

2025

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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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
<i>amphotericin b</i>	1	B/D PA; MO
<i>caspofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMBA ORAL	1	PA
<i>fluconazole</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>flucytosine</i>	1	MO
<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
<i>nystatin oral</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	1	PA; MO; QL (96 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>terbinafine hcl oral</i>	1	MO
<i>voriconazole intravenous</i>	1	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	1	PA; MO
<i>voriconazole oral tablet</i>	1	PA; MO
ANTIVIRALS		
<i>abacavir</i>	1	MO
<i>abacavir-lamivudine</i>	1	MO
<i>acyclovir oral capsule</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet</i>	1	MO
<i>acyclovir sodium intravenous solution</i>	1	B/D PA; MO
<i>adefovir</i>	1	MO
<i>amantadine hcl</i>	1	MO
APTIVUS	1	MO
<i>atazanavir</i>	1	MO
BARACLUDE ORAL SOLUTION	1	MO
BIKTARVY	1	MO
CABENUVA	1	MO
<i>cidofovir</i>	1	B/D PA; MO
CIMDUO	1	MO
COMPLERA	1	MO
<i>darunavir</i>	1	MO
DELSTRIGO	1	MO
DESCOVY	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 08/23/2024.

Drug Name	Drug Tier	Requirements /Limits
DOVATO	1	MO
EDURANT	1	MO
<i>efavirenz oral tablet</i>	1	MO
<i>efavirenz-emtricitabin-tenofovir</i>	1	MO
<i>efavirenz-lamivu-tenofovir disop</i>	1	MO
<i>emtricitabine</i>	1	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg</i>	1	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	1	MO
EMTRIVA ORAL SOLUTION	1	MO
<i>entecavir</i>	1	MO
<i>etravirine</i>	1	MO
EVOTAZ	1	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO
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
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD	1	MO

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL POWDER IN PACKET	1	MO
ISENTRESS ORAL TABLET	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA	1	MO
<i>lamivudine</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO
LEDIPASVIR-SOFOSBUVIR	1	PA; MO; QL (28 per 28 days)
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)
<i>nevirapine oral suspension</i>	1	
<i>nevirapine oral tablet</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 08/23/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO
NORVIR ORAL POWDER IN PACKET	1	MO
ODEFSEY	1	MO
<i>oseltamivir</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 90 days)
PIFELTRO	1	MO
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
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO
<i>ribavirin oral capsule</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	1	MO
SELZENTRY ORAL SOLUTION	1	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO
SOFOSBUVIR-VELPATASVIR	1	PA; MO; QL (28 per 28 days)
STRIBILD	1	MO
SUNLENCA	1	
SYMTUZA	1	MO
SYNAGIS	1	MO; LA
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 10 MG	1	
TIVICAY ORAL TABLET 25 MG, 50 MG	1	MO
TIVICAY PD	1	MO
TRIUMEQ	1	MO
TRIUMEQ PD	1	MO
TROGARZO	1	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	1	MO
<i>valganciclovir oral tablet</i>	1	MO
VEMLIDY	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 08/23/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
VIRACEPT ORAL TABLET	1	MO	<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
VIREAD ORAL POWDER	1	MO	<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	1	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO	<i>cefazolin intravenous recon soln 1 gram</i>	1	
VOSEVI	1	PA; MO; QL (28 per 28 days)	<i>cefdinir oral capsule</i>	1	MO
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO	<i>cefdinir oral suspension for reconstitution</i>	1	MO
<i>zidovudine oral capsule</i>	1	MO	<i>cefepime in dextrose,iso-osm</i>	1	
<i>zidovudine oral syrup</i>	1	MO	<i>cefepime injection</i>	1	MO
<i>zidovudine oral tablet</i>	1	MO	<i>cefixime</i>	1	MO
CEPHALOSPORINS			<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefaclor oral capsule</i>	1	MO	<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1		<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefadroxil oral capsule</i>	1	MO	<i>cefpodoxime</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	1	MO	<i>cefprozil</i>	1	MO
<i>cefazin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO	<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
			<i>ceftazidime injection recon soln 6 gram</i>	1	PA
			<i>ceftriaxone in dextrose,iso-os</i>	1	MO
			<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO

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This drug list was last updated on 08/23/2024.

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

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL TABLET	1	MO; QL (20 per 10 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral tablet</i>	1	MO
<i>erythromycin oral</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	1	MO
<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
<i>aztreonam</i>	1	PA; MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	1	
<i>chloroquine phosphate</i>	1	MO
<i>clindamycin hcl</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin phosphate injection</i>	1	PA; MO
COARTEM	1	MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO
EMVERM	1	MO
<i>ertapenem</i>	1	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>imipenem-cilastatin</i>	1	PA; MO
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA; MO
<i>linezolid oral suspension for reconstitution</i>	1	MO
<i>linezolid oral tablet</i>	1	MO
<i>linezolid-0.9% sodium chloride</i>	1	PA
<i>mefloquine</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	1	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	PA; QL (10 per 10 days)
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in nacl (iso-os)</i>	1	PA; MO
<i>metronidazole oral tablet</i>	1	MO
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO; QL (12 per 30 days)
<i>pentamidine inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	1	MO
<i>praziquantel</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
PRIFTIN	1	MO	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
PRIMAQUINE	1	MO			
<i>pyrazinamide</i>	1	MO			
<i>pyrimethamine</i>	1	PA; MO			
<i>quinine sulfate</i>	1	MO			
<i>rifabutin</i>	1	MO	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
<i>rifampin intravenous</i>	1	MO			
<i>rifampin oral</i>	1	MO			
SIRTURO	1	PA; LA			
STREPTOMYCIN	1	PA; MO; QL (60 per 30 days)	<i>vancomycin intravenous recon soln 1,000 mg</i>	1	PA; MO; QL (20 per 10 days)
<i>tigecycline</i>	1	PA; MO	<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)
<i>tinidazole</i>	1	MO	<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)
TOBI PODHALER	1	MO; QL (224 per 56 days)	<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)	<i>vancomycin intravenous recon soln 750 mg</i>	1	PA; MO; QL (27 per 10 days)
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days)	<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)	<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
<i>tobramycin sulfate injection solution</i>	1	PA; MO	VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	PA
TRECATOR	1	MO			
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)	XIFAXAN ORAL TABLET 200 MG	1	PA; MO; QL (9 per 30 days)

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This drug list was last updated on 08/23/2024.

Drug Name	Drug Tier	Requirements /Limits
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (90 per 30 days)
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet, chewable 125 mg, 250 mg	1	MO
amoxicillin-pot clavulanate oral suspension for reconstitution	1	MO
amoxicillin-pot clavulanate oral tablet	1	MO
amoxicillin-pot clavulanate oral tablet extended release 12 hr	1	MO
amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg	1	MO
amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg	1	
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection	1	PA; MO
ampicillin sodium intravenous	1	PA

Drug Name	Drug Tier	Requirements /Limits
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	PA; MO
ampicillin-sulbactam injection recon soln 15 gram	1	PA
ampicillin-sulbactam intravenous	1	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	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
dicloxacillin	1	MO
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	PA
nafcillin injection recon soln 1 gram, 2 gram	1	PA; MO
nafcillin injection recon soln 10 gram	1	PA
oxacillin in dextrose(iso-osm)	1	PA
oxacillin injection recon soln 1 gram, 10 gram	1	PA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits																																																			
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO	<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA																																																			
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	PA	<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO																																																			
<i>penicillin g potassium</i>	1	PA; MO	<i>levofloxacin intravenous</i>	1	PA																																																			
<i>penicillin g sodium</i>	1	PA; MO	<i>levofloxacin oral solution</i>	1	MO																																																			
<i>penicillin v potassium</i>	1	MO	<i>levofloxacin oral tablet</i>	1	MO																																																			
<i>pfsizerpen-g</i>	1	PA	<i>moxifloxacin oral</i>	1	MO																																																			
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	1		<i>moxifloxacin-sod.chloride(iso)</i>	1	PA; MO																																																			
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO	SULFA'S / RELATED AGENTS						<i>sulfadiazine</i>	1	MO	<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO	<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO	<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO	QUINOLONES						<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO	<i>demeclacycline</i>	1	MO	<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO	<i>doxy-100</i>	1	PA; MO	<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	1		<i>doxycycline hyclate intravenous</i>	1	PA	TETRACYCLINES						<i>doxycycline hyclate oral capsule</i>	1	MO			
SULFA'S / RELATED AGENTS																																																								
<i>sulfadiazine</i>	1	MO	<i>sulfamethoxazole-trimethoprim intravenous</i>	1	PA; MO																																																			
<i>sulfamethoxazole-trimethoprim oral suspension</i>	1	MO	<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO																																																			
QUINOLONES																																																								
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO	<i>demeclacycline</i>	1	MO																																																			
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO	<i>doxy-100</i>	1	PA; MO																																																			
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	1		<i>doxycycline hyclate intravenous</i>	1	PA																																																			
TETRACYCLINES																																																								
<i>doxycycline hyclate oral capsule</i>	1	MO																																																						

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Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral capsule</i>	1	MO
<i>minocycline oral tablet</i>	1	MO
<i>monodoxine nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule</i>	1	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	1	MO
<i>methenamine mandelate</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst</i>	1	MO
<i>trimethoprim</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		

Drug Name	Drug Tier	Requirements /Limits
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	1	B/D PA; MO
<i>ELITEK</i>	1	MO
<i>KHAPZORY INTRAVENOUS RECON SOLN 175 MG</i>	1	B/D PA
<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
<i>MESNEX ORAL</i>	1	MO
<i>XGEVA</i>	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)
<i>ABRAXANE</i>	1	B/D PA; MO
<i>ADCETRIS</i>	1	B/D PA; MO
<i>ADSTILADRIN</i>	1	PA
<i>AKEEGA</i>	1	PA; LA; QL (60 per 30 days)
<i>ALECENSA</i>	1	PA; MO; QL (240 per 30 days)
<i>ALIQOPA</i>	1	B/D PA; LA

