAMYCIN	88	<i>bleomycin</i>	21	<i>bupropion hcl</i>	59
BENZNIDAZOLE	10	BLINCYTO	21	BUPROPION HCL	59
<i>benztropine</i>	42	<i>blisovi 24 fe</i>	144	<i>bupropion hcl (smoking deter)</i>	99
BEOVU	149	<i>blisovi fe 1.5/30 (28)</i>	144	<i>buspirone</i>	59
<i>bepotastine besilate</i>	149	<i>blisovi fe 1/20 (28)</i>	144	<i>busulfan</i>	21
BEPREVE	149	BONJESTA	116	BUSULFEX	21
BERINERT	154	BOOSTRIX TDAP	126	<i>butorphanol</i>	54
BESIVANCE	147	<i>bortezomib</i>	21	BUTRANS	50
BESPONSA	21	BORTEZOMIB	21	BYDUREON BCISE	103
BESREMI	124	<i>bosentan</i>	154	BYETTA	104
<i>betaine</i>	116	BOSULIF	21	BYLVAY	116
<i>betamethasone acet,sod phos</i>	101	BOTOX	126	BYOOVIZ	149
<i>betamethasone dipropionate</i>	92	BRAFTOVI	21	BYSTOLIC	72
<i>betamethasone valerate</i>	92	BREO ELLIPTA	154	C	
<i>betamethasone, augmented</i>	92	BREVIBLOC	72	CABENUVA	3
BETAPACE	71	BREVIBLOC IN NACL (ISO-OSM)	72	<i>cabergoline</i>	111
BETAPACE AF	70	<i>breyna</i>	154	CABLIVI	77
BETASERON	124	BREZTRI AEROSPHERE	154	CABOMETYX	21
<i>betaxolol</i>	72, 148	<i>briellyn</i>	144	CABTREO	88
<i>bethanechol chloride</i>	160	BRILINTA	77	CADUET	80
BETHKIS	10	<i>brimonidine</i>	88, 151	CAFCIT	95
BETIMOL	148	<i>brimonidine-timolol</i>	150	<i>caffeine citrate</i>	95
BETOPTIC S	148	<i>brinzolamide</i>	150	<i>calcipotriene</i>	84
BEVESPI AEROSPHERE	154	BRIUMVI	45	CALCIPOTRIENE	84
<i>bexarotene</i>	21	BRIVIACT	36	<i>calcipotriene-betamethasone</i>	84
BEXZERO	126	BRIXADI	49	<i>calcitonin (salmon)</i>	111
BEYAZ	144	<i>bromfenac</i>	150	<i>calcitriol</i>	84, 111
BEYFORTUS	3	<i>bromocryptine</i>	42	<i>calcium acetate(phosphat bind)</i>	161
<i>bicalutamide</i>	21	BROMSITE	150	<i>calcium chloride</i>	161
BICILLIN C-R	15	BRONCHITOL	154	CALCIUM GLUC IN NACL, ISO-OSM	161
BICILLIN L-A	15	BROVANA	154	<i>calcium gluconate</i>	161
BICNU	21	BRUKINSA	21	CALDOLOR	54
BIDIL	72				
BIJUVA	141				

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 09/17/2024.

CALQUENCE.....	21
CALQUENCE (ACALABRUTINIB MAL)	21
CAMBIA.....	54
camila.....	141
CAMPTOSAR	21
camrese.....	144
camrese lo	144
CAMZYOS	82
CANASA	116
CANCIDAS	2
candesartan	72
candesartan- hydrochlorothiazid	72
CAPEX.....	92
CAPLYTA	59
CAPRELSA	21
captopril	72
captopril-hydrochlorothiazide	72
CARAC	86
CARAFATE.....	121
CARBAGLU.....	95
carbamazepine	36
CARBATROL.....	36
carbidopa	42
carbidopa-levodopa	42
carbidopa-levodopa- entacapone	42
carboplatin	21
CARDENE IV IN SODIUM CHLORIDE.....	72
CARDIZEM	72
CARDIZEM CD	72
CARDIZEM LA.....	72
CARDURA	72
CARDURA XL.....	72
carglumic acid.....	95
carmustine	21
CARNITOR	95
CARNITOR (SUGAR-FREE)	95
CAROSPIR	72
carteolol	148
cartia xt	72
carvedilol	72
carvedilol phosphate	72
CASODEX	21
caspofungin	2
CAYSTON	10
cefaclor	7
cefadroxil.....	7
cefazolin.....	7, 8
CEFAZOLIN	8
cefazolin in dextrose (iso-os) ..	7
CEFAZOLIN IN DEXTROSE (ISO-OS)	7
cefdinir.....	8
cefepime	8
CEFEPIME	8
CEFEPIME IN DEXTROSE 5 %.....	8
cefepime in dextrose, iso-os ..	8
cefixime	8
cefotetan	8
cefoxitin	8
cefoxitin in dextrose, iso-os ..	8
cefpodoxime	8
cefprozil	8
ceftazidime	8
ceftriaxone	8
CEFTRIAXONE	8
ceftriaxone in dextrose, iso-os ..	8
cefuroxime axetil	8
cefuroxime sodium	8
CELEBREX	54
celecoxib	54
CELESTONE SOLUSPAN101	
CELEXA	59
CELLCEPT	21, 22
CELLCEPT INTRAVENOUS	21
CELONTIN	36
cephalexin.....	8, 9
CEPROTIN (BLUE BAR) ..	77
CEPROTIN (GREEN BAR)	77
CEQUA	149
CEQUR SIMPLICITY	129
CEQUR SIMPLICITY INSERTER	129
CERDELGA.....	111
CEREBYX	36
CEREZYME	111
cetirizine	151
CETRAXAL	100
cevimeline	95
CHANTIX	99
CHANTIX CONTINUING MONTH BOX.....	99
CHANTIX STARTING MONTH BOX.....	99
charlotte 24 fe	144
chateal eq (28).....	144
CHEMET	95
CHENODAL	116
chloramphenicol sod succinate	10
chlorhexidine gluconate	100
chlorprocaine (pf).....	86
chloroquine phosphate	10
chlorothiazide sodium	72
chlorpromazine	59
chlorthalidone	72
CHOLBAM	116
cholestyramine (with sugar) ..	80
cholestyramine light	80
CHORIONIC GONADOTROPIN, HUMAN	111
CIALIS	160
CIBINQO	86
cyclolan	90
ciclopirox	90
cidofovir	3
cilostazol	77
CILOXAN	148
CIMDUO	3
CIMERLI	149
cimetidine	121
cimetidine hcl	121
CIMZIA	116
CIMZIA POWDER FOR RECONST	116
CIMZIA STARTER KIT	116
cinacalcet	111
CINQAIR	154
CINRYZE	154

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 09/17/2024.

CINVANTI.....	116	CLINIMIX 5%/D15W SULFITE FREE	163	<i>clopidogrel</i>	77
CIPRO	16	CLINIMIX 4.25%/D10W SULF FREE	163	<i>clorazepate dipotassium</i>	59
CIPRO HC	101	CLINIMIX 4.25%/D5W SULFIT FREE.....	95	<i>clotrimazole</i>	2, 90
<i>ciprofloxacin</i>	16	CLINIMIX 5%- D20W(SULFITE-FREE).....	163	<i>clotrimazole-betamethasone</i>	90, 91
<i>ciprofloxacin hcl</i> ...16, 100, 148		CLINIMIX 6%-D5W (SULFITE-FREE)	163	<i>clozapine</i>	59, 60
<i>ciprofloxacin in 5 % dextrose</i>	16	CLINIMIX 8%- D10W(SULFITE-FREE).....	163	CLOZARIL	60
<i>ciprofloxacin-dexamethasone</i>	101	CLINIMIX 8%- D14W(SULFITE-FREE).....	163	COARTEM	10
CIPROFLOXACIN- FLUOCINOLONE	101	CLINIMIX E 2.75%/D5W SULF FREE	95	<i>codeine sulfate</i>	50
<i>cisplatin</i>	22	CLINIMIX E 4.25%/D10W SUL FREE.....	163	COLAZAL	116
<i>citalopram</i>	59	CLINIMIX E 4.25%/D5W SULF FREE	163	<i>colchicine</i>	133
CITALOPRAM	59	CLINIMIX E 5%/D15W SULFIT FREE.....	163	COLCRYS	133
CITANEST PLAIN DENTAL	86	CLINIMIX E 5%/D20W SULFIT FREE.....	163	<i>colesevelam</i>	80
CITRANATAL MEDLEY .164		CLINIMIX E 8%-D10W SULFITEFREE	163	COLESTID	80
<i>cladribine</i>	22	CLINIMIX E 8%-D14W SULFITEFREE	163	<i>colestipol</i>	80
<i>claravis</i>	88	CLINISOL SF 15 %.....	163	<i>colistin (colistimethate na)</i>	10
CLARINEX	151	CLINOLIPID.....	163	COLUMVI	22
CLARINEX-D 12 HOUR ..151		CLINPRO 5000.....	100	COLY-MYCIN M PARENTERAL	10
<i>clarithromycin</i>	9	<i>clobazam</i>	36	COMBIGAN	150
CLENPIQ	116	<i>clobetasol</i>	92	COMBIPATCH	141
CLEOCIN	10, 143	<i>clobetasol-emollient</i>	92	COMBIVENT RESPIMAT	154
CLEOCIN HCL	10	CLOBEX	92	COMBIVIR	3
CLEOCIN PEDIATRIC	10	<i>clocortolone pivalate</i>	92	COMBOGESIC IV	54
CLEOCIN T	88	<i>clodan</i>	92	COMETRIQ	22
CLEVIPREX	72	<i>clofarabine</i>	22	COMFORT EZ PRO SAFETY PEN NDL	130
CLIMARA	141	<i>clomid</i>	111	COMPАЗИНЕ	116
CLIMARA PRO	141	<i>clomiphene citrate</i>	111	COMPLERA	3
<i>clindacin</i>	88	<i>clomipramine</i>	59	<i>compro</i>	116
<i>clindacin etz</i>	89	<i>clonazepam</i>	36	COMTAN	42
<i>clindacin p</i>	89	<i>clonidine</i>	72	CONCERTA	60
CLINDAGEL	89	<i>clonidine (pf)</i>	54, 72	CONDYLOX	86
<i>clindamycin hcl</i>	10	<i>clonidine hcl</i>	59, 73	CONJUPRI	73
CLINDAMYCIN IN 0.9 % SOD CHLOR	10	CLONIDINE HCL	73	<i>constulose</i>	116
<i>clindamycin in 5 % dextrose</i> 10				CONZIP	54
<i>clindamycin pediatric</i>	10			COPAXONE	45
<i>clindamycin phosphate</i> ..10, 89, 143				COPIKTRA	22
<i>clindamycin-benzoyl peroxide</i>	89			CORDRAN	93
<i>clindamycin-tretinoïn</i>	89			CORDRAN TAPE LARGE ROLL	92
CLINDESSE	143			COREG	73
				COREG CR	73
				CORGARD	73
				CORLANOR	82
				CORTEF	101

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 09/17/2024.

CORTENEMA	116
CORTIFOAM	116
<i>cortisone</i>	101
CORTISPORIN-TC	101
CORTROPHIN GEL.....	101
CORVERT	71
COSELA	22
COSENTYX.....	84
COSENTYX (2 SYRINGES)	84
COSENTYX PEN	84
COSENTYX PEN (2 PENS)	84
COSENTYX UNOREADY PEN	84
COSMEGEN.....	22
COSOPT	150
COSOPT (PF)	150
COTELLIC.....	22
COTEMPLA XR-ODT	60
COZAAR	73
CREON	116
CRESEMBA	2
CRESTOR.....	80
CRINONE	141
<i>cromolyn</i>	116, 149, 154
<i>crotan</i>	94
<i>cryselle</i> (28).....	144
CRYSVITA.....	111
CUBICIN RF	10
CUPRIMINE.....	137
CUROSURF	154
CUTAQUIG	126
CUVITRU	126
CUVPOSA	114
CUVRIOR	95
<i>cyclobenzaprine</i>	49
<i>cyclophosphamide</i>	22
CYCLOPHOSPHAMIDE	22
<i>cycloserine</i>	10
CYCLOSET	104
<i>cyclosporine</i>	22, 149
<i>cyclosporine modified</i>	22
CYLTEZO(CF)	137
CYLTEZO(CF) PEN	137
CYLTEZO(CF) PEN CROHN'S-UC-HS.....	137
CYLTEZO(CF) PEN PSORIASIS-UV	137
CYMBALTA.....	60
CYRAMZA	22
<i>cyred eq</i>	144
CYSTADANE.....	116
CYSTADROPS	149
CYSTAGON	160
CYSTARAN	149
<i>cytarabine</i>	22
<i>cytarabine (pf)</i>	22
CYTOGAM.....	126
CYTOMEL.....	114
CYTOTEC.....	121
D	
<i>d10 %-0.45 % sodium chloride</i>	95
<i>d2.5 %-0.45 % sodium chloride</i>	95
<i>d5 % and 0.9 % sodium chloride</i>	95
<i>d5 %-0.45 % sodium chloride</i>	95
<i>dabigatran etexilate</i>	77
<i>dacarbazine</i>	23
DACOGEN	23
<i>dactinomycin</i>	23
<i>dalfampridine</i>	45
DALIRESP	154
DALVANCE	10
<i>danazol</i>	111
DANTRIUM	49
<i>dantrolene</i>	49
DANYELZA	23
DAPAGLIFLOZ PROPANED-METFORMIN	104
DAPAGLIFLOZIN PROPANEDIOL	104
<i>dapsone</i>	10, 89
DAPTACEL (DTAP PEDIATRIC) (PF).....	126
<i>daptomycin</i>	10
DAPTOMYCIN	10
DAPTOMYCIN IN 0.9 % SOD CHLOR	10
DARAPRIM	10
<i>darifenacin</i>	159
<i>darunavir</i>	3
DARZALEX	23
DARZALEX FASPRO	23
<i>dasetta 1/35 (28)</i>	144
<i>dasetta 7/77 (28)</i>	144
<i>daunorubicin</i>	23
DAURISMO	23
DAYBUE	45
DAYPRO	54
<i>daysee</i>	144
DAYTRANA	60
DAYVIGO	60
DDAVP	111
<i>deblitane</i>	141
<i>decitabine</i>	23
<i>deferasirox</i>	95, 96
<i>deferiprone</i>	96
<i>deferoxamine</i>	96
<i>deflazacort</i>	101
DELESTROGEN	141
DELSTRIGO	3
DELZICOL	116
<i>demeclocycline</i>	17
DEMSER	73
DENAVIR	91
DENGVAXIA (PF)	127
<i>denta 5000 plus</i>	100
<i>denta 5000 plus sensitive</i>	100
<i>dentagel</i>	100
DEPAKOTE	36
DEPAKOTE ER	36
DEPAKOTE SPRINKLES ..	36
DEPEN TITRATABS	137
DEPO-ESTRADIOL	141
DEPO-MEDROL	101
DEPO-PROVERA	141
DEPO-SUBQ PROVERA	104
DEPO-TESTOSTERONE ..	111
<i>dermacinrx lidocan</i>	86
DERMA-SMOOTH/FS BODY OIL	93
DERMA-SMOOTH/FS SCALP OIL	93

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 09/17/2024.

