

2024

Formulary (List of Covered Drugs)



RiverSpring MAP (HMO D-SNP)

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

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This formulary was updated on 01/26/2024. For more recent information or other questions, please contact us, RiverSpring Health Plan Member Services, at 1-800-580-7000 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit <https://riverspringhealthplans.org/>.

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Table of Contents

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

ANTICONVULSANTS	40
ANTIPARKINSONISM AGENTS	47
MIGRAINE / CLUSTER HEADACHE THERAPY	48
MISCELLANEOUS NEUROLOGICAL THERAPY.....	49
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY.....	53
NARCOTIC ANALGESICS	54
NON-NARCOTIC ANALGESICS	58
PSYCHOTHERAPEUTIC DRUGS	62
CARDIOVASCULAR, HYPERTENSION / LIPIDS.....	75
ANTIARRHYTHMIC AGENTS	75
ANTIHYPERTENSIVE THERAPY	76
COAGULATION THERAPY	81
LIPID/CHOLESTEROL LOWERING AGENTS.....	85
MISCELLANEOUS CARDIOVASCULAR AGENTS.....	87
NITRATES	88
DERMATOLOGICALS/TOPICAL THERAPY.....	88
ANTIPSORIATIC / ANTISEBORRHEIC.....	88
MISCELLANEOUS DERMATOLOGICALS.....	90
THERAPY FOR ACNE	92
TOPICAL ANTIBACTERIALS	94
TOPICAL ANTIFUNGALS	94
TOPICAL ANTIVIRALS	95
TOPICAL CORTICOSTEROIDS	96
TOPICAL SCABICIDES / PEDICULICIDES.....	98
DIAGNOSTICS / MISCELLANEOUS AGENTS	99
ANOREXIANTS	99
ANTIDOTES	99
IRRIGATING SOLUTIONS	99
MISCELLANEOUS AGENTS.....	99
SMOKING DETERRENTS	103
EAR, NOSE / THROAT MEDICATIONS	103
MISCELLANEOUS AGENTS.....	103
MISCELLANEOUS OTIC PREPARATIONS.....	104
OTIC STEROID / ANTIBIOTIC	104

ENDOCRINE/DIABETES.....	104
ADRENAL HORMONES	104
ANTITHYROID AGENTS.....	106
DIABETES THERAPY	106
MISCELLANEOUS HORMONES	113
THYROID HORMONES	117
GASTROENTEROLOGY.....	117
ANTIDIARRHEALS / ANTISPASMODICS	117
MISCELLANEOUS GASTROINTESTINAL AGENTS	118
ULCER THERAPY	123
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY	126
BIOTECHNOLOGY DRUGS.....	126
VACCINES / MISCELLANEOUS IMMUNOLOGICALS	129
MISCELLANEOUS SUPPLIES.....	132
MISCELLANEOUS SUPPLIES.....	132
MUSCULOSKELETAL / RHEUMATOLOGY.....	133
GOUT THERAPY	133
OSTEOPOROSIS THERAPY	133
OTHER RHEUMATOLOGICALS.....	134
OBSTETRICS / GYNECOLOGY.....	138
ESTROGENS / PROGESTINS	138
MISCELLANEOUS OB/GYN	140
ORAL CONTRACEPTIVES / RELATED AGENTS	141
OXYTOCICS	145
OPHTHALMOLOGY.....	145
ANTIBIOTICS	145
ANTIVIRALS	146
BETA-BLOCKERS	146
MISCELLANEOUS OPHTHALMOLOGICS	146
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS	147
ORAL DRUGS FOR GLAUCOMA.....	147
OTHER GLAUCOMA DRUGS	147
STEROID-ANTIBIOTIC COMBINATIONS.....	148
STEROIDS.....	148

SYMPATHOMIMETICS	149
RESPIRATORY AND ALLERGY	149
ANTIHISTAMINE / ANTIALLERGENIC AGENTS	149
PULMONARY AGENTS	150
UROLOGICALS	157
ANTICHOLINERGICS / ANTISPASMODICS	157
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY	158
MISCELLANEOUS UROLOGICALS	158
VITAMINS, HEMATINICS / ELECTROLYTES.....	158
BLOOD DERIVATIVES.....	158
ELECTROLYTES.....	159
MISCELLANEOUS NUTRITION PRODUCTS	160
VITAMINS / HEMATINICS.....	162
INDEX OF DRUGS	163

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means RiverSpring MAP (HMO D-SNP). When it refers to “plan” or “our plan,” it means RiverSpring MAP (HMO D-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 MAP Formulary?

A formulary is a list of covered drugs selected by RiverSpring MAP (HMO D-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 MAP (HMO D-SNP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at RiverSpring MAP (HMO D-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 MAP (HMO D-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 MAP (HMO D-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 MAP (HMO D-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 MAP (HMO D-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 7. 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 157. 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 163. 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 MAP (HMO D-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 MAP (HMO D-SNP) requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from RiverSpring MAP (HMO D-SNP) before you fill your prescriptions. If you don't get approval, RiverSpring MAP (HMO D-SNP) may not cover the drug.
- **Quantity Limits:** For certain drugs, RiverSpring MAP (HMO D-SNP) limits the amount of the drug that RiverSpring MAP (HMO D-SNP) will cover.
- **Step Therapy:** In some cases, RiverSpring MAP (HMO D-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 MAP (HMO D-SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, RiverSpring MAP (HMO D-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 7. 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 MAP (HMO D-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 MAP (HMO D-SNP)'s formulary?" on page 4 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 MAP (HMO D-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 MAP (HMO D-SNP). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by RiverSpring MAP (HMO D-SNP).
- You can ask RiverSpring MAP (HMO D-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 MAP's (HMO D-SNP) Formulary?

You can ask RiverSpring MAP 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 MAP (HMO D-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 MAP (HMO D-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 MAP (HMO D-SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about RiverSpring MAP (HMO D-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 MAP Formulary

The formulary below provides coverage information about the drugs covered by RiverSpring MAP (HMO D-SNP)]. If you have trouble finding your drug in the list, turn to the Index that begins on page 163.

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 MAP (HMO D-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.

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

List of Abbreviations

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	1	B/D PA
AMBISOME	1	B/D PA
<i>amphotericin b</i>	1	B/D PA; MO
<i>amphotericin b liposome</i>	1	B/D PA
ANCOBON	1	MO
CANCIDAS	1	
<i>caspofungin</i>	1	
<i>clotrimazole mucous membrane</i>	1	MO
CRESEMDA	1	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML	1	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	MO
DIFLUCAN ORAL TABLET 100 MG, 200 MG	1	MO
DIFLUCAN ORAL TABLET 150 MG	1	
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 100 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
ERAXIS(WATER DILUENT) INTRAVENOUS RECON SOLN 50 MG	1	MO
<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
MYCAMINE	1	MO
NOXAFL INTRAVENOUS	1	PA
NOXAFL ORAL SUSP,DELAYED RELEASE FOR RECON	1	PA; MO; QL (32 per 30 days)

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

This drug list was last updated on 01/17/2024.

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

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

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

This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
DOVATO	1	MO
EDURANT	1	MO
<i>efavirenz</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)</i>	1	MO
EMTRIVA ORAL CAPSULE	1	MO
EMTRIVA ORAL SOLUTION	1	MO
<i>entecavir</i>	1	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	1	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	1	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	1	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days)
EPIVIR	1	MO
EPZICOM	1	MO
<i>etravirine</i>	1	MO
EVOTAZ	1	MO
<i>famciclovir</i>	1	MO
<i>fosamprenavir</i>	1	MO

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

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

This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO	MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days)
JULUCA	1	MO	<i>nevirapine oral suspension</i>	1	
KALETRA ORAL SOLUTION	1	MO	<i>nevirapine oral tablet</i>	1	MO
KALETRA ORAL TABLET 100-25 MG	1	MO	<i>nevirapine oral tablet extended release 24 hr</i>	1	MO
KALETRA ORAL TABLET 200-50 MG	1	MO	NORVIR ORAL POWDER IN PACKET	1	MO
LAGEVRIO (EUA)	1	QL (40 per 180 days)	ODEFSEY	1	MO
<i>lamivudine</i>	1	MO	<i>oseltamivir</i>	1	MO
<i>lamivudine-zidovudine</i>	1	MO	PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 180 days)
LEDIPASVIR-SOFOSBUVIR	1	PA; MO; QL (28 per 28 days)	PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 180 days)
LEXIVA ORAL SUSPENSION	1	MO	PIFELTRO	1	MO
LEXIVA ORAL TABLET	1	MO	PREVYMIS INTRAVENOUS	1	PA
LIVTENCITY	1	PA; LA; QL (120 per 30 days)	PREVYMIS ORAL	1	PA; MO; QL (30 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	1	MO	PREZCOBIX	1	MO
<i>lopinavir-ritonavir oral tablet</i>	1	MO	PREZISTA ORAL SUSPENSION	1	MO
<i>maraviroc</i>	1	MO	PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days)	PREZISTA ORAL TABLET 600 MG, 800 MG	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
RAPIVAB (PF)	1	
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
RETROVIR ORAL CAPSULE	1	MO
RETROVIR ORAL SYRUP	1	MO
REYATAZ ORAL CAPSULE 200 MG, 300 MG	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
<i>rimantadine</i>	1	MO
<i>ritonavir</i>	1	MO
RUKOBIA	1	MO
SELZENTRY ORAL SOLUTION	1	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	1	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	1	MO
SITAVIG	1	MO
SOFOSBUVIR- VELPATASVIR	1	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
SOVALDI ORAL PELLETS IN PACKET 150 MG	1	PA; MO; QL (28 per 28 days)
SOVALDI ORAL PELLETS IN PACKET 200 MG	1	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 200 MG	1	PA; MO; QL (56 per 28 days)
SOVALDI ORAL TABLET 400 MG	1	PA; MO; QL (28 per 28 days)
STRIBILD	1	MO
SUNLENCA	1	
SYMFI	1	MO
SYMFI LO	1	MO
SYMTUZA	1	MO
SYNAGIS	1	MO; LA
TAMIFLU	1	MO
<i>tenofovir disoproxil fumarate</i>	1	MO
TIVICAY ORAL TABLET 10 MG	1	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	1	MO
TIVICAY PD	1	MO
TRIUMEQ	1	MO
TRIUMEQ PD	1	MO
TRIZIVIR	1	
TROGARZO	1	MO; LA
TRUVADA	1	MO
TYBOST	1	MO
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)

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

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

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Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	1	
CEFAZOLIN INJECTION RECON SOLN 2 GRAM	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
CEFAZOLIN INTRAVENOUS RECON SOLN 2 GRAM, 3 GRAM	1	
<i>cefdinir oral capsule</i>	1	MO
<i>cefdinir oral suspension for reconstitution</i>	1	MO
CEFEPIME IN DEXTROSE 5 %	1	MO
<i>cefpeme in dextrose,iso-osm</i>	1	
<i>cefpeme injection</i>	1	MO
CEFEPIME INTRAVENOUS	1	
<i>cefixime</i>	1	MO
<i>cefoxitin in dextrose, iso-osm</i>	1	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	PA
<i>cefpodoxime</i>	1	MO
<i>cefprozil</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	1	PA
<i>ceftriaxone in dextrose,iso-os</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
CEFTRIAXONE INJECTION RECON SOLN 100 GRAM	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 capsule 750 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cephalexin oral tablet</i>	1	MO
FETROJA	1	PA
<i>tazicef injection</i>	1	PA; MO
<i>tazicef intravenous</i>	1	PA
TEFLARO	1	PA; MO
ZERBAXA	1	PA
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	1	PA; MO
<i>azithromycin oral packet</i>	1	MO
<i>azithromycin oral suspension for reconstitution</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION	1	QL (136 per 10 days)
DIFICID ORAL TABLET	1	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	1	MO
E.E.S. GRANULES	1	MO
ERYPED 200	1	MO
ERYPED 400	1	MO

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

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Drug Name	Drug Tier	Requirements /Limits
ZITHROMAX TRI-PAK	1	
ZITHROMAX Z-PAK	1	MO
MISCELLANEOUS ANTIINFECTIVES		
AEMCOLO	1	MO; QL (12 per 30 days)
<i>albendazole</i>	1	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	PA; MO
ARIKAYCE	1	PA; LA
<i>atovaquone</i>	1	MO
<i>atovaquone-proguanil</i>	1	MO
AZACTAM	1	PA; MO
<i>aztreonam</i>	1	PA; MO
<i>bacitracin intramuscular</i>	1	
BENZNIDAZOLE ORAL TABLET 100 MG	1	
BENZNIDAZOLE ORAL TABLET 12.5 MG	1	MO
BETHKIS	1	PA; MO; QL (224 per 28 days)
BILTRICIDE	1	MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>chloroquine phosphate</i>	1	MO
CLEOCIN HCL	1	MO
CLEOCIN INJECTION	1	PA; MO
CLEOCIN PEDIATRIC	1	MO
<i>clindamycin hcl</i>	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR	1	PA
<i>clindamycin in 5 % dextrose</i>	1	PA; MO
<i>clindamycin pediatric</i>	1	MO
<i>clindamycin phosphate injection</i>	1	PA; MO
<i>clindamycin phosphate intravenous</i>	1	PA; MO
COARTEM	1	MO
<i>colistin (colistimethate na)</i>	1	PA; MO; QL (30 per 10 days)
COLY-MYCIN M PARENTERAL	1	PA; MO; QL (30 per 10 days)
CUBICIN RF	1	MO
CYCLOSERINE	1	MO
DALVANCE	1	PA; MO
<i>dapsone oral</i>	1	MO
DAPTOMYCIN IN 0.9 % SOD CHLOR	1	
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>daptomycin</i> <i>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
FIRVANQ	1	QL (450 per 10 days)
FLAGYL ORAL CAPSULE	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 100 MG/50 ML	1	PA; MO
GENTAMICIN IN NACL (ISO-OSM) INTRAVENOUS PIGGYBACK 120 MG/100 ML	1	PA
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	PA
<i>gentamicin injection solution 40 mg/ml</i>	1	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	1	PA; MO
HUMATIN	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxychloroquine oral tablet 100 mg, 300 mg, 400 mg</i>	1	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin</i>	1	PA; MO
IMPAVIDO	1	PA; MO
INVANZ INJECTION	1	PA; QL (14 per 14 days)
<i>isoniazid injection</i>	1	
<i>isoniazid oral</i>	1	MO
<i>ivermectin oral</i>	1	PA; MO; QL (20 per 30 days)
KIMYRSA	1	PA
KITABIS PAK	1	PA; MO; QL (280 per 28 days)
KRINTAFEL	1	
LAMPIT	1	MO
LINCOCIN	1	PA; MO
<i>lincomycin</i>	1	PA
<i>linezolid in dextrose 5%</i>	1	PA; MO
<i>linezolid oral suspension for reconstitution</i>	1	MO
<i>linezolid oral tablet</i>	1	MO
LINEZOLID-0.9% SODIUM CHLORIDE	1	PA
MALARONE	1	MO
MALARONE PEDIATRIC	1	MO
<i>mefloquine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MEPRON	1	MO
<i>meropenem</i> <i>intravenous recon</i> <i>soln 1 gram</i>	1	PA; QL (30 per 10 days)
<i>meropenem</i> <i>intravenous recon</i> <i>soln 500 mg</i>	1	PA; QL (10 per 10 days)
MEROOPENEM- 0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	1	PA; QL (30 per 10 days)
MEROOPENEM- 0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	PA; QL (10 per 10 days)
<i>metro i.v.</i>	1	PA; MO
<i>metronidazole in</i> <i>nacl (iso-os)</i>	1	PA; MO
<i>metronidazole oral</i> <i>capsule</i>	1	MO
<i>metronidazole oral</i> <i>tablet</i>	1	MO
MYAMBUTOL ORAL TABLET 400 MG	1	MO
MYCOBUTIN	1	MO
NEBUPENT	1	B/D PA; MO; QL (1 per 28 days)
<i>neomycin</i>	1	MO
<i>nitazoxanide</i>	1	MO
ORBACTIV	1	PA; MO
<i>paromomycin</i>	1	

Drug Name	Drug Tier	Requirements /Limits
PENTAM	1	MO
<i>pentamidine</i> <i>inhalation</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine</i> <i>injection</i>	1	MO
PLAQUENIL	1	MO
<i>polymyxin b sulfate</i>	1	PA; MO
<i>praziquantel</i>	1	MO
PRETOMANID	1	PA
PRIFTIN	1	MO
PRIMAQUINE	1	MO
PRIMAXIN IV INTRAVENOUS RECON SOLN 500 MG	1	PA; MO
<i>pyrazinamide</i>	1	MO
<i>pyrimethamine</i>	1	PA; MO
QUALAQUIN	1	MO
<i>quinine sulfate</i>	1	MO
RECARBRIOT	1	
<i>rifabutin</i>	1	MO
RIFADIN INTRAVENOUS	1	MO
<i>rifampin intravenous</i>	1	MO
<i>rifampin oral</i>	1	MO
RIMSO-50	1	MO
SIRTURO	1	PA; LA
SIVEXTRO INTRAVENOUS	1	PA
SIVEXTRO ORAL	1	MO
SOLOSEC	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
STREPTOMYCIN	1	PA; MO; QL (60 per 30 days)	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)
STROMECTOL	1	PA; MO; QL (20 per 30 days)	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
<i>tigecycline</i>	1	PA; MO	VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
<i>tinidazole</i>	1	MO	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)
TOBI	1	PA; MO; QL (280 per 28 days)	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
TOBI PODHALER	1	MO; QL (224 per 56 days)	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
<i>tobramycin in 0.225 % nacl</i>	1	PA; MO; QL (280 per 28 days)	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)
<i>tobramycin inhalation</i>	1	PA; MO; QL (224 per 28 days)	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
<i>tobramycin sulfate injection recon soln</i>	1	PA; QL (9 per 14 days)	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
<i>tobramycin sulfate injection solution</i>	1	PA; MO	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	PA; QL (4000 per 10 days)
TRECATOR	1	MO	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
TYGACIL	1	PA; MO	VANCOMYCIN IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
VABOMERE	1	PA	VANCOMYCIN INJECTION	1	PA; QL (1 per 10 days)
VANCOCIN ORAL CAPSULE 125 MG	1	PA; MO; QL (40 per 10 days)	<i>vancomycin intravenous recon soln 1,000 mg</i>	1	PA; MO; QL (20 per 10 days)
VANCOCIN ORAL CAPSULE 250 MG	1	PA; MO; QL (80 per 10 days)			

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN INTRAVENOUS RECON SOLN 1.25 GRAM	1	PA; QL (16 per 10 days)
VANCOMYCIN INTRAVENOUS RECON SOLN 1.5 GRAM	1	PA; QL (14 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	1	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	1	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	1	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	1	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	PA; MO; QL (80 per 10 days)
VANCOMYCIN ORAL RECON SOLN 25 MG/ML	1	QL (450 per 10 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	1	MO; QL (450 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1 GRAM/200 ML, 1.25 GRAM/250 ML, 2 GRAM/400 ML	1	PA; QL (4000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 1.5 GRAM/300 ML, 1.75 GRAM/350 ML	1	PA; QL (4200 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	PA; QL (1000 per 10 days)
VANCOMYCIN-DILUENT COMBO NO.1 INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	PA; QL (4050 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	PA
XENLETA INTRAVENOUS	1	
XENLETA ORAL	1	MO
XIFAXAN ORAL TABLET 200 MG	1	MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ZEMDRI	1	PA
ZYVOX INTRAVENOUS PIGGYBACK 200 MG/100 ML	1	PA
ZYVOX INTRAVENOUS PIGGYBACK 600 MG/300 ML	1	PA; MO
ZYVOX ORAL	1	MO
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml	1	MO
amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml	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