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Drug Name	Drug Tier	Requirements /Limits
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)
<i>anastrozole</i>	1	MO
ANKTIVA	1	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
AUGTYRO	1	PA; MO; QL (240 per 30 days)
AYVAKIT	1	PA; LA; QL (30 per 30 days)
<i>azacitidine</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
BENDEKA	1	B/D PA; MO
BESPONSA	1	B/D PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
<i>bleomycin</i>	1	B/D PA
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 (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (330 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
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	1	PA; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)
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
<i>cisplatin intravenous solution</i>	1	B/D PA; MO
<i>cladribine</i>	1	B/D PA; MO
<i>clofarabine</i>	1	B/D PA
COLUMVI	1	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days)
COPIKTRA	1	PA; LA; QL (60 per 30 days)
COTELLIC	1	PA; MO; LA; QL (63 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	1	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 25 MG	1	B/D PA
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	1	B/D PA; MO
<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution</i>	1	B/D PA
<i>cyclosporine oral capsule</i>	1	B/D PA; MO
CYRAMZA	1	B/D PA; MO
<i>cytarabine</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO
<i>dactinomycin</i>	1	B/D PA; MO
DANYELZA	1	B/D PA
DARZALEX	1	B/D PA; MO; LA
<i>daunorubicin</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ELIGARD (6 MONTH)	1	PA; MO
ELREXFIO	1	PA
ELZONRIS	1	B/D PA; LA
EMPLICITI	1	B/D 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)
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
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO
<i>exemestane</i>	1	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

Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	B/D PA
FOTIVDA	1	PA; LA; QL (21 per 28 days)
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
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

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This drug list was last updated on 08/23/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA	IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days)
<i>genograf</i>	1	B/D PA; MO	IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days)
GILOTRIF	1	PA; MO; QL (30 per 30 days)	IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	1	MO	IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	1	MO	IMDELLTRA	1	PA
<i>hydroxyurea</i>	1	MO	IMFINZI	1	B/D PA; MO; LA
IBRANCE	1	PA; MO; QL (21 per 28 days)	IMJUDO	1	PA; MO
ICLUSIG	1	PA; QL (30 per 30 days)	INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
<i>idarubicin</i>	1	B/D PA; MO	INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)	INQOVI	1	PA; MO; QL (5 per 28 days)
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO	INREBIC	1	PA; MO; LA; QL (120 per 30 days)
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO	<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA	<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)	<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)	ISTODAX	1	B/D PA; MO

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This drug list was last updated on 08/23/2024.

Drug Name	Drug Tier	Requirements /Limits
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
KADCYLA	1	PA; MO
KEYTRUDA	1	PA
KIMMTRAK	1	B/D 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)

Drug Name	Drug Tier	Requirements /Limits
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)
KOSELUGO	1	PA
KRAZATI	1	PA; QL (180 per 30 days)
KYPROLIS	1	B/D PA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	1	PA; MO
<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)

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Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	1	MO
LEUKERAN	1	MO
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	1	PA; LA
LONSURF	1	PA; MO
LOQTORZI	1	PA
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 ORAL TABLET 120 MG	1	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days)
LUNSUMIO	1	PA; MO
LUPRON DEPOT	1	PA; MO
LYNPARZA	1	PA; MO; QL (120 per 30 days)
LYSODREN	1	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (140 per 28 days)
MARGENZA	1	B/D PA
MATULANE	1	
<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 (pf) injection recon soln</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>methotrexate sodium injection</i>	1	B/D PA
<i>methotrexate sodium oral</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
<i>mitoxantrone</i>	1	B/D PA; MO
MONJUVI	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
MYLOTARG	1	B/D PA; MO; LA
<i>nelarabine</i>	1	B/D PA; MO
NERLYNX	1	PA; MO; LA
<i>nilutamide</i>	1	PA; MO
NINLARO	1	PA; MO; QL (3 per 28 days)
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
NULOJIX	1	B/D PA; MO
<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)
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)
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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ONUREG	1	PA; MO; QL (14 per 28 days)	<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO
OPDIVO	1	PA; MO	<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO
OPDUALAG	1	PA; MO			
ORGOVYX	1	PA; LA; QL (30 per 28 days)	<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)	<i>pemetrexed disodium intravenous recon soln 750 mg</i>	1	B/D PA; MO
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)	PERJETA	1	PA; MO; QL (28 per 28 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA	PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (56 per 28 days)
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO	PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; MO; QL (120 per 30 days)
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO	POLIVY	1	PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA	POMALYST	1	PA; MO; LA; QL (21 per 28 days)
paclitaxel	1	B/D PA; MO	PORTRAZZA	1	B/D PA; MO
PADCEV	1	PA; MO	POTELIGEO	1	PA
paraplatin	1	B/D PA	PRALATREXATE	1	B/D PA; MO
pazopanib	1	PA; MO; QL (120 per 30 days)	PROGRAF INTRAVENOUS	1	B/D PA; MO
PEMAZYRE	1	PA; LA; QL (28 per 28 days)	PROGRAF ORAL GRANULES IN PACKET	1	PA
			PURIXAN	1	

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Drug Name	Drug Tier	Requirements /Limits
QINLOCK	1	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days)
REVLIMID	1	PA; MO; LA; QL (28 per 28 days)
REZLIDHIA	1	PA; QL (60 per 30 days)
REZUROCK	1	PA; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	1	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days)
RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	1	PA; MO
RYBREVANT	1	PA; MO
RYDAPT	1	PA; MO; QL (224 per 28 days)
RYLAZE	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
SANDIMMUNE ORAL SOLUTION	1	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE RECON	1	PA; MO
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
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)

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Drug Name	Drug Tier	Requirements /Limits
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days)
TABLOID	1	MO
TABRECTA	1	PA; MO
<i>tacrolimus oral capsule</i>	1	B/D PA; MO
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
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
TEPMETKO	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; QL (28 per 28 days)
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
TRAZIMERA	1	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO
<i>tretinooin (antineoplastic)</i>	1	MO
TRODELVY	1	PA; LA
TRUQAP	1	PA; QL (64 per 28 days)
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)
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days)
UNITUXIN	1	B/D PA
<i>valrubicin</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
VANFLYTA	1	PA; QL (56 per 28 days)
VECTIBIX	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)
<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)
VYXEOS	1	B/D PA
WELIREG	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days)
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)
YEROVY	1	B/D PA; MO
YONDELIS	1	B/D PA
ZALTRAP	1	B/D PA; MO
ZANOSAR	1	B/D PA; MO
ZEJULA ORAL TABLET	1	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	1	PA; MO; QL (240 per 30 days)
ZEPZELCA	1	PA
ZIRABEV	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days)
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

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)
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

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	1	
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
<i>clobazam oral suspension</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT	1	PA; LA
<i>diazepam rectal</i>	1	MO
DILANTIN 30 MG	1	MO
<i>divalproex</i>	1	MO
EPIDIOLEX	1	PA; MO; LA
<i>epitol</i>	1	MO
EPRONTIA	1	PA; MO
<i>ethosuximide</i>	1	MO
<i>felbamate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
FINTEPLA	1	PA; LA; QL (360 per 30 days)
<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)
<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO
<i>lamotrigine oral tablet,disintegrating</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
LIBERVANT	1	PA; QL (10 per 30 days)
<i>methsuximide</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NAYZILAM	1	PA; MO; QL (10 per 30 days)	<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>oxcarbazepine oral suspension</i>	1	MO	<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>oxcarbazepine oral tablet</i>	1	MO	<i>pregabalin oral solution</i>	1	MO; QL (900 per 30 days)
<i>phenobarbital oral elixir</i>	1	PA; MO	PRIMIDONE ORAL TABLET 125 MG	1	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA	<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO	<i>roweepra oral tablet 500 mg</i>	1	MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO	<i>rufinamide oral suspension</i>	1	PA; MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1		<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>phenytoin oral suspension 100 mg/4 ml</i>	1		<i>rufinamide oral tablet 400 mg</i>	1	PA; MO
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO	SPRITAM	1	MO
<i>phenytoin oral tablet, chewable</i>	1	MO	<i>subvenite</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO	SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1		SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
<i>phenytoin sodium intravenous solution</i>	1		<i>tiagabine</i>	1	MO
			<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
			<i>topiramate oral tablet</i>	1	PA; MO
			<i>valproate sodium</i>	1	MO
			<i>valproic acid</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
ZTALMY	1	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
<i>benztropine injection</i>	1	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	1	MO
<i>carbidopa</i>	1	MO
<i>carbidopa-levodopa oral tablet</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1	
<i>carbidopa-levodopa-entacapone</i>	1	MO
<i>entacapone</i>	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days)
NEUPRO	1	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	1	MO
<i>ropinirole oral tablet</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr</i>	1	MO
<i>selegiline hcl</i>	1	MO
<i>trihexyphenidyl oral tablet</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
UBRELVY	1	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
BRIUMVI	1	PA; MO; QL (24 per 180 days)
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO	KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days)
<i>donepezil oral tablet 23 mg</i>	1	MO	<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA; MO
<i>donepezil oral tablet,disintegrating</i>	1	MO	<i>memantine oral solution</i>	1	PA; MO
<i>fingolimod</i>	1	PA; MO; QL (30 per 30 days)	<i>memantine oral tablet</i>	1	PA; MO
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	MO	NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	1	PA
<i>galantamine oral solution</i>	1	MO	NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	1	PA; MO
<i>galantamine oral tablet</i>	1	MO	NUEDEXTA	1	PA; MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)	RADICAVA ORS	1	PA; MO
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)	RADICAVA ORS STARTER KIT SUSP	1	PA; MO
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)	rivastigmine	1	MO
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)	rivastigmine tartrate	1	MO
INGREZZA	1	PA; LA; QL (30 per 30 days)	teriflunomide	1	PA; MO; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	1	PA; LA; QL (28 per 180 days)	tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)
INGREZZA SPRINKLE	1	PA; LA; QL (30 per 30 days)	tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)
			VUMERTY	1	PA; MO; QL (120 per 30 days)
			ZEPOSIA	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ZEPOSIA STARTER KIT (28-DAY)	1	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	1	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA; MO
dantrolene intravenous	1	
dantrolene oral	1	MO
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release	1	
revonto	1	
tizanidine oral tablet	1	MO
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
BELBUCA	1	PA; MO; QL (60 per 30 days)