DERMOTIC OIL	101
DESCOVY	3
DESFERAL.....	96
<i>desipramine</i>	60
<i>desloratadine</i>	151
<i>desmopressin</i>	111
<i>desog-e.estriadiol/e.estriadiol</i>	144
<i>desogestrel-ethinyl estradiol</i>	144
<i>desonide</i>	93
DESOWEN	93
<i>desoximetasone</i>	93
DESVENLAFAKINE	60
<i>desvenlafaxine succinate</i>	60
DETROL	160
DETROL LA.....	160
<i>dexabliss</i>	101
<i>dexamethasone</i>	101
<i>dexamethasone intensol</i>	101
<i>dexamethasone sodium phos (pf)</i>	101
DEXAMETHASONE SODIUM PHOS (PF)....	101
<i>dexamethasone sodium phosphate</i>	101, 151
DEXCOM G6 RECEIVER	130
DEXCOM G6 SENSOR	130
DEXCOM G6 TRANSMITTER.....	130
DEXCOM G7 RECEIVER	130
DEXCOM G7 SENSOR	130
DEXEDRINE SPANSULE..	60
DEXILANT	121
<i>dexlansoprazole</i>	121
<i>dexamethylphenidate</i>	60
<i>dexrazoxane hcl</i>	19
DEXTENZA.....	151
<i>dextroamphetamine sulfate</i> ..	60
<i>dextroamphetamine-amphetamine</i>	60
<i>dextrose 10 % and 0.2 % nacl</i>	96
<i>dextrose 10 % in water (d10w)</i>	96
<i>dextrose 25 % in water (d25w)</i>	96
<i>dextrose 5 % in water (d5w)</i> ..	96
<i>dextrose 5 %-lactated ringers</i>	96
<i>dextrose 5%-0.2 % sod chloride</i>	96
<i>dextrose 5%-0.3 % sod.chloride</i>	96
<i>dextrose 50 % in water (d50w)</i>	96
<i>dextrose 70 % in water (d70w)</i>	96
DHIVY	42
DIACOMIT	36
<i>diazepam</i>	36, 60
<i>diazepam intensol</i>	60
<i>diazoxide</i>	104
DIBENZYLINE	73
<i>dichlorphenamide</i>	45
DICLEGIS.....	116
DICLOFENAC EPOLAMINE	54
<i>diclofenac potassium</i>	55
<i>diclofenac sodium</i> ...55, 86, 150	
<i>diclofenac-misoprostol</i>	55
<i>dicloxacillin</i>	15
<i>dicyclomine</i>	114, 115
DIFFERIN	89
DIFICID	9
<i>diflorasone</i>	93
DIFLUCAN	2
<i>dilunisal</i>	55
<i>diluprednate</i>	151
<i>digoxin</i>	82
<i>dihydroergotamine</i>	43
DILANTIN 30 MG	36
DILANTIN EXTENDED 100 MG.....	36
DILANTIN INFATABS 50 MG.....	36
DILANTIN-125 125 MG/5 ML	36
DILAUDID	50
DILAUDID (PF)	50
<i>diltiazem hcl</i>	73
<i>dilt-xr</i>	73
<i>dimenhydrinate</i>	116
<i>dimethyl fumarate</i>	46
DIOVAN	73
DIOVAN HCT	73
DIPENTUM	116
<i>diphenhydramine hcl</i> ..	151, 152
<i>diphenoxylate-atropine</i>	115
DIPROLENE (AUGMENTED)	93
<i>dipyridamole</i>	77
<i>disulfiram</i>	96
DIURIL.....	73
<i>divalproex</i>	36
DIVIGEL	142
<i>dobutamine</i>	82
<i>dobutamine in d5w</i>	82
<i>docetaxel</i>	23
<i>dofetilide</i>	71
DOJOLVI	163
<i>dolishale</i>	144
<i>donepezil</i>	46
<i>dopamine</i>	83
<i>dopamine in 5 % dextrose</i> ..	82, 83
DOPRAM	60
DOPTELET (10 TAB PACK)	77
DOPTELET (15 TAB PACK)	77
DOPTELET (30 TAB PACK)	77
DORYX	17
DORYX MPC	17
<i>dorzolamide</i>	150
<i>dorzolamide-timolol</i>	150
<i>dorzolamide-timolol (pf)</i>	150
<i>dotti</i>	142
DOVATO	3
<i>doxazosin</i>	73
<i>doxepin</i>	60, 61, 86
<i>doxercalciferol</i>	111
DOXIL	23
<i>doxorubicin</i>	23
<i>doxorubicin, peg-liposomal</i> ..	23
<i>doxy-100</i>	17

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 09/17/2024.

<i>doxycycline hyolate</i>	17	DYRENIUM	73	<i>eluryng</i>	143
DOXYCYCLINE HYCLATE		DYSPORT	127	ELYXYB	43
.....	17	E		ELZONRIS	23
<i>doxycycline monohydrate</i>	17,	<i>e.e.s. 400</i>	9	EMEND	116
18		E.E.S. GRANULES	9	EMEND (FOSAPREPITANT)	
<i>doxylamine-pyridoxine (vit b6)</i>		<i>ec-naproxen</i>	55	.....	116
.....	116	<i>econazole</i>	91	EMFLAZA	101
DRIZALMA SPRINKLE	61	<i>edaravone</i>	46	EMGALITY PEN	43
<i>dronabinol</i>	116	EDARBI	73	EMGALITY SYRINGE	43
<i>droperidol</i>	116	EDARBYCLOR	73	EMPAVELI	96
DROPLET INSULIN		EDECрин	73	EMPLICITI	23
SYR(HALF UNIT)	130	EDETA CALCIUM		EMSAM	61
DROPLET INSULIN		DISODIUM	163	<i>emtricitabine</i>	4
SYRINGE	130	EDURANT	3	<i>emtricitabine-tenofovir (tdf)</i>	4
DROPLET MICRON PEN		<i>efavirenz</i>	4	EMTRIVA	4
NEEDLE	130	<i>efavirenz-emtricitabin-tenofov4</i>		EMVERM	11
DROPLET PEN NEEDLE	130,	<i>efavirenz-lamivu-tenofov disop</i>	4	<i>emzahh</i>	142
131		.....		<i>enalapril maleate</i>	73
DROPSAFE ALCOHOL		<i>effer-k</i>	161	<i>enalaprilat</i>	73
PREP PADS	104	EFFER-K	161	<i>enalapril-hydrochlorothiazide</i>	
DROPSAFE PEN NEEDLE		EFFEXOR XR	61	.....	73
.....	131	EFFIENT	77	ENBREL	137
<i>drospirenone-e.estradiol-lm.fa</i>		EFUDEX	86	ENBREL MINI	137
.....	144	EGRIFTA SV	124	ENBREL SURECLICK	137
<i>drospirenone-ethinyl estradiol</i>		ELAPRASE	111	ENDARI	96
.....	144	electrolyte-148	163	<i>endocet</i>	50
DROXIA	23	electrolyte-48 in d5w	164	ENGERIX-B (PF)	127
<i>droxidopa</i>	96	electrolyte-a	164	ENGERIX-B PEDIATRIC	
DUAKLIR PRESSAIR	154	ELELYSO	111	(PF)	127
DUAVEE	142	ELESTRIN	142	ENHERTU	23
DUETACT	104	eletriptan	43	<i>enilloring</i>	143
DUEXIS	55	ELFABRIO	111	ENJAYMO	96
DULERA	154	ELIDEL	86	<i>exoxaparin</i>	77, 78
<i>duloxetine</i>	61	ELIGARD	23	<i>enpresse</i>	144
DUOBRII	93	(3 MONTH)	23	<i>enskyce</i>	144
DUOPA	42	(4 MONTH)	23	ENSPRYNG	23
DUPIXENT PEN	86	(6 MONTH)	23	ENSTILAR	84
DUPIXENT SYRINGE	86	<i>elinest</i>	144	<i>entacapone</i>	42
<i>duramorph (pf)</i>	50	ELIQUIS	77	ENTADFI	160
DUREZOL	151	ELIQUIS DVT-PE TREAT		<i>entecavir</i>	4
DURYSTA	150	30D START	77	ENTRESTO	83
<i>dutasteride</i>	160	ELITEK	19	ENTRESTO SPRINKLE	83
<i>dutasteride-tamsulosin</i>	160	ELIXOPHYLLIN	154	ENTYVIO	116
DUVYZAT	96	ELLENCE	23	ENTYVIO PEN	117
DYANAVEL XR	61	ELMIRON	160	<i>enulose</i>	117
DYMISTA	154	ELREXFIO	23	ENVARSUS XR	23

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

This drug list was last updated on 09/17/2024.

EOHILIA	117
EPANED	73
EPCLUSA	4
EPIDIOLEX	36
EPIDUO	89
EPIDUO FORTE	89
EPIFOAM	84
<i>epinastine</i>	149
<i>epinephrine</i>	152
EPINEPHRINE	152
EPIPEN	152
EPIPEN 2-PAK	152
EPIPEN JR	152
EPIPEN JR 2-PAK	152
<i>epirubicin</i>	23
<i>epitol</i>	36
EPIVIR	4
EPKINLY	23
<i>eplerenone</i>	73
EPOGEN	124
<i>epoprostenol</i>	73
EPRONTIA	36
EPSOLAY	89
EPZICOM	4
EQUETRO	36
ERAXIS(WATER DILUENT)	2
ERBITUX	23
<i>ergoloid</i>	61
ERGOMAR	43
<i>ergotamine-caffeine</i>	43
<i>eribulin</i>	23
ERIVEDGE	23
ERLEADA	24
<i>erlotinib</i>	24
ERMEZA	114
<i>errin</i>	142
ERTACZO	91
<i>ertapenem</i>	11
ERWINASE	24
<i>ery pads</i>	89
<i>erygel</i>	89
ERYPED 200	9
ERYPED 400	9
<i>ery-tab</i>	9
ERY-TAB	9
ERYTHROCIN	9
<i>erythrocin (as stearate)</i>	9
<i>erythromycin</i>	9, 148
<i>erythromycin ethylsuccinate</i>	9
<i>erythromycin lactobionate</i>	9
<i>erythromycin with ethanol</i>	89
<i>erythromycin-benzoyl peroxide</i>	89
ESBRIET	155
<i>escitalopram oxalate</i>	61
<i>esmolol</i>	73
<i>esmolol in nacl (iso-osm)</i>	73
<i>esomeprazole magnesium</i>	121
<i>esomeprazole sodium</i>	121
<i>estarrylla</i>	144
ESTRACE	142
<i>estradiol</i>	142
<i>estradiol valerate</i>	142
<i>estradiol-norethindrone acet</i>	142
ESTRING	142
ESTROGEL	142
<i>eszopiclone</i>	61
<i>ethacrynat sodium</i>	73
<i>ethacrylic acid</i>	73
<i>ethambutol</i>	11
<i>ethosuximide</i>	36
<i>ethynodiol diac-eth estradiol</i>	145
<i>etodolac</i>	55
<i>etonogestrel-ethynodiol estradiol</i>	143
ETOPOPHOS	24
<i>etoposide</i>	24
<i>etravirine</i>	4
EUCRISA	86
EULEXIN	24
<i>euthyrox</i>	114
EVAMIST	142
EVEKEO	61
EVENITY	134
<i>everolimus (antineoplastic)</i>	24
<i>everolimus</i>	
<i>(immunosuppressive)</i>	24
EVISTA	134
EVKEEZA	80
EVOMELA	24
EVOTAZ	4
EVOXAC	96
EVRYSDI	46
EXELDERM	91
EXELON PATCH	46
<i>exemestane</i>	24
EXFORGE	73
EXFORGE HCT	73
EXJADE	96
EXONDYS-51	46
EXSERVAN	96
EXTENCILLINE	15
EYLEA	149
EYLEA HD	149
EYSUVIS	151
EZALLOR SPRINKLE	80
<i>ezetimibe</i>	80
EZETIMIBE-	
ROSUVASTATIN	80
<i>ezetimibe-simvastatin</i>	80
F	
FABHALTA	96
FABIOR	89
FABRAZYME	111
falmina (28)	145
famciclovir	4
famotidine	122
<i>famotidine (pf)</i>	121
<i>famotidine (pf)-nacl (iso-os)</i>	121
FANAPT	61
FARESTON	24
FARXIGA	104
FASENRA	155
FASENRA PEN	155
FASLODEX	24
<i>febuxostat</i>	133
<i>felbamate</i>	36
FELBATOL	36
<i>felodipine</i>	73
FEMARA	24
FEMRING	142
<i>fenofibrate</i>	81
FENOFIBRATE	80
<i>fenofibrate micronized</i>	80

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 09/17/2024.