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	1	MO
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection</i>	1	PA; MO
<i>ampicillin sodium intravenous</i>	1	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	PA
<i>ampicillin-sulbactam intravenous</i>	1	PA
AUGMENTIN ES-600	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN C-R	1	PA; MO
BICILLIN L-A	1	PA; MO
<i>dicloxacillin</i>	1	MO
<i>nafcillin in dextrose iso-osm</i>	1	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin injection recon soln 10 gram</i>	1	PA	<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
<i>nafcillin intravenous recon soln 2 gram</i>	1	PA	<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1	
<i>oxacillin in dextrose(iso-osm)</i>	1	PA	UNASYN INJECTION RECON SOLN 1.5 GRAM, 3 GRAM	1	PA; MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	PA	UNASYN INJECTION RECON SOLN 15 GRAM	1	PA
<i>oxacillin injection recon soln 2 gram</i>	1	PA; MO	ZOSYN IN DEXTROSE (ISO-OSM)	1	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	1	PA	QUINOLONES		
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	PA	BAXDELA INTRAVENOUS	1	PA
<i>penicillin g potassium</i>	1	PA; MO	BAXDELA ORAL	1	MO
<i>penicillin g sodium</i>	1	PA; MO	CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	1	
<i>penicillin v potassium</i>	1	MO	CIPRO ORAL TABLET 250 MG, 500 MG	1	MO
<i>pfizerpen-g</i>	1	PA	ciprofloxacin	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1		<i>ciprofloxacin hcl oral tablet 100 mg</i>	1	
			<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose</i>	1	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	PA; MO
<i>levofloxacin intravenous</i>	1	PA; MO
<i>levofloxacin oral solution</i>	1	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral</i>	1	MO
<i>MOXIFLOXACIN- SOD.ACE,SUL- WATER</i>	1	PA
<i>moxifloxacin- sod.chloride(iso)</i>	1	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>BACTRIM</i>	1	MO
<i>BACTRIM DS</i>	1	MO
<i>sulfadiazine</i>	1	MO
<i>sulfamethoxazole- trimethoprim intravenous</i>	1	PA; MO
<i>sulfamethoxazole- trimethoprim oral suspension</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole- trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeccycline</i>	1	MO
<i>DORYX MPC ORAL TABLET,DELAYE D RELEASE (DR/EC) 120 MG</i>	1	ST; MO
<i>DORYX MPC ORAL TABLET,DELAYE D RELEASE (DR/EC) 60 MG</i>	1	ST
<i>DORYX ORAL TABLET,DELAYE D RELEASE (DR/EC) 200 MG, 50 MG</i>	1	ST; MO
<i>DORYX ORAL TABLET,DELAYE D RELEASE (DR/EC) 80 MG</i>	1	ST
<i>doxy-100</i>	1	PA; MO
<i>doxycycline hyclate intravenous</i>	1	PA
<i>doxycycline hyclate oral capsule</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 150 mg, 75 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	MO
DOXYCYCLINE HYCLATE ORAL TABLET,DELAYED RELEASE (DR/EC) 80 MG	1	ST; MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	MO
DOXYCYCLINE MONOHYDRATE ORAL CAPSULE,IR - DELAY REL,BIPHASE	1	ST; MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>doxycycline monohydrate oral tablet 150 mg</i>	1	MO
MINOCIN INTRAVENOUS	1	PA; MO
<i>minocycline oral capsule</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>minocycline oral tablet</i>	1	MO
<i>minocycline oral tablet extended release 24 hr</i>	1	MO
MINOLIRA ER	1	ST; MO
<i>monodoxine nl oral capsule 100 mg</i>	1	
MONODOX	1	ST
NUZYRA INTRAVENOUS	1	PA
NUZYRA ORAL	1	
ORACEA	1	ST; MO
SEYSARA ORAL TABLET 100 MG, 60 MG	1	ST; MO
SEYSARA ORAL TABLET 150 MG	1	ST; MO
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	1	ST; MO
TARGADOX	1	ST; MO
tetracycline	1	MO
VIBRAMYCIN (CALCIUM)	1	
VIBRAMYCIN (MONO)	1	
VIBRAMYCIN ORAL CAPSULE 100 MG	1	ST; MO
XERAVA	1	PA

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Drug Name	Drug Tier	Requirements /Limits
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG	1	ST
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 45 MG, 90 MG	1	ST; MO
URINARY TRACT AGENTS		
<i>fosfomycin</i> <i>tromethamine</i>	1	MO
FURADANTIN	1	MO
HIPREX	1	MO
MACROBID	1	MO
MACRODANTIN	1	MO
<i>methenamine</i> <i>hippurate</i>	1	MO
<i>methenamine</i> <i>mandelate oral tablet 0.5 g</i>	1	MO
<i>methenamine</i> <i>mandelate oral tablet 1 gram</i>	1	
<i>nitrofurantoin</i> <i>macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin</i> <i>macrocrystal oral capsule 25 mg</i>	1	MO
<i>nitrofurantoin</i> <i>monohyd/m-cryst</i>	1	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	1	MO

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

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Drug Name	Drug Tier	Requirements /Limits
MESNEX INTRAVENOUS	1	B/D PA; MO
MESNEX ORAL	1	MO
VISTOGARD	1	PA
XGEVA	1	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days)
ABRAXANE	1	B/D PA; MO
ADAKVEO	1	PA
ADCETRIS	1	B/D PA; MO
ADRIAMYCIN INTRAVENOUS RECON SOLN 50 MG	1	B/D PA; MO
ADSTILADRIN	1	PA
AFINITOR	1	PA; MO; QL (30 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG	1	PA; MO; QL (330 per 30 days)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	1	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 5 MG	1	PA; MO; QL (180 per 30 days)
AKEEGA	1	PA; LA; QL (60 per 30 days)
ALECensa	1	PA; MO; QL (240 per 30 days)
ALIMTA	1	B/D PA; MO
ALIQOPA	1	B/D PA; LA
ALKERAN	1	B/D PA; MO
ALKERAN (AS HCL)	1	B/D PA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days)
ALYMSYS	1	PA; MO
<i>anastrozole</i>	1	MO
ARIMIDEX	1	MO
AROMASIN	1	MO
ARRANON	1	B/D PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO
ASPARLAS	1	PA

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Drug Name	Drug Tier	Requirements /Limits
ASTAGRAF XL	1	B/D PA; MO
AUGTYRO	1	PA; MO; QL (240 per 30 days)
AVASTIN	1	PA; MO
AYVAKIT	1	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	1	B/D PA; MO
AZASAN	1	B/D PA; MO
<i>azathioprine oral tablet 100 mg, 75 mg</i>	1	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium</i>	1	B/D PA; MO
BALVERSA	1	PA; LA
BAVENCIO	1	B/D PA; LA
BELEODAQ	1	B/D PA
<i>bendamustine intravenous recon soln</i>	1	B/D PA; MO
BENDAMUSTINE INTRAVENOUS SOLUTION	1	B/D PA
BENDEKA	1	B/D PA; MO
BESPONSA	1	B/D PA; MO; LA
<i>bexarotene</i>	1	PA; MO
<i>bicalutamide</i>	1	MO
BICNU	1	B/D PA; MO
<i>bleomycin</i>	1	B/D PA
BLINCYTO INTRAVENOUS KIT	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
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 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 ORAL CAPSULE 75 MG	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	1	PA; LA; QL (120 per 30 days)
<i>busulfan</i>	1	B/D PA
BUSULFEX	1	B/D PA
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	1	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5 ML, 40 MG/2 ML	1	B/D PA; MO
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15 ML	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO
CASODEX	1	MO
CELLCEPT INTRAVENOUS	1	B/D PA; MO
CELLCEPT ORAL CAPSULE	1	B/D PA; MO
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA; MO
CELLCEPT ORAL TABLET	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
CLOLAR	1	B/D PA; MO
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)

Drug Name	Drug Tier	Requirements /Limits
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)
COSELA	1	PA
COSMEGEN	1	B/D PA; MO
COTELLIC	1	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	1	B/D PA; MO
CYCLOPHOSPHA MIDE INTRAVENOUS SOLUTION 200 MG/ML	1	B/D PA; MO
CYCLOPHOSPHA MIDE INTRAVENOUS SOLUTION 500 MG/ML	1	B/D PA
<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 intravenous</i>	1	B/D PA
<i>cyclosporine modified oral capsule</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine modified oral solution</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>cyclosporine oral capsule</i>	1	B/D PA; MO	DOXIL	1	B/D PA; MO
CYRAMZA	1	B/D PA; MO	<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>cytarabine</i>	1	B/D PA; MO	<i>doxorubicin intravenous recon soln 50 mg</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>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	B/D PA	<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>dacarbazine</i>	1	B/D PA; MO	<i>doxorubicin, peg-liposomal</i>	1	B/D PA; MO
DACOGEN	1	B/D PA; MO	DROXIA	1	MO
<i>dactinomycin</i>	1	B/D PA; MO	ELIGARD	1	PA; MO
DANYELZA	1	PA	ELIGARD (3 MONTH)	1	PA; MO
DARZALEX	1	B/D PA; MO; LA	ELIGARD (4 MONTH)	1	PA; MO
DARZALEX FASPRO	1	B/D PA; MO	ELIGARD (6 MONTH)	1	PA; MO
<i>daunorubicin</i>	1	B/D PA	ELLENCE	1	B/D PA; MO
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)	ELREXFIO	1	PA
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)	ELZONRIS	1	PA; LA
<i>decitabine</i>	1	B/D PA; MO	EMCYT	1	MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA	EMPLICITI	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ENHERTU	1	PA; MO
ENSPRYNG	1	PA; MO
ENVARSUS XR	1	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
EPKINLY	1	PA
ERBITUX	1	B/D PA; MO
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
EULEXIN	1	
<i>everolimus (antineoplastic) oral tablet</i>	1	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	1	PA; MO; QL (330 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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
EVOMELA	1	B/D PA
<i>exemestane</i>	1	MO
EXKIVITY	1	PA; LA; QL (120 per 30 days)
FARESTON	1	MO
FASLODEX	1	B/D PA; MO
FEMARA	1	MO
FENSOLVI	1	PA; MO
<i>FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG</i>	1	PA; MO
<i>FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG</i>	1	PA; MO
<i>floxuridine</i>	1	B/D PA

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

Drug Name	Drug Tier	Requirements /Limits
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
<i>genograf</i>	1	B/D PA; MO
GILOTrif	1	PA; MO; QL (30 per 30 days)
GLEEVEC ORAL TABLET 100 MG	1	PA; MO; QL (180 per 30 days)
GLEEVEC ORAL TABLET 400 MG	1	PA; MO; QL (60 per 30 days)
GLEOSTINE	1	MO
HALAVEN	1	B/D PA; MO
HERCEPTIN HYLECTA	1	PA; MO
HERCEPTIN INTRAVENOUS RECON SOLN 150 MG	1	PA; MO
HERZUMA	1	PA; MO
HYDREA	1	MO
<i>hydroxyurea</i>	1	MO
IBRANCE	1	PA; MO; QL (21 per 28 days)
ICLUSIG	1	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
IDAMYCIN PFS	1	B/D PA; MO
<i>idarubicin</i>	1	B/D PA; MO
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)
IFEX	1	B/D PA; MO
<i>ifosfamide intravenous recon soln</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	1	PA; QL (30 per 30 days)
IMFINZI	1	B/D PA; MO; LA
IMJUDO	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
IMURAN	1	B/D PA; MO
INFUGEM	1	B/D PA
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
INQOVI	1	PA; MO; QL (5 per 28 days)
INREBIC	1	PA; MO; LA; QL (120 per 30 days)
IRESSA	1	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO
ISTODAX	1	B/D PA; MO
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)

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Drug Name	Drug Tier	Requirements /Limits
JEMPERLI	1	PA; MO
JEVTANA	1	B/D PA; MO
KADCYLA	1	PA; MO
KANJINTI	1	PA; MO
<i>kemoplat</i>	1	B/D PA
KEYTRUDA	1	PA
KIMMTRAK	1	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	1	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days)
KLISYRI	1	MO
KOSELUGO	1	PA

Drug Name	Drug Tier	Requirements /Limits
KRAZATI	1	PA; QL (180 per 30 days)
KYPROLIS	1	B/D PA
LANREOTIDE	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)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	1	MO
LEUKERAN	1	MO
LEUPROLIDE (3 MONTH)	1	PA
<i>leuprolide subcutaneous kit</i>	1	PA; MO
LIBTAYO	1	PA; LA

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This drug list was last updated on 01/17/2024.

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

Drug Name	Drug Tier	Requirements /Limits
<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</i>	1	B/D PA; MO
<i>melphalan hcl</i>	1	B/D PA
<i>mercaptopurine</i>	1	MO
<i>methotrexate sodium</i>	1	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO
<i>mitoxantrone</i>	1	B/D PA; MO
MONJUVI	1	PA; LA
MVASI	1	PA; MO
MYCAPSSA	1	PA; LA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil (hcl)</i>	1	B/D PA; MO	<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>mycophenolate mofetil oral capsule</i>	1	B/D PA; MO	<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	1	PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	1	B/D PA; MO	<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	1	PA
<i>mycophenolate mofetil oral tablet</i>	1	B/D PA; MO	<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO
<i>mycophenolate sodium</i>	1	B/D PA; MO	ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
MYFORTIC	1	B/D PA; MO	OGIVRI	1	PA; MO
MYLOTARG	1	B/D PA; MO; LA	OJJAARA	1	PA; QL (30 per 30 days)
<i>nelarabine</i>	1	B/D PA; MO	ONCASPAR	1	B/D PA
NEORAL	1	B/D PA; MO	ONIVYDE	1	B/D PA
NERLYNX	1	PA; MO; LA	ONTRUZANT	1	PA
NEXAVAR	1	PA; MO; LA; QL (120 per 30 days)	ONUREG	1	PA; MO; QL (14 per 28 days)
NILANDRON	1	PA; MO	OPDIVO	1	PA; MO
<i>nilutamide</i>	1	PA; MO	OPDUALAG	1	PA; MO
NINLARO	1	PA; MO; QL (3 per 28 days)	ORGOVYX	1	PA; LA; QL (30 per 28 days)
NIPENT	1	B/D PA; MO	ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)	ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)
NULOJIX	1	B/D PA; MO	<i>oxaliplatin intravenous recon soln</i>	1	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO	PEMETREXED INTRAVENOUS RECON SOLN 100 MG	1	B/D PA
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA	PEMETREXED INTRAVENOUS RECON SOLN 500 MG	1	B/D PA
<i>paclitaxel</i>	1	B/D PA; MO	PERJETA	1	B/D PA; MO
<i>PACLITAXEL PROTEIN-BOUND</i>	1	B/D PA	PHESGO	1	PA; MO
<i>PADCEV</i>	1	PA; MO	PIQRAY	1	PA; MO
<i>paraplatin</i>	1	B/D PA	POLIVY	1	PA; MO
<i>pazopanib</i>	1	PA; MO; QL (120 per 30 days)	POMALYST	1	PA; MO; LA
<i>PEMAZYRE</i>	1	PA; LA; QL (28 per 28 days)	PORTRAZZA	1	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	1	B/D PA; MO	POTELIGEO	1	PA
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	1	B/D PA; MO	PRALATREXATE	1	B/D PA; MO
<i>PEMETREXED DISODIUM INTRAVENOUS RECON SOLN 750 MG</i>	1	B/D PA	PROGRAF INTRAVENOUS	1	B/D PA; MO
<i>PEMETREXED DISODIUM INTRAVENOUS SOLUTION</i>	1	B/D PA	PROGRAF ORAL CAPSULE 0.5 MG, 1 MG	1	B/D PA; MO
			PROGRAF ORAL CAPSULE 5 MG	1	B/D PA; MO
			PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
			PURIXAN	1	
			QINLOCK	1	PA; LA; QL (90 per 30 days)
			RAPAMUNE ORAL SOLUTION	1	B/D PA; MO
			RAPAMUNE ORAL TABLET 0.5 MG	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RAPAMUNE ORAL TABLET 1 MG, 2 MG	1	B/D PA; MO
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)
RIABNI	1	PA; MO
RITUXAN	1	PA; MO
RITUXAN HYCELA	1	PA; MO
<i>romidepsin intravenous recon soln</i>	1	B/D PA
ROMIDEPSIN INTRAVENOUS SOLUTION	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; QL (336 per 28 days)

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

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Drug Name	Drug Tier	Requirements /Limits
SIGNIFOR LAR	1	PA
SIKLOS ORAL TABLET 1,000 MG	1	MO
SIKLOS ORAL TABLET 100 MG	1	MO
SIMULECT	1	B/D PA; MO
<i>sirolimus oral solution</i>	1	B/D PA; MO
<i>sirolimus oral tablet</i>	1	B/D PA; MO
SOLTAMOX	1	MO
SOMATULINE DEPOT	1	PA; MO
<i>sorafenib</i>	1	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	1	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	1	PA; MO; QL (60 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	1	PA; MO; QL (30 per 30 days)
SUPPRELIN LA	1	PA; MO
SUTENT	1	PA; MO; QL (30 per 30 days)
TABLOID	1	MO
TABRECTA	1	PA; MO
<i>tacrolimus oral</i>	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days)
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)
TALVEY	1	PA
TALZENNA	1	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	1	MO
TARCEVA ORAL TABLET 100 MG, 150 MG	1	PA; QL (30 per 30 days)
TARCEVA ORAL TABLET 25 MG	1	PA; QL (60 per 30 days)
TARGETIN	1	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days)
TAZVERIK	1	PA; LA
TECENTRIQ	1	B/D PA; MO; LA
TECVAYLI	1	PA
TEMODAR INTRAVENOUS	1	B/D PA; MO
<i>temsirolimus</i>	1	B/D PA; MO
TEPADINA	1	B/D PA
TEPMETKO	1	PA; LA

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

Drug Name	Drug Tier	Requirements /Limits
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)
TYKERB	1	PA; MO; LA; QL (180 per 30 days)
UNITUXIN	1	B/D PA
UPLIZNA	1	PA; MO; LA
<i>valrubicin</i>	1	B/D PA; MO
VALSTAR	1	B/D PA; MO
VANFLYTA	1	PA; QL (56 per 28 days)
VECTIBIX	1	B/D PA; MO
VEGZELMA	1	PA
VELCADE	1	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days)
VERZENIO	1	PA; MO; LA; QL (60 per 30 days)
VIDAZA	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
VIJOICE ORAL TABLET 125 MG, 50 MG	1	PA; QL (28 per 28 days)
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; QL (56 per 28 days)
<i>vinblastine</i>	1	B/D PA; MO
<i>vincristine</i>	1	B/D PA; MO
<i>vinorelbine</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	1	PA; MO; QL (30 per 30 days)
VONJO	1	PA; QL (120 per 30 days)
VOTRIENT	1	PA; MO; QL (120 per 30 days)
VYXEOS	1	B/D PA
WELIREG	1	PA; LA
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET	1	PA; QL (60 per 30 days)
XATMEP	1	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
XERMELO	1	PA; LA; QL (84 per 28 days)
XOSPATA	1	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	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
YONSA	1	PA; MO; QL (120 per 30 days)
ZALTRAP	1	B/D PA; MO
ZANOSAR	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ZEJULA ORAL CAPSULE	1	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	1	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	1	PA; MO; QL (240 per 30 days)
ZEPZELCA	1	PA
ZIRABEV	1	B/D PA; MO
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days)
ZORTRESS ORAL TABLET 0.25 MG	1	B/D PA; MO
ZORTRESS ORAL TABLET 0.5 MG, 0.75 MG, 1 MG	1	B/D PA; MO
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA	1	PA; MO; QL (90 per 30 days)
ZYNLONTA	1	PA; LA
ZYNYZ	1	PA
ZYTIGA ORAL TABLET 250 MG	1	PA; MO; QL (120 per 30 days)
ZYTIGA ORAL TABLET 500 MG	1	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days)
BANZEL	1	PA; MO
BRIVIACT INTRAVENOUS	1	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	1	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	1	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	1	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	1	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
CARBATROL	1	MO
CELONTIN ORAL CAPSULE 300 MG	1	MO
CEREBYX	1	

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Drug Name	Drug Tier	Requirements /Limits
<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)
DEPAKOTE	1	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG	1	MO
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 500 MG	1	
DEPAKOTE SPRINKLES	1	MO
DIACOMIT	1	PA; LA
DIASTAT	1	
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG	1	MO