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

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Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	1	
<i>hydromorphone injection solution 1 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	1	
<i>hydromorphone oral liquid</i>	1	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	1	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	1	
<i>methadone intensol</i>	1	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	1	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	1	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	1	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral solution</i>	1	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	1	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	1	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	1	PA; MO; QL (60 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
<i>celecoxib</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	1	MO
<i>diflunisal</i>	1	MO
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>etodolac oral tablet extended release 24 hr</i>	1	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>meloxicam oral tablet</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>nabumetone</i>	1	MO	ABILIFY	1	MO; QL (2.4 per 56 days)
<i>nalbuphine</i>	1		ASIMTUFII		
<i>naloxone injection solution</i>	1	MO	INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML		
<i>naloxone injection syringe</i>	1	MO	ABILIFY	1	MO; QL (3.2 per 56 days)
<i>naloxone nasal</i>	1	MO	ASIMTUFII		
<i>naltrexone</i>	1	MO	INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML		
<i>naproxen oral tablet</i>	1	MO	ABILIFY	1	MO; QL (1 per 28 days)
<i>naproxen oral tablet,delayed release (dr/ec)</i>	1	MO	MAINTENA		
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO	amitriptyline	1	MO
<i>oxaprozinc oral tablet</i>	1	MO	amoxapine	1	MO
<i>piroxicam</i>	1	MO	ariPIPRAZOLE ORAL SOLUTION	1	MO
<i>salsalate</i>	1	MO	ariPIPRAZOLE ORAL TABLET	1	MO; QL (30 per 30 days)
<i>sulindac</i>	1	MO	ariPIPRAZOLE ORAL TABLET,DISINTEGRATING	1	MO; QL (60 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)	ARISTADA INITIO	1	MO; QL (4.8 per 365 days)
<i>tramadol-acetaminophen</i>	1	MO; QL (240 per 30 days)	ARISTADA	1	MO; QL (3.9 per 56 days)
VIVITROL	1	MO	INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML		
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

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Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 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)
<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; MO; QL (60 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)
<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)
<i>chlorpromazine injection</i>	1	MO
<i>chlorpromazine oral</i>	1	MO
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet,disintegrating</i>	1	
<i>desipramine</i>	1	MO
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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)
<i>doxepin oral capsule</i>	1	MO
<i>doxepin oral concentrate</i>	1	MO
<i>doxepin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG</i>	1	MO; QL (60 per 30 days)
<i>DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>EMSAM</i>	1	MO
<i>escitalopram oxalate oral solution</i>	1	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	1	MO; QL (30 per 30 days)
<i>FANAPT ORAL TABLET</i>	1	ST; MO; QL (60 per 30 days)
<i>FANAPT ORAL TABLETS,DOSE PACK</i>	1	ST; MO; QL (8 per 180 days)
<i>FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)</i>	1	MO; QL (28 per 180 days)
<i>FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR</i>	1	MO; QL (30 per 30 days)
<i>flumazenil</i>	1	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	1	MO
<i>fluphenazine decanoate</i>	1	MO
<i>fluphenazine hcl</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days)
<i>haloperidol</i>	1	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	1	MO	INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	1	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days)
<i>haloperidol lactate injection</i>	1	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days)
<i>haloperidol lactate intramuscular</i>	1	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days)
<i>haloperidol lactate oral</i>	1	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days)
<i>imipramine hcl</i>	1	MO			
<i>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML</i>	1	MO; QL (3.5 per 180 days)			
<i>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML</i>	1	MO; QL (5 per 180 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	1	
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
MARPLAN	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone</i>	1	MO
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO
NUPLAZID	1	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	1	MO
<i>olanzapine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	1	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
<i>protriptyline</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<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
<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,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	1	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<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	MO; 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)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days)

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

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Drug Name	Drug Tier	Requirements /Limits
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; MO; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	MO; QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine	1	
amiodarone <i>intravenous solution</i>	1	B/D PA; MO
amiodarone oral tablet 100 mg, 200 mg	1	MO
amiodarone oral tablet 400 mg	1	
dofetilide	1	MO
flecainide	1	MO
ibutilide fumarate	1	

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-valsartan</i>	1	MO	<i>diltiazem hcl intravenous</i>	1	
<i>amlodipine-valsartan-hcthiazid</i>	1	MO	<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>atenolol</i>	1	MO	<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO	<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>benazepril</i>	1	MO	<i>diltiazem hcl oral capsule,extended release 24hr 120 mg</i>	1	
<i>benazepril-hydrochlorothiazide</i>	1	MO	<i>diltiazem hcl oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg, 360 mg</i>	1	MO
<i>betaxolol oral</i>	1	MO	<i>diltiazem hcl oral tablet</i>	1	MO
<i>bisoprolol fumarate</i>	1	MO	<i>diltiazem hcl oral tablet extended release 24 hr</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO	<i>dilt-xr</i>	1	MO
<i>bumetanide injection</i>	1	MO	<i>doxazosin oral tablet</i>	1	MO; QL (30 per 30 days)
<i>bumetanide oral</i>	1	MO	<i>doxazosin oral tablet</i>	1	MO; QL (60 per 30 days)
<i>candesartan</i>	1	MO	<i>EDARBI</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO	<i>EDARBYCLO</i>	1	MO
<i>captopril</i>	1	MO	<i>enalapril maleate oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1		<i>enalaprilat intravenous solution</i>	1	
<i>cartia xt</i>	1	MO	<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>carvedilol</i>	1	MO			
<i>chlorothiazide sodium</i>	1	MO			
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO			
<i>clonidine transdermal patch</i>	1	MO; QL (4 per 28 days)			
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1				
<i>clonidine hcl oral tablet</i>	1	MO			

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Drug Name	Drug Tier	Requirements /Limits
<i>eplerenone</i>	1	MO
<i>esmolol intravenous solution</i>	1	
<i>ethacrynone sodium</i>	1	
<i>felodipine</i>	1	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)
<i>isradipine</i>	1	MO
KERENDIA	1	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	1	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	1	
<i>labetalol oral</i>	1	MO
<i>lisinopril</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	1	
<i>mannitol 25 % intravenous solution</i>	1	MO
<i>matzim la</i>	1	MO
<i>metolazone</i>	1	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol tar-hydrochlorothiazide</i>	1	
<i>metoprolol tartrate intravenous</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	1	PA; MO
<i>minoxidil oral</i>	1	MO
<i>moexipril oral tablet 15 mg</i>	1	
<i>moexipril oral tablet 7.5 mg</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	MO
<i>nicardipine intravenous solution</i>	1	
<i>nicardipine oral</i>	1	MO
<i>nifedipine oral tablet extended release</i>	1	MO
<i>nifedipine oral tablet extended release 24hr</i>	1	MO
<i>nimodipine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
<i>propranolol intravenous</i>	1	
<i>propranolol oral capsule, extended release 24 hr</i>	1	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	1	MO
<i>timolol maleate oral</i>	1	MO
<i>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-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET	1	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; MO; LA; QL (200 per 180 days)
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	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
<i>verapamil oral tablet extended release</i>	1	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>aminocaproic acid oral</i>	1	MO	<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>aspirin-dipyridamole</i>	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)
BRILINTA	1	MO	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
CABLIVI INJECTION KIT	1	PA; LA	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
CEPROTIN (BLUE BAR)	1	PA; MO	fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	1	MO
CEPROTIN (GREEN BAR)	1	PA; MO	fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO
<i>cilostazol</i>	1	MO	<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<i>clopidogrel oral tablet 300 mg</i>	1	MO	<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>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)	<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>dabigatran etexilate</i>	1	MO; QL (60 per 30 days)			
<i>dipyridamole intravenous</i>	1				
<i>dipyridamole oral</i>	1	MO			
DOPTELET (10 TAB PACK)	1	PA; MO; LA			
DOPTELET (15 TAB PACK)	1	PA; MO; LA			
DOPTELET (30 TAB PACK)	1	PA; MO; LA			
ELIQUIS	1	MO; QL (60 per 30 days)			
ELIQUIS DVT-PE TREAT 30D START	1	MO; QL (74 per 180 days)			
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	
<i>heparin (porcine) injection cartridge</i>	1	MO
<i>heparin (porcine) injection solution</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	1	MO
<i>prasugrel</i>	1	MO
PROMACTA	1	PA; MO; LA
<i>protamine</i>	1	
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine- atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light</i>	1	
<i>cholestyramine-aspartame</i>	1	
<i>colesevelam</i>	1	MO
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	MO
<i>ezetimibe</i>	1	MO

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This drug list was last updated on 08/23/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	MO
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>NEXLETOL</i>	1	PA; MO
<i>NEXLIZET</i>	1	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
<i>omega-3 acid ethyl esters</i>	1	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>prevalite</i>	1	MO
<i>REPATHA</i>	1	PA; QL (6 per 28 days)
<i>REPATHA PUSHTRONEX</i>	1	PA; QL (7 per 28 days)
<i>REPATHA SURECLICK</i>	1	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>CORLANOR ORAL TABLET</i>	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>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
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	1	MO; QL (60 per 30 days)
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
ranolazine	1	MO
<i>sodium nitroprusside</i>	1	B/D PA
VERQUVO	1	MO; QL (30 per 30 days)
VYNDAMAX	1	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin intravenous</i>	1	B/D PA
<i>nitroglycerin sublingual</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour</i>	1	MO
<i>nitroglycerin translingual</i>	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	1	MO
<i>calcipotriene scalp</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	1	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days)
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)

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Drug Name	Drug Tier	Requirements /Limits
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)
<i>selenium sulfide topical lotion</i>	1	MO
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)
SOTYKTU	1	PA; MO; QL (30 per 30 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)
TREMFYA	1	PA; MO; QL (2 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		

Drug Name	Drug Tier	Requirements /Limits
ADBRY SUBCUTANEOUS AUTO-INJECTOR	1	PA; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE	1	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	1	MO
<i>chloroprocaine (pf)</i>	1	
CIBINQO	1	PA; MO; QL (30 per 30 days)
<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)
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)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>lidocan iv</i>	1	PA; QL (90 per 30 days)
<i>lidocan v</i>	1	PA; QL (90 per 30 days)
<i>methoxsalen</i>	1	MO
PANRETIN	1	PA; MO
<i>pimecrolimus</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf</i>	1	
REGRANEX	1	QL (15 per 30 days)
SANTYL	1	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	1	MO
<i>ssd</i>	1	MO
<i>tacrolimus topical</i>	1	PA; MO; QL (100 per 30 days)
<i>tridacaine ii</i>	1	PA; QL (90 per 30 days)
<i>tridacaine iii</i>	1	PA; QL (90 per 30 days)
VALCHLOR	1	PA; MO
THERAPY FOR ACNE		
<i>accutane</i>	1	
<i>amnesteem</i>	1	
<i>azelaic acid</i>	1	MO
<i>claravis</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate topical gel</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	1	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	1	MO; QL (120 per 30 days)
<i>ery pads</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>metronidazole topical</i>	1	MO
<i>tazarotene topical cream</i>	1	PA; MO
<i>tazarotene topical gel</i>	1	PA; MO
<i>tretinoi topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoi topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
<i>zenatane</i>	1	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
<i>mupirocin</i>	1	MO; QL (44 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium (acne)</i>	1	MO
TOPICAL ANTIFUNGALS		
<i>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-betamethasone topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	1	MO; QL (60 per 28 days)
<i>econazole</i>	1	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>klayesta</i>	1	MO; QL (180 per 30 days)
<i>naftifine topical gel 2 %</i>	1	MO; QL (60 per 28 days)
<i>nyamyc</i>	1	MO; QL (180 per 30 days)