FENOFIBRATE	
MICRONIZED.....	80
<i>fenofibrate nanocrystallized</i>	80
<i>fenofibric acid</i>	81
<i>fenofibric acid (choline)</i>	81
FENOGLIDE	81
<i>fenoprofen</i>	55
FENSOLVI	24
fentanyl.....	50
<i>fentanyl citrate</i>	50
FENTANYL CITRATE.....	50
<i>fentanyl citrate (pf)</i>	50
FENTANYL CITRATE (PF).....	50
FENTORA	50
FERRIPROX.....	96
FERRIPROX (2 TIMES A DAY).....	96
<i>fesoterodine</i>	160
FETROJA.....	9
FETZIMA	61
FEXMID	49
FIASP FLEXTOUCH U-100 INSULIN	104
FIASP PENFILL U-100 INSULIN	104
FIASP U-100 INSULIN....	104
FIBRICOR	81
FILSPARI	83
FILSUVEZ	86
FINACEA	89
<i>finasteride</i>	160
<i>fingolimod</i>	46
FINTEPLA	36
<i>finzala</i>	145
FIRAZYR.....	155
FIRDAPSE	46
FIRMAGON KIT W DILUENT SYRINGE	24
FIRVANQ	11
<i>flac otic oil</i>	101
FLAGYL	11
FLAREX	151
<i>flavoxate</i>	160
FLEBOGAMMA DIF	127
<i>flecainide</i>	71
FLECTOR	55
FLEQSUVY	49
FLEXBUMIN 25 %	161
FLEXBUMIN 5 %	161
FLOLAN	73
FLOLIPID	81
FLOMAX	160
<i>flouxuridine</i>	24
<i>fluconazole</i>	2
<i>fluconazole in nacl (iso-osm)</i>	2
<i>flucytosine</i>	2
<i>fludarabine</i>	24
<i>fludrocortisone</i>	102
<i>flumazenil</i>	61
<i>flunisolide</i>	155
<i>fluocinolone</i>	93
<i>fluocinolone acetonide oil</i>	101
<i>fluocinolone and shower cap</i>	93
<i>fluocinonide</i>	93
<i>fluocinonide-e</i>	93
<i>fluocinonide-emollient</i>	93
<i>fluoride (sodium)</i>	100, 164
FLUORIDEX DAILY DEFENSE	100
FLUORIDEX SENSITIVITY RELIEF	100
FLUORIMAX 5000	100
FLUORIMAX 5000 SENSITIVE	100
<i>fluorometholone</i>	151
FLUOROPLEX	86
<i>fluorouracil</i>	24, 86
FLUOROURACIL	86
<i>fluoxetine</i>	61, 62
<i>fluoxetine (pmdd)</i>	61
<i>fluphenazine decanoate</i>	62
<i>fluphenazine hcl</i>	62
<i>flurandrenolide</i>	93
<i>flurbiprofen</i>	55
<i>flurbiprofen sodium</i>	150
FLUTICASONE FUROATE-VILANTEROL.....	155
<i>fluticasone propionate</i>	93, 155
FLUTICASONE PROPIONATE	155
<i>fluticasone propion-salmeterol</i>	155
FLUTICASONE PROPION-SALMETEROL.....	155
<i>fluvastatin</i>	81
<i>fluvoxamine</i>	62
FML FORTE	151
FML LIQUIFILM	151
FOCALIN	62
FOCALIN XR	62
FOCINVEZ	117
FOLOTYN	24
<i>fomepizole</i>	127
<i>fondaparinux</i>	78
FORFIVO XL.....	62
<i>formoterol fumarate</i>	155
FORTEO	134
FOSAMAX	134
FOSAMAX PLUS D	134
<i>fosamprenavir</i>	4
<i>fosaprepitant</i>	117
<i>foscarnet</i>	4
<i>fosfomycin tromethamine</i>	18
<i>fosinopril</i>	73
<i>fosinopril-hydrochlorothiazide</i>	73
<i>fosphenytoin</i>	37
FOSRENOL	96
FOTIVDA	25
FRAGMIN	78
<i>fraiche 5000</i>	100
FRAICHE 5000 PREVI	100
FRAICHE 5000 SENSITIVE	100
FREESTYLE FREEDOM LITE	131
FREESTYLE INSULINX.	104,
131	
FREESTYLE INSULINX TEST STRIPS	104
FREESTYLE LIBRE 14 DAY READER	131
FREESTYLE LIBRE 14 DAY SENSOR	131
FREESTYLE LIBRE 2 READER	131

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 09/17/2024.

FREESTYLE LIBRE 2	
SENSOR	131
FREESTYLE LIBRE 3	
READER.....	131
FREESTYLE LIBRE 3	
SENSOR	131
FREESTYLE LITE METER	
.....	131
FREESTYLE LITE STRIPS	
.....	104
FREESTYLE PRECISION	
NEO STRIPS	104
FREESTYLE TEST	104
FROVA	43
frovatriptan	43
FRUZAQLA.....	25
FULPHILA	124
fulvestrant.....	25
FURADANTIN.....	18
FUROSCIX	73
furosemide	73
FUZEON	4
FYARRO.....	25
fyavolv	142
FYCOMPRA	37
FYLNETRA	124
G	
<i>gabapentin</i>	37
GABLOFEN.....	49
GALAFOLD	111
<i>galantamine</i>	46
GAMASTAN	127
GAMIFANT.....	25
GAMMAGARD LIQUID..	127
GAMMAGARD S-D (IGA < 1 MCG/ML)	127
GAMMAKED.....	127
GAMMAPLEX	127
GAMMAPLEX (WITH SORBITOL).....	127
GAMUNEX-C	127
<i>ganciclovir sodium</i>	4
GARDASIL 9 (PF)	127
GASTROCROM	117
<i>gatifloxacin</i>	148
GATTEX 30-VIAL	117
GATTEX ONE-VIAL	117
GAUZE PAD	131
<i>gavilyte-c</i>	117
<i>gavilyte-g</i>	117
<i>gavilyte-n</i>	117
GAVRETO	25
GAZYVA	25
<i>gefitinib</i>	25
<i>gemcitabine</i>	25
GEMCITABINE	25
<i>gemfibrozil</i>	81
<i>gemmily</i>	145
GEMTESA	160
<i>generlac</i>	117
<i>genograf</i>	25
GENOTROPIN	124
GENOTROPIN MINIQUICK	
.....	124
<i>gentamicin</i>	11, 90, 148
<i>gentamicin in nacl (iso-osm)</i> 11	
GENTAMICIN IN NACL (ISO-OSM).....	11
<i>gentamicin sulfate (ped) (pf)</i> 11	
GENVOYA	4
GEODON	62
GILENYA	46
GILOTrif	25
GIMOTI.....	117
GIVLAARI.....	96
GLASSIA	96
<i>glatiramer</i>	46
<i>glatopa</i>	46
GLEEVEC.....	25
GLEOSTINE	25
<i>glimepiride</i>	104
<i>glipizide</i>	104, 105
GLIPIZIDE.....	104
<i>glipizide-metformin</i>	105
GLOPERBA.....	133
GLUCAGON (HCL) EMERGENCY KIT	105
<i>glucagon emergency kit</i> (<i>human</i>)	105
GLUCOTROL XL	105
GLUMETZA	105
<i>glutamine (sickle cell)</i>	96
GLYCATE	115
<i>glycine urologic</i>	160
<i>glycine urologic solution</i> ...	160
GLYCOPHOS	161
<i>glycopyrrolate</i>	115
<i>glycopyrrolate (pf)</i>	115
<i>glycopyrrolate (pf) in water</i> 115	
GLYCOPYRROLATE (PF) IN WATER	115
<i>glydo</i>	86
GLYXAMBI.....	105
GOCOVRi	42
GOLYTELY	117
GRALISE	37
<i>granisetron (pf)</i>	117
<i>granisetron hcl</i>	117
GRANIX.....	124
GRASTEK.....	127
<i>griseofulvin microsize</i>	2
<i>griseofulvin ultramicrosize</i>	2
GVOKE	105
GVOKE HYPOOPEN 1-PACK	
.....	105
GVOKE HYPOOPEN 2-PACK	
.....	105
GVOKE PFS 1-PACK SYRINGE.....	105
GVOKE PFS 2-PACK SYRINGE.....	105
GYNAZOLE-1	143
H	
HADLIMA	137
HADLIMA PUSHTOUCH 137	
HADLIMA(CF).....	137
HADLIMA(CF) PUSHTOUCH	137
HAEGARDA.....	156
<i>hailey</i>	145
<i>hailey 24 fe</i>	145
<i>hailey fe 1.5/30 (28)</i>	145
<i>hailey fe 1/20 (28)</i>	145
HALAVEN.....	25
<i>halcinonide</i>	93
HALDOL DECANOATE	62
<i>halobetasol propionate</i>	93
<i>haloette</i>	143

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 09/17/2024.

HALOG	93	HUMALOG TEMPO PEN(U-100)INSULN	106	HUMULIN R U-500 (CONC) KWIKPEN.....	106
<i>haloperidol</i>	62	HUMALOG U-100 INSULIN	106	<i>hydralazine</i>	73
<i>haloperidol decanoate</i>	62	HUMATIN	11	HYDREA	25
<i>haloperidol lactate</i>	62	HUMATROPE	124	<i>hydrochlorothiazide</i>	73
HARVONI	4	HUMIRA (PREFERRED NDCS STARTING WITH 00074).....	137	<i>hydrocodone bitartrate</i>	50, 51
HAVRIX (PF)	127	HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074).....	138	<i>hydrocodone-acetaminophen</i>	51
<i>heather</i>	142	HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074).....	138	<i>hydrocodone-ibuprofen</i>	51
HECTOROL.....	111	HUMIRA(CF) PEN (PREFERRED NDCS STARTING WITH 00074).....	138	<i>hydrocortisone</i>	93, 94, 102, 117
HEMADY	102	HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS STARTING WITH 00074).....	138	<i>hydrocortisone butyrate</i>	93
HEMANGEOL	73	HUMIRA(CF) PEN PEDIATRIC UC (PREFERRED NDCS STARTING WITH 00074).....	138	<i>hydrocortisone valerate</i>	94
HEPAGAM B	127	HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS STARTING WITH 00074).....	138	<i>hydrocortisone-acetic acid</i>	101
<i>heparin (porcine)</i>	78	HUMULIN 70/30 U-100 INSULIN	106	<i>hydrocortisone-pramoxine</i>	117
<i>heparin (porcine) in 5 % dex</i>	78	HUMULIN 70/30 U-100 KWIKPEN.....	106	<i>hydromorphone</i>	51
<i>heparin (porcine) in nacl (pf)</i>	78	HUMULIN N NPH INSULIN KWIKPEN.....	106	HYDROMORPHONE	51
HEPARIN (PORCINE) IN NACL (PF)	78	HUMULIN N NPH U-100 INSULIN	106	<i>hydromorphone (pf)</i>	51
<i>heparin(porcine) in 0.45% nacl</i>	79	HUMULIN R REGULAR U-100 INSULN	106	HYDROMORPHONE (PF)	51
HEPARIN(PORCINE) IN 0.45% NACL.....	79	HUMULIN R U-500 (CONC) INSULIN	106	<i>hydroxychloroquine</i>	11
<i>heparin, porcine (pf)</i>	79			<i>hydroxyurea</i>	25
HEPARIN, PORCINE (PF)	79			<i>hydroxyzine hcl</i>	152
HEPLISAV-B (PF)	127			HYFTOR	86
HERCEPTIN.....	25			HYPERHEP B	127
HERCEPTIN HYLECTA	25			HYPERHEP B NEONATAL	127
HERZUMA	25			HYQVIA	127
HETLIOZ	62			HYRIMOZ (PREFERRED NDCS STARTING WITH 61314).....	138
HETLIOZ LQ.....	62			HYRIMOZ PEN (PREFERRED NDCS STARTING WITH 61314).....	138
HEXATRIONE	102			HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314).....	138
HIBERIX (PF)	127			HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314).....	138
HIPREX	18			HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314).....	138, 139
HIZENTRA	127				
HORIZANT	46				
HULIO(CF)	137				
HULIO(CF) PEN	137				
HUMALOG JUNIOR KWIKPEN U-100	105				
HUMALOG KWIKPEN INSULIN	105				
HUMALOG MIX 50-50 KWIKPEN	105				
HUMALOG MIX 75-25 KWIKPEN	105				
HUMALOG MIX 75-25(U-100)INSULN	106				

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 09/17/2024.