Drug Name	Drug Tier	Requirements /Limits
DIASTAT	1	
ACUDIAL		
RECTAL KIT 5-7.5-10 MG		
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 5-7.5-10 mg</i>	1	MO
<i>diazepam rectal kit 2.5 mg</i>	1	
DILANTIN 30 MG	1	MO
DILANTIN EXTENDED 100 MG	1	MO
DILANTIN INFATABS 50 MG	1	MO
DILANTIN-125 125 MG/5 ML	1	MO
divalproex	1	MO
EPIDIOLEX	1	PA; MO; LA
epitol	1	MO
EPRONTIA	1	PA; MO
EQUETRO	1	MO
ethosuximide	1	MO
<i>felbamate oral suspension</i>	1	MO
<i>felbamate oral tablet</i>	1	MO
FELBATOL ORAL TABLET	1	MO
FINTEPLA	1	PA; LA; QL (360 per 30 days)
fosphenytoin	1	MO
FYCOMPA ORAL SUSPENSION	1	MO; QL (720 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	1	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	1	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
KEPPRA	1	MO
KEPPRA XR	1	MO
KLONOPIN ORAL TABLET 0.5 MG, 1 MG	1	MO; QL (90 per 30 days)
KLONOPIN ORAL TABLET 2 MG	1	MO; QL (300 per 30 days)
<i>lacosamide intravenous</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	1	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	1	MO; QL (120 per 30 days)
LAMICTAL ODT	1	MO
LAMICTAL ODT STARTER (BLUE)	1	MO
LAMICTAL ODT STARTER (GREEN)	1	MO
LAMICTAL ODT STARTER (ORANGE)	1	MO
LAMICTAL ORAL TABLET	1	MO
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	1	MO
LAMICTAL STARTER (BLUE) KIT	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LAMICTAL STARTER (GREEN) KIT	1	MO	<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
LAMICTAL STARTER (ORANGE) KIT	1	MO	<i>levetiracetam intravenous</i>	1	MO
LAMICTAL XR	1	MO	<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
LAMICTAL XR STARTER (BLUE)	1	MO	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
LAMICTAL XR STARTER (GREEN)	1	MO	<i>levetiracetam oral tablet</i>	1	MO
LAMICTAL XR STARTER (ORANGE)	1	MO	<i>levetiracetam oral tablet extended release 24 hr</i>	1	MO
<i>lamotrigine oral tablet</i>	1	MO	LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	1	PA; MO; QL (30 per 30 days)
<i>lamotrigine oral tablet disintegrating, dose pk</i>	1	MO	LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	1	PA; MO; QL (60 per 30 days)
<i>lamotrigine oral tablet extended release 24hr</i>	1	MO	LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG, 75 MG	1	MO; QL (90 per 30 days)
<i>lamotrigine oral tablet, chewable dispersible</i>	1	MO	LYRICA ORAL CAPSULE 225 MG, 300 MG	1	MO; QL (60 per 30 days)
<i>lamotrigine oral tablet,disintegrating</i>	1	MO	LYRICA ORAL SOLUTION	1	QL (900 per 30 days)
<i>lamotrigine oral tablets,dose pack</i>	1	MO	<i>methsuximide</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO	<i>MYSOLINE</i>	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
NAYZILAM	1	PA; MO; QL (10 per 30 days)
NEURONTIN ORAL CAPSULE 100 MG, 400 MG	1	MO; QL (270 per 30 days)
NEURONTIN ORAL CAPSULE 300 MG	1	MO; QL (360 per 30 days)
NEURONTIN ORAL SOLUTION	1	MO; QL (2160 per 30 days)
NEURONTIN ORAL TABLET 600 MG	1	MO; QL (180 per 30 days)
NEURONTIN ORAL TABLET 800 MG	1	MO; QL (120 per 30 days)
ONFI ORAL SUSPENSION	1	PA; MO; QL (480 per 30 days)
ONFI ORAL TABLET	1	PA; MO; QL (60 per 30 days)
<i>oxcarbazepine oral suspension</i>	1	MO
<i>oxcarbazepine oral tablet</i>	1	MO
OXTELLAR XR	1	MO
<i>phenobarbital oral elixir</i>	1	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	PA; MO

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

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Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	1	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
QUDEXY XR	1	PA; MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension</i>	1	PA; MO
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO
SABRIL	1	PA; MO; LA
SEZABY	1	
SPRITAM	1	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	1	MO
<i>subvenite starter (green) kit</i>	1	MO
<i>subvenite starter (orange) kit</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
TEGRETOL ORAL SUSPENSION	1	MO
TEGRETOL ORAL TABLET	1	MO
TEGRETOL XR	1	MO
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	1	MO
<i>tiagabine oral tablet 16 mg</i>	1	
TOPAMAX	1	PA; MO
<i>topiramate oral capsule, sprinkle</i>	1	PA; MO
<i>topiramate oral capsule,extended release 24hr 100 mg, 25 mg, 50 mg</i>	1	PA; MO
<i>topiramate oral capsule,extended release 24hr 200 mg</i>	1	PA; MO
<i>topiramate oral capsule,sprinkle,er 24hr</i>	1	PA; MO
<i>topiramate oral tablet</i>	1	PA; MO
TRILEPTAL	1	MO
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 25 MG, 50 MG	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TROKENDI XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 200 MG	1	PA; MO	XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1- 150MG X1)	1	MO; QL (56 per 28 days)
<i>valproate sodium</i>	1	MO	XCOPRI ORAL TABLET 100 MG	1	MO; QL (120 per 30 days)
<i>valproic acid</i>	1	MO	XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO	XCOPRI ORAL TABLET 50 MG	1	MO; QL (240 per 30 days)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	1		XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	MO; QL (28 per 180 days)
VALTOCO	1	PA; MO; QL (10 per 30 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)
<i>vigabatrin</i>	1	PA; MO; LA	ZARONTIN	1	MO
<i>vigadron</i>	1	PA; LA	ZONEGRAN ORAL CAPSULE 100 MG, 25 MG	1	PA; MO
<i>vigpoder</i>	1	PA; LA	ZONISADE	1	PA; MO
VIMPAT INTRAVENOUS	1	MO; QL (1200 per 30 days)	<i>zonisamide</i>	1	PA; MO
VIMPAT ORAL SOLUTION	1	MO; QL (1200 per 30 days)	ZTALMY	1	PA; LA; QL (1080 per 30 days)
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG	1	MO; QL (60 per 30 days)			
VIMPAT ORAL TABLET 50 MG	1	MO; QL (120 per 30 days)			

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ANTIPARKINSONISM AGENTS					
APOKYN	1	PA; MO; LA; QL (90 per 30 days)	INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days)
<i>apomorphine</i>	1	PA; QL (90 per 30 days)	LODOSYN	1	MO
AZILECT	1	MO	MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 2.25 MG, 4.5 MG	1	MO
<i>benztropine injection</i>	1	MO	MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 3 MG, 3.75 MG	1	
<i>benztropine oral</i>	1	PA; MO	NEUPRO	1	MO
<i>bromocriptine</i>	1	MO	NOURIANZ	1	PA; MO; LA; QL (30 per 30 days)
<i>carbidopa</i>	1	MO	ONGENTYS	1	PA; MO; QL (30 per 30 days)
<i>carbidopa-levodopa oral tablet</i>	1	MO	OSMOLEX ER ORAL TABLET, IR - ER, BIPHASIC 24HR 193 MG	1	PA; QL (30 per 30 days)
<i>carbidopa-levodopa oral tablet,disintegrating</i>	1		PARLODEL	1	MO
<i>carbidopa-levodopa- entacapone</i>	1	MO	<i>pramipexole oral tablet</i>	1	MO
COMTAN	1	MO	<i>pramipexole oral tablet extended release 24 hr</i>	1	MO
DHIVY	1	MO	<i>rasagiline</i>	1	MO
DUOPA	1	B/D PA; MO	<i>ropinirole oral tablet</i>	1	MO
<i>entacapone</i>	1	MO			
GOCOVRI ORAL CAPSULE,EXTEN DED RELEASE 24HR 137 MG	1	PA; QL (60 per 30 days)			
GOCOVRI ORAL CAPSULE,EXTEN DED RELEASE 24HR 68.5 MG	1	PA; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>ropinirole oral tablet extended release 24 hr</i>	1	MO
RYTARY	1	MO
<i>selegiline hcl</i>	1	MO
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	1	MO
STALEVO 100	1	MO
STALEVO 125	1	MO
STALEVO 150	1	MO
STALEVO 200	1	MO
STALEVO 75	1	MO
TASMAR ORAL TABLET 100 MG	1	PA; MO
<i>tolcapone</i>	1	PA
XADAGO	1	MO
ZELAPAR	1	PA; MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	1	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	1	PA; MO; QL (1.5 per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	1	MO; QL (24 per 28 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	1	MO; QL (18 per 28 days)
<i>dihydroergotamine injection</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dihydroergotamine nasal</i>	1	QL (8 per 28 days)
<i>eletriptan</i>	1	MO; QL (18 per 28 days)
ELYXYB	1	PA; MO; QL (28.8 per 28 days)
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	1	PA; MO; QL (3 per 30 days)
ERGOMAR	1	MO
<i>ergotamine-caffeine</i>	1	MO
FROVA	1	MO; QL (27 per 28 days)
<i>frovatriptan</i>	1	MO; QL (27 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 20 MG/ACTUATION	1	MO; QL (18 per 28 days)
IMITREX NASAL SPRAY, NON-AEROSOL 5 MG/ACTUATION	1	MO; QL (36 per 28 days)
IMITREX ORAL	1	MO; QL (18 per 28 days)
IMITREX STATDOSE PEN	1	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
IMITREX STATDOSE REFILL	1	MO; QL (8 per 28 days)
MAXALT ORAL TABLET 10 MG	1	MO; QL (36 per 28 days)
MAXALT-MLT ORAL TABLET,DISINTE GRATING 10 MG	1	MO; QL (36 per 28 days)
<i>migergot</i>	1	MO
MIGRANAL	1	QL (8 per 28 days)
<i>naratriptan</i>	1	MO; QL (18 per 28 days)
NURTEC ODT	1	PA; QL (16 per 30 days)
ONZETRA XSAIL	1	MO; QL (32 per 28 days)
QULIPTA	1	PA; MO; QL (30 per 30 days)
RELPAX	1	MO; QL (18 per 28 days)
REYVOW ORAL TABLET 100 MG	1	PA; QL (16 per 30 days)
REYVOW ORAL TABLET 50 MG	1	PA; QL (8 per 30 days)
<i>rizatriptan oral tablet</i>	1	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate oral</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan- naproxen</i>	1	MO; QL (18 per 28 days)
TOSYMRA	1	MO; QL (24 per 28 days)
TREXIMET	1	MO; QL (18 per 28 days)
TRUDHESA	1	ST; QL (8 per 28 days)
UBRELVY	1	PA; QL (20 per 30 days)
VYEPTI	1	PA
ZAVZPRET	1	PA; MO; QL (6 per 28 days)
ZEMBRACE SYMTOUCH	1	MO; QL (8 per 28 days)
<i>zolmitriptan nasal spray,non-aerosol 5 mg</i>	1	MO; QL (18 per 28 days)
<i>zolmitriptan oral</i>	1	MO; QL (18 per 28 days)
ZOMIG NASAL SPRAY,NON- AEROSOL 2.5 MG	1	QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ZOMIG NASAL SPRAY, NON-AEROSOL 5 MG	1	MO; QL (18 per 28 days)
ZOMIG ORAL	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
ADLARITY	1	MO
AMONDYS-45	1	PA; LA
AMPYRA	1	PA; MO; LA; QL (60 per 30 days)
AMVUTTRA	1	PA; MO
ARICEPT	1	MO
AUBAGIO	1	PA; MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	1	PA; MO; QL (120 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	1	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO XR TITRATION KT(WK1-4)	1	PA; MO; QL (42 per 180 days)
BAFIERTAM	1	PA; MO; QL (120 per 30 days)
BRIUMVI	1	PA; MO; QL (24 per 180 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	1	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	1	PA; MO; QL (60 per 30 days)
DAYBUE	1	PA; LA
<i>dichlorphenamide</i>	1	PA; MO
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>donepezil oral tablet 23 mg</i>	1	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO
EVRYSDI	1	PA; MO; LA; QL (240 per 30 days)
EXELON PATCH	1	MO
EXONDYS-51	1	PA
<i>fingolimod</i>	1	PA; MO; QL (30 per 30 days)
FIRDAPSE	1	PA; LA
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	1	MO
<i>galantamine oral solution</i>	1	MO
<i>galantamine oral tablet</i>	1	MO
GILENYA ORAL CAPSULE 0.25 MG	1	PA; QL (30 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG	1	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	1	PA; MO; QL (30 per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	1	PA; MO; QL (60 per 30 days)
INGREZZA	1	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	1	PA; LA; QL (28 per 180 days)
KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days)
KEVEYIS	1	PA
LEMTRADA	1	PA; MO; QL (6 per 365 days)
LEQEMBI	1	PA
MAVENCLAD (10 TABLET PACK)	1	PA; MO; LA; QL (40 per 720 days)
MAVENCLAD (4 TABLET PACK)	1	PA; MO; LA; QL (16 per 720 days)
MAVENCLAD (5 TABLET PACK)	1	PA; MO; LA; QL (20 per 720 days)
MAVENCLAD (6 TABLET PACK)	1	PA; MO; LA; QL (24 per 720 days)
MAVENCLAD (7 TABLET PACK)	1	PA; MO; LA; QL (28 per 720 days)

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Drug Name	Drug Tier	Requirements /Limits
MAVENCLAD (8 TABLET PACK)	1	PA; MO; LA; QL (32 per 720 days)
MAVENCLAD (9 TABLET PACK)	1	PA; MO; LA; QL (36 per 720 days)
MAYZENT ORAL TABLET 0.25 MG	1	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	1	PA; MO; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT)	1	PA; MO; QL (7 per 180 days)
MAYZENT STARTER(FOR 2MG MAINT)	1	PA; MO; QL (12 per 180 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	1	PA; MO
<i>memantine oral solution</i>	1	PA; MO
<i>memantine oral tablet</i>	1	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	1	PA; MO
NAMENDA ORAL TABLET	1	PA
NAMENDA TITRATION PAK	1	PA; MO
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 7 MG	1	PA
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	1	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	1	PA; MO
NUEDEXTA	1	PA; MO
NULIBRY	1	PA; LA
OCREVUS	1	PA; MO; LA; QL (20 per 180 days)
ONPATTRO	1	PA; MO; LA
PONVORY	1	PA; MO; QL (30 per 30 days)
PONVORY 14-DAY STARTER PACK	1	PA; MO; QL (14 per 180 days)
RADICAVA	1	PA
RADICAVA ORS	1	PA; MO
RADICAVA ORS STARTER KIT SUSP	1	PA; MO
RELYVRIO	1	PA; MO
<i>rivastigmine</i>	1	MO
<i>rivastigmine tartrate</i>	1	MO
SKYCLARYS	1	PA; LA
TASCENO ODT	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG	1	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	1	PA; MO; LA; QL (120 per 180 days)
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 240 MG	1	PA; MO; LA; QL (60 per 30 days)
TEGSEDI	1	PA; MO; LA
<i>teriflunomide</i>	1	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days)
TYSABRI	1	PA; MO; LA; QL (15 per 28 days)
VILTEPSO	1	PA; LA
VUMERTY	1	PA; MO; QL (120 per 30 days)
VYONDYS-53	1	PA; LA
XENAZINE ORAL TABLET 12.5 MG	1	PA; MO; LA; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XENAZINE ORAL TABLET 25 MG	1	PA; MO; LA; QL (120 per 30 days)
ZEPOSIA	1	PA; MO; QL (30 per 30 days)
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		
<i>baclofen intrathecal</i>	1	B/D PA; MO
BACLOFEN ORAL SOLUTION 10 MG/5 ML (2 MG/ML)	1	
<i>baclofen oral suspension</i>	1	MO
<i>baclofen oral tablet</i>	1	MO
<i>cyclobenzaprine oral tablet</i>	1	PA; MO
DANTRIUM INTRAVENOUS	1	
DANTRIUM ORAL CAPSULE 25 MG	1	MO
<i>dantrolene intravenous</i>	1	
<i>dantrolene oral</i>	1	MO
FEXMID	1	PA
FLEQSUVY	1	MO
GABLOFEN	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	1	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	1	B/D PA
LYVISPAN ORAL GRANULES IN PACKET 10 MG, 5 MG	1	MO
LYVISPAN ORAL GRANULES IN PACKET 20 MG	1	MO
MESTINON ORAL	1	MO
MESTINON TIMESPAN	1	MO
<i>pyridostigmine bromide oral syrup</i>	1	MO
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release</i>	1	MO
<i>revonto</i>	1	
RYSTIGGO	1	PA
<i>tizanidine oral capsule</i>	1	MO
<i>tizanidine oral tablet</i>	1	MO
VYVGART	1	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
VYVGART	1	PA; MO; LA
HYTRULO	1	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-caff- dihydrocod oral capsule</i>	1	QL (300 per 30 days)
<i>acetaminophen- codeine oral solution 120 mg-12 mg /5 ml (5 ml)</i>	1	QL (4500 per 30 days)
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days)
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days)
<i>acetaminophen- codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days)
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG	1	PA; MO; QL (60 per 30 days)
BELBUCA BUCCAL FILM 75 MCG	1	PA; QL (60 per 30 days)
BRIXADI	1	MO
<i>buprenorphine hcl injection solution</i>	1	MO
<i>buprenorphine hcl injection syringe</i>	1	
<i>buprenorphine hcl sublingual</i>	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
BUTRANS	1	PA; MO; QL (4 per 28 days)
codeine sulfate	1	MO; QL (180 per 30 days)
DILAUDID (PF) INJECTION SYRINGE 0.2 MG/ML, 0.5 MG/0.5 ML, 1 MG/ML, 2 MG/ML	1	
DILAUDID ORAL LIQUID	1	MO; QL (2400 per 30 days)
DILAUDID ORAL TABLET	1	MO; QL (180 per 30 days)
duramorph (pf) injection solution 0.5 mg/ml	1	MO
duramorph (pf) injection solution 1 mg/ml	1	
endocet	1	MO; QL (360 per 30 days)
fentanyl	1	PA; MO; QL (10 per 30 days)
fentanyl citrate (pf) injection solution	1	
fentanyl citrate (pf) injection syringe 50 mcg/ml	1	
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	1	

Drug Name	Drug Tier	Requirements /Limits
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	1	PA; MO; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 100 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; QL (120 per 30 days)
FENTANYL CITRATE BUCCAL TABLET, EFFERVESCENT 200 MCG	1	PA; MO; QL (120 per 30 days)
FENTORA	1	PA; MO; QL (120 per 30 days)
hydrocodone bitartrate, oral only, er 12hr	1	PA; MO; QL (90 per 30 days)
hydrocodone bitartrate, oral only, ext.rel.24 hr 100 mg, 120 mg	1	PA; MO; QL (60 per 30 days)
hydrocodone bitartrate, oral only, ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	1	PA; MO; QL (60 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	MO; QL (5550 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 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</i>	1	MO; QL (50 per 30 days)
HYDROMORPHONE (PF) INJECTION SOLUTION 1 MG/ML, 4 MG/ML	1	
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>	1	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	1	MO
<i>hydromorphone injection solution 1 mg/ml</i>	1	
<i>hydromorphone injection solution 2 mg/ml</i>	1	MO
HYDROMORPHONE INJECTION SYRINGE 0.5 MG/0.5 ML	1	
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	1	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<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)
HYSINGLA ER, ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 80 MG	1	PA; MO; QL (60 per 30 days)
HYSINGLA ER, ORAL ONLY,EXT.REL.24 HR 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (60 per 30 days)
INFUMORPH P/F	1	B/D PA; MO
levorphanol tartrate	1	MO; QL (120 per 30 days)
methadone injection solution	1	
methadone intensol	1	PA; MO; QL (90 per 30 days)
methadone oral concentrate	1	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; MO; QL (120 per 30 days)

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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)
MITIGO (PF)	1	
<i>morphine (pf) injection solution 0.5 mg/ml</i>	1	
<i>morphine (pf) injection solution 1 mg/ml</i>	1	MO
<i>morphine (pf) intravenous patient control.analgesia soln</i>	1	B/D PA
<i>morphine concentrate oral solution</i>	1	MO; QL (900 per 30 days)
MORPHINE INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML	1	
MORPHINE INJECTION SYRINGE 2 MG/ML	1	
<i>morphine injection syringe 4 mg/ml</i>	1	MO
<i>morphine intravenous solution 10 mg/ml, 50 mg/ml</i>	1	MO
MORPHINE INTRAVENOUS SOLUTION 4 MG/ML, 8 MG/ML	1	MO