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

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

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Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	1	QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	1	MO
<i>fluticasone propionate topical ointment</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO
<i>halobetasol propionate topical ointment</i>	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>mometasone topical</i>	1	MO
<i>prednicarbate topical ointment</i>	1	
<i>triamcinolone acetonide topical cream</i>	1	MO
<i>triamcinolone acetonide topical lotion</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream</i>	1	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	1	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
<i>ringer's irrigation</i>	1	MO
MISCELLANEOUS AGENTS		
<i>acamprostate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
<i>anagrelide</i>	1	MO
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
<i>carglumic acid</i>	1	PA; MO
<i>cevimeline</i>	1	MO
<i>CHEMET</i>	1	PA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 4.25%/D5W	1	B/D PA	<i>dextrose 50 % in water (d50w)</i>	1	
SULFIT FREE			<i>dextrose 70 % in water (d70w)</i>	1	
<i>d10 %-0.45 % sodium chloride</i>	1		<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>d2.5 %-0.45 % sodium chloride</i>	1		<i>disulfiram oral tablet 500 mg</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO	<i>droxidopa</i>	1	PA; MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO	ENDARI	1	PA; MO
<i>deferasirox oral granules in packet</i>	1	PA; MO	INCRELEX	1	MO; LA
<i>deferasirox oral tablet</i>	1	PA; MO	<i>levocarnitine (with sugar)</i>	1	MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO	<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO	<i>levocarnitine oral tablet</i>	1	MO
<i>deferiprone</i>	1	PA; MO	LOKELMA	1	MO
<i>deferoxamine</i>	1	B/D PA; MO	<i>midodrine</i>	1	MO
<i>dextrose 10 % and 0.2 % nacl</i>	1		<i>nitisinone</i>	1	PA; MO
<i>dextrose 10 % in water (d10w)</i>	1		<i>pilocarpine hcl oral</i>	1	MO
<i>dextrose 25 % in water (d25w)</i>	1		PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA
<i>dextrose 5 % in water (d5w)</i>	1	MO	REZDIFFRA	1	PA; MO; QL (30 per 30 days)
<i>dextrose 5 %-lactated ringers</i>	1	MO	<i>riluzole</i>	1	PA; MO
<i>dextrose 5%-0.2 % sod chloride</i>	1		<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>dextrose 5%-0.3 % sod.chloride</i>	1		<i>sodium benzoate-sod phenylacet</i>	1	
			<i>sodium chloride 0.9 % intravenous</i>	1	MO
			<i>sodium chloride irrigation</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
sodium phenylbutyrate oral powder	1	PA; MO
sodium phenylbutyrate oral tablet	1	PA
sodium polystyrene sulfonate oral powder	1	MO
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
trientine oral capsule 250 mg	1	PA; MO
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
water for irrigation, sterile	1	MO
XIAFLEX	1	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
NICOTROL	1	
NICOTROL NS	1	MO
varenicline oral tablet 0.5 mg, 1 mg	1	MO

Drug Name	Drug Tier	Requirements /Limits
varenicline oral tablet 1 mg (56 pack)	1	
varenicline oral tablets,dose pack	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	1	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	1	MO
dentagel	1	MO
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	MO
ipratropium bromide nasal	1	MO; QL (30 per 30 days)
kourzeq	1	
oralone	1	
periogard	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 dry mouth	1	MO
sodium fluoride 5000 plus	1	

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Drug Name	Drug Tier	Requirements /Limits
sodium fluoride-pot nitrate	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
flac otic oil	1	
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	1	MO; QL (7.5 per 7 days)
neomycin-polymyxin-hc otic (ear)	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	1	
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral solution	1	MO
dexamethasone oral tablet	1	MO
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	MO

Drug Name	Drug Tier	Requirements /Limits
dexamethasone sodium phosphate injection	1	MO
fludrocortisone	1	MO
hydrocortisone oral	1	MO
methylprednisolone acetate	1	MO
methylprednisolone oral tablet	1	B/D PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous	1	MO
prednisolone oral solution	1	MO
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)	1	MO
prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)	1	
prednisone intensol	1	MO
prednisone oral solution	1	MO
prednisone oral tablet	1	MO
prednisone oral tablets,dose pack	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads</i>	1	PA
BAQSIMI	1	MO
BYDUREON BCISE	1	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	1	MO
DROPSAFE ALCOHOL PREP PADS	1	PA
FAXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FAXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
<i>glucagon emergency kit (human)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GLYXAMBI	1	MO; QL (30 per 30 days)	HUMALOG U-100 INSULIN	1	MO
GVOKE	1	MO	HUMULIN 70/30 U-100 INSULIN	1	MO
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1		HUMULIN 70/30 U-100 KWIKPEN	1	MO
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO	HUMULIN N NPH INSULIN KWIKPEN	1	MO
GVOKE HYPOOPEN 2-PACK	1	MO	HUMULIN N NPH U-100 INSULIN	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO	HUMULIN R REGULAR U-100 INSULIN	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO	HUMULIN R U-500 (CONC) INSULIN	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO	HUMULIN R U-500 (CONC) KWIKPEN	1	MO
HUMALOG KWIKPEN INSULIN	1	MO	INPEFA	1	PA; MO; QL (30 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	1	MO	INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO	JANUMET	1	MO; QL (60 per 30 days)
HUMALOG MIX 75-25(U-100)INSULN	1	MO	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)

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

Drug Name	Drug Tier	Requirements /Limits
<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)
ONETOUCH ULTRA TEST	1	MO
ONETOUCH VERIO TEST STRIPS	1	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	1	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
PRECISION XTRA TEST	1	MO
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS	1	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	1	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	1	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
TRADJENTA	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
TRULICITY	1	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
cabergoline	1	MO
calcitonin (salmon) injection	1	MO
calcitonin (salmon) nasal	1	MO
calcitriol intravenous solution 1 mcg/ml	1	
calcitriol oral capsule	1	MO

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

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

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

THYROID HORMONES

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

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

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO
<i>alosetron oral tablet 1 mg</i>	1	PA; MO
<i>aprepitant</i>	1	B/D PA; MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>budesonide oral capsule, delayed, extended.release</i>	1	MO
<i>budesonide oral tablet, delayed and ext.release</i>	1	MO
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
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTIFOAM	1	MO
CREON	1	MO
<i>cromolyn oral</i>	1	MO
<i>dimenhydrinate injection solution</i>	1	MO
<i>dronabinol</i>	1	B/D PA
<i>droperidol injection solution</i>	1	MO
ENTYVIO	1	PA; MO; QL (2 per 28 days)
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	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	

Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	1	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	1	
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LINZESS	1	MO; QL (30 per 30 days)
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule,extended release 24hr</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO	<i>peg 3350-electrolytes</i>	1	
<i>mesalamine rectal</i>	1	MO	<i>peg-electrolyte</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO	<i>prochlorperazine</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO	<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	1	MO
<i>metoclopramide hcl injection syringe</i>	1		<i>prochlorperazine maleate oral</i>	1	MO
<i>metoclopramide hcl oral solution</i>	1	MO	<i>procto-med hc</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO	<i>proctosol hc topical</i>	1	MO
<i>nitroglycerin rectal</i>	1	MO	<i>proctozone-hc</i>	1	MO
OCALIVA	1	PA; MO; LA; QL (30 per 30 days)	RELISTOR SUBCUTANEOUS SOLUTION	1	ST; MO; QL (18 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	1	MO	RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	ST; MO; QL (18 per 30 days)
<i>ondansetron hcl (pf) injection syringe</i>	1		RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	ST; MO; QL (12 per 30 days)
<i>ondansetron hcl intravenous</i>	1	MO	REMICADE	1	PA; MO; QL (20 per 28 days)
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO	SANCUSO	1	MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO	<i>scopolamine base</i>	1	MO
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO	SKYRIZI INTRAVENOUS	1	PA; MO; QL (30 per 180 days)
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days)
<i>palonosetron intravenous syringe</i>	1				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)	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
<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	ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	1	MO
<i>sulfasalazine</i>	1	MO	ZYMFENTRA	1	PA; MO; QL (2 per 28 days)
SYMPROIC	1	MO; QL (30 per 30 days)	ULCER THERAPY		
TRULANCE	1	MO; QL (30 per 30 days)	<i>esomeprazole</i>	1	MO; QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	1	MO	<i>esomeprazole</i>	1	MO; QL (60 per 30 days)
<i>ursodiol oral tablet</i>	1	MO	<i>esomeprazole</i>	1	MO
VARUBI	1	B/D PA	<i>magnesium oral capsule,delayed release(dr/ec) 20 mg</i>		
VIBERZI	1	MO; QL (60 per 30 days)	<i>magnesium oral capsule,delayed release(dr/ec) 40 mg</i>		
VOWST	1	PA; LA	<i>esomeprazole sodium intravenous recon soln 40 mg</i>		
			<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 tablet 20 mg, 40 mg	1	MO
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)
misoprostol	1	MO
nizatidine oral capsule	1	MO
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)
pantoprazole intravenous	1	MO
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)
sucralfate oral suspension	1	MO
sucralfate oral tablet	1	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ARCALYST	1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
BESREMI	1	PA; LA
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)
FULPHILA	1	PA; MO
ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)
NIVESTYM	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 INTRAMUSCULAR	1	PA; MO; QL (1 per 28 days)
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)

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Drug Name	Drug Tier	Requirements /Limits
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
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
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		

Drug Name	Drug Tier	Requirements /Limits
ABRYSVO (PF)	1	V
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT (PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXZERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAXIA (PF)	1	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	1	
GAMASTAN	1	MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULA R SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULA R SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	1	
HIZENTRA	1	B/D PA; MO
HYPERHEP B INTRAMUSCULA R SOLUTION	1	
HYPERHEP B NEONATAL	1	