HYRIMOZ(CF) PEDI	43
CROHN STARTER	
(PREFERRED NDCS	
STARTING WITH 61314)	
.....139	
HYRIMOZ(CF) PEN	
(PREFERRED NDCS	
STARTING WITH 61314)	
.....139	
HYSINGLA ER	51
HYZAAR	73
I	
<i>ibandronate</i>	134
IBRANCE	25
IBSRELA	117
<i>ibu</i>	55
<i>ibuprofen</i>	55
<i>ibuprofen lysine (pf)</i>	55
<i>ibuprofen-famotidine</i>	55
<i>ibutilide fumarate</i>	71
<i>icatibant</i>	156
<i>iclevia</i>	145
ICLUSIG	25
<i>icosapent ethyl</i>	81
IDACIO(CF)	139
IDACIO(CF) PEN	139
IDACIO(CF) PEN CROHN-	
UC STARTR	139
IDACIO(CF) PEN	
PSORIASIS START	139
IDAMYCIN PFS	25
<i>idarubicin</i>	25
IDHIFA	25
IFEX	25
<i>ifosfamide</i>	25, 26
ILARIS (PF)	124
ILEVRO	150
ILUMYA	84
<i>imatinib</i>	26
IMBRUVICA	26
IMDELLTRA	26
IMFINZI	26
<i>imipenem-cilastatin</i>	11
<i>imipramine hcl</i>	62
<i>imipramine pamoate</i>	62
<i>imiquimod</i>	86
IMITREX	43
IMITREX STATDOSE PEN	43
IMITREX STATDOSE	
REFILL	43
IMJUDO	26
IMOVAZ RABIES VACCINE	
(PF)	127
IMPAVIDO	11
IMURAN	26
IMVEXXY MAINTENANCE	
PACK	142
IMVEXXY STARTER PACK	
.....142	
INBRIJA	42
<i>incassia</i>	142
INCRELEX	96
INCRUSE ELLIPTA	156
<i>indapamide</i>	73
INDERAL LA	74
INDERAL XL	74
INDOCIN	55
<i>indomethacin</i>	55
INFANRIX (DTAP) (PF)	127
INFLECTRA	117
INFLIXIMAB	117
INFUGEM	26
INFUMORPH P/F	51
INGREZZA	46
INGREZZA INITIATION	
PK(TARDIV)	46
INGREZZA SPRINKLE	46
INLYTA	26
INNOPRAN XL	74
INPEFA	106
INPEN (FOR HUMALOG)	
BLUE	131
INPEN (FOR HUMALOG)	
GREY	131
INPEN (FOR HUMALOG)	
PINK	131
INPEN (NOVOLOG OR	
FIASP) BLUE	131
INPEN (NOVOLOG OR	
FIASP) GREY	131
INPEN (NOVOLOG OR	
FIASP) PINK	131
INQOVI	26
INREBIC	26
INSPRA	74
INSULIN ASP PRT-INSULIN	
ASPART	106
INSULIN ASPART U-100	106
INSULIN DEGLUDEC	106
INSULIN GLARGINE U-300	
CONC	106
INSULIN GLARGINE-YFGN	
.....106	
INSULIN LISPRO	106
INSULIN LISPRO	
PROTAMIN-LISPRO	106
INSULIN SYRINGE-	
NEEDLE U-100	131
INTELENCE	4
<i>intralipid</i>	164
INTRALIPID	164
INTRAROSA	143
<i>introvale</i>	145
INVANZ	11
INVEGA	62
INVEGA HAFYERA	62
INVEGA SUSTENNA	63
INVEGA TRINZA	63
INVELTYS	151
INVOKAMET	106
INVOKAMET XR	106
INVOKANA	106
IOPIDINE	151
IPOL	127
<i>ipratropium bromide</i>	100, 156
<i>ipratropium-albuterol</i>	156
IQIRVO	117
<i>irbesartan</i>	74
<i>irbesartan-hydrochlorothiazide</i>	
.....74	
IRESSA	26
<i>irinotecan</i>	26
ISENTRESS	4, 5
ISENTRESS HD	4
<i>isibloom</i>	145
ISOLYTE S PH 7.4	164
ISOLYTE-P IN 5 %	
DEXTROSE	164

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 09/17/2024.

ISOLYTE-S.....	164	JUBLIA	91	KIMYRSA.....	11
<i>isoniazid</i>	11	<i>juleber</i>	145	KINERET	139
<i>isoproterenol hcl</i>	83	JULUCA.....	5	KINRIX (PF).....	127
ISORDIL	83	<i>junel 1.5/30 (21)</i>	145	<i>kionex (with sorbitol)</i>	97
ISORDIL TITRADOSE.....	83	<i>junel 1/20 (21)</i>	145	KISQALI	27
<i>isosorbide dinitrate</i>	83	<i>junel fe 1.5/30 (28)</i>	145	KISQALI FEMARA CO-	
<i>isosorbide mononitrate</i>	83	<i>junel fe 1/20 (28)</i>	145	PACK	27
<i>isosorbide-hydralazine</i>	74	<i>junel fe 24</i>	145	KISUNLA.....	47
<i>isotretinoin</i>	89	JUST RIGHT 5000.....	100	KITABIS PAK	11
<i>isradipine</i>	74	JUXTAPID	81	KLARON	90
ISTALOL	148	JYLAMVO	26	<i>klayesta</i>	91
ISTODAX	26	JYNARQUE	112	KLISYRI	27
ISTURISA.....	111	JYNNEOS (PF)	127	KLONOPIN	37
<i>itraconazole</i>	2	K		<i>klor-con 10</i>	161
<i>ivabradine</i>	83	KABIVEN	164	<i>klor-con 8</i>	161
<i>ivermectin</i>	11, 89	KADCYLA	26	<i>klor-con m10</i>	161
IWLFIN.....	26	<i>kaitlib fe</i>	145	<i>klor-con m15</i>	161
IXCHIQ (PF).....	127	KALBITOR	156	<i>klor-con m20</i>	161
IXEMPRA	26	KALETRA	5	<i>klor-con oral packet 20</i>	161
IXIARO (PF).....	127	<i>kalliga</i>	145	<i>klor-con/ef</i>	161
IFYUZEH (PF).....	150	KALYDECO	156	KLOXXADO	55
IZERVAY (PF)	149	KANJINTI.....	26	KONVOMEP	122
J		KANUMA.....	112	KORLYM	112
JADENU	96	KAPSPARGO SPRINKLE	74	KOSELUGO	27
JADENU SPRINKLE	96	<i>kariva (28)</i>	145	<i>kourzeq</i>	100
<i>jaimiess</i>	145	KATERZIA	74	K-PHOS NO 2	160
JAKAFI	26	KAZANO	107	K-PHOS ORIGINAL	160
<i>jantoven</i>	79	<i>kelnor 1/35 (28)</i>	145	KRAZATI.....	27
JANUMET	107	<i>kelnor 1/50 (28)</i>	145	KRINTAFEL	11
JANUMET XR.....	107	KENALOG	94, 102	KRISTALOSE	117
JANUVIA	107	KENALOG-80	102	KRYSTEXXA	133
JARDIANC.....	107	KEPIVANCE	19	K-TAB	161
<i>jasmiel (28)</i>	145	KEPPRA	37	<i>kurvelo (28)</i>	145
JATENZO	112	KEPPRA XR	37	KUVAN.....	112
<i>javygtor</i>	112	KERENDIA.....	74	KYLEENA	143
JAYPIRCA.....	26	KESIMPTA PEN	46	KYPROLIS.....	27
JEMPERLI	26	<i>ketoconazole</i>	2, 91	L	
<i>jencycla</i>	142	<i>ketodan</i>	91	<i>l norgest/e.estradiol-e.estrad</i>	
JENTADUETO	107	<i>ketoprofen</i>	55	.....	145
JENTADUETO XR.....	107	<i>ketorolac</i>	150	<i>labetalol</i>	74
JEVTANA	26	KETOROLAC	55	LABETALOL	74
<i>jinteli</i>	142	KEVEYIS	46	LABETALOL IN	
JOENJA.....	96	KEVZARA	139	DEXTROSE,ISO-OSM....	74
<i>jolessa</i>	145	KEYTRUDA	26	LABETALOL IN NACL (ISO-	
JORNAY PM	63	KHAPZORY	19	OSMOT).....	74
<i>joyeaux</i>	145	KIMMTRAK.....	27	<i>lacosamide</i>	37

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 09/17/2024.

<i>lactated ringers</i>	95, 162	LEDIPASVIR-SOFOSBUVIR	levorphanol tartrate	51
<i>lactulose</i>	117	.....	levo-t	114
LAGEVRIO (EUA)	5	<i>leena</i> 28	levothyroxine	114
LAMICTAL	37, 38	<i>leflunomide</i>	LEVOHYROXINE	114
LAMICTAL ODT	37	LEMTRADA	levoxyl	114
LAMICTAL ODT STARTER (BLUE)	37	<i>lenalidomide</i>	LEXAPRO	63
LAMICTAL ODT STARTER (GREEN)	37	LETOCILIN S	LEXETTE	94
LAMICTAL ODT STARTER (ORANGE)	37	LENVIMA	LEXIVA	5
LAMICTAL STARTER (BLUE) KIT	38	LEQEMBI	LIALDA	117
LAMICTAL STARTER (GREEN) KIT	38	LEQVIO	LIBERVANT	38
LAMICTAL STARTER (ORANGE) KIT	38	LESCOL XL	LIBTAYO	27
LAMICTAL XR	38	<i>lessina</i>	LICART	55
LAMICTAL XR STARTER (BLUE)	38	LETAIRIS	<i>lidocaine</i>	87
LAMICTAL XR STARTER (GREEN)	38	<i>letrozole</i>	<i>lidocaine (pf)</i>	71, 86
LAMICTAL XR STARTER (ORANGE)	38	<i>leucovorin calcium</i>	<i>lidocaine hcl</i>	86, 87
<i>lamivudine</i>	5	LEUKERAN	<i>lidocaine in 5 % dextrose (pf)</i>	
<i>lamivudine-zidovudine</i>	5	LEUKINE	.....	71
<i>lamotrigine</i>	38	<i>leuprolide</i>	<i>lidocaine viscous</i>	87
LAMPIT	11	LEUPROLIDE (3 MONTH)	<i>lidocaine-epinephrine</i>	87
LAMZEDE	97	<i>levalbuterol hcl</i>	<i>lidocaine-epinephrine (pf)</i>	87
LANOXIN	83	LEVALBUTEROL	LIDOCAINE-EPINEPHRINE	
LANREOTIDE	27	TARTRATE	BIT	87
<i>lansoprazole</i>	122	LEVAMLODIPINE	<i>lidocaine-prilocaine</i>	87
<i>lanthanum</i>	97	LEVEMIR FLEXPEN	<i>lidocan iii</i>	87
LANTUS SOLOSTAR U-100 INSULIN	107	LEVEMIR U-100 INSULIN	<i>lidocan iv</i>	87
LANTUS U-100 INSULIN	107	.....	<i>lidocan v</i>	87
<i>lapatinib</i>	27	levetiracetam	LIDODERM	87
<i>larin 1.5/30 (21)</i>	145	levetiracetam in nacl (iso-os)	LILETTA	143
<i>larin 1/20 (21)</i>	145	.....	LINCOCIN	11
<i>larin 24 fe</i>	145	<i>levobunolol</i>	<i>lincomycin</i>	11
<i>larin fe 1.5/30 (28)</i>	145	<i>levocarnitine</i>	<i>linezolid</i>	11
<i>larin fe 1/20 (28)</i>	145	<i>levocarnitine (with sugar)</i>	<i>linezolid in dextrose 5%</i>	11
LASIX	74	<i>levocetirizine</i>	LINEZOLID-0.9% SODIUM	
<i>latanoprost</i>	150	<i>levofloxacin</i>	CHLORIDE	11
LATUDA	63	<i>levofloxacin in d5w</i>	LINZESS	117
<i>layolis fe</i>	145	<i>levoleucovorin calcium</i>	LIORESAL	49
LEVOPHED (BITARTRATE)	83	<i>levonest (28)</i>	<i>liothyronine</i>	114
levora-28	146	<i>levonorgestrel-eth.estriadiol-iron</i>	LIPITOR	81
.....	145	.....	LIPOFEN	81
<i>levonorgestrel-ethinyl estrad</i>	145	<i>levonorgorg-eth estrad triphasic</i>	LIQREV	156
.....	145	.....	<i>lisdexexamfetamine</i>	63
<i>levonorgorg-eth estrad triphasic</i>	146	<i>lisinopril</i>	<i>lisinopril</i>	74
.....	146	.....	<i>lisinopril-hydrochlorothiazide</i>	
.....	146	.....	.....	74
.....	146	<i>litifulo</i>	LITFULO	97
.....	146	<i>lithium carbonate</i>	.....	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 09/17/2024.

<i>lithium citrate</i>	63	<i>lovastatin</i>	81	LYVISPAH	49
LITHOBID	63	LOVAZA	81	<i>lyza</i>	142
LITHOSTAT	97	LOVENOX	79	M	
LIVALO	81	<i>low-ogestrel</i> (28)	146	MACROBID	18
LIVMARLI	117	<i>loxapine succinate</i>	64	MACRODANTIN	18
LIVTENCITY	5	<i>lo-zumandimine</i> (28)	146	<i>mafenide acetate</i>	90
LO LOESTRIN FE	146	<i>lubiprostone</i>	117	<i>magnesium chloride</i>	162
LOCOID	94	LUCEMYRA	55	<i>magnesium sulfate</i>	162
LOCOID LIPOCREAM	94	LUCENTIS	149	MAGNESIUM SULFATE IN	
LODINE	55	LULICONAZOLE	91	D5W	162
LODOCOCO	83	LUMAKRAS	28	<i>magnesium sulfate in water</i>	162
LODOSYN	42	LUMIGAN	150	MALARONE	11
LOESTRIN 1.5/30 (21)	146	LUMIZYME	112	MALARONE PEDIATRIC	11
LOESTRIN 1/20 (21)	146	LUMRYZ	64	<i>malathion</i>	94
LOESTRIN FE 1.5/30 (28-DAY)	146	LUNESTA	64	<i>mannitol 20 %</i>	74
<i>lofena</i>	55	LUNSUMIO	28	<i>mannitol 25 %</i>	74
<i>lofexidine</i>	55	LUPKYNIS	28	<i>maraviroc</i>	5
<i>lojaimiess</i>	146	LUPRON DEPOT	28	MARGENZA	28
LOKELMA	97	LUPRON DEPOT (3 MONTH)	28	MARINOL	117
LOMOTIL	115	LUPRON DEPOT (4 MONTH)	28	<i>marlissa</i> (28)	146
LONSURF	27	LUPRON DEPOT (6 MONTH)	28	MARPLAN	64
<i>loperamide</i>	115	LUPRON DEPOT-PED	28	MATULANE	28
LOPID	81	LUPRON DEPOT-PED (3 MONTH)	28	<i>matzim la</i>	74
<i>lopinavir-ritonavir</i>	5	<i>lurasidone</i>	64	MAVENCLAD (10 TABLET PACK)	47
LOPRESSOR	74	<i>lutera</i> (28)	146	MAVENCLAD (4 TABLET PACK)	47
LOPROX	91	LUZU	91	MAVENCLAD (5 TABLET PACK)	47
LOPROX (AS OLAMINE)	91	LYBALVI	64	MAVENCLAD (6 TABLET PACK)	47
LOQTORZI	27	<i>lyeq</i>	142	MAVENCLAD (7 TABLET PACK)	47
<i>lorazepam</i>	63	<i>lyllana</i>	142	MAVENCLAD (8 TABLET PACK)	47
<i>lorazepam intensol</i>	63	LYNPARZA	28	MAVENCLAD (9 TABLET PACK)	47
LORBRENA	28	LYRICA	38, 39	MAVYRET	5
LOREEV XR	64	LYRICA CR	38	MAXALT	43
<i>loryna</i> (28)	146	LYSODREN	28	MAXALT-MLT	43
<i>losartan</i>	74	LYTGOBI	28	MAXIDEX	151
<i>losartan-hydrochlorothiazide</i>	74	LYUMJEV KWIKPEN U-100 INSULIN	107	MAXITROL	150
LOTEMAX	151	LYUMJEV KWIKPEN U-200 INSULIN	107	MAYZENT	47
LOTEMAX SM	151	LYUMJEV TEMPO PEN(U-100)INSULN	107	MAYZENT STARTER(FOR 1MG MAINT)	47
LOTENSIN	74	LYUMJEV U-100 INSULIN	107		
LOTENSIN HCT	74				
<i>loteprednol etabonate</i>	151				
LOTREL	74				
LOTRONEX	117				

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 09/17/2024.