Drug Name	Drug Tier	Requirements /Limits
MORPHINE INTRAVENOUS SYRINGE 10 MG/ML, 8 MG/ML	1	
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine oral capsule, er multiphase 24 hr</i>	1	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>morphine 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)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG, 60 MG	1	PA; MO; QL (120 per 30 days)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG	1	PA; MO; QL (120 per 30 days)
NALOCET	1	MO; QL (390 per 30 days)
OXAYDO	1	MO; QL (360 per 30 days)
<i>oxycodone oral capsule</i>	1	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral concentrate</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	1	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days)
OXYCODONE ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 20 MG, 40 MG	1	PA; QL (90 per 30 days)
OXYCODONE, ORAL ONLY, EXT.REL.12 HR 80 MG	1	PA; QL (60 per 30 days)
<i>oxycodone-acetaminophen oral solution 10-300 mg/5 ml</i>	1	QL (2000 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	1	QL (1860 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	QL (390 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-300 mg</i>	1	QL (390 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 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)
<i>oxymorphone oral tablet 10 mg</i>	1	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	1	MO; QL (180 per 30 days)
<i>oxymorphone oral tablet extended release 12 hr</i>	1	PA; MO; QL (90 per 30 days)
PERCOCET	1	MO; QL (360 per 30 days)
PROLATE ORAL SOLUTION	1	MO; QL (2000 per 30 days)
<i>prolate oral tablet</i>	1	MO; QL (390 per 30 days)
ROXICODONE ORAL TABLET 15 MG, 30 MG	1	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG	1	MO; QL (180 per 30 days)
ROXYBOND ORAL TABLET, ORAL ONLY 5 MG	1	MO; QL (360 per 30 days)
SEGMENTIS	1	ST; MO; QL (120 per 30 days)
SUBLOCADE	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TREZIX	1	QL (300 per 30 days)
XTAMPZA ER	1	PA; MO; QL (90 per 30 days)
NON-NARCOTIC ANALGESICS		
ACETAMINOPHEN INTRAVENOUS SOLUTION 1,000 MG/100 ML (10 MG/ML), 500 MG/50 ML (10 MG/ML)	1	MO
ARTHROTEC 50	1	ST; MO
ARTHROTEC 75	1	ST; MO
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	1	MO
<i>butorphanol nasal</i>	1	MO; QL (10 per 28 days)
CALDOLOR INTRAVENOUS PIGGYBACK	1	

Drug Name	Drug Tier	Requirements /Limits
CALDOLOR INTRAVENOUS RECON SOLN	1	MO
CAMBIA	1	ST; MO; QL (9 per 30 days)
CELEBREX	1	MO
<i>celecoxib</i>	1	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	1	
CONZIP	1	PA; MO; QL (30 per 30 days)
DAYPRO	1	ST; MO
DICLOFENAC EPOLAMINE	1	PA; QL (60 per 30 days)
<i>diclofenac potassium oral capsule</i>	1	MO
<i>diclofenac potassium oral powder in packet</i>	1	MO; QL (9 per 30 days)
<i>diclofenac potassium oral tablet 25 mg</i>	1	MO
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral</i>	1	MO
<i>diclofenac sodium topical drops</i>	1	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	1	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diflunisal</i>	1	MO
DUEXIS	1	ST; MO
<i>ec-naproxen</i>	1	
<i>etodolac oral capsule</i>	1	MO
<i>etodolac oral tablet</i>	1	MO
<i>etodolac oral tablet extended release 24 hr</i>	1	MO
FELDENE	1	ST; MO
<i>fenoprofen oral capsule 400 mg</i>	1	MO
<i>fenoprofen oral tablet</i>	1	MO
FLECTOR	1	PA; MO; QL (60 per 30 days)
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>ibu</i>	1	MO
<i>ibuprofen lysine (pf)</i>	1	
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ibuprofen-famotidine</i>	1	MO
INDOCIN RECTAL	1	MO
<i>indomethacin rectal suppository 50 mg</i>	1	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	1	MO
KETOROLAC NASAL	1	ST
KLOXXADO	1	MO
LICART	1	PA; MO; QL (30 per 30 days)
LODINE ORAL TABLET	1	ST
<i>lofena</i>	1	MO
LUCEMYRA	1	PA; MO
<i>meclofenamate</i>	1	MO
<i>mefenamic acid</i>	1	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>meloxicam submicronized</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	1	MO
<i>nalbuphine</i>	1	MO
NALFON ORAL CAPSULE 400 MG	1	ST; MO
NALFON ORAL TABLET	1	ST; MO
<i>naloxone injection solution</i>	1	MO
<i>naloxone injection syringe</i>	1	MO
<i>naloxone nasal</i>	1	MO
<i>naltrexone</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 750 MG	1	ST; MO	OLINVKYK INTRAVENOUS PATIENT CONTROL ANALG ESIA SOLN	1	B/D PA
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 500 MG	1	ST	OLINVKYK INTRAVENOUS SOLUTION	1	
<i>naproxen oral suspension</i>	1	MO	OPVEE	1	
<i>naproxen oral tablet</i>	1	MO	<i>oxaprozin oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	1	MO	PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP	1	ST; MO; QL (224 per 28 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO	<i>piroxicam</i>	1	MO
<i>naproxen sodium oral tablet, er multiphase 24 hr</i>	1	MO	PRIALT	1	B/D PA
<i>naproxen-esomeprazole</i>	1	MO	RELAFEN DS	1	ST; MO
NARCAN	1	MO	<i>salsalate oral tablet 500 mg</i>	1	MO
NEOPROFEN (IBUPROFEN LYSN)(PF)	1		<i>salsalate oral tablet 750 mg</i>	1	
NUCYNTA ER	1	PA; MO; QL (60 per 30 days)	SPRIX	1	ST
NUCYNTA ORAL TABLET 100 MG	1	MO; QL (181 per 30 days)	SUBOXONE SUBLINGUAL FILM 12-3 MG	1	MO; QL (60 per 30 days)
NUCYNTA ORAL TABLET 50 MG	1	MO; QL (362 per 30 days)	SUBOXONE SUBLINGUAL FILM 2-0.5 MG	1	MO; QL (360 per 30 days)
NUCYNTA ORAL TABLET 75 MG	1	MO; QL (242 per 30 days)	SUBOXONE SUBLINGUAL FILM 4-1 MG, 8-2 MG	1	MO; QL (90 per 30 days)
			<i>sulindac</i>	1	MO
			<i>tolmetin oral capsule</i>	1	MO
			<i>tolmetin oral tablet 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83	1	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	1	PA; MO; QL (30 per 30 days)
TRAMADOL ORAL SOLUTION	1	QL (2400 per 30 days)
TRAMADOL ORAL TABLET 100 MG	1	MO; QL (120 per 30 days)
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days)
<i>tramadol oral tablet extended release 24 hr</i>	1	PA; MO; QL (30 per 30 days)
<i>tramadol oral tablet, er multiphase 24 hr</i>	1	PA; QL (30 per 30 days)
<i>tramadol- acetaminophen</i>	1	MO; QL (240 per 30 days)
VIMOVO	1	ST; MO
VIVITROL	1	MO
VIVLODEX	1	ST; MO; QL (30 per 30 days)
ZIMHI	1	
ZIPSOR	1	ST; MO
ZORVOLEX	1	ST

Drug Name	Drug Tier	Requirements /Limits
ZUBSOLV	1	MO; QL (30 per 30 days)
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		
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY	1	MO; QL (2.4 per 56 days)
ASIMTUFII INTRAMUSCULA R SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML		
ABILIFY	1	MO; QL (3.2 per 56 days)
ASIMTUFII INTRAMUSCULA R SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML		
ABILIFY	1	MO; QL (1 per 28 days)
MAINTENA		
ABILIFY MYCITE MAINTENANCE KIT	1	QL (30 per 30 days)
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	1	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	1	QL (30 per 180 days)
ABILIFY ORAL TABLET	1	MO; QL (30 per 30 days)
ADDERALL	1	MO
ADDERALL XR	1	ST; MO
ADZENYS XR-ODT	1	ST; MO
AMBIEN	1	MO; QL (30 per 30 days)
AMBIEN CR	1	MO; QL (30 per 30 days)
<i>amitriptyline</i>	1	MO
<i>amoxapine</i>	1	MO
<i>amphetamine sulfate</i>	1	PA; MO
ANAFRANIL	1	MO
APLENZIN	1	MO; QL (30 per 30 days)
APTENSIO XR	1	ST; MO
<i>aripiprazole oral solution</i>	1	MO
<i>aripiprazole oral tablet</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO	1	MO; QL (4.8 per 365 days)

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days)
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)
ATIVAN INJECTION	1	PA; MO
ATIVAN ORAL TABLET 0.5 MG, 1 MG	1	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ATIVAN ORAL TABLET 2 MG	1	PA; MO; QL (150 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
AUVELITY	1	ST; MO; QL (60 per 30 days)
AZSTARYS	1	ST; MO
BELSOMRA	1	PA; MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	1	MO; QL (60 per 30 days)
<i>buspirone</i>	1	MO
CAPLYTA	1	MO; QL (30 per 30 days)
CELEXA ORAL TABLET	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>chlorpromazine injection</i>	1	MO
<i>chlorpromazine oral</i>	1	MO
CITALOPRAM ORAL CAPSULE	1	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	1	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	1	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	1	
<i>clozapine oral tablet,disintegrating</i>	1	
CLOZARIL ORAL TABLET 100 MG	1	
CLOZARIL ORAL TABLET 200 MG, 25 MG, 50 MG	1	
CONCERTA	1	ST; MO
COTEMPLA XR-ODT	1	ST; MO
CYMBALTA	1	MO; QL (60 per 30 days)
DAYTRANA	1	ST; MO

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Drug Name	Drug Tier	Requirements /Limits
DAYVIGO	1	PA; MO; QL (30 per 30 days)
<i>desipramine</i>	1	MO
DESVENLAFAVIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	1	MO; QL (120 per 30 days)
DESVENLAFAVIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	1	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	1	MO; QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG	1	ST; MO
<i>dexamphetamine</i>	1	MO
<i>dextroamphetamine sulfate oral capsule, extended release</i>	1	MO
<i>dextroamphetamine sulfate oral solution</i>	1	MO
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>dextroamphetamine sulfate oral tablet 2.5 mg, 7.5 mg</i>	1	
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr</i>	1	MO

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

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (90 per 30 days)
DYANAVEL XR	1	ST; MO
EFFEXOR XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 150 MG, 37.5 MG	1	MO; QL (30 per 30 days)
EFFEXOR XR ORAL CAPSULE,EXTEN DED RELEASE 24HR 75 MG	1	MO; QL (90 per 30 days)
EMSAM	1	MO
ergoloid	1	
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
EVEKEO	1	PA; MO
EVEKEO ODT	1	PA; MO
FANAPT ORAL TABLET	1	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	1	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	1	QL (28 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	1	MO; QL (30 per 30 days)
flumazenil	1	
fluoxetine (pmdd) oral tablet 10 mg	1	QL (240 per 30 days)
fluoxetine (pmdd) oral tablet 20 mg	1	QL (120 per 30 days)
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (90 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec)	1	MO; QL (4 per 28 days)
fluoxetine oral solution	1	MO
fluoxetine oral tablet 10 mg	1	MO; QL (240 per 30 days)
fluoxetine oral tablet 20 mg	1	MO; QL (120 per 30 days)
fluoxetine oral tablet 60 mg	1	MO; QL (30 per 30 days)
fluphenazine decanoate	1	MO
fluphenazine hcl	1	MO
fluvoxamine oral capsule,extended release 24hr	1	MO; QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
FOCALIN	1	MO
FOCALIN XR	1	ST; MO
FORFIVO XL	1	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	1	MO
GEODON ORAL CAPSULE 20 MG	1	MO; QL (60 per 30 days)
GEODON ORAL CAPSULE 40 MG, 60 MG, 80 MG	1	MO; QL (60 per 30 days)
HALDOL DECANOATE	1	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection</i>	1	MO
<i>haloperidol lactate intramuscular</i>	1	
<i>haloperidol lactate oral</i>	1	MO
HETLIOZ	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
HETLIOZ LQ	1	PA; MO; QL (158 per 30 days)
<i>imipramine hcl</i>	1	MO
<i>imipramine pamoate</i>	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	1	MO; QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	1	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days)
JORNAY PM	1	ST; MO
KAPVAY	1	ST
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	1	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	1	MO; QL (60 per 30 days)
LEXAPRO ORAL TABLET	1	MO; QL (30 per 30 days)
<i>lisdexamphetamine</i>	1	MO
<i>lithium carbonate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lithium citrate</i>	1	
LITHOBID	1	MO
<i>lorazepam injection solution</i>	1	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	1	PA; MO
<i>lorazepam intensol</i>	1	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	1	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 1 MG, 1.5 MG	1	PA; MO; QL (30 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG	1	PA; MO; QL (150 per 30 days)
LOREEV XR ORAL CAPSULE,EXTENDED RELEASE 24HR 3 MG	1	PA; MO; QL (90 per 30 days)
<i>loxapine succinate</i>	1	MO
LUMRYZ	1	PA; MO; QL (30 per 30 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
LUNESTA	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
LYBALVI	1	ST; MO; QL (30 per 30 days)
MARPLAN	1	MO
<i>methamphetamine</i>	1	PA; MO
METHYLIN ORAL SOLUTION	1	MO
<i>methylphenidate</i>	1	MO
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60</i>	1	MO
<i>methylphenidate hcl oral capsule, er biphasic 30-70</i>	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	1	MO
<i>methylphenidate hcl oral solution</i>	1	MO
<i>methylphenidate hcl oral tablet</i>	1	MO
<i>methylphenidate hcl oral tablet extended release</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg (bx rating), 27 mg (bx rating), 36 mg (bx rating), 54 mg (bx rating)</i>	1	
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg</i>	1	MO
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	1	ST; MO
<i>methylphenidate hcl oral tablet, chewable</i>	1	MO
<i>midazolam (pf) in 0.9 % nacl intravenous solution</i>	1	
<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
MYDAYIS	1	ST; MO
NARDIL	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>nefazodone</i>	1	MO
NORPRAMIN ORAL TABLET 10 MG, 25 MG	1	
<i>nortriptyline oral capsule</i>	1	MO
<i>nortriptyline oral solution</i>	1	MO
NUPLAZID	1	PA; MO; QL (30 per 30 days)
NUVIGIL	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>olanzapine-fluoxetine</i>	1	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
PAMELOR	1	MO
PARNATE	1	MO
<i>paroxetine hcl oral suspension</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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>paroxetine mesylate(menop.sym)</i>	1	MO; QL (30 per 30 days)
PAXIL CR	1	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	1	
PAXIL ORAL TABLET 10 MG, 20 MG, 40 MG	1	MO; QL (30 per 30 days)
PAXIL ORAL TABLET 30 MG	1	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	1	
<i>perphenazine</i>	1	MO
PERSERIS	1	MO; QL (1 per 30 days)
<i>phenelzine</i>	1	MO
<i>pimozide</i>	1	MO
PRISTIQ	1	MO; QL (30 per 30 days)
<i>procenta</i>	1	MO
<i>protriptyline</i>	1	MO
PROVIGIL ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
PROVIGIL ORAL TABLET 200 MG	1	PA; MO; QL (60 per 30 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
PROZAC ORAL CAPSULE 10 MG	1	MO; QL (30 per 30 days)
PROZAC ORAL CAPSULE 20 MG	1	MO; QL (90 per 30 days)
PROZAC ORAL CAPSULE 40 MG	1	MO; QL (60 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG	1	ST; MO; QL (30 per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	1	ST; MO; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)
QUETIAPINE ORAL TABLET 150 MG	1	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)
QUILLICHEW ER	1	ST; MO
QUILLIVANT XR	1	ST; MO
QUVIVIQ	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ramelteon</i>	1	MO; QL (30 per 30 days)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG	1	ST
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 45 MG, 63 MG, 72 MG	1	ST; MO
REMERON ORAL TABLET 15 MG, 30 MG	1	MO
REMERON SOLTAB	1	MO
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL ORAL SOLUTION	1	MO
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG	1	MO; QL (60 per 30 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
RISPERDAL ORAL TABLET 4 MG	1	MO; QL (120 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	1	QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	1	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 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
RITALIN	1	MO
RITALIN LA	1	ST; MO
ROZEREM	1	MO; QL (30 per 30 days)
SAPHRIS	1	MO; QL (60 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	1	MO; QL (90 per 30 days)
SEROQUEL ORAL TABLET 300 MG, 400 MG	1	MO; QL (60 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG	1	MO; QL (30 per 30 days)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 400 MG, 50 MG	1	MO; QL (60 per 30 days)
SERTRALINE ORAL CAPSULE	1	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	1	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SILENOR	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	1	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG	1	ST; MO; QL (60 per 30 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	1	MO; QL (0.42 per 56 days)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG	1	ST; MO; QL (30 per 30 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	1	MO; QL (0.56 per 56 days)
SUNOSI	1	PA; MO; QL (30 per 30 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days)
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG	1	MO	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	1	MO; QL (0.14 per 28 days)
<i>tasimelteon</i>	1	PA; QL (30 per 30 days)	UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	1	MO; QL (0.21 per 28 days)
<i>thioridazine</i>	1	MO	VALIUM	1	PA; MO; QL (120 per 30 days)
<i>thiothixene</i>	1	MO	VENLAFAKINE BESYLATE	1	MO; QL (30 per 30 days)
<i>tranylcypromine</i>	1	MO	<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<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)			

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet extended release 24hr</i>	1	MO; QL (30 per 30 days)
VERSACLOZ	1	
VIIBRYD ORAL TABLET	1	MO; QL (30 per 30 days)
<i>vilazodone</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	1	MO; QL (7 per 180 days)
VYVANSE	1	ST; MO
WAKIX	1	PA; MO; LA; QL (60 per 30 days)
WELLBUTRIN SR	1	MO; QL (60 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG	1	MO; QL (90 per 30 days)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	1	MO; QL (30 per 30 days)
XELTRYM	1	ST; MO
XYREM	1	PA; LA; QL (540 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XYWAV	1	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>zenzedi oral tablet 10 mg, 5 mg</i>	1	MO
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG	1	MO
<i>ziprasidone hcl</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	1	MO
ZOLOFT ORAL CONCENTRATE	1	MO
ZOLOFT ORAL TABLET 100 MG, 50 MG	1	MO; QL (60 per 30 days)
ZOLOFT ORAL TABLET 25 MG	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase</i>	1	MO; QL (30 per 30 days)
ZURZUVAE	1	PA; MO
ZYPREXA INTRAMUSCULAR	1	MO
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	1	MO; QL (30 per 30 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA ORAL TABLET 15 MG, 20 MG	1	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	MO; QL (1 per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 5 MG	1	MO; QL (30 per 30 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 15 MG, 20 MG	1	MO; QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS ANTIARRHYTHMIC AGENTS		
adenosine	1	

Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone intravenous solution</i>	1	B/D PA; MO
<i>amiodarone intravenous syringe</i>	1	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	1	MO
<i>amiodarone oral tablet 400 mg</i>	1	
BETAPACE AF	1	MO
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG	1	MO
CORVERT	1	
<i>dofetilide</i>	1	MO
<i>flecainide</i>	1	MO
<i>ibutilide fumarate</i>	1	
<i>lidocaine (pf) intravenous</i>	1	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	1	
<i>mexiletine</i>	1	MO
MULTAQ	1	MO
NEXTERONE	1	B/D PA
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	1	MO
<i>procainamide injection</i>	1	
PROCAINAMIDE INTRAVENOUS	1	