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This drug list was last updated on 08/23/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
IMOVAX RABIES VACCINE (PF)	1	V	ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	1	
INFANRIX (DTAP) (PF)	1		ROTATEQ VACCINE	1	
IPOPOL	1	V	SHINGRIX (PF)	1	V; QL (2 per 720 days)
IXCHIQ (PF)	1	V	TDVAX	1	V
IXIARO (PF)	1	V	TENIVAC (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V	TETANUS,DIPHTHERIA TOX PED(PF)	1	
KINRIX (PF)	1		TICE BCG	1	B/D PA
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V	TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
MENQUADFI (PF)	1	V	TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V	TRUMENBA	1	V
M-M-R II (PF)	1	V	TWINRIX (PF)	1	V
MRESVIA (PF)	1	V	TYPHIM VI	1	V
PEDIARIX (PF)	1		VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
PEDVAX HIB (PF)	1		VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
PENBRAYA (PF)	1	V	VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1				
PREHEVBRIOD (PF)	1	B/D PA; V			
PRIORIX (PF)	1	V			
PRIVIGEN	1	PA; MO			
PROQUAD (PF)	1				
QUADRACEL (PF)	1				
RABAVER (PF)	1	V			
RECOMBIVAX HB (PF)	1	B/D PA; V			
ROTARIX ORAL SUSPENSION	1				

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Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
YF-VAX (PF)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
BD INSULIN SYRINGE	1	PA; MO
BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	1	PA; MO
BD PEN NEEDLE	1	PA; MO
BD PEN NEEDLE	1	PA
CEQUR SIMPLICITY	1	MO
CEQUR SIMPLICITY INSERTER	1	MO
DEXCOM G6 RECEIVER	1	MO
DEXCOM G6 SENSOR	1	MO
DEXCOM G6 TRANSMITTER	1	MO
DEXCOM G7 RECEIVER	1	MO

Drug Name	Drug Tier	Requirements /Limits
DEXCOM G7 SENSOR	1	MO
FREESTYLE FREEDOM LITE	1	MO
FREESTYLE INSULINX	1	
FREESTYLE LIBRE 14 DAY READER	1	
FREESTYLE LIBRE 14 DAY SENSOR	1	MO
FREESTYLE LIBRE 2 READER	1	MO
FREESTYLE LIBRE 2 SENSOR	1	MO
FREESTYLE LIBRE 3 READER	1	MO
FREESTYLE LIBRE 3 SENSOR	1	MO
FREESTYLE LITE METER	1	MO
GAUZE PADS 2 X 2	1	PA
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	1	PA
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	1	PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
ONETOUCH VERIO FLEX METER	1	MO
ONETOUCH VERIO REFLECT METER	1	MO
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	1	PA
PRECISION XTRA MONITOR	1	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral tablet</i>	1	MO
<i>febuxostat</i>	1	MO
<i>probencid</i>	1	MO
<i>probencid-colchicine</i>	1	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	1	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	1	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days)

OTHER RHEUMATOLOGICALS		
ACTEMRA	1	PA; MO; QL
ACTPEN		(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)
BENLYSTA	1	PA; MO
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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)
ENBREL MINI	1	PA; MO; QL (8 per 28 days)
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)
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
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) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)	<i>leflunomide</i>	1	MO; QL (30 per 30 days)
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)	ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days)
HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)	ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074)	1	PA; MO; QL (3 per 180 days)	ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	1	PA; MO; QL (4 per 180 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 30 MG	1	PA; MO; QL (60 per 30 days)
			OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days)
			<i>penicillamine oral tablet</i>	1	PA; MO
			RIDAURA	1	MO
			RINVOQ LQ	1	PA; MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	1	MO; QL (55 per 180 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 (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days)
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 (4 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	1	MO
<i>deblitane</i>	1	MO
DEPO-SUBQ PROVERA 104	1	MO
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
<i>DUAVEE</i>	1	MO
<i>emzahh</i>	1	
<i>errin</i>	1	MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	1	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	1	MO
<i>estradiol valerate</i>	1	MO
<i>estradiol-norethindrone acet</i>	1	PA; MO
<i>fyavolv</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>heather</i>	1	MO
IMVEXXY MAINTENANCE PACK	1	MO
IMVEXXY STARTER PACK	1	MO
<i>incassia</i>	1	MO
<i>jencycla</i>	1	MO
<i>jinteli</i>	1	PA; MO
<i>lyleq</i>	1	MO
<i>lyllana</i>	1	PA; MO; QL (8 per 28 days)
<i>lyza</i>	1	
<i>medroxyprogesterone</i>	1	MO
<i>mimvey</i>	1	PA; MO
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	MO
PREMPHASE	1	MO
PREMPRO	1	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
<i>sharobel</i>	1	MO
<i>yuvafem</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	1	MO
<i>eluryng</i>	1	MO
<i>etonogestrel-ethynodiol estradiol</i>	1	
LILETTA	1	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>mifepristone oral tablet 200 mg</i>	1	LA
MYFEMBREE	1	PA; MO
NEXPLANON	1	
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO
<i>xulane</i>	1	MO
<i>zafemy</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aviane</i>	1	MO
<i>azurette (28)</i>	1	MO
<i>camrese</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	MO
<i>dasetta 1/35 (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
dasetta 7/7/7 (28)	1	MO	<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	1	
daysee	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>desog-e.estradiol/e.estradiol</i>	1		<i>larin 1.5/30 (21)</i>	1	MO
desogestrel-ethinyl estradiol	1		<i>larin 1/20 (21)</i>	1	MO
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	MO	<i>larin 24 fe</i>	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO	<i>larin fe 1.5/30 (28)</i>	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1		<i>larin fe 1/20 (28)</i>	1	MO
elinest	1	MO	<i>lessina</i>	1	MO
enpresse	1	MO	<i>levonest (28)</i>	1	MO
enskyce	1	MO	<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	1	MO
estarrylla	1	MO	<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	1	
ethynodiol diac-eth estradiol	1		<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	1	
falmina (28)	1	MO	<i>levonorg-eth estrad triphasic</i>	1	
introvale	1		<i>levora-28</i>	1	MO
isibloom	1	MO	<i>loryna (28)</i>	1	MO
jasmiel (28)	1	MO	<i>low-ogestrel (28)</i>	1	MO
jolessa	1	MO	<i>lo-zumandimine (28)</i>	1	MO
juleber	1	MO	<i>lulera (28)</i>	1	MO
kalliga	1		<i>marlissa (28)</i>	1	MO
kariva (28)	1	MO			
kelnor 1/35 (28)	1	MO			
kelnor 1/50 (28)	1	MO			
kurvelo (28)	1	MO			

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

Drug Name	Drug Tier	Requirements /Limits
<i>setlakin</i>	1	MO
<i>sprintec (28)</i>	1	MO
<i>sronyx</i>	1	MO
<i>syeda</i>	1	MO
<i>tarina fe 1-20 eq (28)</i>	1	MO
<i>tilia fe</i>	1	MO
<i>tri-estarrylla</i>	1	MO
<i>tri-legest fe</i>	1	MO
<i>tri-linyah</i>	1	MO
<i>tri-lo-estarrylla</i>	1	MO
<i>tri-lo-marzia</i>	1	MO
<i>tri-lo-sprintec</i>	1	
<i>tri-sprintec (28)</i>	1	MO
<i>trivora (28)</i>	1	MO
<i>turqoz (28)</i>	1	MO
<i>velivet triphasic regimen (28)</i>	1	MO
<i>vestura (28)</i>	1	MO
<i>vienva</i>	1	MO
<i>viorele (28)</i>	1	MO
<i>wera (28)</i>	1	MO
<i>zovia 1-35 (28)</i>	1	MO
<i>zumandimine (28)</i>	1	MO
OXYTOCICS		
<i>methylergonovine oral</i>	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<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	
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	1	MO
BETA-BLOCKERS		

Drug Name	Drug Tier	Requirements /Limits
<i>betaxolol ophthalmic (eye)</i>	1	MO
<i>carteolol</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<i>azelastine ophthalmic (eye)</i>	1	MO
<i>bss</i>	1	
CIMERLI	1	PA; MO
<i>cromolyn ophthalmic (eye)</i>	1	
<i>cyclosporine ophthalmic (eye)</i>	1	MO; QL (60 per 30 days)
CYSTARAN	1	PA
<i>epinastine</i>	1	MO
EYLEA	1	PA; MO
MIEBO (PF)	1	MO; QL (12 per 30 days)
OXERVATE	1	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	1	
<i>sulfacetamide-prednisolone</i>	1	MO
XDEMVY	1	PA; QL (10 per 42 days)
XIIDRA	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>dorzolamide</i>	1	
<i>dorzolamide-timolol</i>	1	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
<i>miostat</i>	1	
RHOPRESSA	1	MO
ROCKLATAN	1	MO
SIMBRINZA	1	MO
<i>travoprost</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	1	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
<i>fluorometholone</i>	1	MO
INVELTYS	1	MO
<i>loteprednol etabonate</i>	1	MO
OZURDEX	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
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
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
ADEMPAS	1	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup</i>	1	MO
<i>albuterol sulfate oral tablet</i>	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	MO; QL (6.1 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (60)	1	QL (1 per 30 days)
ATROVENT HFA	1	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>bosentan</i>	1	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA	1	MO; QL (60 per 30 days)
<i>breyna</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
DULERA	1	MO; QL (13 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ELIXOPHYLLIN	1		<i>icatibant</i>	1	PA; MO
FASENRA PEN	1	PA; MO; QL (1 per 28 days)	<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)	<i>ipratropium-albuterol</i>	1	B/D PA; MO
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days)	KALYDECO	1	PA; MO; QL (56 per 28 days)
<i>flunisolide</i>	1	MO; QL (50 per 30 days)	<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)	<i>montelukast oral granules in packet</i>	1	MO
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)	<i>montelukast oral tablet</i>	1	MO
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)	<i>montelukast oral tablet, chewable</i>	1	MO
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)	NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; LA; QL (3 per 28 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)	NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (3 per 28 days)
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)	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)
			OPSUMIT	1	PA; MO; LA; QL (30 per 30 days)
			OPSYNVI	1	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)	QVAR	1	MO; QL (21.2 per 30 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)	REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION		
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days)	<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)	<i>sajazir</i>	1	PA; MO
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days)	<i>sildenafil</i> <i>(pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)	<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)	SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
PULMOZYME	1	B/D PA; MO	STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
QVAR	1	MO; QL (10.6 per 30 days)	STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION			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)
			<i>terbutaline oral</i>	1	MO
			<i>terbutaline subcutaneous</i>	1	MO
			<i>theophylline oral elixir</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral solution</i>	1	
<i>theophylline oral tablet extended release 12 hr</i>	1	MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO
<i>tiotropium bromide</i>	1	QL (90 per 90 days)
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days)
TYVASO	1	B/D PA; MO; QL (81.2 per 28 days)
TYVASO INSTITUTIONAL START KIT	1	B/D PA; QL (11.6 per 180 days)
TYVASO REFILL KIT	1	B/D PA; MO; QL (81.2 per 28 days)
TYVASO STARTER KIT	1	B/D PA; MO; QL (81.2 per 180 days)
<i>wixela inhub</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
zafirlukast	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<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
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
<i>solifenacin</i>	1	MO