MAYZENT STARTER(FOR 2MG MAINT)	47
meclizine.....	117
MECLIZINE	118
meclofenamate.....	55
MEDROL	102
MEDROL (PAK)	102
medroxyprogesterone	143
mefenamic acid.....	55
mefloquine	11
megestrol	28
MEKINIST	28
MEKTOVI	28
meloxicam.....	55
meloxicam submicronized	56
melphalan hcl	28
memantine	47
MEMANTINE	47
MENACTRA (PF)	127
MENEST	143
MENOSTAR.....	143
MENQUADFI (PF).....	127
MENVEO A-C-Y-W-135-DIP (PF).....	127
MEPRON	11
MEPSEVII	112
mercaptopurine	28
meropenem	12
MEROPENEM-0.9% SODIUM CHLORIDE....	12
merzee.....	146
mesalamine.....	118
mesalamine with cleansing wipe	118
mesna.....	19
MESNEX	19
MESTINON	49
MESTINON TIMESPAN	49
METADATE CD	64
metformin	107, 108
METFORMIN.....	107
methadone	51, 52
methadone intensol.....	52
methadose.....	52
methamphetamine	64
methazolamide.....	150

<i>methenamine hippurate</i>	18
<i>methenamine mandelate</i>	18
<i>methimazole</i>	103
METHITEST	112
<i>methotrexate sodium</i>	28
<i>methotrexate sodium (pf)</i>	28
<i>methoxsalen</i>	87
<i>methscopolamine</i>	115
<i>methsuximide</i>	39
<i>methylergonovine</i>	147
METHYLIN	64
<i>methylphenidate</i>	64
<i>methylphenidate hcl</i>	64
METHYLPHENIDATE HCL	64
<i>methylprednisolone</i>	102
<i>methylprednisolone acetate</i>	102
<i>methylprednisolone sodium succ</i>	102
<i>methyltestosterone</i>	112
<i>metoclopramide hcl</i>	118
<i>metolazone</i>	74
<i>metoprolol succinate</i>	74
<i>metoprolol ta-hydrochlorothiaz</i>	74
<i>metoprolol tartrate</i>	74
<i>metro i.v.</i>	12
METROCREAM.....	89
METROGEL	89
METROLOTION	89
<i>metronidazole</i>	12, 89, 143
<i>metronidazole in nacl (iso-os)</i>	12
<i>metryrosine</i>	74
<i>mexiletine</i>	71
MIACALCIN	112
<i>mibelas 24 fe</i>	146
<i>micafungin</i>	2
MICAFUNGIN IN 0.9 % SODIUM CHL	2
MICARDIS	75
MICARDIS HCT	74
MICONAZOLE NITRATE-ZINC OX-PET	91
<i>miconazole-3</i>	143
<i>microgestin 1.5/30 (21)</i>	146
<i>microgestin 1/20 (21)</i>	146
<i>microgestin 24 fe</i>	146
<i>microgestin fe 1.5/30 (28)</i>	146
<i>microgestin fe 1/20 (28)</i>	146
<i>midazolam (pf) in 0.9 % nacl</i>	64
<i>midodrine</i>	97
MIEBO (PF)	149
<i>mifepristone</i>	112, 143
<i>migergot</i>	43
<i>miglitol</i>	108
<i>miglustat</i>	112
MIGRANAL	43
<i>mili</i>	146
<i>milrinone</i>	83
<i>milrinone in 5 % dextrose</i>	83
<i>mimvey</i>	143
MINIVELLE	143
MINOCIN	18
<i>minocycline</i>	18
<i>minoxidil</i>	75
<i>miostat</i>	150
<i>mirabegron</i>	160
MIRENA	143
<i>mirtazapine</i>	65
MIRVASO	89
<i>misoprostol</i>	122
MITIGARE	134
MITIGO (PF)	52
<i>mitomycin</i>	28
<i>mitoxantrone</i>	29
M-M-R II (PF)	127
<i>modafinil</i>	65
<i>moexipril</i>	75
<i>molindone</i>	65
<i>mometasone</i>	94, 156
<i>monodoxine nl</i>	18
MONJUVI	29
MONODOX	18
<i>mono-linyah</i>	146
<i>montelukast</i>	156
<i>morphine</i>	52, 53
MORPHINE	52
<i>morphine (pf)</i>	52
<i>morphine concentrate</i>	52
MOTEGRITY	118
MOTOFEN	115

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 09/17/2024.

MOTPOLY XR	39	<i>naloxone</i>	56	NESINA	108
MOUNJARO.....	108	<i>naltrexone</i>	56	NESTABS ONE	164
MOVANTIK	118	NAMENDA TITRATION		<i>neuac</i>	89
MOVIPREP.....	118	PAK	47	NEULASTA	125
<i>moxifloxacin</i>	17, 148	NAMENDA XR	47	NEULASTA ONPRO	125
MOXIFLOXACIN-		NAMZARIC	47	NEUPOGEN.....	125
SOD.ACE,SUL-WATER.	17	NAPRELAN CR	56	NEUPRO	42
<i>moxifloxacin-sod.chloride(iso)</i>	17	NAPROSYN	56	NEURONTIN.....	39
MOZOBIL.....	125	<i>naproxen</i>	56	NEVANAC.....	150
MRESVIA (PF).....	127	<i>naproxen sodium</i>	56	<i>nevirapine</i>	5
MS CONTIN	53	<i>naproxen-esomeprazole</i>	56	NEXAVAR.....	29
MULPLETA.....	79	<i>naratriptan</i>	43	NEXICLON XR	75
MULTAQ.....	71	NARCAN	56	NEXIUM	122
<i>mupirocin</i>	90	NARDIL	65	NEXIUM PACKET.....	122
<i>mupirocin calcium</i>	90	NATACYN	148	NEXLETOL	81
MVASI.....	29	NATAZIA	146	NEXLIZET	81
MYALEPT	112	<i>nateglinide</i>	108	NEXPLANON.....	143
MYCAMINE.....	2	NATESTO.....	112	NEXTERONE	71
MYCAPSSA	29	NATROBA.....	94	NEXTSTELLIS	146
MYCOBUTIN.....	12	NAYZILAM.....	39	NEXVIAZYME	112
<i>mycophenolate mofetil</i>	29	<i>nebivolol</i>	75	NGENLA	125
<i>mycophenolate mofetil (hcl)</i>	29	NEBUPENT	12	<i>niacin</i>	81
<i>mycophenolate sodium</i>	29	<i>necon 0.5/35 (28)</i>	146	NIACOR.....	81
MYDAYIS	65	<i>nefazodone</i>	65	<i>nicardipine</i>	75
MYFEMBREE	143	<i>nelarabine</i>	29	NICARDIPINE IN NACL	
MYFORTIC	29	<i>neomycin</i>	12	(ISO-OS).....	75
MYHIBBIN.....	29	<i>neomycin-bacitracin-poly-hc</i>	150	NICOTROL	99
MYLOTARG	29	<i>neomycin-bacitracin-</i>		NICOTROL NS	99
MYOBLOC	127	<i>polymyxin</i>	148	<i>nifedipine</i>	75
MYRBETRIQ	160	<i>neomycin-polymyxin b gu</i>	95	<i>nikki (28)</i>	146
MYSOLINE	39	<i>neomycin-polymyxin b-</i>		NILANDRON	29
MYTESI	115	<i>dexameth</i>	150	<i>nilutamide</i>	29
MYXREDLIN	108	<i>neomycin-polymyxin-</i>		<i>nimodipine</i>	75
N		<i>gramicidin</i>	148	NINLARO	29
NABI-HB	127	<i>neomycin-polymyxin-hc</i>	101,	NIPENT	29
<i>nabumetone</i>	56	150	<i>nisoldipine</i>	75	
<i>nadolol</i>	75	<i>neo-polycin</i>	148	<i>nitazoxanide</i>	12
<i>nafcillin</i>	16	<i>neo-polycin hc</i>	150	<i>nitisinone</i>	97
<i>nafcillin in dextrose iso-osm</i>	15	NEOPROFEN (IBUPROFEN		<i>nitro-bid</i>	84
<i>naftifine</i>	91	LYSN)(PF)	56	NITRO-DUR	84
NAFTIN	91	NEORAL	29	<i>nitrofurantoin</i>	19
NAGLAZYME.....	112	NEO-SYNALAR.....	90	NITROFURANTOIN	19
<i>nalbuphine</i>	56	NERLYNX.....	29	<i>nitrofurantoin macrocrystal</i>	18,
NALFON.....	56	NESACAIN.....	87	19	
NALOCET	53	NESACAINE-MPF	87	<i>nitrofurantoin monohyd/m-</i>	
				<i>cryst</i>	19

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 09/17/2024.

<i>nitroglycerin</i>	84, 118
<i>nitroglycerin in 5 % dextrose</i>	84
NITROLINGUAL	84
<i>nitroprusside in 0.9 % nacl</i> ..	83
NITROSTAT	84
NITYR.....	97
NIVESTYM	125
<i>nizatidine</i>	122
NOCDURNA (MEN).....	112
NOCDURNA (WOMEN)..	112
<i>nora-be</i>	143
NORDITROPIN FLEXPRO	125
<i>norelgestromin-ethin.estradiol</i>	143
<i>norepinephrine bitartrate</i>	83
<i>norepinephrine bitartrate-d5w</i>	83
NOREPINEPHRINE BITARTRATE-D5W	83
<i>noreth-ethinyl estradiol-iron</i>	146
<i>norethindrone (contraceptive)</i>	143
<i>norethindrone acetate</i>	143
<i>norethindrone ac-eth estradiol</i>	143, 146
<i>norethindrone-e.estradiol-iron</i>	146
<i>norgestimate-ethinyl estradiol</i>	146
NORITATE	89
NORLIQVA	75
NORPRAMIN.....	65
NORTHERA	97
<i>nortrel 0.5/35 (28)</i>	146
<i>nortrel 1/35 (21)</i>	146
<i>nortrel 1/35 (28)</i>	146
<i>nortrel 7/7/7 (28)</i>	146
<i>nortriptyline</i>	65
NORVASC	75
NORVIR	5
NOURIANZ	42
NOVAREL	112
NOVO PEN NEEDLE	131
NOVOLIN 70/30 U-100	
INSULIN	108
NOVOLIN 70-30 FLEXPEN	
U-100.....	108
NOVOLIN N FLEXPEN ...	108
NOVOLIN N NPH U-100	
INSULIN	108
NOVOLIN R FLEXPEN....	108
NOVOLIN R REGULAR	
U100 INSULIN	108
NOVOLOG FLEXPEN U-100	
INSULIN	108
NOVOLOG MIX 70-30 U-100	
INSULN	108
NOVOLOG MIX 70-	
30FLEXPEN U-100	108
NOVOLOG PENFILL U-100	
INSULIN	108
NOVOLOG U-100 INSULIN	
ASPART.....	108
NOXAFILE.....	2, 3
NPLATE.....	79
NUBEQA	29
NUCALA	156
NUCYNTA	56
NUCYNTA ER	56
NUEDEXTA	47
NULIBRY	47
NULOJIX	29
NUPLAZID	65
NURTEC ODT	44
NUTRILIPID.....	164
NUTROPIN AQ NUSPIN..	125
NUVARING.....	143
NUVESSA.....	143
NUVIGIL	65
NUZYRA	18
<i>nyamyc</i>	91
<i>nylia 1/35 (28)</i>	146
<i>nylia 7/7/7 (28)</i>	147
NYMALIZE	75
<i>nymyo</i>	147
<i>nystatin</i>	3, 91
<i>nystatin-triamcinolone</i>	91
<i>nystop</i>	91
NYVEPRIA.....	125
O	
OCALIVA	118
<i>ocella</i>	147
OCREVUS	47
OCTAGAM	127
OCTAPLAS (BLOOD	
GROUP A)	79
OCTAPLAS (BLOOD	
GROUP AB).....	79
OCTAPLAS (BLOOD	
GROUP B).....	79
OCTAPLAS (BLOOD	
GROUP O)	79
<i>octreotide acetate</i>	29
OCUFLOX	148
ODACTRA.....	127
ODEFSEY	5
ODOMZO.....	29
OFEV.....	156
<i>ofloxacin</i>	17, 101, 148
OGIVRI	29
OGSIVEO.....	29
OJEMDA	29, 30
OJJAARA	30
<i>olanzapine</i>	65
<i>olanzapine-fluoxetine</i>	65
OLINVYK	56
<i>olmesartan</i>	75
<i>olmesartan-amlodipin-hcthiazid</i>	75
<i>olmesartan-hydrochlorothiazide</i>	75
<i>olopatadine</i>	100, 149
OLPRUVA	97
OLUMIANT	139
OMECLAMOX-PAK.....	122
<i>omega-3 acid ethyl esters</i>	81
OMEGAVEN	164
<i>omeprazole</i>	122
<i>omeprazole-sodium bicarbonate</i>	122
OMIDRIA	149
OMNARIS	156
OMNIPOD 5 G6 INTRO KIT	
(GEN 5)	131

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 09/17/2024.