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>propafenone oral capsule,extended release 12 hr</i>	1	MO
<i>propafenone oral tablet</i>	1	MO
<i>quinidine gluconate oral</i>	1	MO
<i>quinidine sulfate oral tablet</i>	1	MO
<i>RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG</i>	1	
<i>RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 425 MG</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg</i>	1	MO
<i>sorine oral tablet 240 mg, 80 mg</i>	1	
<i>sotalol af</i>	1	
<i>sotalol oral</i>	1	MO
<i>SOTYLIZE</i>	1	MO
<i>TIKOSYN</i>	1	MO
ANTIHYPERTENSIVE THERAPY		
<i>ACCUPRIL</i>	1	MO
<i>ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG</i>	1	MO
<i>acebutolol</i>	1	MO
<i>ALDACTONE</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aliskiren</i>	1	MO
<i>ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG</i>	1	MO
<i>ALTACE ORAL CAPSULE 5 MG</i>	1	
<i>amiloride</i>	1	MO
<i>amiloride-hydrochlorothiazide</i>	1	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazid</i>	1	MO
<i>ATACAND</i>	1	ST; MO
<i>ATACAND HCT</i>	1	ST; MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>AVALIDE</i>	1	ST; MO
<i>AVAPRO</i>	1	ST; MO
<i>AZOR</i>	1	ST; MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>BENICAR</i>	1	ST; MO
<i>BENICAR HCT</i>	1	ST; MO
<i>betaxolol oral</i>	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
BIDIL	1	MO; QL (180 per 30 days)
<i>bisoprolol fumarate</i>	1	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
BREVIBLOC IN NACL (ISO-OSM)	1	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10 ML (10 MG/ML)	1	
<i>bumetanide injection</i>	1	MO
<i>bumetanide oral</i>	1	MO
BYSTOLIC	1	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazide</i>	1	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	1	MO
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	1	
CARDENE IV IN SODIUM CHLORIDE	1	
CARDIZEM CD	1	MO
CARDIZEM LA	1	MO
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	1	MO
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG	1	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
CARDURA ORAL TABLET 8 MG	1	ST; MO; QL (60 per 30 days)
CARDURA XL	1	ST; MO; QL (30 per 30 days)
CAROSPIR	1	MO
<i>cartia xt</i>	1	MO
<i>carvedilol</i>	1	MO
<i>carvedilol phosphate</i>	1	MO
<i>chlorothiazide sodium</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
CLEVIPREX	1	
<i>clonidine</i>	1	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	1	
<i>clonidine hcl oral tablet</i>	1	MO
CONJUPRI	1	
COREG CR	1	MO
COREG ORAL TABLET 12.5 MG, 3.125 MG, 6.25 MG	1	
CORGARD ORAL TABLET 20 MG, 40 MG	1	
COZAAR	1	ST; MO
DEMSER	1	PA; MO
DIBENZYLINE	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl intravenous</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	1	MO
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>dilt-xr</i>	1	MO
DIOVAN	1	ST; MO
DIOVAN HCT	1	ST; MO
DIURIL	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
DYRENIUM	1	MO
EDARBI	1	MO
EDARBYCLOR	1	MO
EDECIN	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>enalapril maleate oral solution</i>	1	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
EPANED	1	MO
eplerenone	1	MO
epoprostenol	1	B/D PA; MO
<i>esmolol in nacl (isosm)</i>	1	
<i>esmolol intravenous solution</i>	1	
<i>ethacrynat sodium</i>	1	
<i>ethacrynic acid</i>	1	MO
EXFORGE	1	ST; MO
EXFORGE HCT	1	ST; MO
felodipine	1	MO
FLOLAN	1	B/D PA; MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
FUROSCIX	1	ST
<i>furosemide injection solution</i>	1	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral tablet</i>	1	MO	<i>labetalol</i>	1	
HEMANGEOL	1		<i>intravenous syringe 20 mg/4 ml (5 mg/ml)</i>		
<i>hydralazine</i>	1	MO	<i>labetalol oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO	LASIX	1	MO
HYZAAR	1	ST; MO	LEVAMLODIPINE	1	
<i>indapamide</i>	1	MO	<i>lisinopril</i>	1	MO
INDERAL LA	1	MO	<i>lisinopril-hydrochlorothiazide</i>	1	MO
INDERAL XL	1	MO	LOPRESSOR ORAL	1	MO
INNOPRAN XL	1	MO	<i>losartan</i>	1	MO
INSPRA	1	MO	<i>losartan-hydrochlorothiazide</i>	1	MO
<i>irbesartan</i>	1	MO	LOTENSIN HCT	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO	LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	1	
<i>isosorbide-hydralazine</i>	1	MO; QL (180 per 30 days)	LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	1	MO
<i>isradipine</i>	1	MO	<i>mannitol 20 %</i>	1	
KAPSPARGO SPRINKLE	1	MO	<i>mannitol 25 % intravenous solution</i>	1	MO
KATERZIA	1	MO	<i>matzim la</i>	1	MO
KERENDIA	1	PA; QL (30 per 30 days)	<i>metolazone</i>	1	MO
LABETALOL IN DEXTROSE,ISO-OSM	1		<i>metoprolol succinate</i>	1	MO
LABETALOL IN NACL (ISO-OSMOT)	1		<i>metoprolol tar-hydrochlorothiaz</i>	1	MO
<i>labetalol intravenous solution</i>	1		<i>metoprolol tartrate intravenous</i>	1	
LABETALOL INTRAVENOUS SYRINGE 10 MG/2 ML (5 MG/ML)	1		<i>metoprolol tartrate oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>metyrosine</i>	1	PA; MO
MICARDIS	1	ST; MO
MICARDIS HCT	1	ST; MO
MINIPRESS ORAL CAPSULE 1 MG, 2 MG	1	
MINIPRESS ORAL CAPSULE 5 MG	1	MO
<i>minoxidil oral</i>	1	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	1	MO
<i>nebivolol</i>	1	MO
NICARDIPINE IN NACL (ISO-OS)	1	
<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
<i>nisoldipine</i>	1	MO
NORLIQVA	1	MO
NORVASC	1	MO
NYMALIZE ORAL SOLUTION	1	MO
NYMALIZE ORAL SYRINGE	1	
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>olmesartan-hydrochlorothiazide</i>	1	MO
ORENITRAM MONTH 1 TITRATION KT	1	PA; MO
ORENITRAM MONTH 2 TITRATION KT	1	PA; MO
ORENITRAM MONTH 3 TITRATION KT	1	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA; MO
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	1	PA; MO
OSMITROL 10 %	1	
<i>osmitrol 20 %</i>	1	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	1	PA; MO
<i>phentolamine</i>	1	
<i>pindolol</i>	1	MO
<i>prazosin</i>	1	MO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG	1	

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Drug Name	Drug Tier	Requirements /Limits
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 60 MG, 90 MG	1	MO
<i>propranolol</i> <i>intravenous</i>	1	
<i>propranolol oral</i> <i>capsule, extended</i> <i>release 24 hr</i>	1	MO
<i>propranolol oral</i> <i>solution</i>	1	MO
<i>propranolol oral</i> <i>tablet</i>	1	MO
QBRELIS	1	MO
<i>quinapril</i>	1	
<i>quinapril-</i> <i>hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	MO
REMODULIN	1	PA; MO; LA
SOAANZ	1	ST; MO
SODIUM EDECRIN	1	
<i>spironolactone oral</i> <i>suspension</i>	1	MO
<i>spironolactone oral</i> <i>tablet</i>	1	MO
<i>spironolacton-</i> <i>hydrochlorothiaz.</i>	1	MO
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	1	MO
<i>taztia xt</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
TEKTURNNA	1	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-</i> <i>amlodipine</i>	1	MO
<i>telmisartan-</i> <i>hydrochlorothiazid</i>	1	MO
TENORETIC 100	1	MO
TENORETIC 50	1	MO
TENORMIN	1	MO
<i>terazosin oral</i> <i>capsule 1 mg, 2 mg,</i> <i>5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral</i> <i>capsule 10 mg</i>	1	MO; QL (60 per 30 days)
THALITONE	1	
<i>tiadylt er</i>	1	MO
TIAZAC	1	MO
<i>timolol maleate oral</i>	1	MO
TOPROL XL	1	MO
<i>torsemide oral</i>	1	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-</i> <i>verapamil oral</i> <i>tablet, ir - er,</i> <i>biphasic 24hr 1-240</i> <i>mg, 2-240 mg</i>	1	MO
<i>trandolapril-</i> <i>verapamil oral</i> <i>tablet, ir - er,</i> <i>biphasic 24hr 2-180</i> <i>mg, 4-240 mg</i>	1	
<i>treprostinil sodium</i>	1	PA; MO; LA
<i>triamterene</i>	1	MO
<i>triamterene-</i> <i>hydrochlorothiazid</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TRIBENZOR	1	ST; MO
UPTRAVI INTRAVENOUS	1	PA; LA
UPTRAVI ORAL	1	PA; MO; LA
VALSARTAN ORAL SOLUTION	1	ST; MO
<i>valsartan oral tablet</i>	1	MO
<i>valsartan- hydrochlorothiazide</i>	1	MO
VASERETIC	1	MO
VASOTEC	1	MO
<i>veletri</i>	1	B/D PA; MO
<i>verapamil intravenous</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	1	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	1	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	1	MO
VERELAN	1	
VERELAN PM	1	MO
ZESTORETIC	1	MO
ZESTRIL	1	MO
ZIAC	1	MO
COAGULATION THERAPY		
AGGRASTAT CONCENTRATE	1	B/D PA
AGGRASTAT IN SODIUM CHLORIDE	1	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>aminocaproic acid intravenous</i>	1	MO
<i>aminocaproic acid oral</i>	1	MO
ANDEXXA	1	
ARGATROBAN	1	
<i>argatroban in 0.9 % sod chlor</i>	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML	1	MO
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	1	MO
<i>aspirin-dipyridamole</i>	1	MO
BRILINTA	1	MO
CABLIVI INJECTION KIT	1	PA; LA
CEPROTIN (BLUE BAR)	1	PA; MO
CEPROTIN (GREEN BAR)	1	PA; MO
<i>cilostazol</i>	1	MO
<i>clopidogrel oral tablet 300 mg</i>	1	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	1	MO
<i>dipyridamole intravenous</i>	1	
<i>dipyridamole oral</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
DOPTELET (10 TAB PACK)	1	PA; MO; LA
DOPTELET (15 TAB PACK)	1	PA; MO; LA
DOPTELET (30 TAB PACK)	1	PA; MO; LA
EFFIENT	1	MO
ELIQUIS	1	MO
ELIQUIS DVT-PE TREAT 30D START	1	MO
<i>enoxaparin subcutaneous solution</i>	1	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	1	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
FRAGMIN SUBCUTANEOUS SOLUTION	1	MO
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 7,500 ANTI-XA UNIT/0.3 ML	1	MO
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	1	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml)</i>	1	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HEPARIN (PORCINE) IN NACL (PF) INTRAVENOUS PARENTERAL SOLUTION 2,000 UNIT/1,000 ML	1		HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
<i>heparin (porcine) injection cartridge</i>	1	MO	HEPARIN, PORCINE (PF) SUBCUTANEOUS	1	MO
<i>heparin (porcine) injection solution</i>	1	MO	<i>jantoven</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO	LOVENOX SUBCUTANEOUS SOLUTION	1	MO; QL (30 per 30 days)
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1		LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 150 MG/ML	1	MO; QL (28 per 28 days)
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO	LOVENOX SUBCUTANEOUS SYRINGE 120 MG/0.8 ML, 80 MG/0.8 ML	1	MO; QL (22.4 per 28 days)
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1		LOVENOX SUBCUTANEOUS SYRINGE 30 MG/0.3 ML, 60 MG/0.6 ML	1	MO; QL (16.8 per 28 days)
HEPARIN, PORCINE (PF) INJECTION SOLUTION 5,000 UNIT/0.5 ML	1	MO	LOVENOX SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	MO; QL (11.2 per 28 days)
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO	MULPLETA	1	PA; MO
			NPLATE	1	PA; MO
			OCTAPLAS (BLOOD GROUP A)	1	
			OCTAPLAS (BLOOD GROUP AB)	1	

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Drug Name	Drug Tier	Requirements /Limits
OCTAPLAS (BLOOD GROUP B)	1	
OCTAPLAS (BLOOD GROUP O)	1	
<i>pentoxifylline</i>	1	MO
PLAVIX ORAL TABLET 75 MG	1	MO; QL (30 per 30 days)
PRADAXA ORAL CAPSULE	1	PA; MO
PRADAXA ORAL PELLETS IN PACKET	1	PA
<i>prasugrel</i>	1	MO
PRAXBIND	1	
PROMACTA	1	PA; MO; LA
<i>protamine</i>	1	
SAVAYSA	1	PA; MO
TAVALISSE	1	PA; LA; QL (60 per 30 days)
THROMBATE III	1	
THROMBIN-JMI NASAL	1	
<i>tirofiban-0.9% sodium chloride</i>	1	B/D PA
<i>warfarin</i>	1	MO
XARELTO	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO
ZONTIVITY	1	MO
LIPID/CHOLESTEROL LOWERING AGENTS		

Drug Name	Drug Tier	Requirements /Limits
ALTOPREV	1	ST; MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
ATORVALIQ	1	ST; MO; QL (600 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
CADUET	1	ST; MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	1	MO
<i>cholestyramine light oral powder</i>	1	MO
<i>cholestyramine light oral powder in packet</i>	1	
<i>colesevelam</i>	1	MO
COLESTID	1	MO
COLESTID FLAVORED ORAL GRANULES	1	
COLESTID FLAVORED ORAL PACKET	1	MO
<i>colestipol oral granules</i>	1	MO
<i>colestipol oral packet</i>	1	
<i>colestipol oral tablet</i>	1	MO
CRESTOR	1	ST; MO; QL (30 per 30 days)
EVKEEZA	1	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
EZALLOR SPRINKLE	1	ST; QL (30 per 30 days)
<i>ezetimibe</i>	1	MO
EZETIMIBE- ROSVASTATIN	1	ST; QL (30 per 30 days)
<i>ezetimibe-</i> <i>simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate</i> <i>micronized oral capsule 130 mg</i>	1	MO
<i>fenofibrate</i> <i>micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG	1	
<i>fenofibrate</i> <i>nanocrystallized</i>	1	MO
FENOFIBRATE ORAL CAPSULE	1	MO
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	1	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid</i>	1	
<i>fenofibric acid (choline)</i>	1	MO
FENOGLIDE	1	MO
FLOLIPID	1	ST; QL (300 per 30 days)
<i>fluvastatin oral capsule 20 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluvastatin oral tablet extended release 24 hr</i>	1	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	1	MO
JUXTAPID	1	PA; MO; LA
LEQVIO	1	PA; QL (3 per 180 days)
LESCOL XL	1	ST; MO; QL (30 per 30 days)
LIPITOR	1	ST; MO; QL (30 per 30 days)
LIPOFEN	1	MO
LIVALO	1	ST; MO; QL (30 per 30 days)
LOPID	1	
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
LOVAZA	1	ST; MO
NEXLETOL	1	PA; MO
NEXLIZET	1	PA; MO
<i>niacin oral tablet 500 mg</i>	1	MO
<i>niacin oral tablet extended release 24 hr</i>	1	MO
NIACOR	1	MO
<i>omega-3 acid ethyl esters</i>	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
PRALUENT PEN	1	PA; QL (2 per 28 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	1	MO
QUESTRAN	1	
QUESTRAN LIGHT	1	
REPATHA	1	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	1	PA; QL (7 per 28 days)
REPATHA SURECLICK	1	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
ROSZET	1	ST; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
TRICOR	1	MO
TRILIPIX	1	MO
VASCEPA	1	ST; MO
VYTORIN 10-10	1	ST; MO; QL (30 per 30 days)
VYTORIN 10-20	1	ST; MO; QL (30 per 30 days)
VYTORIN 10-40	1	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VYTORIN 10-80	1	ST; MO; QL (30 per 30 days)
WELCHOL	1	MO
ZETIA	1	MO
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	1	ST; MO; QL (30 per 30 days)
ZYPITAMAG	1	ST; MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
ASPRUZY SPRINKLE	1	MO
CAMZYOS	1	PA; MO; QL (30 per 30 days)
CORLANOR ORAL SOLUTION	1	QL (450 per 30 days)
CORLANOR ORAL TABLET	1	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	1	MO
<i>dobutamine</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	1	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	B/D PA; MO
ENTRESTO	1	MO; QL (60 per 30 days)
FILSPARI	1	PA; MO; QL (30 per 30 days)
<i>isoproterenol hcl</i>	1	
LANOXIN ORAL	1	MO
LEVOPHED (BITARTRATE)	1	

Drug Name	Drug Tier	Requirements /Limits
LODOC	1	PA; MO
<i>milrinone</i>	1	B/D PA
<i>milrinone in 5 % dextrose</i>	1	B/D PA
<i>norepinephrine bitartrate</i>	1	
NOREPINEPHRINE BITARTRATE-D5W INTRAVENOUS SOLUTION 4 MG/250 ML (16 MCG/ML), 8 MG/250 ML (32 MCG/ML)	1	
<i>ranolazine</i>	1	MO
<i>sodium nitroprusside</i>	1	B/D PA
VECAMYL	1	
VERQUVO	1	MO; QL (30 per 30 days)
VYNDAMAX	1	PA; MO
VYNDAQEL	1	PA; MO
NITRATES		
ISORDIL	1	MO
ISORDIL TITRADOSE ORAL TABLET 5 MG	1	MO
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	1	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol topical</i>	1	
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days)
COSENTYX PEN	1	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days)
ENSTILAR	1	MO; QL (400 per 30 days)
EPIFOAM	1	MO
ILUMYA	1	PA; MO; QL (2 per 28 days)
PRAMOSONE TOPICAL CREAM 1-1 %	1	MO
PRAMOSONE TOPICAL LOTION	1	MO
<i>selenium sulfide topical lotion</i>	1	MO
SILIQ	1	PA; MO; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 28 days)
SORILUX	1	MO; QL (120 per 30 days)
SOTYKTU	1	PA; MO
SPEVIGO	1	PA; MO; LA; QL (30 per 365 days)
STELARA INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
TACLONEX	1	MO; QL (400 per 30 days)
TALTZ AUTOINJECTOR	1	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	1	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	1	PA; MO; QL (3 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
TALTZ SYRINGE	1	PA; MO; QL (1 per 28 days)
TREMFYA	1	PA; MO; QL (2 per 28 days)
VECTICAL	1	
VTAMA	1	PA; MO
ZORYVE TOPICAL CREAM	1	PA; MO
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	1	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	1	MO
CARAC	1	
<i>chloroprocaine (pf)</i>	1	
CIBINQO	1	PA; MO; QL (30 per 30 days)
CITANEST PLAIN DENTAL	1	
CONDYLOX TOPICAL GEL	1	
<i>dermacinrx lidocan</i>	1	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	1	MO; QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
EFUDEX TOPICAL CREAM	1	MO
ELIDEL	1	PA; MO; QL (100 per 30 days)
EUCRISA	1	PA; MO; QL (120 per 30 days)
FLUOROPLEX	1	
FLUOROURACIL TOPICAL CREAM 0.5 %	1	
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution</i>	1	MO
glydo	1	MO; QL (60 per 30 days)
HYFTOR	1	PA

Drug Name	Drug Tier	Requirements /Limits
<i>imiquimod topical cream in metered- dose pump</i>	1	MO
<i>imiquimod topical cream in packet 3.75 %</i>	1	MO
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>lidocaine (pf) injection solution</i>	1	
<i>lidocaine hcl injection solution</i>	1	
<i>lidocaine hcl mucous membrane jelly in applicator</i>	1	MO; QL (60 per 30 days)
<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	MO
<i>lidocaine- epinephrine</i>	1	
<i>lidocaine- epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %- 1:200,000</i>	1	
LIDOCAINE- EPINEPHRINE BIT INJECTION CARTRIDGE 2 %- 1:100,000	1	
<i>lidocaine-prilocaine topical cream</i>	1	MO; QL (30 per 30 days)

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

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

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Drug Name	Drug Tier	Requirements /Limits
<i>adapalene topical cream</i>	1	PA; MO
<i>adapalene topical gel 0.3 %</i>	1	PA; MO
<i>adapalene topical gel with pump</i>	1	PA; MO
<i>adapalene topical solution</i>	1	PA
<i>adapalene topical swab</i>	1	PA
<i>adapalene-benzoyl peroxide</i>	1	PA; MO
AKLIEF	1	PA; MO
ALTRENO	1	PA; MO
<i>amnesteem</i>	1	
AMZEEQ	1	MO
ARAZLO	1	PA; MO
ATRALIN	1	PA; MO
<i>azelaic acid</i>	1	MO
AZELEX	1	MO
BENZAMYCIN	1	MO
<i>brimonidine topical</i>	1	PA; MO
<i>claravis</i>	1	
CLEOCIN T TOPICAL LOTION	1	MO; QL (120 per 30 days)
<i>clindacin</i>	1	QL (100 per 30 days)
<i>clindacin etz topical swab</i>	1	QL (69 per 30 days)
<i>clindacin p</i>	1	MO; QL (69 per 30 days)
CLINDAGEL	1	MO; QL (150 per 30 days)