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

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>magnesium sulfate injection syringe</i>	1		<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium acetate</i>	1		<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chlorid-d5-0.45%nacl</i>	1		<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1		<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1		<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1		<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1		<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>potassium chloride intravenous</i>	1		<i>ringer's intravenous</i>	1	
<i>potassium chloride oral capsule, extended release</i>	1	MO	<i>sodium acetate</i>	1	
<i>potassium chloride oral liquid</i>	1	MO	<i>sodium bicarbonate intravenous</i>	1	
<i>potassium chloride oral packet</i>	1		<i>sodium chloride 0.45 % intravenous</i>	1	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO	<i>sodium chloride 3 % hypertonic</i>	1	
			<i>sodium chloride 5 % hypertonic</i>	1	MO
			<i>sodium chloride intravenous</i>	1	
			<i>sodium phosphate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
electrolyte-148	1	
electrolyte-48 in d5w	1	
electrolyte-a	1	

Drug Name	Drug Tier	Requirements /Limits
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
PLENAMINE	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	1	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	1	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>prenatal vitamin oral tablet</i>	1	
<i>wescap-pn dha</i>	1	MO

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<i>arsenic trioxide</i>	12
<i>asenapine maleate</i>	34
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<i>aspirin-dipyridamole</i>	44
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<i>atenolol</i>	41
<i>atenolol-chlorthalidone</i>	41
<i>atomoxetine</i>	34
<i>atorvastatin</i>	45
<i>atovaquone</i>	6
<i>atovaquone-proguanil</i>	6
<i>atropine</i>	61, 76
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<i>azacitidine</i>	12
<i>azathioprine</i>	12
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<i>azelaic acid</i>	49	<i>bortezomib</i>	12	<i>camrese</i>	73
<i>azelastine</i>	54, 76	BORTEZOMIB	12	<i>candesartan</i>	41
<i>azithromycin</i>	6	<i>bosentan</i>	79	<i>candesartan-</i>	
<i>aztreonam</i>	6	BOSULIF	12	<i>hydrochlorothiazid</i>	41
<i>azurette (28)</i>	73	BRAFTOVI	12	CAPLYTA	34
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<i>bacitracin</i>	75	<i>breyna</i>	79	<i>captopril</i>	41
<i>bacitracin-polymyxin b</i>	75	BREZTRI AEROSPHERE	79	<i>captopril-hydrochlorothiazide</i>	
<i>baclofen</i>	30	BRILINTA	44	41
<i>balsalazide</i>	61	<i>brimonidine</i>	77	<i>carbamazepine</i>	24
BALVERSA	12	BRIUMVI	28	<i>carbidopa</i>	27
BAQSIMI	56	BRIVIACT	24	<i>carbidopa-levodopa</i>	27
BARACLUDE	2	<i>bromfenac</i>	77	<i>carbidopa-levodopa-</i>	
BAVENCIO	12	<i>bromocriptine</i>	27	<i>entacapone</i>	27
BCG VACCINE, LIVE (PF)	66	BRUKINSA	12	<i>carboplatin</i>	13
BD INSULIN SYRINGE	68	<i>bss</i>	76	<i>carglumic acid</i>	52
BD PEN NEEDLE	68	<i>budesonide</i>	62, 79	<i>carmustine</i>	13
BELBUCA	30	<i>budesonide-formoterol</i>	79	<i>carteolol</i>	76
BELEODAQ	12	<i>bumetanide</i>	41	<i>cartia xt</i>	41
<i>benazepril</i>	41	<i>buprenorphine hcl</i>	30	<i>carvedilol</i>	41
<i>benazepril-hydrochlorothiazide</i>	41	<i>buprenorphine transdermal</i>		<i>caspofungin</i>	2
		<i>patch</i>	30	CAYSTON	6
<i>bendamustine</i>	12	<i>buprenorphine-naloxone</i>	32	<i>cefaclor</i>	5
BENDEKA	12	<i>bupropion hcl</i>	34	<i>cefadroxil</i>	5
BENLYSTA	70	<i>bupropion hcl (smoking deter)</i>		<i>cefazolin</i>	5
<i>benztropine</i>	27	54	<i>cefazolin in dextrose (iso-os)</i>	5
BESPONSA	12	<i>buspirone</i>	34	<i>cefdinir</i>	5
BESREMI	65	<i>busulfan</i>	12	<i>cefepime</i>	5
<i>betaine</i>	61	<i>butorphanol</i>	32	<i>cefepime in dextrose, iso-osm</i>	5
<i>betamethasone dipropionate</i>	51	BYDUREON BCISE	56	<i>cefixime</i>	5
<i>betamethasone valerate</i>	51	BYETTA	56	<i>cefoxitin</i>	5
<i>betamethasone, augmented</i>	51	C		<i>cefoxitin in dextrose, iso-osm</i>	5
BETASERON	65	CABENUVA	2	<i>cefepodoxime</i>	5
<i>betaxolol</i>	41, 76	<i>cabergoline</i>	59	<i>ceftazidime</i>	5
<i>bethanechol chloride</i>	83	CABLIVI	44	<i>ceftriaxone</i>	5, 6
BEVESPI AEROSPHERE	79	CABOMETYX	12	<i>ceftriaxone in dextrose, iso-os</i>	5
<i>bexarotene</i>	12	<i>caffeine citrate</i>	52	<i>cefuroxime axetil</i>	6
BEXZERO	66	<i>calcipotriene</i>	47	<i>cefuroxime sodium</i>	6
<i>bicalutamide</i>	12	<i>calcitonin (salmon)</i>	59	<i>celecoxib</i>	32
BICILLIN L-A	9	<i>calcitriol</i>	59, 60	<i>cephalexin</i>	6
BIKTARVY	2	<i>calcium chloride</i>	83	CEPROTIN (BLUE BAR)	44
<i>bisoprolol fumarate</i>	41	<i>calcium gluconate</i>	83	CEPROTIN (GREEN BAR)	44
<i>bisoprolol-hydrochlorothiazide</i>	41	CALQUENCE	12	CEQUR SIMPLICITY	68
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<i>cevimeline</i>	52	CLINIMIX 4.25%/D5W	COTELIC	13
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<i>chloramphenicol sod succinate</i>	6	CLINIMIX 5%-	CRESEMBA	2
<i>chlorhexidine gluconate</i>	54	D20W(SULFITE-FREE)..85	cromolyn	62, 76, 79
<i>chlorprocaine (pf)</i>	48	CLINIMIX 6%-D5W	cryselle (28)	73
<i>chloroquine phosphate</i>	6	(SULFITE-FREE) ..85	CRYSVITA	60
<i>chlorothiazide sodium</i>	41	CLINIMIX 8%-	cyclobenzaprine	30
<i>chlorpromazine</i>	34	D10W(SULFITE-FREE)..85	cyclophosphamide	13
<i>chlorthalidone</i>	41	CLINIMIX 8%-	CYCLOPHOSPHAMIDE	13
<i>cholestyramine (with sugar)</i>	45	D14W(SULFITE-FREE)..85	cyclosporine	13, 76
<i>cholestyramine light</i>	45	clobazam	cyclosporine modified	13
<i>cholestyramine-aspartame</i>	45	clobetasol	CYLTEZO(CF)	70
CIBINQO	48	clobetasol-emollient	CYLTEZO(CF) PEN	70
cyclodan	50	clofarabine	CYLTEZO(CF) PEN	
ciclopirox	50	clomid	CROHN'S-UC-HS	70
cidofovir	2	clomipramine	CYLTEZO(CF) PEN	
cilostazol	44	clonazepam	PSORIASIS-UV	70
CIMDUO	2	clonidine (pf)	CYRAMZA	13
CIMERLI	76	clonidine hcl	cyred eq	73
CIMZIA	62	clonidine transdermal patch	CYSTAGON	83
CIMZIA POWDER FOR RECONST	62	clopidogrel	CYSTARAN	76
CIMZIA STARTER KIT	62	clorazepate dipotassium	cytarabine	13
<i>cinacalcet</i>	60	clotrimazole	cytarabine (pf)	13
CINRYZE	79	clotrimazole-betamethasone	D	
CINVANTI	62	clozapine	d10 %-0.45 % sodium chloride	53
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<i>ciprofloxacin-dexamethasone</i>	55	colestipol	chloride	53
<i>cisplatin</i>	13	colistin (colistimethate na)	d5 %-0.45 % sodium chloride	
<i>citalopram</i>	34	COLUMVI	dabigatran etexilate	53
<i>cladribine</i>	13	COMBIVENT RESPIMAT	dacarbazine	13
<i>claravis</i>	49	COMETRIQ	dactinomycin	13
<i>clarithromycin</i>	6	COMPLERA	dalfampridine	28
<i>clindamycin hcl</i>	6	compro	danazol	60
<i>clindamycin in 5 % dextrose</i>	7	constulose	dantrolene	30
<i>clindamycin phosphate</i>	7, 50, 73	COPIKTRA	DANYELZA	13
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		COSENTYX (2 SYRINGES)	DAPTO MYCIN	7
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<i>desonide</i>	51
<i>desvenlafaxine succinate</i>	34
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<i>dextrose 5 %-lactated ringers</i>	53
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<i>dextrose 5%-0.3 % sod.chloride</i>	53
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<i>dicyclomine</i>	61
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<i>dihydroergotamine</i>	28
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<i>dimenhydrinate</i>	62
<i>dimethyl fumarate</i>	28
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<i>dutasteride-tamsulosin</i>	83
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<i>efavirenz-emtricitabin-tenofovir disoproxil fumarate</i>	3
<i>effe-k</i>	83
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ELREXFIO	14	<i>erlotinib</i>	14
<i>eluryng</i>	73	<i>errin</i>	72
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EMGALITY SYRINGE.....	28	<i>ery pads</i>	50
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EMSAM	35	<i>erythrocin (as stearate)</i>	6
<i>emtricitabine</i>	3	<i>erythromycin</i>	6, 76
<i>emtricitabine-tenofovir (tdf)</i>	3	<i>erythromycin ethylsuccinate</i>	6
EMTRIVA.....	3	<i>erythromycin with ethanol</i>	50
EMVERM	7	<i>escitalopram oxalate</i>	35
<i>emzahh</i>	72	<i>esmolol</i>	42
<i>enalapril maleate</i>	41	<i>esomeprazole magnesium</i>	64
<i>enalaprilat</i>	41	<i>esomeprazole sodium</i>	64
<i>enalapril-hydrochlorothiazide</i>	41	<i>estarrylla</i>	74
ENBREL	70	<i>estradiol</i>	72
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ENBREL SURECLICK	70	<i>estradiol-norethindrone acet</i>	72
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<i>endocet</i>	30	<i>ethacrynat e sodium</i>	42
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<i>enoxaparin</i>	44	<i>ethynodiol diac-eth estradiol</i>	74
<i>enpresse</i>	74	<i>etodolac</i>	32
<i>enskyce</i>	74	<i>etonogetrel-ethinyl estradiol</i>	73
<i>entacapone</i>	27	<i>ETOPOPHOS</i>	14
<i>entecavir</i>	3	<i>etoposide</i>	14
ENTRESTO	47	<i>etravirine</i>	3
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<i>enulose</i>	62	<i>everolimus (antineoplastic)</i>	14, 15
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<i>epinastine</i>	76	<i>exemestane</i>	15
<i>epinephrine</i>	78	<i>EYLEA</i>	76
<i>epirubicin</i>	14	<i>ezetimibe</i>	45
<i>epitol</i>	24	<i>ezetimibe-simvastatin</i>	46
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<i>falmina (28)</i>	74
<i>famciclovir</i>	3
<i>famotidine</i>	65
<i>famotidine (pf)</i>	64
<i>famotidine (pf)-nacl (iso-os)</i>	64
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<i>febuxostat</i>	69
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<i>felodipine</i>	42
<i>fenofibrate</i>	46
<i>fenofibrate micronized</i>	46
<i>fenofibrate nanocrystallized</i>	46
<i>fenofibric acid</i>	46
<i>fenofibric acid (choline)</i>	46
<i>fentanyl</i>	30
<i>fentanyl citrate</i>	30
<i>fentanyl citrate (pf)</i>	30
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<i>finasteride</i>	83
<i>fingolimod</i>	29
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<i>flac otic oil</i>	55
<i>flecainide</i>	40
<i>flouxuridine</i>	15
<i>fluconazole</i>	2
<i>fluconazole in nacl (iso-osm)</i>	2
<i>flucytosine</i>	2
<i>fludarabine</i>	15
<i>fludrocortisone</i>	55
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<i>fluphenazine decanoate</i>	35	<i>furosemide</i>	42	<i>griseofulvin microsize</i>	2
<i>fluphenazine hcl</i>	35	FUZEON	3	<i>griseofulvin ultramicrosize</i>	2
<i>flurbiprofen</i>	32	FYARRO	15	GVOKE	57
<i>flurbiprofen sodium</i>	77	<i>fyavolv</i>	72	GVOKE HYPOOPEN 1-PACK	57
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<i>fluticasone propion-salmeterol</i>	80	<i>gabapentin</i>	25	GVOKE PFS 2-PACK SYRINGE	57
fluvastatin	46	<i>galantamine</i>	29	H	
<i>fluvoxamine</i>	36	GAMASTAN	66	<i>halobetasol propionate</i>	52
<i>fomepizole</i>	66	<i>ganciclovir sodium</i>	3	<i>haloperidol</i>	36
<i>fondaparinux</i>	44	GARDASIL 9 (PF)	66	<i>haloperidol decanoate</i>	36
<i>formoterol fumarate</i>	80	<i>gatifloxacin</i>	76	<i>haloperidol lactate</i>	36
<i>fosamprenavir</i>	3	GATTEX 30-VIAL	62	HAVRIX (PF)	66
<i>fosaprepitant</i>	62	GATTEX ONE-VIAL	62	<i>heather</i>	73
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<i>fosinopril-hydrochlorothiazide</i>	42	<i>gavilyte-c</i>	62	<i>heparin (porcine) in 5 % dex</i>	44
<i>fosphenytoin</i>	25	<i>gavilyte-g</i>	62	<i>heparin (porcine) in nacl (pf)</i>	44, 45
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<i>prasugrel</i>	45
<i>pravastatin</i>	46
<i>praziquantel</i>	7
<i>prazosin</i>	43
PRECISION XTRA MONITOR	69
PRECISION XTRA TEST	58
<i>prednicarbate</i>	52
<i>prednisolone</i>	55
<i>prednisolone acetate</i>	77
<i>prednisolone sodium phosphate</i>	55, 77
<i>prednisone</i>	55
<i>prednisone intensol</i>	55
<i>pregabalin</i>	26
PREHEVBARIO (PF)	67
PREMARIN	73
<i>premasol 10 %</i>	85
PREMPHASE	73
PREMPRO	73
<i>prenatal vitamin oral tablet</i>	85
<i>prevalite</i>	46
PREVYMIS	4
PREZCOBIX	4
PREZISTA	4
PRIFTIN	8
PRIMAQUINE	8
<i>primidone</i>	26