OMNIPOD 5 G6 PODS (GEN 5)	131
OMNIPOD CLASSIC PODS (GEN 3)	131
OMNIPOD DASH INTRO KIT (GEN 4)	131
OMNIPOD DASH PODS (GEN 4)	131
OMNIPOD GO PODS	131
OMNIPOD GO PODS 10 UNITS/DAY	131
OMNIPOD GO PODS 15 UNITS/DAY	131
OMNIPOD GO PODS 20 UNITS/DAY	132
OMNIPOD GO PODS 25 UNITS/DAY	132
OMNIPOD GO PODS 30 UNITS/DAY	132
OMNIPOD GO PODS 40 UNITS/DAY	132
OMNITROPE	125
OMVOH	118
OMVOH PEN	118
ONCASPAR	30
<i>ondansetron</i>	118
ONDANSETRON	118
<i>ondansetron hcl</i>	118
<i>ondansetron hcl (pf)</i>	118
ONETOUCH ULTRA TEST	108
ONETOUCH ULTRA2 METER	132
ONETOUCH VERIO FLEX METER	132
ONETOUCH VERIO REFLECT METER	132
ONETOUCH VERIO TEST STRIPS	108
ONEXTON	89
ONFI	39
ONGENTYS	42
ONGLYZA	108
ONIVYDE	30
ONPATTRO	47
ONTRUZANT	30
ONUREG	30
ONZETRA XSAIL	44
OPDIVO	30
OPDUALAG	30
OPFOLDA	112
<i>opium tincture</i>	115
OPSUMIT	156
OPSYNVI	156
OPVEE	56
OPZELURA	87
ORACEA	18
ORALAIR	127
<i>oralone</i>	100
ORAPRED ODT	102
ORBACTIV	12
ORENCIA	140
ORENCIA (WITH MALTOSE)	140
ORENCIA CLICKJECT	140
ORENITRAM	75
ORENITRAM MONTH 1 TITRATION KT	75
ORENITRAM MONTH 2 TITRATION KT	75
ORENITRAM MONTH 3 TITRATION KT	75
ORFADIN	97
ORGOVYX	30
ORIAHNN	143
ORLISSA	112
ORKAMBI	156
ORLADEYO	156
ORLISTAT	94
<i>ormalvi</i>	47
ORSERDU	30
<i>oseltamivir</i>	5
OSENI	108
OSMITROL 10 %	75
<i>osmitrol 20 %</i>	75
OSMOLEX ER	42
OSPHENA	143
OTEZLA	140
OTEZLA STARTER	140
OTOVEL	101
OTREXUP (PF)	140
OVIDE	94
<i>oxacillin</i>	16
<i>oxacillin in dextrose(iso-osm)</i>	16
<i>oxaliplatin</i>	30
<i>oxaprozin</i>	56
OXBRYTA	97
<i>oxcarbazepine</i>	39
OXERVATE	149
<i>oxiconazole</i>	91
OXISTAT	91
OXLUMO	160
OXTELLAR XR	39
<i>oxybutynin chloride</i>	160
OXYBUTYNIN CHLORIDE	160
<i>oxycodone</i>	53
OXYCODONE	53
<i>oxycodone-acetaminophen</i>	53
OXYCONTIN	53
<i>oxymorphone</i>	53
OXYTROL	160
OZEMPIC	109
OZOBAX DS	49
OZURDEX	151
P	
<i>pacerone</i>	71
<i>paclitaxel</i>	30
PACLITAXEL PROTEIN-BOUND	30
PADCEV	30
PALFORZIA (LEVEL 1)	127
PALFORZIA (LEVEL 2)	128
PALFORZIA (LEVEL 3)	128
PALFORZIA (LEVEL 4)	128
PALFORZIA (LEVEL 5)	128
PALFORZIA (LEVEL 6)	128
PALFORZIA (LEVEL 7)	128
PALFORZIA (LEVEL 8)	128
PALFORZIA (LEVEL 9)	128
PALFORZIA (LEVEL 10)	128
PALFORZIA (LEVEL 11 UP-DOSE)	128
PALFORZIA INITIAL DOSE	128
PALFORZIA LEVEL 11 MAINTENANCE	128

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 09/17/2024.

<i>paliperidone</i>	65	<i>penciclovir</i>	91	<i>pimozide</i>	66
<i>palonosetron</i>	118	<i>penicillamine</i>	140	<i>pimtrea</i> (28)	147
PALONOSETRON	118	PENICILLIN G POT IN		<i>pindolol</i>	75
PALYNZIQ	112	DEXTROSE	16	<i>pioglitazone</i>	109
PAMELOR	65	<i>penicillin g potassium</i>	16	<i>pioglitazone-glimepiride</i>	109
<i>pamidronate</i>	112	<i>penicillin g sodium</i>	16	<i>pioglitazone-metformin</i>	109
PANCREAZE	119	<i>penicillin v potassium</i>	16	<i>piperacillin-tazobactam</i>	16
PANDEL	94	PENNSAID	56	PIPERACILLIN-	
PANHEMATIN	97	PENTACEL (PF)	128	TAZOBACTAM	16
PANRETIN	87	PENTAM	12	PIQRAY	31
<i>pantoprazole</i>	122	<i>pentamidine</i>	12	<i>pirfenidone</i>	156, 157
PANTOPRAZOLE IN 0.9% SOD CHLOR	122	PENTASA	119	PIRFENIDONE	156
PANZYGA	128	<i>pentobarbital sodium</i>	65	<i>piroxicam</i>	56
<i>paraplatin</i>	30	<i>pentoxifylline</i>	79	<i>pitavastatin calcium</i>	81
<i>paricalcitol</i>	112	PEPCID	123	PLAQUENIL	12
PARLODEL	42	PERCOCET	53	PLASMA-LYTE 148	164
PARNATE	65	PERFOROMIST	156	PLASMA-LYTE A	164
<i>paromomycin</i>	12	PERIKABIVEN	164	PLAVIX	79
<i>paroxetine hcl</i>	65	<i>perindopril erbumine</i>	75	PLEGRIDY	125
<i>paroxetine mesylate(menop.sym)</i>	65	<i>periogard</i>	100	PLENAMINE	164
PATANASE	100	PERJETA	31	PLENU	119
PAXIL	65	<i>permethrin</i>	94	<i>plerixafor</i>	125
PAXIL CR	65	<i>perphenazine</i>	65	PLIAGLIS	87
PAXLOVID	5	PERSERIS	66	<i>podofilox</i>	87
<i>pazopanib</i>	30	PERTZYE	119	POLIVY	31
PEDIARIX (PF)	128	<i>pfizerpen-g</i>	16	<i>polocaine</i>	87
PEDMARK	97	PHEBURANE	97	POLOCAINE	87
PEDVAX HIB (PF)	128	<i>phenelzine</i>	66	<i>polocaine-mpf</i>	87
<i>peg 3350-electrolytes</i>	119	PHENERGAN	152	<i>polycin</i>	148
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	119	<i>phenobarbital</i>	39	<i>polymyxin b sulfate</i>	12
PEGASYS	125	<i>phenobarbital sodium</i>	39	<i>polymyxin b sulf-trimethoprim</i>	148
<i>peg-electrolyte</i>	119	<i>phenoxybenzamine</i>	75	POMALYST	31
PEMAZYRE	30	<i>phentolamine</i>	75	POMBILITI	112
PEMETREXED	30	PHENYTEK	39	PONVORY	47
<i>pemetrexed disodium</i>	30	<i>phenytoin</i>	39	PONVORY 14-DAY STARTER PACK	47
PEMETREXED DISODIUM	30	<i>phenytoin sodium</i>	40	<i>portia</i> 28	147
PEMRYDI RTU	30	<i>phenytoin sodium extended</i>	39, 40	PORTRAZZA	31
PEN NEEDLE, DIABETIC	132	PHESGO	31	<i>posaconazole</i>	3
PEN NEEDLES (NON-PREFERRED BRANDS)	132	PHEXXI	143	<i>potassium acetate</i>	162
PENBRAYA (PF)	128	<i>philith</i>	147	<i>potassium chlorid-d5-0.45%nacl</i>	162
		PHOSPHOLINE IODIDE	149	<i>potassium chloride</i>	162
		PHYSIOLYTE	95	<i>potassium chloride in 0.9%nacl</i>	162
		PIFELTRO	5		
		<i>pilocarpine hcl</i>	97, 149		
		<i>pimecrolimus</i>	87		

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 09/17/2024.

<i>potassium chloride in 5 % dex</i>	162
<i>potassium chloride in lr-d5</i>	162
<i>potassium chloride in water</i>	162
<i>potassium chloride-0.45 % nacl</i>	162
<i>potassium chloride-d5- 0.2%nacl</i>	162
<i>potassium chloride-d5- 0.9%nacl</i>	163
<i>potassium citrate</i>	161
<i>potassium phosphate m-/d-basic</i>	163
POTASSIUM PHOSPHATE M-/D-BASIC	163
POTELIGEO	31
PRADAXA	79
PRALATREXATE	31
PRALUENT PEN	81
<i>pramipexole</i>	42
PRAMOSONE	84, 85
<i>prasugrel</i>	79
<i>pravastatin</i>	81
PRAXBIND	79
<i>praziquantel</i>	12
<i>prazosin</i>	75
PRECISION XTRA MONITOR	132
PRECISION XTRA TEST	109
PRED FORTE	151
PRED MILD	151
<i>prednicarbate</i>	94
<i>prednisolone</i>	102
<i>prednisolone acetate</i>	151
<i>prednisolone sodium phosphate</i>	102, 151
<i>prednisone</i>	102
<i>prednisone intensol</i>	102
<i>pregabalin</i>	40
PREGNYL	112
PREHEVBARIO (PF)	128
PREMARIN	143
<i>premasol 10 %</i>	164
PREMPHASE	143
PREMPRO	143
<i>prenatal vitamin oral tablet</i>	164
PRETOMANID	12
PREVACID	123
PREVACID SOLUTAB	123
<i>prevalite</i>	81
PREVIDENT	100
PREVIDENT 5000 BOOSTER PLUS	100
PREVIDENT 5000 DRY MOUTH	100
PREVIDENT 5000 ENAMEL PROTECT	100
PREVIDENT 5000 ORTHO DEFENSE	100
PREVIDENT 5000 PLUS	100
PREVIDENT 5000 SENSITIVE	100
PREVIDENT KIDS	100
PREVYMIS	5
PREZCOBIX	5
PREZISTA	5
PRIALT	57
PRIFTIN	12
PRILOSEC	123
PRIMAQUINE	12
PRIMAXIN IV	12
<i>primidone</i>	40
PRIMIDONE	40
PRIORIX (PF)	128
PRISTIQ	66
PRIVIGEN	128
PROAIR DIGITALER	157
PROAIR RESPICLICK	157
<i>probencid</i>	134
<i>probencid-colchicine</i>	134
<i>procainamide</i>	71
PROCAINAMIDE	71
PROCARDIA XL	75
<i>procentra</i>	66
<i>prochlorperazine</i>	119
<i>prochlorperazine edisylate</i>	119
<i>prochlorperazine maleate oral</i>	119
PROCRIT	125
PROCTOCORT	94
PROCTOFOAM HC	119
<i>proto-med hc</i>	119
<i>proctosol hc</i>	119
<i>protozone-hc</i>	119
PROCYSB	161
<i>progesterone</i>	143
<i>progesterone micronized</i>	143
PROGLYCEM	109
PROGRAF	31
PROLASTIN-C	97
<i>prolate</i>	54
PROLATE	54
PROLENSA	150
PROLIA	134
PROMACTA	80
<i>promethazine</i>	152
PROMETRIUM	143
<i>propafenone</i>	71
<i>propranolol</i>	75, 76
<i>propylthiouracil</i>	103
PROQUAD (PF)	128
PROSCAR	160
PROSOL 20 %	164
PROSTIN VR PEDIATRIC	161
<i>protamine</i>	80
PROTONIX	123
PROTOPAM CHLORIDE	95
<i>protriptyline</i>	66
PROVERA	143
PROVIGIL	66
PROZAC	66
<i>prudoxin</i>	87
PULMICORT	157
PULMICORT FLEXHALER	157
PULMOZYME	157
PURIXAN	31
PYLERA	123
<i>pyrazinamide</i>	12
<i>pyridostigmine bromide</i>	49
PYRIDOSTIGMINE BROMIDE	49
<i>pyrimethamine</i>	12
PYRUKYND	97
Q	
QBRELIS	76
QBREXZA	87

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 09/17/2024.

QDOLO	57	REBIF (WITH ALBUMIN)	66
QUELBREE	66	.....	125
QINLOCK	31	REBIF REBIDOSE	125, 126
QNDSL	157	REBIF TITRATION PACK	126
QTERN	109	REBLOZYL	126
QUADRACEL (PF)	128	REBYOTA	119
QUALAQUIN	12	RECARBRIOL	12
QUARTETTE	147	RECLAST	97
QUDEXY XR	40	<i>reclipsen</i> (28)	147
QUESTRAN	81	RECOMBIVAX HB (PF)	128
QUESTRAN LIGHT	81	RECORLEV	112
quetiapine	66	RECTIV	119
QUETIAPINE	66	REGLAN	119
QUILLICHEW ER	66	REGRANEX	87
QUILLIVANT XR	66	RELAFEN DS	57
quinapril	76	RELENZA DISKHALER	6
quinapril-hydrochlorothiazide	76	RELEUKO	126
quinidine gluconate	71	RELEXXII	66
quinidine sulfate	71	RELISTOR	119, 120
quinine sulfate	12	RELPAX	44
QULIPTA	44	RELTONE	120
QUTENZA	87	RELYVRIO	48
QUVIVIQ	66	REMERON	66
QUZYTTR	152	REMERON SOLTAB	66
QVAR REDIHALER	157	REMICADE	120
R		REMODULIN	76
RABAVERT (PF)	128	RENACIDIN	161
rabeprazole	123	RENFLEXIS	120
RADICAVA	47	RENVELA	97
RADICAVA ORS	48	<i>repaglinide</i>	109
RADICAVA ORS STARTER KIT SUSP	48	REPATHA	81
RAGWITEK	128	REPATHA PUSHTRONEX	81
raloxifene	134	REPATHA SURECLICK	81
ramelteon	66	RESTASIS	149
ramipril	76	RESTASIS MULTIDOSE	149
ranolazine	83	RETACRIT	126
RAPAFLO	160	RETEVMO	31
RAPAMUNE	31	RETIN-A	89
RAPIVAB (PF)	5	RETIN-A MICRO	90
rasagiline	42	RETISERT	151
RASUVO (PF)	140	RETROVIR	6
RAVICTI	97	REVATIO	157
RAYALDEE	112	REVCORI	98
RAYOS	102	REVLIMID	31
		<i>revonto</i>	49
		REXULTI	66
		REYATAZ	6
		REYVOW	44
		REZDIFRA	98
		REZLIDHIA	31
		REZUROCK	31
		REZVOGLAR KWIKPEN	109
		REZZAYO	3
		RHOPRESSA	150
		RIABNI	31
		<i>ribavirin</i>	6
		RIDAURA	140
		<i>rifabutin</i>	12
		RIFADIN	12
		<i>rifampin</i>	12
		RILUTEK	98
		<i>riluzole</i>	98
		<i>rimantadine</i>	6
		RIMSO-50	12
		<i>ringer's</i>	95, 163
		RINVOQ	140
		RINVOQ LQ	140
		RIOMET	109
		<i>risedronate</i>	98, 134
		RISPERDAL	67
		RISPERDAL CONSTA	67
		<i>risperidone</i>	67
		<i>risperidone microspheres</i>	67
		RITALIN	67
		RITALIN LA	67
		<i>ritonavir</i>	6
		RITUXAN	31
		RITUXAN HYCELA	31
		<i>rivastigmine</i>	48
		<i>rivastigmine tartrate</i>	48
		<i>rivelsa</i>	147
		RIVFLOZA	161
		<i>rizatriptan</i>	44
		ROBINUL	115
		ROBINUL FORTE	115
		ROCALTROL	112
		ROCKLATAN	150
		<i>roflumilast</i>	157
		ROLVEDON	126
		<i>romidepsin</i>	31
		ROMIDEPSIN	31

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 09/17/2024.