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

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Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin with ethanol topical gel</i>	1	MO
<i>erythromycin with ethanol topical solution</i>	1	MO
<i>erythromycin-benzoyl peroxide</i>	1	MO
FABIOR	1	PA; MO
FINACEA TOPICAL FOAM	1	ST
FINACEA TOPICAL GEL	1	ST; MO
<i>isotretinoin</i>	1	
<i>ivermectin topical cream</i>	1	MO; QL (90 per 30 days)
METROCREAM	1	ST
METROGEL TOPICAL GEL 1 %	1	ST; MO
METROLOTION	1	ST
<i>metronidazole topical</i>	1	MO
MIRVASO	1	PA; MO
<i>neuac</i>	1	MO
NORITATE	1	ST; MO
ONEXTON TOPICAL GEL WITH PUMP	1	MO
RETIN-A	1	PA; MO
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	1	PA; MO
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
RETIN-A MICRO TOPICAL GEL WITH PUMP 0.1 %	1	PA
RHOFADE	1	PA; MO
SOOLANTRA	1	ST; MO; QL (90 per 30 days)
<i>tazarotene topical cream</i>	1	PA; MO
TAZAROTENE TOPICAL FOAM	1	PA
<i>tazarotene topical gel</i>	1	PA; MO
TAZORAC	1	PA; MO
<i>tretinoin microspheres</i>	1	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
TWYNEO	1	PA; MO
VELTIN	1	PA
WINLEVI	1	PA; MO
<i>zenatane</i>	1	
ZIANA	1	PA
ZILXI	1	ST; MO
TOPICAL ANTIBACTERIALS		
ALTABAX	1	MO; QL (30 per 30 days)
<i>gentamicin topical</i>	1	MO; QL (60 per 30 days)
KLARON	1	MO
<i>mafenide acetate</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mupirocin</i>	1	MO; QL (44 per 30 days)
<i>mupirocin calcium</i>	1	MO; QL (30 per 30 days)
NEO-SYNALAR	1	MO
<i>sulfacetamide sodium (acne)</i>	1	MO
SULFAMYLYON TOPICAL CREAM	1	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	1	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole- 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)
ERTACZO	1	QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
EXELDERM	1	MO; QL (60 per 28 days)
JUBLIA	1	MO; QL (8 per 30 days)
KERYDIN	1	QL (10 per 30 days)
<i>ketoconazole topical cream</i>	1	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	1	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	1	MO; QL (120 per 28 days)
<i>ketodan</i>	1	MO; QL (100 per 28 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION	1	QL (60 per 28 days)
LOPROX TOPICAL SHAMPOO	1	QL (120 per 28 days)
LULICONAZOLE	1	MO; QL (60 per 28 days)
LUZU	1	MO; QL (60 per 28 days)
MICONAZOLE NITRATE-ZINC OX-PET	1	QL (50 per 28 days)
<i>naftifine topical cream</i>	1	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	1	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL	1	MO; QL (60 per 28 days)
nyamyc	1	QL (180 per 30 days)
<i>nystatin topical cream</i>	1	MO; QL (30 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<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	QL (180 per 30 days)
<i>oxiconazole</i>	1	MO; QL (90 per 28 days)
OXISTAT TOPICAL CREAM	1	QL (90 per 28 days)
OXISTAT TOPICAL LOTION	1	MO; QL (60 per 28 days)
<i>tavaborole</i>	1	MO; QL (10 per 30 days)
VUSION	1	MO; QL (50 per 28 days)

TOPICAL ANTIVIRALS

<i>acyclovir topical cream</i>	1	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	1	PA; MO; QL (30 per 30 days)
DENAVIR	1	MO; QL (5 per 30 days)
<i>penciclovir</i>	1	MO; QL (5 per 30 days)
XERESE	1	MO
ZOVIRAX TOPICAL CREAM	1	PA; MO; QL (5 per 30 days)
ZOVIRAX TOPICAL OINTMENT	1	PA; MO; QL (30 per 30 days)

TOPICAL CORTICOSTEROIDS

Drug Name	Drug Tier	Requirements /Limits
<i>ala-cort topical cream 1 %</i>	1	MO
<i>ala-cort topical cream 2.5 %</i>	1	
ALA-SCALP	1	MO
<i>alclometasone</i>	1	MO
<i>amcinonide topical lotion</i>	1	
<i>amcinonide topical ointment</i>	1	
<i>apexicon e</i>	1	MO; QL (120 per 30 days)
<i>betamethasone dipropionate</i>	1	MO
<i>betamethasone valerate topical cream</i>	1	MO
<i>betamethasone valerate topical foam</i>	1	MO
<i>betamethasone valerate topical lotion</i>	1	MO
<i>betamethasone valerate topical ointment</i>	1	MO
<i>betamethasone, augmented</i>	1	MO
BRYHALI	1	MO
CAPEX	1	
<i>clobetasol scalp</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	1	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical gel</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	1	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	1	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	1	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	1	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	1	MO; QL (100 per 28 days)
CLOBEX TOPICAL LOTION	1	QL (118 per 28 days)
CLOBEX TOPICAL SHAMPOO	1	MO; QL (236 per 28 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL	1	MO; QL (125 per 28 days)
<i>clocortolone pivalate</i>	1	MO
<i>clodan</i>	1	MO; QL (236 per 28 days)
CLODERM	1	MO
CORDRAN TAPE LARGE ROLL	1	MO
CORDRAN TOPICAL CREAM 0.05 %	1	MO; QL (120 per 30 days)
CORDRAN TOPICAL LOTION	1	QL (120 per 30 days)
DERMA-SMOOTHÉ/FS BODY OIL	1	MO

Drug Name	Drug Tier	Requirements /Limits
DERMA-SMOOTHÉ/FS SCALP OIL	1	MO
<i>desonide</i>	1	MO
DESOWEN TOPICAL CREAM	1	
<i>desoximetasone</i>	1	MO
<i>diflorasone</i>	1	MO; QL (120 per 30 days)
DIPROLENE (AUGMENTED) TOPICAL OINTMENT	1	MO
DUOBRII	1	MO; QL (200 per 30 days)
<i>fluocinolone</i>	1	MO
<i>fluocinolone and shower cap</i>	1	MO
<i>fluocinonide</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	1	MO; QL (120 per 30 days)
<i>flurandrenolide topical cream</i>	1	QL (120 per 30 days)
<i>flurandrenolide topical lotion</i>	1	MO; QL (120 per 30 days)
<i>flurandrenolide topical ointment</i>	1	MO; QL (120 per 30 days)
<i>fluticasone propionate topical</i>	1	MO
<i>halcinonide</i>	1	MO
<i>halobetasol propionate topical cream</i>	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HALOBETASOL PROPIONATE TOPICAL FOAM	1		LEXETTE	1	
<i>halobetasol propionate topical ointment</i>	1	MO	LOCOID LIPOCREAM	1	MO; QL (120 per 30 days)
HALOG TOPICAL CREAM	1	MO	LOCOID TOPICAL LOTION	1	MO; QL (118 per 30 days)
HALOG TOPICAL OINTMENT	1		<i>mometasone topical</i>	1	MO
HALOG TOPICAL SOLUTION	1		PANDEL	1	MO
<i>hydrocortisone butyrate topical cream</i>	1	MO; QL (120 per 30 days)	<i>prednicarbate topical ointment</i>	1	
<i>hydrocortisone butyrate topical lotion</i>	1	MO; QL (118 per 30 days)	PROCTOCORT TOPICAL	1	MO
<i>hydrocortisone butyrate topical ointment</i>	1	MO; QL (120 per 30 days)	SYNALAR TOPICAL CREAM	1	
<i>hydrocortisone butyrate topical solution</i>	1	MO; QL (120 per 30 days)	SYNALAR TOPICAL OINTMENT	1	
<i>hydrocortisone butyr-emollient</i>	1	MO; QL (120 per 30 days)	SYNALAR TOPICAL SOLUTION	1	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO	TEXACORT	1	MO
<i>hydrocortisone topical lotion 2.5 %</i>	1		TOPICORT	1	
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO	<i>tovet emollient</i>	1	MO; QL (100 per 28 days)
<i>hydrocortisone valerate</i>	1	MO	<i>triamcinolone acetonide topical aerosol</i>	1	MO; QL (126 per 28 days)
KENALOG TOPICAL	1	QL (126 per 28 days)	<i>triamcinolone acetonide topical cream</i>	1	MO
			<i>triamcinolone acetonide topical lotion</i>	1	MO
			<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical ointment 0.05 %</i>	1	MO
<i>trianex</i>	1	
<i>triderm topical cream</i>	1	
ULTRAVATE TOPICAL LOTION	1	
VANOS	1	MO; QL (120 per 30 days)
VERDESO	1	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	1	
<i>malathion</i>	1	MO
NATROBA	1	MO
OVIDE	1	MO
<i>permethrin</i>	1	MO; QL (60 per 30 days)
<i>spinosad</i>	1	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANOREXIANTS		
ORLISTAT	1	PA; MO
XENICAL	1	PA; MO
ANTIDOTES		
ACETADOTE	1	
<i>acetylcysteine intravenous</i>	1	
PROTOPAM CHLORIDE	1	
IRRIGATING SOLUTIONS		

Drug Name	Drug Tier	Requirements /Limits
<i>lactated ringers irrigation</i>	1	
<i>neomycin-polymyxin b gu</i>	1	
PHYSIOLYTE	1	
<i>ringer's irrigation</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	1	
<i>tis-u-sol pentalyte</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprostate</i>	1	MO
<i>acetic acid irrigation</i>	1	MO
AGRYLIN	1	MO
AMMONUL	1	
<i>anagrelide</i>	1	MO
ARALAST NP	1	PA; MO; LA
AURYXIA	1	PA; MO
BUPHENYL	1	PA
<i>caffeine citrate intravenous</i>	1	
<i>caffeine citrate oral</i>	1	MO
CARBAGLU	1	PA; MO; LA
<i>carglumic acid</i>	1	PA
CARNITOR	1	MO
CARNITOR (SUGAR-FREE)	1	MO
<i>cevimeline</i>	1	MO
CHEMET	1	PA
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 2.75%/D5W SULF FREE	1	B/D PA
CUVRIOR	1	PA; LA
<i>d10 %-0.45 % sodium chloride</i>	1	MO
<i>d2.5 %-0.45 % sodium chloride</i>	1	
<i>d5 % and 0.9 % sodium chloride</i>	1	MO
<i>d5 %-0.45 % sodium chloride</i>	1	MO
<i>deferasirox oral granules in packet</i>	1	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	1	PA; MO
<i>deferasirox oral tablet 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO
<i>deferiprone</i>	1	PA; MO
<i>deferoxamine</i>	1	B/D PA; MO
DESFERAL INJECTION RECON SOLN 500 MG	1	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	1	
<i>dextrose 10 % in water (d10w)</i>	1	
<i>dextrose 25 % in water (d25w)</i>	1	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 5 % in water (d5w)</i>	1	MO
<i>dextrose 5 %- lactated ringers</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride</i>	1	
<i>dextrose 5%-0.3 % sod.chloride</i>	1	
<i>dextrose 50 % in water (d50w)</i>	1	MO
<i>dextrose 70 % in water (d70w)</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	
<i>droxidopa</i>	1	PA; MO
EMPAVELI	1	PA; LA
ENDARI	1	PA; MO
ENJAYMO	1	PA; LA
EVOXAC	1	MO
EXJADE	1	PA; MO; LA
EXSERVAN	1	PA
FERRIPROX	1	PA
FERRIPROX (2 TIMES A DAY)	1	PA
FOSRENOL ORAL POWDER IN PACKET 1,000 MG	1	MO; QL (135 per 30 days)
FOSRENOL ORAL POWDER IN PACKET 750 MG	1	MO; QL (180 per 30 days)
FOSRENOL ORAL TABLET,CHEWAB LE 1,000 MG	1	MO; QL (135 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FOSRENOL ORAL TABLET,CHEWABLE 500 MG	1	MO; QL (270 per 30 days)
FOSRENOL ORAL TABLET,CHEWABLE 750 MG	1	MO; QL (180 per 30 days)
GIVLAARI	1	PA; MO; LA
GLASSIA	1	PA; MO; LA
INCRELEX	1	MO; LA
JADENU	1	PA; MO
JADENU SPRINKLE	1	PA; MO
JOENJA	1	PA; LA; QL (60 per 30 days)
LAMZEDE	1	PA; LA
<i>lanthanum oral tablet, chewable 1,000 mg</i>	1	MO; QL (135 per 30 days)
<i>lanthanum oral tablet, chewable 500 mg</i>	1	MO; QL (270 per 30 days)
<i>lanthanum oral tablet, chewable 750 mg</i>	1	MO; QL (180 per 30 days)
levocarnitine (with sugar)	1	MO
levocarnitine intravenous	1	
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet	1	MO
LITFULO	1	PA; MO; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
LITHOSTAT	1	
LOKELMA	1	MO
<i>midodrine</i>	1	MO
<i>nitisinone</i>	1	PA; MO
NITYR	1	PA; MO; LA
NORTHERA	1	PA; MO
OLPRUVA	1	PA; LA
ORFADIN	1	PA; LA
OXBRYTA ORAL TABLET 300 MG	1	PA; MO; LA; QL (150 per 30 days)
OXBRYTA ORAL TABLET 500 MG	1	PA; MO; LA; QL (90 per 30 days)
OXBRYTA ORAL TABLET FOR SUSPENSION	1	PA; MO; LA; QL (150 per 30 days)
PANHEMATIN	1	
PHEBURANE	1	PA; MO
<i>pilocarpine hcl oral</i>	1	MO
PROLASTIN-C	1	PA; LA
PYRUKYND ORAL TABLET 20 MG, 5 MG (4-WEEK PACK), 50 MG	1	PA; LA; QL (56 per 28 days)
PYRUKYND ORAL TABLET 5 MG	1	PA; LA; QL (7 per 180 days)
PYRUKYND ORAL TABLETS,DOSE PACK	1	PA; LA; QL (14 per 180 days)
RAVICTI	1	PA; MO
RECLAST	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
RENAGEL ORAL TABLET 800 MG	1	
RENELA ORAL POWDER IN PACKET 0.8 GRAM	1	MO; QL (180 per 30 days)
RENELA ORAL POWDER IN PACKET 2.4 GRAM	1	MO; QL (90 per 30 days)
RENELA ORAL TABLET	1	MO; QL (270 per 30 days)
REVCovi	1	PA; LA
RILUTEK	1	PA
riluzole	1	PA; MO
risedronate oral tablet 30 mg	1	QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG	1	MO
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG	1	
sevelamer carbonate oral powder in packet 0.8 gram	1	MO; QL (180 per 30 days)
sevelamer carbonate oral powder in packet 2.4 gram	1	MO; QL (90 per 30 days)
sevelamer carbonate oral tablet	1	MO; QL (270 per 30 days)
sevelamer hcl	1	MO
sodium benzoate-sod phenylacet	1	

Drug Name	Drug Tier	Requirements /Limits
sodium chloride 0.9 % intravenous	1	MO
sodium chloride irrigation	1	
sodium phenylbutyrate oral powder	1	PA; MO
sodium phenylbutyrate oral tablet	1	PA
sodium polystyrene sulfonate oral powder	1	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG	1	PA; LA; QL (112 per 28 days)
SOHONOS ORAL CAPSULE 10 MG	1	PA; LA; QL (56 per 28 days)
SOHONOS ORAL CAPSULE 2.5 MG	1	PA; LA; QL (140 per 28 days)
SOHONOS ORAL CAPSULE 5 MG	1	PA; LA; QL (84 per 28 days)
SOLIRIS	1	PA; MO
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
SURVANTA	1	
SYPRINE	1	PA; MO
TAVNEOS	1	PA; LA; QL (180 per 30 days)
THIOLA	1	PA
THIOLA EC	1	PA

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Drug Name	Drug Tier	Requirements /Limits
TIGLUTIK	1	PA
<i>tiopronin</i>	1	PA; MO
<i>trientine oral capsule 250 mg</i>	1	PA; MO
TRIENTINE ORAL CAPSULE 500 MG	1	PA
TZIELD	1	
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	1	PA; MO
VELPHORO	1	MO; QL (180 per 30 days)
VELTASSA	1	MO
<i>water for irrigation, sterile</i>	1	MO
XENPOZYME	1	PA; MO
XIAFLEX	1	PA
XURIDEN	1	PA
ZEMAIRA INTRAVENOUS RECON SOLN 1,000 MG	1	PA; MO; LA
ZEMAIRA INTRAVENOUS RECON SOLN 4,000 MG, 5,000 MG	1	PA; LA
ZOKINVY	1	PA; LA; QL (120 per 30 days)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	1	PA; MO

SMOKING DETERRENTS

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl (smoking deter)</i>	1	
CHANTIX CONTINUING MONTH BOX	1	MO
CHANTIX ORAL TABLET 1 MG	1	MO
CHANTIX STARTING MONTH BOX	1	MO
NICOTROL	1	
NICOTROL NS	1	MO
<i>varenicline</i>	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
ARESTIN	1	MO
<i>azelastine nasal aerosol,spray</i>	1	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	1	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
CLINPRO 5000	1	MO
<i>denta 5000 plus</i>	1	
<i>dentagel</i>	1	MO
<i>fluoride (sodium) dental cream</i>	1	
<i>fluoride (sodium) dental gel</i>	1	
<i>fluoride (sodium) dental paste</i>	1	MO
<i>fluoride (sodium) dental solution</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
FLUORIDEX DAILY DEFENSE	1	
FLUORIDEX SENSITIVITY RELIEF	1	
FLUORIMAX 5000	1	
FLUORIMAX 5000 SENSITIVE	1	
<i>ipratropium bromide nasal</i>	1	MO; QL (30 per 30 days)
JUST RIGHT 5000	1	
<i>kourzeq</i>	1	
<i>olopatadine nasal</i>	1	MO; QL (30.5 per 30 days)
<i>oralone</i>	1	
PATANASE	1	QL (30.5 per 30 days)
<i>periogard</i>	1	MO
PREVIDENT	1	MO
PREVIDENT 5000 BOOSTER PLUS	1	MO
PREVIDENT 5000 DRY MOUTH	1	MO
PREVIDENT 5000 ENAMEL PROTECT	1	MO
PREVIDENT 5000 ORTHO DEFENSE	1	MO
PREVIDENT 5000 PLUS	1	MO
PREVIDENT 5000 SENSITIVE	1	MO
<i>sf</i>	1	MO
<i>sf 5000 plus</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium fluoride 5000 dry mouth</i>	1	MO
<i>sodium fluoride 5000 plus</i>	1	
<i>sodium fluoride-pot nitrate</i>	1	MO
<i>triamcinolone acetonide dental</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	1	MO
<i>ciprofloxacin hcl otic (ear)</i>	1	MO
DERMOTIC OIL	1	MO
<i>flac otic oil</i>	1	
<i>fluocinolone acetonide oil</i>	1	MO
<i>hydrocortisone-acetic acid</i>	1	MO
<i>ofloxacin otic (ear)</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
CIPRO HC	1	
<i>ciprofloxacin-dexamethasone</i>	1	MO; QL (7.5 per 7 days)
CIPROFLOXACIN-FLUOCINOLONE	1	
CORTISPORIN-TC	1	
<i>neomycin-polymyxin-hc otic (ear)</i>	1	MO
OTOVEL	1	
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
ACTHAR	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 0.5 MG, 1 MG	1		DEXAMETHASON E SODIUM PHOS (PF) INJECTION SYRINGE	1	
ALKINDI SPRINKLE ORAL CAPSULE, SPRINKLE 2 MG, 5 MG	1		<i>dexamethasone sodium phosphate injection</i>	1	MO
<i>betamethasone acet,sod phos</i>	1	MO	EMFLAZA	1	PA; MO; LA
CELESTONE SOLUSPAN	1	MO	<i>fludrocortisone</i>	1	MO
CORTEF	1	MO	HEMADY	1	
<i>cortisone</i>	1		HEXATRIONE	1	
CORTROPHIN GEL	1	PA; MO	<i>hydrocortisone oral</i>	1	MO
DEPO-MEDROL	1	MO	KENALOG	1	MO
<i>dexabliss</i>	1		INJECTION		
<i>dexamethasone intensol</i>	1	MO	KENALOG-80	1	MO
<i>dexamethasone oral elixir</i>	1	MO	MEDROL (PAK)	1	MO
<i>dexamethasone oral solution</i>	1	MO	MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG	1	B/D PA; MO
<i>dexamethasone oral tablet</i>	1	MO	MEDROL ORAL TABLET 2 MG	1	B/D PA
<i>dexamethasone oral tablets,dose pack</i>	1	MO	<i>methylprednisolone acetate</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO	<i>methylprednisolone oral tablet</i>	1	B/D PA; MO
			<i>methylprednisolone oral tablets,dose pack</i>	1	MO
			<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
			<i>methylprednisolone sodium succ intravenous</i>	1	MO
			<i>millipred oral tablet</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
ORAPRED ODT	1	B/D PA; MO
<i>prednisolone oral solution</i>	1	MO
<i>prednisolone oral tablet</i>	1	B/D PA; MO
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	1	
<i>prednisolone sodium phosphate oral tablet,disintegrating</i>	1	B/D PA; MO
<i>prednisone intensol</i>	1	MO
<i>prednisone oral solution</i>	1	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
RAYOS	1	MO
SOLU-CORTEF	1	
SOLU-CORTEF ACT-O-VIAL (PF)	1	MO
SOLU-MEDROL (PF)	1	MO