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PRIMIDONE	26	RADICAVA ORS	29	ROCKLATAN	77
PRIORIX (PF)	67	RADICAVA ORS STARTER KIT SUSP	29	roflumilast	81
PRIVIGEN	67	raloxifene	70	romidepsin	21
<i>probenecid</i>	69	ramelteon	38	ropinirole	27
<i>probenecid-colchicine</i>	69	ramipril	43	rosuvastatin	46
<i>procainamide</i>	40	ranolazine	47	ROTARIX	67
<i>prochlorperazine</i>	63	rasagiline	27	ROTATEQ VACCINE	67
<i>prochlorperazine edisylate</i>	63	reclipsen (28)	75	roweepra	26
<i>prochlorperazine maleate oral</i>	63	RECOMBIVAX HB (PF)	67	ROZLYTREK	21
PROCRIT	66	REGRANEX	49	RUBRACA	21
<i>procto-med hc</i>	63	RELENZA DISKHALER	4	rufinamide	26
<i>proctosol hc</i>	63	RELEUKO	66	RUKOBIA	4
<i>protozozone-hc</i>	63	RELISTOR	63	RUXIENCE	21
<i>progesterone</i>	73	REMICADE	63	RYBELSUS	58
<i>progesterone micronized</i>	73	RENACIDIN	83	RYBREVANT	21
PROGRAF	20	repaglinide	58	RYDAPT	21
PROLASTIN-C	53	REPATHA	46	RYLAZE	21
PROLIA	70	REPATHA PUSHTRONEX	46	S	
PROMACTA	45	REPATHA SURECLICK	46	<i>sajazir</i>	81
<i>promethazine</i>	78	RETACRIT	66	<i>salsalate</i>	33
<i>propafenone</i>	40	RETEVMO	21	SANCUSO	63
<i>propranolol</i>	43	RETROVIR	4	SANDIMMUNE	21
<i>propylthiouracil</i>	56	REVLIMID	21	SANDOSTATIN LAR DEPOT	21
PROQUAD (PF)	67	revonto	30	SANTYL	49
<i>protamine</i>	45	REXULTI	38	<i>sapropterin</i>	60
<i>protriptyline</i>	38	REYATAZ	4	SARCLISA	21
PULMICORT FLEXHALER	81	REZDIFFRA	53	SAVELLA	72
PULMOZYME	81	REZLIDHIA	21	<i>saxagliptin</i>	58
PURIXAN	20	REZUROCK	21	<i>saxagliptin-metformin</i>	58, 59
<i>pyrazinamide</i>	8	RHOPRESSA	77	SCEMBLIX	21
<i>pyridostigmine bromide</i>	30	ribavirin	4	<i>scopolamine base</i>	63
<i>pyrimethamine</i>	8	RIDAURA	71	SECUADO	38
Q		rifabutin	8	SEGLUROMET	59
QINLOCK	21	rifampin	8	<i>selegiline hcl</i>	27
QUADRACEL (PF)	67	riluzole	53	<i>selenium sulfide</i>	48
<i>quetiapine</i>	38	rimantadine	4	SELZENTRY	4
<i>quinapril</i>	43	ringer's	52, 84	<i>sertraline</i>	38
<i>quinapril-hydrochlorothiazide</i>	43	RINVOQ	72	<i>setlakin</i>	75
<i>quinidine sulfate</i>	40	RINVOQ LQ	71	<i>sf 54</i>	
<i>quinine sulfate</i>	8	risedronate	53, 70	<i>sf 5000 plus</i>	54
QULIPTA	28	risperidone	38	<i>sharobel</i>	73
QVAR REDIHALER	81	risperidone microspheres	38	SHINGRIX (PF)	67
R		ritonavir	4	SIGNIFOR	21
RABAVERT (PF)	67	rivastigmine	29	<i>sildenafil (pulmonary arterial hypertension)</i>	81
		rivastigmine tartrate	29	<i>silver sulfadiazine</i>	49
		rizatriptan	28		