<i>ropinirole</i>	42	<i>saxagliptin</i>	109	SIMPONI	140
<i>rosuvastatin</i>	81	<i>saxagliptin-metformin</i>	109	SIMPONI ARIA	140
ROSZET	81	SCEMBLIX	32	SIMULECT	32
ROTARIX	128	<i>scopolamine base</i>	120	<i>simvastatin</i>	82
ROTATEQ VACCINE	128	SECUADO	67	SINEMET	42
ROWASA	120	SEGENTIS	54	SINGULAIR	158
<i>roweepra</i>	40	SEGLUROMET	109	<i>sirolimus</i>	32
ROXICODONE	54	<i>selegiline hcl</i>	42	SIRTURO	12
ROXYBOND	54	<i>selenium sulfide</i>	85	SITAGLIPTIN	109
ROZEREM	67	SELZENTRY	6	SIVEXTRO	12
ROZLYTREK	31	SEMGLEE(INSULIN GLARGINE-YFGN)	109	SKYCLARYS	48
RUBRACA	31	SEMGLEE(INSULIN GLARG-YFGN)PEN	109	SKYLA	144
RUCONEST	157	SENSIPAR	112, 113	SKYRIZI	85, 120
<i>rufinamide</i>	40	SEREVENT DISKUS	157	SKYTROFA	126
RUKOBIA	6	SEROQUEL	67	SLYND	147
RUXIENCE	31	SEROQUEL XR	67, 68	SMOFLIPID	164
RYALTRIS	157	SEROSTIM	126	SOAANZ	76
RYBELSUS	109	<i>sertraline</i>	68	<i>sodium acetate</i>	163
RYBREVANT	31	SERTRALINE	68	<i>sodium benzoate-sod phenylacet</i>	98
RYDAPT	32	<i>setlakin</i>	147	<i>sodium bicarbonate</i>	163
RYLAZE	32	<i>sevelamer carbonate</i>	98	<i>sodium chloride</i>	98, 163
RYPLAZIM	161	<i>sevelamer hcl</i>	98	<i>sodium chloride 0.45 %</i>	163
RYSTIGGO	49	SEYSARA	18	<i>sodium chloride 0.9 %</i>	98
RYTARY	42	SEZABY	40	<i>sodium chloride 3 % hypertonic</i>	163
RYTELO	32	<i>sf 100</i>		<i>sodium chloride 5 % hypertonic</i>	163
RYTHMOL SR	71	<i>sf 5000 plus</i>	100	<i>sodium fluoride 5000 dry mouth</i>	100
S		SFROWASA	120	<i>sodium fluoride 5000 plus</i>	100
SABRIL	40	<i>sharobel</i>	143	<i>sodium fluoride-pot nitrate</i>	100
SAFYRAL	147	SHINGRIX (PF)	128	<i>sodium nitroprusside</i>	83
<i>sajazir</i>	157	SIGNIFOR	32	SODIUM OXYBATE	68
SALAGEN (PILOCARPINE)	98	SIGNIFOR LAR	32	<i>sodium phenylbutyrate</i>	98
<i>salsalate</i>	57	SIKLOS	32	<i>sodium phosphate</i>	163
SAMSCA	112	<i>sildenafil (pulmonary arterial hypertension)</i>	158	<i>sodium polystyrene sulfonate</i>	98
SANCUSO	120	SILENOR	68	<i>sodium,potassium,mag sulfates</i>	120
SANDIMMUNE	32	SILIQ	85		
SANDOSTATIN	32	<i>silodosin</i>	160	SOFOSBUVIR-	
SANDOSTATIN LAR		SILVADENE	87	VELPATASVIR	6
DEPOT	32	<i>silver sulfadiazine</i>	87	SOGROYA	126
SANTYL	87	SIMBRINZA	150	SOHONOS	98
SAPHNELO	32	<i>SIMLANDI(CF) AUTOINJECTOR</i>	140	<i>solifenacin</i>	160
SAPHRIS	67	<i>simliya (28)</i>	147	SOLIQUA 100/33	109
<i>sapropterin</i>	112	<i>simpesse</i>	147	SOLIRIS	98
SARCLISA	32				
SAVAYSA	80				
SAVELLA	140				

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 09/17/2024.

SOLODYN	18	STIMUFEND	126	SYMDEKO	158
SOLOSEC	12	STIOLTO RESPIMAT	158	SYMFI	6
SOLTAMOX	32	STIVARGA	32	SYMFI LO	6
SOLU-CORTEF	102	STRATTERA	68	SYMJEPI	152
SOLU-CORTEF ACT-O-		STRENSIQ	113	SYMLINPEN	120
VIAL (PF)	102	STREPTOMYCIN	12	SYMLINPEN	109
SOLU-MEDROL	103	STRIBILD	6	SYMPAZAN	40
SOLU-MEDROL (PF)	102	STRIVERDI RESPIMAT	158	SYMPROIC	120
SOMATULINE DEPOT	32	STROMECTOL	12	SYMTUZA	6
SOMAVERT	113	SUBLOCADE	54	SYNAGIS	6
SOOLANTRA	90	SUBOXONE	57	SYNALAR	94
sorafenib	32	subvenite	40	SYNAREL	113
SORBITOL	95	subvenite starter (blue) kit	40	SYNDROS	120
SORILUX	85	subvenite starter (green) kit	40	SYNJARDY	109
sorine	71	subvenite starter (orange) kit	40	SYNJARDY XR	110
sotalol	71	SUCRAID	120	SYNTROID	114
sotalol af	71	sucralfate	123	SYPRINE	98
SOTYKTU	85	SUFLAVE	120	T	
SOTYLIZE	71	SULAR	76	TABLOID	32
SOVALDI	6	sulfacetamide sodium	149	TABRECTA	32
SPEVIGO	85	sulfacetamide sodium (acne)	90	TACLONEX	85
spinosad	94	sulfacetamide-prednisolone	149	tacrolimus	32, 88
SPIRIVA RESPIMAT	158	sulfadiazine	17	tadalafil	161
SPIRIVA WITH		sulfamethoxazole-trimethoprim	17	tadalafil (pulmonary arterial	
HANDIHALER	158	SULFAMYLYON	90	hypertension) oral tablet	20
spironolactone	76	sulfasalazine	120	mg	158
spironolacton-		sulindac	57	TADLIQ	158
hydrochlorothiaz	76	sumatriptan	44	TAFINLAR	33
SPORANOX	3	sumatriptan succinate	44	tafluprost (pf)	150
SPRAVATO	68	sumatriptan-naproxen	44	TAGRISSO	33
sprintec (28)	147	sunitinib malate	32	TAKHZYRO	158
SPRITAM	40	SUNLENCA	6	TALICIA	123
SPRIX	57	SUNOSI	68	TALTZ AUTOINJECTOR	85
SPRYCEL	32	SUPPRELIN LA	32	TALTZ AUTOINJECTOR (2	
sps (with sorbitol)	98	SUPREP BOWEL PREP KIT	120	PACK)	85
sronyx	147	SURVANTA	98	TALTZ AUTOINJECTOR (3	
ssd	88	SUSTOL	120	PACK)	85
STALEVO 100	42	SUTAB	120	TALTZ SYRINGE	85
STALEVO 125	43	SUTENT	32	TALVEY	33
STALEVO 150	43	syeda	147	TALZENNA	33
STALEVO 200	43	SYFOVRE (PF)	149	TAMIFLU	6
STALEVO 50	43	SYLVANT	32	tamoxifen	33
STALEVO 75	43	SYMBICORT	158	tamsulosin	160
STEGLATRO	109	SYMBYAX	68	TAPERDEX	103
STEGLUJAN	109			TARCEVA	33
STELARA	85			TARGADOX	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 09/17/2024.

TARGETIN	33	terazosin	76	tinidazole	13
<i>tarina 24 fe</i>	147	<i>terbinafine hcl</i>	3	<i>tiopronin</i>	98
<i>tarina fe 1-20 eq (28)</i>	147	<i>terbutaline</i>	158	<i>tiotropium bromide</i>	158
TARPEYO	103	<i>terconazole</i>	144	<i>tirofiban-0.9% sodium chloride</i>	80
TASCENSO ODT	48	<i>teriflunomide</i>	48	TIROSINT	114
TASIGNA	33	<i>teriparatide</i>	134	TIROSINT-SOL	114
<i>tasimelteon</i>	68	TERIPARATIDE	134	<i>tis-u-sol pentalyte</i>	95
TASMAR	43	TESTIM.....	113	TIVDAK	33
<i>tavaborole</i>	91	TESTOPEL	113	TIVICAY	6
TAVALISSE	80	<i>testosterone</i>	113	TIVICAY PD	6
TAVNEOS	98	<i>testosterone cypionate</i>	113	<i>tizanidine</i>	49
TAYTULLA.....	147	<i>testosterone enanthate</i>	113	TLANDO	113
<i>tazarotene</i>	90	TETANUS,DIPHTHERIA TOX PED(PF)	128	TOBI	13
TAZAROTENE	90	<i>tetrabenazine</i>	48	TOBI PODHALER	13
<i>tazicef</i>	9	<i>tetracycline</i>	18	TOBRADEX	150
TAZORAC	90	TEXACORT	94	TOBRADEX ST	150
TAZVERIK.....	33	TEZSPIRE.....	158	<i>tobramycin</i>	13, 148
TDVAX.....	128	THALITONE	76	<i>tobramycin in 0.225 % nacl.</i> ..13	
TECENTRIQ.....	33	THALOMID.....	33	<i>tobramycin sulfate</i>	13
TECFIDERA	48	THAM	164	<i>tobramycin-dexamethasone</i> 150	
TECHLITE INSULIN SYRINGE	132	THEO-24	158	TOBREX	148
TECHLITE INSULN SYR(HALF UNIT)	132	<i>theophylline</i>	158	TOFIDENCE	141
TECHLITE PEN NEEDLE	132	THIOLA	98	TOLAK	88
TECVAYLI.....	33	THIOLA EC	98	<i>tolcapone</i>	43
TEFLARO	9	<i>thioridazine</i>	68	TOLECTIN 600.....	57
TEGLUTIK	98	<i>thiotepa</i>	33	<i>tolmetin</i>	57
TEGRETOL	40	<i>thiothixene</i>	68	TOLSURA	3
TEGRETOL XR.....	40	THROMBATE III	80	<i>tolterodine</i>	160
TEGSEDI	48	THROMBIN-JMI	80	<i>tolvaptan</i>	113
TEKTURNA	76	THYMOGLOBULIN.....	128	TOPAMAX	40
<i>telmisartan</i>	76	THYQUIDITY	114	TOPICORT	94
<i>telmisartanamlodipine</i>	76	<i>tiadylt er</i>	76	<i>topiramate</i>	40, 41
<i>telmisartanhydrochlorothiazid</i>	76	<i>tiagabine</i>	40	<i>topotecan</i>	33
TEMODAR	33	TIAZAC	76	TOPROL XL	76
<i>temsirolimus</i>	33	TIBSOVO.....	33	<i>toremifene</i>	33
TENIVAC (PF)	128	TICE BCG	128	TORISEL	33
<i>tenofovir disoproxil fumarate</i> .6		TICOVAC	128	<i>torsemide</i>	76
TENORETIC 100.....	76	<i>tigecycline</i>	13	TOSYMRA	44
TENORETIC 50.....	76	TIGLUTIK	98	TOUJEO MAX U-300 SOLOSTAR	110
TENORMIN	76	TIKOSYN	71	TOUJEO SOLOSTAR U-300 INSULIN	110
TEPADINA.....	33	<i>tilia fe</i>	147	<i>tovet emollient</i>	94
TEPEZZA.....	113	<i>timolol maleate</i>	76, 148	TOVIAZ	160
TEPMETKO.....	33	<i>timolol maleate (pf)</i>	148	TPN ELECTROLYTES	163
		TIMOPTIC OCUDOSE (PF)	148		

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 09/17/2024.