Drug Name	Drug Tier	Requirements /Limits
SOLU-MEDROL INTRAVENOUS RECON SOLN 1,000 MG	1	
SOLU-MEDROL INTRAVENOUS RECON SOLN 2 GRAM, 500 MG	1	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	1	MO
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS)	1	
TARPEYO	1	PA; QL (120 per 30 days)
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
TRIESENCE (PF)	1	
XIPERE (PF)	1	MO
ZILRETTA	1	
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ACTOPLUS MET ORAL TABLET 15-850 MG	1	MO; QL (90 per 30 days)	BASAGLAR TEMPO PEN(U-100)INSLN	1	ST; MO
ACTOS ORAL TABLET 15 MG, 45 MG	1	MO; QL (30 per 30 days)	BYDUREON BCISE	1	PA; MO; QL (4 per 28 days)
ACTOS ORAL TABLET 30 MG	1	QL (30 per 30 days)	BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	1	PA; MO; QL (2.4 per 30 days)
ADMELOG SOLOSTAR U-100 INSULIN	1	ST; MO	BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	1	PA; MO; QL (1.2 per 30 days)
ADMELOG U-100 INSULIN LISPRO	1	PA; MO	CYCLOSET	1	MO; QL (180 per 30 days)
AFREZZA	1	MO	<i>diazoxide</i>	1	MO
<i>alcohol pads</i>	1	MO	DROPSAFE ALCOHOL PREP PADS	1	
ALOGLIPTIN	1	ST; MO; QL (30 per 30 days)	DUETACT	1	MO; QL (30 per 30 days)
ALOGLIPTIN-METFORMIN	1	ST; MO; QL (60 per 30 days)	FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	1	MO; QL (30 per 30 days)	FARXIGA ORAL TABLET 5 MG	1	MO; QL (60 per 30 days)
APIDRA SOLOSTAR U-100 INSULIN	1	ST; MO	FIASP FLEXTOUCH U-100 INSULIN	1	ST; MO
APIDRA U-100 INSULIN	1	PA; MO	FIASP PENFILL U-100 INSULIN	1	ST; MO
BAQSIMI	1	MO	FIASP U-100 INSULIN	1	PA; MO
BASAGLAR KWIKPEN U-100 INSULIN	1	ST; MO	FREESTYLE INSULINX STRIP	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
FREESTYLE INSULINX TEST STRIPS	1	MO	GLUCAGEN HYPOKIT	1	ST; MO
FREESTYLE LITE STRIPS	1	MO	GLUCAGON (HCL) EMERGENCY KIT	1	ST
FREESTYLE PRECISION NEO STRIPS	1	MO	<i>glucagon emergency kit (human)</i>	1	MO
FREESTYLE TEST	1	MO	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG	1	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 2.5 MG	1	QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)	GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 5 MG	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 1,000 MG	1	ST; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)	GLUMETZA ORAL TABLET,ER GAST.RETENTION 24 HR 500 MG	1	ST; QL (120 per 30 days)
GLIPIZIDE ORAL TABLET 2.5 MG	1	QL (30 per 30 days)	GLYXAMBI	1	MO; QL (30 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)	GVOKE	1	MO
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)	GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
<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)			

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO	HUMALOG TEMPO PEN(U- 100)INSULN	1	ST; MO
GVOKE HYPOOPEN 2-PACK	1	MO	HUMALOG U-100 INSULIN	1	MO
GVOKE PFS 1- PACK SYRINGE SUBCUTANEOUS SYRINGE 0.5 MG/0.1 ML	1		HUMULIN 70/30 U-100 INSULIN	1	MO
GVOKE PFS 1- PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO	HUMULIN 70/30 U-100 KWIKPEN	1	MO
GVOKE PFS 2- PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO	HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO	HUMULIN N NPH U-100 INSULIN	1	MO
HUMALOG KWIKPEN INSULIN	1	MO	HUMULIN R REGULAR U-100 INSULIN	1	MO
HUMALOG MIX 50-50 INSULN U- 100	1		HUMULIN R U-500 (CONC) INSULIN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO	HUMULIN R U-500 (CONC) KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO	INPEFA ORAL TABLET 200 MG	1	PA; MO; QL (60 per 30 days)
HUMALOG MIX 75-25(U- 100)INSULN	1	MO	INPEFA ORAL TABLET 400 MG	1	PA; QL (30 per 30 days)
			INSULIN ASP PRT- INSULIN ASPART	1	ST; MO
			INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE	1	ST; MO
			INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN	1	ST; MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION	1	PA; MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
INSULIN DEGLUDEC	1	ST; MO	JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
INSULIN GLARGINE	1	MO	JANUVIA	1	MO; QL (30 per 30 days)
INSULIN GLARGINE-YFGN	1	ST; MO	JARDIANCE	1	MO; QL (30 per 30 days)
INSULIN LISPRO PROTAMIN-LISPRO	1	ST; MO	JENTADUETO	1	MO; QL (60 per 30 days)
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN	1	ST; MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	1	MO; QL (60 per 30 days)
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT	1	ST; MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	1	MO; QL (30 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	1	MO	KAZANO	1	ST; MO; QL (60 per 30 days)
INVOKAMET	1	ST; MO; QL (60 per 30 days)	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	1	ST; MO; QL (60 per 30 days)
INVOKAMET XR	1	ST; MO; QL (60 per 30 days)	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	1	ST; MO; QL (30 per 30 days)
INVOKANA	1	ST; MO; QL (30 per 30 days)			
JANUMET	1	MO; QL (60 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO
LEVEMIR FLEXPEN	1	ST; MO
LEVEMIR U-100 INSULIN	1	ST; MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV TEMPO PEN(U- 100)INSULN	1	ST; MO
LYUMJEV U-100 INSULIN	1	MO
<i>metformin oral solution</i>	1	MO; QL (765 per 30 days)
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
METFORMIN ORAL TABLET 625 MG	1	MO; QL (120 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NOVOLIN N NPH U-100 INSULIN	1	ST; 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)
NOVOLIN R FLEXPEN	1	ST; MO	<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
NOVOLIN R REGULAR U100 INSULIN	1	ST; MO	<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	1	ST; MO	<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)
NOVOLOG MIX 70-30 U-100 INSULIN	1	ST; MO	PRECISION XTRA TEST	1	MO
NOVOLOG MIX 70-30FLEXPEN U-100	1	ST; MO	PROGLYCEM	1	MO
NOVOLOG PENFILL U-100 INSULIN	1	ST; MO	QTERN	1	MO; QL (30 per 30 days)
NOVOLOG U-100 INSULIN ASPART	1	PA; MO	<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
ONETOUCH ULTRA TEST	1	MO	<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
ONETOUCH VERIO TEST STRIPS	1	MO	<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
ONGLYZA	1	ST; MO; QL (30 per 30 days)	REZVOGLAR KWIKPEN	1	ST; MO
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	1	MO; QL (30 per 30 days)	RIOMET	1	MO; QL (765 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)
SEMGLEE(INSULIN GLARGINE-YFGN)	1	ST; MO
SEMGLEE(INSULIN GLARG-YFGN)PEN	1	ST
SOLIQUA 100/33	1	MO; QL (90 per 30 days)
STEGLATRO	1	MO; QL (30 per 30 days)
STEGLUJAN	1	ST; 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)

Drug Name	Drug Tier	Requirements /Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO
TRADJENTA	1	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	1	ST; MO
TRESIBA FLEXTOUCH U-200	1	ST; MO
TRESIBA U-100 INSULIN	1	ST; MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	1	MO; QL (60 per 30 days)
TRULICITY	1	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK	1	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	1	PA; MO; QL (9 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	1	ST; MO; QL (15 per 30 days)
ZEGALOGUE AUTOINJECTOR	1	MO
ZEGALOGUE SYRINGE	1	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
ANDRODERM	1	PA; QL (30 per 30 days)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP	1	PA; MO; QL (150 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM)	1	PA; QL (37.5 per 30 days)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (40.5 MG/2.5 GRAM)	1	PA; QL (150 per 30 days)
AVEED	1	PA; LA

Drug Name	Drug Tier	Requirements /Limits
<i>cabergoline</i>	1	MO
<i>calcitonin (salmon) injection</i>	1	MO
<i>calcitonin (salmon) nasal</i>	1	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	MO
<i>calcitriol oral capsule</i>	1	MO
<i>calcitriol oral solution</i>	1	
CERDELGA	1	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	1	PA; MO
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR	1	PA; MO
<i>cinacalcet</i>	1	PA; MO
<i>clomid</i>	1	PA; MO
<i>clomiphene citrate</i>	1	PA
CRYSVITA	1	PA; MO; LA
<i>danazol</i>	1	MO
DDAVP INJECTION	1	MO
DDAVP ORAL	1	MO
DEPO- TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 200 MG/ML	1	PA
<i>desmopressin injection</i>	1	MO
<i>desmopressin nasal spray with pump</i>	1	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral</i>	1	MO
<i>doxercalciferol intravenous</i>	1	
<i>doxercalciferol oral</i>	1	MO
ELAPRASE	1	PA; MO
ELELYSO	1	PA; MO
ELFABRIO	1	PA; LA
FABRAZYME	1	PA; MO
FORTESTA	1	PA; MO; QL (120 per 30 days)
GALAFOLD	1	PA; MO; LA; QL (15 per 30 days)
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2 ML	1	MO
ISTURISA ORAL TABLET 1 MG	1	PA; LA; QL (240 per 30 days)
ISTURISA ORAL TABLET 5 MG	1	PA; LA; QL (60 per 30 days)

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

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Drug Name	Drug Tier	Requirements /Limits
NOCDURNA (WOMEN)	1	PA; MO; QL (30 per 30 days)
NOVAREL	1	PA; MO
OPFOLDA	1	PA; MO; QL (8 per 28 days)
ORILISSA	1	MO
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; LA; QL (15 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	1	PA; MO; LA; QL (4 per 30 days)
PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	1	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution</i>	1	MO
<i>paricalcitol intravenous</i>	1	
<i>paricalcitol oral</i>	1	MO
POMBILITI	1	PA; MO
PREGNYL	1	PA; MO
RAYALDEE	1	MO
RECORLEV	1	PA
ROCALTROL	1	
SAMSCA	1	PA; MO
<i>sapropterin</i>	1	PA; MO
SENSIPAR ORAL TABLET 30 MG	1	PA; MO
SENSIPAR ORAL TABLET 60 MG, 90 MG	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SOMAVERT	1	PA; MO
STRENSIQ	1	PA; LA
SYNAREL	1	PA; MO
TEPEZZA	1	PA; MO; LA
TESTIM	1	PA; MO; QL (300 per 30 days)
TESTOPEL	1	PA
<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 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 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)
<i>testosterone transdermal solution in metered pump w/app</i>	1	PA; MO; QL (180 per 30 days)
TLANDO	1	PA; MO; QL (120 per 30 days)
tolvaptan	1	PA; MO
vasopressin	1	
VASOSTRICT	1	
VIMIZIM	1	PA; MO; LA
VOGELXO	1	PA; QL (300 per 30 days)
VOXZOGO	1	PA; MO
VPRIV	1	PA; MO
XYOSTED	1	PA; MO; QL (2 per 28 days)
yargesa	1	PA; LA
ZAVESCA	1	PA; MO; LA
ZEMPLAR INTRAVENOUS	1	MO

Drug Name	Drug Tier	Requirements /Limits
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG	1	MO
<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
ZOLEDRONIC AC-MANNITOL-0.9NACL	1	B/D PA; MO
THYROID HORMONES		
CYTOMEL	1	MO
ERMEZA	1	MO
euthyrox	1	MO
levo-t	1	
<i>levothyroxine intravenous recon soln</i>	1	MO
LEVOTHYROXINE INTRAVENOUS SOLUTION	1	
LEVOTHYROXINE ORAL CAPSULE	1	MO
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	1	MO
SYNTHROID	1	ST; MO
THYQUIDITY	1	MO

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Drug Name	Drug Tier	Requirements /Limits
TIROSINT	1	MO
TIROSINT-SOL	1	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	
<i>atropine intravenous solution 1 mg/ml</i>	1	
ATROPINE INTRAVENOUS SYRINGE 0.25 MG/5 ML (0.05 MG/ML)	1	
BENTYL INTRAMUSCULAR	1	MO
CUVPOSA	1	MO
<i>dicyclomine intramuscular</i>	1	MO
<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

Drug Name	Drug Tier	Requirements /Limits
GLYCATE	1	
<i>glycopyrrolate (pf)</i>	1	
GLYCOPYRROLA TE (PF) IN WATER INJECTION	1	
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection</i>	1	MO
<i>glycopyrrolate oral solution</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	1	
LOMOTIL	1	MO
<i>loperamide oral capsule</i>	1	MO
<i>methscopolamine</i>	1	MO
MOTOFEN	1	MO
MYTESI	1	MO
<i>opium tincture</i>	1	MO
ROBINUL FORTE	1	MO
ROBINUL ORAL	1	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
AKYNZEO (FOSNETUPITANT) INTRAVENOUS RECON SOLN	1	MO
AKYNZEO (FOSNETUPITANT) INTRAVENOUS SOLUTION	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>alosetron oral tablet 0.5 mg</i>	1	PA; MO
<i>alosetron oral tablet 1 mg</i>	1	PA; MO
AMITIZA	1	ST; MO; QL (60 per 30 days)
ANALPRAM-HC RECTAL CREAM 1-1 %	1	MO
ANTIVERT ORAL TABLET 50 MG	1	
ANTIVERT ORAL TABLET,CHEWABLE	1	
ANUSOL-HC TOPICAL	1	MO
ANZEMET ORAL TABLET 50 MG	1	B/D PA; MO
<i>aprepitant</i>	1	B/D PA; MO
APRISO	1	MO
AVSOLA	1	PA; MO; QL (20 per 28 days)
AZULFIDINE	1	MO
AZULFIDINE EN-TABS	1	MO
<i>balsalazide</i>	1	MO
<i>betaine</i>	1	MO
BONJESTA	1	MO
<i>budesonide oral capsule,delayed,exte nd.release</i>	1	MO
<i>budesonide oral tablet,delayed and ext.release</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide rectal</i>	1	MO
BYLVAY	1	PA; MO; LA
CANASA	1	MO
CHENODAL	1	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	1	PA
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days)
CIMZIA	1	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	1	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	1	PA; MO; QL (3 per 180 days)
CINVANTI	1	MO
CLENPIQ ORAL SOLUTION 10 MG- 3.5 GRAM- 12 GRAM/160 ML	1	ST
CLENPIQ ORAL SOLUTION 10 MG- 3.5 GRAM- 12 GRAM/175 ML	1	ST; MO
COLAZAL	1	MO
COMPazine RECTAL	1	
<i>compro</i>	1	MO
<i>constulose</i>	1	MO
CORTENEMA	1	MO
CORTIFOAM	1	MO
CREON	1	MO
<i>cromolyn oral</i>	1	MO
CYSTADANE	1	
DELZICOL	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
DICLEGIS	1	MO
<i>dimenhydrinate injection solution</i>	1	MO
DIPENTUM	1	MO
<i>doxylamine-pyridoxine (vit b6)</i>	1	MO
<i>dronabinol</i>	1	B/D PA; MO
<i>droperidol injection solution</i>	1	MO
EMEND (FOSAPREPITANT)	1	MO
EMEND ORAL CAPSULE 80 MG	1	B/D PA; MO
EMEND ORAL CAPSULE,DOSE PACK	1	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	1	B/D PA
ENTYVIO	1	PA; MO; QL (2 per 28 days)
<i>enulose</i>	1	MO
<i>fosaprepitant</i>	1	MO
GASTROCROM	1	MO
GATTEX 30-VIAL	1	PA; MO
GATTEX ONE-VIAL	1	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>generlac</i>	1	
GIMOTI	1	
GOLYTELY	1	ST; MO

Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	1	MO
<i>granisetron hcl intravenous</i>	1	MO
<i>granisetron hcl oral</i>	1	B/D PA; MO
<i>hydrocortisone rectal</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator</i>	1	MO
<i>hydrocortisone-pramoxine rectal cream 1-1 %</i>	1	MO
IBSRELA	1	ST; MO; QL (60 per 30 days)
INFLECTRA	1	PA; MO; QL (20 per 28 days)
INFLIXIMAB	1	PA; QL (20 per 28 days)
KRISTALOSE	1	MO
<i>lactulose oral packet</i>	1	
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	1	
LIALDA	1	MO
LINZESS	1	MO; QL (30 per 30 days)
LIVMARLI	1	PA; LA
LOTRONEX	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lubiprostone</i>	1	MO; QL (60 per 30 days)
MARINOL ORAL CAPSULE 10 MG, 5 MG	1	B/D PA
MARINOL ORAL CAPSULE 2.5 MG	1	B/D PA; MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
MECLIZINE ORAL TABLET 50 MG	1	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	1	MO
<i>mesalamine oral capsule, extended release</i>	1	
<i>mesalamine oral capsule, extended release 24hr</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	1	MO
<i>mesalamine rectal</i>	1	MO
<i>mesalamine with cleansing wipe</i>	1	MO
<i>metoclopramide hcl injection solution</i>	1	MO
<i>metoclopramide hcl oral solution</i>	1	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<i>metoclopramide hcl oral tablet, disintegrating 5 mg</i>	1	

Drug Name	Drug Tier	Requirements /Limits
MOTEGRITY	1	ST; MO; QL (30 per 30 days)
MOVANTIK	1	MO; QL (30 per 30 days)
MOVIPREP	1	ST; MO
OCALIVA	1	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	1	B/D PA; MO
<i>ondansetron hcl (pf)</i>	1	MO
<i>ondansetron hcl intravenous</i>	1	MO
<i>ondansetron hcl oral solution</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO
PALONOSETRON INTRAVENOUS SOLUTION 0.25 MG/2 ML	1	
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	1	MO
<i>palonosetron intravenous syringe</i>	1	

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

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

Drug Name	Drug Tier	Requirements /Limits
SUFLAVE	1	ST; MO
<i>sulfasalazine</i>	1	MO
SUPREP BOWEL PREP KIT	1	ST; MO
SUSTOL	1	
SUTAB	1	ST; MO
SYMPROIC	1	MO; QL (30 per 30 days)
SYNDROS	1	B/D PA; MO
TRANSDERM-SCOP	1	MO
TRULANCE	1	MO; QL (30 per 30 days)
UCERIS ORAL	1	MO
UCERIS RECTAL	1	MO
URSO 250	1	MO
URSO FORTE	1	
<i>ursodiol oral capsule 200 mg, 400 mg</i>	1	
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet</i>	1	MO
VARUBI	1	B/D PA
VIBERZI	1	MO; QL (60 per 30 days)
VIOKACE	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
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>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
			<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
			<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
			<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	1	MO; QL (60 per 30 days)
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	1		<i>esomeprazole sodium intravenous recon soln 40 mg</i>	1	
ULCER THERAPY			<i>famotidine (pf)</i>	1	MO
ACIPHEX	1	MO; QL (60 per 30 days)	<i>famotidine (pf)-nacl (iso-os)</i>	1	MO
<i>amoxicil- clarithromy- lansopraz</i>	1	MO; QL (112 per 180 days)	<i>famotidine intravenous</i>	1	MO
<i>bismuth subcit k- metronidz-tcn</i>	1	MO; QL (120 per 180 days)	<i>famotidine oral suspension</i>	1	MO
CARAFATE	1	MO	<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>cimetidine</i>	1	MO	KONVOMEP	1	QL (600 per 30 days)
CYTOTEC	1	MO	<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
DEXILANT	1	QL (30 per 30 days)	<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO; QL (60 per 30 days)
<i>dexlansoprazole</i>	1	QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral tablet,disintegrat, delay rel 30 mg</i>	1	MO; QL (60 per 30 days)
<i>misoprostol</i>	1	MO
NEXIUM IV INTRAVENOUS RECON SOLN 40 MG	1	MO
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 20 MG	1	MO; QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 40 MG	1	MO; QL (60 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	1	MO; QL (30 per 30 days)
NEXIUM ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	1	MO; QL (60 per 30 days)
<i>nizatidine oral capsule</i>	1	MO
OMECLAMOX-PAK	1	QL (80 per 180 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>omeprazole-sodium bicarbonate oral capsule</i>	1	MO; QL (30 per 30 days)
<i>omeprazole-sodium bicarbonate oral packet</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole intravenous</i>	1	MO
<i>pantoprazole oral granules dr for susp in packet</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
PEPCID ORAL TABLET	1	MO
PREVACID ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 30 MG	1	MO; QL (60 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 15 MG	1	MO; QL (30 per 30 days)
PREVACID SOLUTAB ORAL TABLET,DISINTE GRAT, DELAY REL 30 MG	1	MO; QL (60 per 30 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG	1	MO; QL (120 per 30 days)
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 2.5 MG	1	MO; QL (480 per 30 days)
PROTONIX INTRAVENOUS	1	MO
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET	1	MO; QL (60 per 30 days)
PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 20 MG	1	MO; QL (30 per 30 days)
PROTONIX ORAL TABLET,DELAYE D RELEASE (DR/EC) 40 MG	1	MO; QL (60 per 30 days)
PYLERA	1	MO; QL (120 per 180 days)
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	1	MO
<i>sucralfate oral tablet</i>	1	MO
TALICIA	1	MO; QL (168 per 180 days)
VOQUEZNA	1	ST; MO; QL (30 per 30 days)
VOQUEZNA DUAL PAK	1	QL (112 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
VOQUEZNA TRIPLE PAK	1	QL (112 per 180 days)
ZEGERID	1	MO; QL (30 per 30 days)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML	1	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	1	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML, 60 MCG/0.3 ML	1	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML	1	PA; MO
ARCALYST	1	PA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)	GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 1 MG/0.25 ML, 1.8 MG/0.25 ML	1	PA; MO
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)	GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 2 MG/0.25 ML	1	PA
BESREMI	1	PA; LA	GRANIX	1	PA; MO
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)	HUMATROPE INJECTION CARTRIDGE	1	PA; MO
EGRIFTA SV	1	PA; MO	ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO	LEUKINE INJECTION RECON SOLN	1	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	1	PA; MO	MOZOBIL	1	B/D PA; MO
EXTAVIA SUBCUTANEOUS KIT	1	PA; MO; QL (15 per 28 days)	NEULASTA	1	PA; MO
EXTAVIA SUBCUTANEOUS RECON SOLN	1	PA; QL (15 per 28 days)	NEULASTA ONPRO	1	PA; MO
FULPHILA	1	PA; MO	NEUPOGEN	1	PA; MO
FYLNETRA	1	PA	NGENLA	1	PA; MO
GENOTROPIN	1	PA; MO	NIVESTYM	1	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	1	PA; MO	NORDITROPIN FLEXPRO	1	PA; MO
			NUTROPIN AQ NUSPIN	1	PA