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SIMBRINZA	77	sprintec (28)	75	TAFINLAR	22
SIMULECT	21	SPRITAM	26	TAGRISSO	22
<i>simvastatin</i>	46	SPRYCEL	21	TALVEY	22
<i>sirolimus</i>	21	<i>sps (with sorbitol)</i>	54	TALZENNA	22
SIRTURO	8	<i>sronyx</i>	75	<i>tamoxifen</i>	22
SKYRIZI	48, 63, 64	<i>ssd</i>	49	<i>tamsulosin</i>	83
<i>sodium acetate</i>	84	STEGLATRO	59	<i>tarina fe 1-20 eq (28)</i>	75
<i>sodium benzoate-sod phenylacet</i>	53	STELARA	48	TASIGNA	22
<i>sodium bicarbonate</i>	84	STIOLTO RESPIMAT	81	<i>tazarotene</i>	50
<i>sodium chloride</i>	53, 84	STIVARGA	21	<i>tazicef</i>	6
<i>sodium chloride 0.45 %</i>	84	STRENSIQ	60	TAZVERIK	22
<i>sodium chloride 0.9 %</i>	53	STREPTOMYCIN	8	TDVAX	67
<i>sodium chloride 3 % hypertonic</i>	84	STRIBILD	4	TECENTRIQ	22
<i>sodium chloride 5 % hypertonic</i>	84	STRIVERDI RESPIMAT	81	TECVAYLI	22
<i>sodium fluoride 5000 dry mouth</i>	54	<i>subvenite</i>	26	TEFLARO	6
<i>sodium fluoride 5000 plus</i>	54	SUCRAID	64	<i>telmisartan</i>	43
<i>sodium fluoride-pot nitrate</i>	55	<i>sucralfate</i>	65	<i>telmisartan-amlodipine</i>	43
<i>sodium nitroprusside</i>	47	<i>sulfacetamide sodium</i>	76, 77	<i>telmisartan-hydrochlorothiazid</i>	43
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	38	<i>sulfacetamide sodium (acne)</i>	50	TEMODAR	22
<i>sodium phenylbutyrate</i>	54	<i>sulfacetamide-prednisolone</i>	77	<i>temsirolimus</i>	22
<i>sodium phosphate</i>	84	<i>sulfadiazine</i>	10	TENIVAC (PF)	67
<i>sodium polystyrene sulfonate</i>	54	<i>sulfamethoxazole-trimethoprim</i>	10	<i>tenofovir disoproxil fumarate</i>	4
<i>sodium,potassium,mag sulfates</i>	64	<i>sulfasalazine</i>	64	TEPMETKO	22
SOFOSBUVIR- VELPATASVIR	4	<i>sulindac</i>	33	<i>terazosin</i>	43
<i>solifenacin</i>	82	<i>sumatriptan</i>	28	<i>terbinafine hcl</i>	2
SOLIQUA 100/33	59	<i>sumatriptan succinate</i>	28	<i>terbutaline</i>	81
SOLTAMOX	21	<i>sunitinib malate</i>	22	<i>terconazole</i>	73
SOMATULINE DEPOT	21	SUNLENCA	4	<i>teriflunomide</i>	29
SOMAVERT	60	<i>syeda</i>	75	TERIPARATIDE	70
<i>sorafenib</i>	21	SYMDEKO	81	<i>testosterone</i>	60, 61
<i>sotalol</i>	40	SYMLINPEN 120	59	<i>testosterone cypionate</i>	60
<i>sotalol af</i>	40	SYMLINPEN 60	59	<i>testosterone enanthate</i>	60
SOTYKTU	48	SYMPAZAN	26	TETANUS,DIPHTHERIA TOX PED(PF)	67
SPIRIVA RESPIMAT	81	SYMPROIC	64	<i>tetrabenazine</i>	29
<i>spironolactone</i>	43	SYMTUZA	4	<i>tetracycline</i>	11
<i>spironolacton hydrochlorothiaz</i>	43	SYNAGIS	4	THALOMID	22
SPRAVATO	38	SYNJARDY	59	<i>theophylline</i>	81, 82
		SYNJARDY XR	59	<i>thioridazine</i>	39
		T		<i>thiotepa</i>	22
		TABLOID	22	<i>thiothixene</i>	39
		TABRECTA	22	<i>tiadylt er</i>	43
		<i>tacrolimus</i>	22, 49	<i>tiagabine</i>	26
		<i>tadalafil</i>	83	TIBSOVO	22
		<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	81	TICE BCG	67
				TICOVAC	67

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<i>tigecycline</i>	8	<i>tridacaine ii</i>	49	UPTRAVI	43
<i>tilia fe</i>	75	<i>tridacaine iii</i>	49	<i>ursodiol</i>	64
<i>timolol maleate</i>	43, 76	<i>triderm</i>	52	UZEDY	39
<i>tinidazole</i>	8	<i>trientine</i>	54	V	
<i>tiotropium bromide</i>	82	<i>tri-estarrylla</i>	75	<i>valacyclovir</i>	4
TIVDAK	22	<i>trifluoperazine</i>	39	VALCHLOR	49
TIVICAY	4	<i>trifluridine</i>	76	<i>valganciclovir</i>	4
TIVICAY PD	4	<i>trihexyphenidyl</i>	27	<i>valproate sodium</i>	26
<i>tizanidine</i>	30	TRIJARDY XR	59	<i>valproic acid</i>	26
TOBI PODHALER	8	TRIKAFTA	82	<i>valproic acid (as sodium salt)</i>	
TOBRADEX	77	<i>tri-legest fe</i>	75		27
<i>tobramycin</i>	8, 76	<i>tri-linyah</i>	75	<i>valrubicin</i>	22
<i>tobramycin in 0.225 % nacl</i>	8	<i>tri-lo-estarrylla</i>	75	<i>valsartan</i>	43
<i>tobramycin sulfate</i>	8	<i>tri-lo-marzia</i>	75	<i>valsartan-hydrochlorothiazide</i>	
<i>tobramycin-dexamethasone</i>	77	<i>tri-lo-sprintec</i>	75		43
<i>tolterodine</i>	83	<i>trimethoprim</i>	11	VALTOCO	27
<i>tolvaptan</i>	61	<i>trimipramine</i>	39	<i>vancomycin</i>	8
<i>topiramate</i>	26	TRINTELLIX	39	VANCOMYCIN IN 0.9 %	
<i>topotecan</i>	22	<i>tri-sprintec (28)</i>	75	SODIUM CHL	8
<i>toremifene</i>	22	TRIUMEQ	4	VANFLYTA	23
<i>torsemide</i>	43	TRIUMEQ PD	4	VAQTA (PF)	67, 68
TOUJEO MAX U-300		<i>trivora (28)</i>	75	<i>varenicline</i>	54
SOLOSTAR	59	TRODELVY	22	VARIVAX (PF)	68
TOUJEO SOLOSTAR U-300		TROGARZO	4	VARUBI	64
INSULIN	59	TROPHAMINE 10 %	85	VECTIBIX	23
TRADJENTA	59	<i>trospium</i>	83	<i>veletri</i>	43
<i>tramadol</i>	33	TRULANCE	64	<i>velvet triphasic regimen (28)</i>	
<i>tramadol-acetaminophen</i>	33	TRULICITY	59		75
<i>trandolapril</i>	43	TRUMENBA	67	VELTASSA	54
<i>trandolapril-verapamil</i>	43	TRUQAP	22	VEMLIDY	4
<i>tranexamic acid</i>	73	TUKYSA	22	VENCLEXTA	23
<i>tranylcypromine</i>	39	TURALIO	22	VENCLEXTA STARTING	
<i>travasol 10 %</i>	85	<i>turqoz (28)</i>	75	PACK	23
<i>travoprost</i>	77	TWINRIX (PF)	67	<i>venlafaxine</i>	39
TRAZIMERA	22	TYENNE	72	<i>verapamil</i>	43
<i>trazodone</i>	39	TYENNE AUTOINJECTOR		VERQUVO	47
TRECATOR	8	<i>turqoz (28)</i>	72	VERSACLOZ	39
TRELEGY ELLIPTA	82	TYPHIM VI	67	VERZENIO	23
TRELSTAR	22	TYVASO	82	<i>vestura (28)</i>	75
TREMFYA	48	TYVASO INSTITUTIONAL		VIBATIV	8
<i>treprostinil sodium</i>	43	START KIT	82	VIBERZI	64
<i>tretinoin (antineoplastic)</i>	22	TYVASO REFILL KIT	82	<i>vienna</i>	75
<i>tretinoin topical</i>	50	TYVASO STARTER KIT	82	<i>vigabatrin</i>	27
<i>triamicinolone acetonide</i>	52, 55,	U		<i>vigadrone</i>	27
56		UBRELVY	28	<i>vigpoder</i>	27
<i>triamterene-hydrochlorothiazid</i>		<i>unithroid</i>	61	<i>vilazodone</i>	39
	43	UNITUXIN	22	VIMIZIM	61

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<i>vinblastine</i>	23	XDEMVY	77	ZENPEP	64
<i>vincristine</i>	23	XELJANZ	72	ZEPOSIA	29
<i>vinorelbine</i>	23	XELJANZ XR	72	ZEPOSIA STARTER KIT (28-DAY)	30
<i>vioirele (28)</i>	75	XERMELO	23	ZEPOSIA STARTER PACK (7-DAY)	30
VIRACEPT	5	XGEVA	11	ZEPZELCA	23
VIREAD	5	XIAFLEX	54	<i>zidovudine</i>	5
VITRAKVI	23	XIFAXAN	8, 9	<i>ziprasidone hcl</i>	39
VIVITROL	33	XIGDUO XR	59	<i>ziprasidone mesylate</i>	39
VIZIMPRO	23	XiIDRA	77	ZIRABEV	23
VONJO	23	XOFLUZA	5	ZIRGAN	76
<i>voriconazole</i>	2	XOLAIR	82	ZOLADEX	24
VOSEVI	5	XOSPATA	23	<i>zoledronic acid</i>	61
VOWST	64	XPOVIO	23	<i>zoledronic acid-mannitol-water</i>	54, 61
VRAYLAR	39	XTANDI	23	ZOLINZA	24
VUMERTY	29	xulane	73	<i>zolpidem</i>	39
VYNDAMAX	47	Y		ZONISADE	27
VYXEOS	23	YERVOY	23	<i>zonisamide</i>	27
W		YF-VAX (PF)	68	zovia 1-35 (28)	75
<i>warfarin</i>	45	YONDELIS	23	ZTALMY	27
<i>water for irrigation, sterile</i>	54	YUFLYMA(CF)	72	ZUBSOLV	33
WELIREG	23	YUFLYMA(CF) AI		<i>zumandimine (28)</i>	75
<i>wera (28)</i>	75	CROHN'S-UC-HS	72	ZURZUVAE	39, 40
<i>wescap-pn dha</i>	85	YUFLYMA(CF)		ZYDELIG	24
<i>wixela inhub</i>	82	AUTOINJECTOR	72	ZYKADIA	24
X		yuvafem	73	ZYMFENTRA	64
XALKORI	23	Z		ZYNLONTA	24
XARELTO	45	zafemy	73	ZYNYZ	24
XARELTO DVT-PE TREAT 30D START	45	zafirlukast	82	ZYPREXA RELPREVV	40
XCOPRI	27	zaleplon	39		
XCOPRI MAINTENANCE PACK	27	ZALTRAP	23		
XCOPRI TITRATION PACK	27	ZANOSAR	23		
		ZEJULA	23		
		ZELBORAF	23		
		zenatane	50		

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