TRACLEER	158	<i>tri-estarrylla</i>	147	<i>turqoz</i> (28)	147
TRADJENTA.....	110	<i>trifluoperazine</i>	68	TWINRIX (PF).....	128
<i>tramadol</i>	57	<i>trifluridine</i>	148	TWYNEO	90
TRAMADOL	57	TRIJARDY XR	110	TYBLUME	147
<i>tramadol-acetaminophen</i>	57	TRIKAFTA	158	TYBOST	6
<i>trandolapril</i>	76	<i>tri-legest fe</i>	147	<i>tydemy</i>	147
<i>trandolapril-verapamil</i>	76	TRILEPTAL	41	TYENNE	141
<i>tranexamic acid</i>	144	<i>tri-linyah</i>	147	TYENNE AUTOINJECTOR	141
TRANSDERM-SCOP	120	TRILIPIX	82	TYGACIL	13
<i>tranylcypromine</i>	68	<i>tri-lo-estarrylla</i>	147	TYKERB	34
<i>travasol 10 %</i>	164	<i>tri-lo-marzia</i>	147	TYMLOS	134
TRAVATAN Z	150	<i>tri-lo-mili</i>	147	TYPHIM VI	128
<i>travoprost</i>	150	<i>tri-lo-sprintec</i>	147	TYRVAYA	149
TRAZIMERA.....	33	<i>trimethoprim</i>	19	TYSABRI	48
<i>trazodone</i>	68	<i>tri-mili</i>	147	TYVASO	159
TREANDA.....	33	<i>trimipramine</i>	68	TYVASO DPI	159
TRECATOR.....	13	TRINTELLIX	68	TYVASO INSTITUTIONAL START KIT	159
TRELEGY ELLIPTA	158	<i>tri-nymyo</i>	147	TYVASO REFILL KIT	159
TRELSTAR.....	33	TRIPTODUR	33	TYVASO STARTER KIT	159
TREMFYA.....	85	TRISENOX	33	TZIELD	98
<i>treprostinil sodium</i>	76	<i>tri-sprintec (28)</i>	147	U	
TRESIBA FLEXTOUCH U-100.....	110	TRIUMEQ	6	UBRELVY	44
TRESIBA FLEXTOUCH U-200.....	110	TRIUMEQ PD	6	UCERIS	120
TRESIBA U-100 INSULIN	110	<i>trivora (28)</i>	147	UDENYCA	126
<i>tretinoin (antineoplastic)</i>	33	<i>tri-vylibra</i>	147	UDENYCA AUTOINJECTOR	126
<i>tretinoin microspheres</i>	90	<i>tri-vylibra lo</i>	147	UDENYCA ONBODY	126
<i>tretinoin topical</i>	90	TRIZIVIR	6	ULORIC	134
TREXALL.....	33	TRODELVY	33	ULTOMIRIS	99
TREXIMET	44	TROGARZO	6	ULTRAVATE	94
TREZIX.....	54	TROKENDI XR	41	UNASYN	16
<i>triamcinolone acetonide</i>	94, 100, 103	TROPHAMINE 10 %	164	UNIFINE PENTIPS	133
<i>triamterene</i>	76	<i>trospium</i>	160	UNIFINE PENTIPS	133
<i>triamterene-hydrochlorothiazid</i>	76	TRUDHESA	44	MAXFLOW	133
TRIBENZOR	76	TRUEPLUS INSULIN	132	UNIFINE PENTIPS PLUS	133
TRICOR	82	TRUEPLUS PEN NEEDLE	133	UNIFINE PENTIPS PLUS	133
<i>tridacaine ii</i>	88	TRULANCE	120	MAXFLOW	133
<i>tridacaine iii</i>	88	TRULICITY	110	UNIFINE SAFECONTROL	133
<i>triderm</i>	94	TRUMENBA	128	UNIFINE SAFECONTROL	133
<i>trientine</i>	98	TRUQAP	33	PEN NEEDLE	133
TRIENTINE	98	TRUVADA	6	UNIFINE ULTRA PEN	133
TRIESENCE (PF)	103	TRUXIMA	33	NEEDLE	133
		TUDORZA PRESSAIR	158, 159	unithroid	114

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 09/17/2024.

UNITUXIN	34	VARIVAX (PF)	129	VESICARE.....	160
UPLIZNA.....	34	VARIZIG.....	129	VESICARE LS.....	160
UPTRAVI	76	VARUBI.....	120	<i>vestura</i> (28).....	147
UROCIT-K 10.....	161	VASCEPA.....	82	VEVYE.....	149
UROCIT-K 15.....	161	VASERETIC	76	VFEND.....	3
UROCIT-K 5.....	161	<i>vasopressin</i>	113	VFEND IV.....	3
UROXATRAL	160	VASOPRESSIN IN 0.9 %		V-GO 20	133
URSO 250	120	SOD CHLOR	113	V-GO 30	133
URSO FORTE	120	VASOSTRICT	113	V-GO 40	133
<i>ursodiol</i>	120	VASOTEC.....	76	VIBATIV.....	14
UZEDY	68, 69	VAXCHORA VACCINE..	129	VIBERZI	121
V		VECAMYL	83	VIBRAMYCIN	18
VABOMERE	13	VECTIBIX	34	VICTOZA 2-PAK	110
VABYSMO.....	149	VECTICAL	85	VICTOZA 3-PAK	110
VAGIFEM.....	143	VEGZELMA	34	VIDAZA.....	34
<i>valacyclovir</i>	6	VEKLURY	7	<i>vienna</i>	147
VALCHLOR	88	VELCADE	34	<i>vigabatrin</i>	41
VALCYTE	7	<i>veletri</i>	76	<i>vigadron</i>	41
<i>valganciclovir</i>	7	<i>velvet triphasic regimen</i> (28)		VIGAMOX.....	148
VALIUM.....	69	.....	147	<i>vigpoder</i>	41
<i>valproate sodium</i>	41	VELPHORO.....	99	VIIBRYD	69
<i>valproic acid</i>	41	VELSIPITY	121	VIJOICE	34
<i>valproic acid (as sodium salt)</i>	41	VELTASSA.....	99	<i>vilazodone</i>	69
<i>valrubicin</i>	34	VELTIN.....	90	VILTEPSO	48
<i>valsartan</i>	76	VEMLIDY.....	7	VIMIZIM.....	113
VALSARTAN.....	76	VENCLEXTA	34	VIMOVO.....	57
<i>valsartan-hydrochlorothiazide</i>	76	VENCLEXTA STARTING		VIMPAT.....	41
VALSTAR	34	PACK	34	<i>vinblastine</i>	34
VALTOCO.....	41	<i>venlafaxine</i>	69	<i>vincristine</i>	34
VALTREX	7	VENLAFAKINE BESYLATE		<i>vinorelbine</i>	34
VANCOCIN.....	13	.....	69	VIOKACE	121
<i>vancomycin</i>	13, 14	VENTAVIS	159	<i>viorele</i> (28)	147
VANCOMYCIN	13, 14	VENTOLIN HFA.....	159	VIRACEPT.....	7
VANCOMYCIN IN 0.9 %		VEOPOZ	99	VIREAD	7
SODIUM CHL	13	VEOZAH.....	144	VISTOGARD	19
VANCOMYCIN IN DEXTROSE 5 %.....	13	<i>verapamil</i>	76, 77	VITRAKVI.....	34
VANCOMYCIN-DILUENT COMBO NO.1	14	VERDESO.....	94	VIVELLE-DOT	143
<i>vandazole</i>	144	VEREGEN	88	VIVITROL	57
VANFLYTA	34	VERELAN	77	VIVJOA	3
VANOS	94	VERELAN PM.....	77	VIVLODEX	57
VAQTA (PF).....	129	VERIFINE INSULIN		VIZIMPRO	34
<i>varenicline</i>	99	SYRINGE.....	133	VOGELXO	114
		VERKAZIA.....	149	<i>volnea</i> (28)	147
		VERQUVO	83	VONJO	34
		VERSACLOZ	69	VOQUEZNA	123
		VERZENIO	34	VOQUEZNA DUAL PAK.	123

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 09/17/2024.

VOQUEZNA TRIPLE PAK	123
voriconazole	3
VOSEVI	7
VOTRIENT	34
VOWST	121
VOXZOGO	114
VOYDEYA	99
VPRIV	114
VRAYLAR	69
VTAMA	85
VUITY	149
VUMERITY	48
VUSION	91
VYEPTI	44
<i>vyfemla</i> (28).....	147
VYJUVEK	88
<i>vylitra</i>	147
VYNDA MAX	83
VYNDAQEL	83
VYONDYS-53	48
VYTORIN 10-10	82
VYTORIN 10-20	82
VYTORIN 10-40	82
VYTORIN 10-80	82
VYVANSE	69
VYVGART	49
VYVGART HYTRULO	49
VYXEOS	34
VYZULTA	150
W	
WAINUA	48
WAKIX	69
<i>warfarin</i>	80
<i>water for irrigation, sterile</i> ... <td>99</td>	99
WEGOVY	95
WELCHOL	82
WELIREG	34
WELLBUTRIN SR	69
WELLBUTRIN XL	69
<i>wera</i> (28)	147
<i>wescap-c dha</i>	164
<i>wescap-pn dha</i>	164
WINLEVI	90
WINREVAIR	159
<i>wixela inhub</i>	159
<i>wymzya fe</i>	147
X	
XACIATO	144
XADAGO	43
XALATAN	150
XALKORI	34, 35
XARELTO	80
XARELTO DVT-PE TREAT 30D START	80
XATMEP	35
XCOPRI	41
XCOPRI MAINTENANCE PACK	41
XCOPRI TITRATION PACK	41
XDEMVY	149
XELJANZ	141
XELJANZ XR	141
XELPROS	150
XELSTRYM	69
XEMBIFY	129
XENAZINE	48
XENICAL	95
XENLETA	14
XENOZYME	99
XEOMIN	129
XERAVA	18
XERESE	92
XERMELO	35
XGEVA	19
XHANCE	159
XIAFLEX	99
XIFAXAN	14
XIGDUO XR	110
XiIDRA	149
XIMINO	18
XIPERE (PF)	103
XOFLUZA	7
XOLAIR	159
XOLREMDI	126
XOPENEX HFA	159
XOSPATA	35
XPHOZAH	99
XPOVIO	35
XTAMPZA ER	54
XTANDI	35
<i>xulane</i>	144
XULTOPHY 100/3.6	110
XURIDEN	99
XYLOCAINE	88
<i>xylocaine dental-epinephrine</i>	88
XYLOCAINE WITH EPINEPHRINE	88
XYLOCAINE-MPF	88
XYLOCAINE- MPF/EPINEPHRINE	88
XYOSTED	114
XYREM	69
XYWAV	69
Y	
<i>yargesa</i>	114
YASMIN (28)	147
YAZ (28)	147
YCANTH	88
YERVOY	35
YF-VAX (PF)	129
YONDELIS	35
YONSA	35
YUFLYMA(CF)	141
YUFLYMA(CF) AI CROHN'S-UC-HS	141
YUFLYMA(CF) AUTOINJECTOR	141
YUPELRI	159
YUSIMRY(CF) PEN	141
YUTIQ	151
<i>yuvafem</i>	143
Z	
zafemy	144
zafirlukast	159
zaleplon	69
ZALTRAP	35
ZANAFLEX	49
ZANOSAR	35
ZARONTIN	41
ZARXIO	126
ZAVESCA	114
ZAVZPRET	44
ZEGALOGUE AUTOINJECTOR	110
ZEGALOGUE SYRINGE..	110
ZEGERID	123

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 09/17/2024.

ZEJULA	35	ZILRETTA	103	<i>zonisamide</i>	41
ZELAPAR.....	43	ZILXI.....	90	ZONTIVITY.....	80
ZELBORAF	35	ZIMHI	57	ZORTRESS	35
ZEMAIRA.....	99	ZINPLAVA	129	ZORVOLEX.....	57
ZEMBRACE SYMTOUCH	44	ZIOPTAN (PF).....	150	ZORYVE	85
ZEMDRI	14	<i>ziprasidone hcl</i>	70	ZOSYN IN DEXTROSE (ISO- OSM)	16
ZEMPLAR	114	<i>ziprasidone mesylate</i>	70	<i>zovia</i> 1-35 (28).....	147
zenatane.....	90	ZIPSOR	57	ZOVIRAX	92
ZENPEP	121	ZIRABEV	35	ZTALMY	42
zenzedi	69	ZIRGAN	148	ZTLIDO	88
ZENZEDI	69	ZITHROMAX	9, 10	ZUBSOLV	57
ZEPATIER	7	ZITHROMAX TRI-PAK	10	<i>zumandimine</i> (28)	147
ZEPOSIA	48	ZITHROMAX Z-PAK	10	ZURZUVAE	70
ZEPOSIA STARTER KIT (28- DAY).....	48	ZITUvio	110	ZYCLARA	88
ZEPOSIA STARTER PACK (7-DAY)	48	ZOCOR	82	ZYDELIG	35
ZEPZELCA.....	35	ZOKINVY	99	ZYFLO	159
ZERBAXA	9	ZOLADEX	35	ZYKADIA	35
ZERVIATE	149	<i>zoledronic acid</i>	114	ZYLET	151
ZESTORETIC.....	77	<i>zoledronic acid-mannitol-water</i>	99, 114	ZYLOPRIM	134
ZESTRIL	77	ZOLEDRONIC AC- MANNITOL-0.9NACL	114	ZYMFENTRA	121
ZETIA	82	ZOLINZA	35	ZYNLONTA	35
ZETONNA	159	<i>zolmitriptan</i>	44	ZYNYZ	35
ZIAC	77	ZOLOFT	70	ZYPITAMAG	82
ZIAGEN	7	<i>zolpidem</i>	70	ZYPREXA	70
ZIANA	90	ZOMACTON	126	ZYPREXA RELPREVV	70
<i>zidovudine</i>	7	ZOMIG	44	ZYPREXA ZYDIS	70
ZIEXTENZO.....	126	ZONALON.....	88	ZYTIGA	35
ZILBRYSQ	49	ZONEGRAN	41	ZYVOX	14
<i>zileuton</i>	159	ZONISADE	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 09/17/2024.

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Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية . سيقوم شخص ما يتحدث العربية 1-800-580-7000 فوري، ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-580-7000 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-580-7000. Un nostro incaricato che parla Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-580-7000. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-580-7000. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-580-7000. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬 プランに関するご質問にお答えするために、無料 の通訳サービスがありますございます。通訳をご用命になるには、1-800-580-7000 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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