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
NYVEPRIA	1	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
OMNITROPE SUBCUTANEOUS CARTRIDGE	1	PA; MO	PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	1	PA	REBIF (WITH ALBUMIN)	1	PA; MO; QL (6 per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	1	PA; MO; QL (6 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	1	PA; MO; QL (4.2 per 180 days)
PLEGRIDY INTRAMUSCULA R	1	PA; MO; QL (1 per 28 days)	REBIF TITRATION PACK	1	PA; MO; QL (4.2 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)	REBLOZYL	1	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)	RELEUKO SUBCUTANEOUS	1	PA; MO
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)	RETACRIT 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
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)			
plerixafor	1	B/D PA; MO			

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Drug Name	Drug Tier	Requirements /Limits
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO
ROLVEDON	1	PA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	1	PA; MO
SKYTROFA	1	PA; MO
SOGROYA	1	PA; MO
STIMUFEND	1	PA; MO
UDENYCA	1	PA; MO
UDENYCA AUTOINJECTOR	1	PA; MO
ZARXIO	1	PA; MO
ZIEXTENZO	1	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG	1	PA; MO
ZOMACTON SUBCUTANEOUS RECON SOLN 5 MG	1	PA; MO
ZORBTIVE	1	PA
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	1	V
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	MO; V
AREXVY (PF)	1	V
ASCENIV	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ATGAM	1	B/D PA
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	MO; V
BIVIGAM	1	PA; MO
BOOSTRIX TDAP	1	MO; V
BOTOX	1	PA; MO
CUTAQUIG	1	B/D PA; MO
CUVITRU	1	B/D PA; MO
CYTOGAM INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
DENGVAXIA (PF)	1	
DYSPORT	1	PA; MO
ENGERIX-B (PF)	1	B/D PA; MO; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; MO; V
FLEBOGAMMA DIF	1	PA
fomepizole	1	
GAMASTAN	1	MO
GAMASTAN S/D	1	
GAMMAGARD LIQUID	1	PA; MO
GAMMAGARD S-D (IGA < 1 MCG/ML)	1	PA; MO
GAMMAKED	1	PA; MO
GAMMAPLEX	1	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
GAMMAPLEX (WITH SORBITOL)	1	PA; MO
GAMUNEX-C	1	PA; MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	MO; V
GRASTEK	1	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	MO; V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	MO
HEPAGAM B	1	
HEPLISAV-B (PF)	1	B/D PA; MO; V
HIBERIX (PF)	1	MO
HIZENTRA SUBCUTANEOUS SOLUTION	1	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE 10 GRAM/50 ML (20 %)	1	B/D PA

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

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
PALFORZIA (LEVEL 1)	1	PA
PALFORZIA (LEVEL 2)	1	PA
PALFORZIA (LEVEL 3)	1	PA
PALFORZIA (LEVEL 4)	1	PA
PALFORZIA (LEVEL 5)	1	PA
PALFORZIA (LEVEL 6)	1	PA
PALFORZIA (LEVEL 7)	1	PA
PALFORZIA (LEVEL 8)	1	PA
PALFORZIA (LEVEL 9)	1	PA
PALFORZIA (LEVEL 10)	1	PA
PALFORZIA (LEVEL 11 UP-DOSE)	1	PA
PALFORZIA INITIAL DOSE	1	PA
PALFORZIA LEVEL 11 MAINTENANCE	1	PA
PANZYGA	1	PA; MO
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENBRAYA (PF)	1	V

Drug Name	Drug Tier	Requirements /Limits
PENTACEL (PF) INTRAMUSCULA R KIT 15LF- 48MCG-62DU -10 MCG/0.5ML	1	
PREHEVBRIOS (PF)	1	B/D PA; V
PRIORIX (PF)	1	V
PRIVIGEN	1	PA; MO
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	V
RAGWITEK	1	MO
RECOMBIVAX HB (PF) INTRAMUSCULA R SUSPENSION 10 MCG/ML	1	B/D PA; MO; V
RECOMBIVAX HB (PF) INTRAMUSCULA R SUSPENSION 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULA R SYRINGE 10 MCG/ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULA R SYRINGE 5 MCG/0.5 ML	1	B/D PA; MO; V
ROTARIX	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF)	1	MO; V; QL (2 per 720 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
TDVAX	1	MO; V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	MO; V
TETANUS,DIPHTHERIA TOXOPED(PF)	1	
THYMOGLOBULIN	1	B/D PA; MO
TICE BCG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA	1	MO; V
TWINRIX (PF)	1	MO; V
TYPHIM VI INTRAMUSCULAR SOLUTION	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	MO; V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V

Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	1	
XEMBIFY	1	B/D PA; MO; LA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 50 UNIT	1	PA; MO
XEOMIN INTRAMUSCULAR RECON SOLN 200 UNIT	1	PA; MO
YF-VAX (PF)	1	V
ZINPLAVA	1	
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	1	MO
BD AUTOSHIELD DUO PEN NEEDLE	1	MO
BD INSULIN SYRINGE (HALF UNIT)	1	MO
BD INSULIN SYRINGE U-500	1	MO
BD INSULIN SYRINGE	1	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
BD NANO 2ND GEN PEN NEEDLE	1	MO	DROPLET INSULIN SYR(HALF UNIT)	1	ST
BD ULTRA-FINE MICRO PEN NEEDLE	1	MO	SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"		
BD ULTRA-FINE MINI PEN NEEDLE	1	MO	DROPLET INSULIN SYR(HALF UNIT)	1	ST; MO
BD ULTRA-FINE NANO PEN NEEDLE	1	MO	SYRINGE 0.5 ML 31 GAUGE X 5/16"		
BD ULTRA-FINE SHORT PEN NEEDLE	1	MO	DROPLET INSULIN SYRINGE	1	ST
BD VEO INSULIN SYR (HALF UNIT)	1	MO	SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64"		
BD VEO INSULIN SYRINGE UF	1	MO	DROPLET INSULIN SYRINGE	1	ST
CEQUR SIMPLICITY	1	MO	SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64"		
PEN NEEDLES (NON-PREFERRED BRANDS)	1	ST	DROPLET INSULIN SYRINGE	1	ST; MO
DEXCOM G6 RECEIVER	1	MO	SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64"		
DEXCOM G6 SENSOR	1	MO	DROPLET INSULIN SYRINGE	1	ST; MO
DEXCOM G6 TRANSMITTER	1	MO	SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64"		
DEXCOM G7 RECEIVER	1	MO	DROPLET INSULIN SYRINGE	1	ST; MO
DEXCOM G7 SENSOR	1	MO	SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 15/64"		

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

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Drug Name	Drug Tier	Requirements /Limits
OMNIPOD DASH PODS (GEN 4)	1	MO
ONETOUCH ULTRA2 METER	1	MO
ONETOUCH VERIO FLEX METER	1	MO
ONETOUCH VERIO REFLECT METER	1	MO
PARAGARD T 380A	1	
BD PEN NEEDLE	1	MO
PRECISION XTRA MONITOR	1	MO
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	1	ST; MO
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	1	ST; MO

Drug Name	Drug Tier	Requirements /Limits
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	1	ST; MO
INSULIN SYRINGES (NON-PREFERRED BRANDS)	1	ST
V-GO 20	1	MO
V-GO 30	1	MO
V-GO 40	1	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
ALLOPURINOL ORAL TABLET 200 MG	1	
<i>allopurinol sodium</i>	1	
<i>aloprim</i>	1	
<i>colchicine oral capsule</i>	1	
<i>colchicine oral tablet</i>	1	MO
COLCRYS	1	ST; MO
<i>febuxostat</i>	1	MO
KRYSTEXXA	1	PA; MO
MITIGARE	1	ST
<i>probencid</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>probencid-colchicine</i>	1	MO
ULORIC	1	MO
ZYLOPRIM ORAL TABLET 100 MG	1	
OSTEOPOROSIS THERAPY		
ACTONEL ORAL TABLET 150 MG	1	ST; MO; QL (1 per 30 days)
ACTONEL ORAL TABLET 35 MG	1	ST; MO; QL (4 per 28 days)
<i>alendronate oral solution</i>	1	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
ATELVIA	1	ST; MO; QL (4 per 28 days)
BINOSTO	1	ST; MO; QL (4 per 28 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML	1	PA; QL (2.34 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 210MG/2.34ML (105MG/1.17MLX2)	1	PA; MO; QL (2.34 per 30 days)
EVISTA	1	MO
FORTEO	1	PA; MO; QL (2.4 per 28 days)
FOSAMAX ORAL TABLET 70 MG	1	ST; MO; QL (4 per 28 days)
FOSAMAX PLUS D	1	ST; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ibandronate intravenous solution</i>	1	PA
<i>ibandronate intravenous syringe</i>	1	PA; MO
<i>ibandronate oral</i>	1	MO; QL (1 per 30 days)
PROLIA	1	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>risedronate oral tablet,delayed release (dr/ec)</i>	1	MO; QL (4 per 28 days)
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	1	PA; QL (2.4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; MO; QL (2.48 per 28 days)
TYMLOS	1	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ABRILADA(CF) PEN	1	PA; QL (6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; QL (2 per 28 days)
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)
ACTEMRA ACTPEN	1	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB- ADAZ	1	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB- ADBM SUBCUTANEOUS PEN INJECTOR KIT	1	PA; MO; QL (4 per 28 days)
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days)
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
ADALIMUMAB- ADBM(CF) PEN CROHNS	1	PA; QL (6 per 180 days)

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

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Drug Name	Drug Tier	Requirements /Limits
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	1	PA; QL (0.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	1	PA; MO; QL (0.8 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; QL (2.4 per 28 days)
AMJEVITA (PREFERRED NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	1	PA; MO; QL (4.8 per 28 days)
ARAVA	1	MO; QL (30 per 30 days)
BENLYSTA	1	PA; MO
CUPRIMINE	1	PA; MO
CYLTEZO(CF) PEN	1	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC- HS	1	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS- UV	1	PA; QL (4 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
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/0.8 ML	1	PA; MO; QL (4 per 28 days)
DEPEN TITRATABS	1	PA; MO
ENBREL MINI	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)
HADLIMA	1	PA; MO; QL (4.8 per 28 days)
HADLIMA PUSHTOUCH	1	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF)	1	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	1	PA; MO; QL (2.4 per 28 days)
HULIO(CF) PEN	1	PA; QL (6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML	1	PA; QL (2 per 28 days)
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; QL (6 per 28 days)
HUMIRA PEN	1	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	1	PA; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	1	PA; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	1	PA; MO; QL (4 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS	1	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	1	PA; MO; QL (1.6 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	1	PA; MO; QL (0.2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	1	PA; MO; QL (0.4 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	1	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER	1	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	1	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	1	PA; MO; QL (1.2 per 180 days)
IDACIO(CF)	1	PA; MO; QL (4 per 28 days)
IDACIO(CF) PEN	1	PA; MO; QL (4 per 28 days)
IDACIO(CF) PEN CROHN-UC STARTR	1	PA; MO; QL (6 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
IDACIO(CF) PEN PSORIASIS START	1	PA; MO; QL (4 per 180 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML	1	PA; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2.28 per 28 days)
KINERET	1	PA; QL (20.1 per 30 days)
<i>leflunomide</i>	1	MO; QL (30 per 30 days)
OLUMIANT	1	PA; MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	1	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	1	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
OTEZLA	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)
OTREXUP (PF)	1	MO
<i>penicillamine</i>	1	PA; MO
RASUVO (PF)	1	MO
RIDAURA	1	MO
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	QL (55 per 180 days)
SIMPONI ARIA	1	PA; MO; QL (64 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	1	PA; MO; QL (3 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	1	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	1	PA; MO; QL (60 per 30 days)
XELJANZ XR	1	PA; MO; QL (30 per 30 days)
YUFLYMA(CF)	1	PA; QL (6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; QL (6 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days)
YUSIMRY(CF) PEN	1	PA; QL (4.8 per 28 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

ACTIVELLA	1	PA; MO
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You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>amabelz</i>	1	PA
ANGELIQ	1	PA; MO
AYGESTIN	1	MO
BIJUVA	1	PA; MO
<i>camila</i>	1	MO
CLIMARA	1	PA; MO; QL (4 per 28 days)
CLIMARA PRO	1	PA; MO
COMBIPATCH	1	PA; MO
CRINONE VAGINAL GEL 4 %	1	MO
CRINONE VAGINAL GEL 8 %	1	PA
<i>deblitane</i>	1	MO
DELESTROGEN	1	MO
DEPO-ESTRADIOL	1	MO
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML	1	MO
DEPO-PROVERA INTRAMUSCULAR SYRINGE	1	MO
DEPO-SUBQ PROVERA 104	1	MO
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 0.75 MG/0.75 GRAM (0.1%), 1 MG/GRAM (0.1 %)	1	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 1.25 MG/1.25 GRAM (0.1 %)	1	PA; MO; QL (37.5 per 30 days)
<i>dotti</i>	1	PA; MO; QL (8 per 28 days)
DUAVEE	1	MO
ELESTRIN	1	PA; MO; QL (70 per 30 days)
<i>errin</i>	1	MO
ESTRACE ORAL	1	PA; MO
ESTRACE VAGINAL	1	ST; MO
<i>estradiol oral</i>	1	PA; MO
<i>estradiol transdermal gel in packet 0.25 mg/0.25 gram (0.1 %), 0.5 mg/0.5 gram (0.1 %), 0.75 mg/0.75 gram (0.1%), 1 mg/gram (0.1 %)</i>	1	PA; MO; QL (30 per 30 days)
<i>estradiol transdermal gel in packet 1.25 mg/1.25 gram (0.1 %)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>estradiol transdermal patch semiweekly</i>	1	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr</i>	1	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol transdermal patch weekly 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	PA; 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
ESTRING	1	
ESTROGEL	1	MO; QL (50 per 30 days)
EVAMIST	1	PA; MO; QL (16.2 per 30 days)
FEMRING	1	ST; MO
<i>fyavolv</i>	1	PA; MO
<i>heather</i>	1	MO
<i>hydroxyprogesterone caproate</i>	1	
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
MENEST	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
MENOSTAR	1	PA; MO; QL (4 per 28 days)
<i>mimvey</i>	1	PA; MO
MINIVELLE	1	PA; MO; QL (8 per 28 days)
<i>nora-be</i>	1	MO
<i>norethindrone (contraceptive)</i>	1	
<i>norethindrone acetate</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	PA; MO
PREFEST	1	PA; MO
PREMARIN INJECTION	1	
PREMARIN ORAL	1	MO
PREMARIN VAGINAL	1	MO
PREMPHASE	1	MO
PREMPRO	1	MO
<i>progesterone</i>	1	MO
<i>progesterone micronized</i>	1	MO
PROMETRIUM	1	MO
PROVERA	1	MO
<i>sharobel</i>	1	MO
VAGIFEM	1	ST; MO
VIVELLE-DOT	1	PA; MO; QL (8 per 28 days)
<i>yuvafem</i>	1	MO
MISCELLANEOUS OB/GYN		
ANNOVERA	1	MO

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Drug Name	Drug Tier	Requirements /Limits
CLEOCIN VAGINAL	1	MO
<i>clindamycin phosphate vaginal</i>	1	MO
CLINDESSE	1	MO
<i>eluryng</i>	1	MO
<i>enilloring</i>	1	
<i>etonogestrel-ethynodiol estradiol</i>	1	
GYNAZOLE-1	1	MO
<i>haloette</i>	1	MO
INTRAROSA	1	MO
KYLEENA	1	
LILETTA	1	MO
<i>metronidazole vaginal</i>	1	MO
<i>miconazole-3 vaginal suppository</i>	1	MO
<i>mifepristone</i>	1	LA
MIRENA	1	
MYFEMBREE	1	PA; MO
NEXPLANON	1	
<i>norelgestromin-ethynodiol estradiol</i>	1	
NUVARING	1	MO
NUVESSA	1	MO
ORIAHNN	1	PA; MO
OSPHENA	1	MO
PHEXXI	1	MO
SKYLA	1	
<i>terconazole</i>	1	MO
<i>tranexamic acid oral</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>vandazole</i>	1	MO
VEOZAH	1	PA; MO
XACIATO	1	ST; MO
<i>xulane</i>	1	MO
<i>zafemy</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>afirmelle</i>	1	
<i>altavera (28)</i>	1	MO
<i>alyacen 1/35 (28)</i>	1	MO
<i>alyacen 7/7/7 (28)</i>	1	MO
<i>amethia</i>	1	
<i>amethyst (28)</i>	1	MO
<i>apri</i>	1	MO
<i>aranelle (28)</i>	1	MO
<i>ashlyna</i>	1	MO
<i>aubra eq</i>	1	MO
<i>aurovela 1.5/30 (21)</i>	1	MO
<i>aurovela 1/20 (21)</i>	1	
<i>aurovela 24 fe</i>	1	
<i>aurovela fe 1.5/30 (28)</i>	1	MO
<i>aurovela fe 1-20 (28)</i>	1	
<i>aviane</i>	1	MO
<i>ayuna</i>	1	MO
<i>azurette (28)</i>	1	MO
BALCOLTRA	1	MO
<i>balziva (28)</i>	1	MO
BEYAZ	1	MO
<i>blisovi 24 fe</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>blisovi fe 1.5/30 (28)</i>	1	MO
<i>blisovi fe 1/20 (28)</i>	1	MO
<i>briellyn</i>	1	MO
<i>camrese</i>	1	MO
<i>camrese lo</i>	1	MO
<i>charlotte 24 fe</i>	1	MO
<i>chateal eq (28)</i>	1	MO
<i>cryselle (28)</i>	1	MO
<i>cyred eq</i>	1	
<i>dasetta 1/35 (28)</i>	1	MO
<i>dasetta 7/7/7 (28)</i>	1	MO
<i>daysee</i>	1	MO
<i>desog-e.estriadiol/e.estriadiol</i>	1	
<i>desogestrel-ethinyl estradiol</i>	1	
<i>dolishale</i>	1	MO
<i>drospirenone-e.estriadiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	1	
<i>drospirenone-e.estriadiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest</i>	1	MO
<i>enpresse</i>	1	MO
<i>enskyce</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>estarrylla</i>	1	MO
<i>ethynodiol diac-eth estradiol</i>	1	
<i>falmina (28)</i>	1	MO
<i>finzala</i>	1	MO
<i>gemmily</i>	1	MO
<i>hailey</i>	1	MO
<i>hailey 24 fe</i>	1	MO
<i>hailey fe 1.5/30 (28)</i>	1	MO
<i>hailey fe 1/20 (28)</i>	1	MO
<i>iclevia</i>	1	
<i>introvale</i>	1	
<i>isibloom</i>	1	MO
<i>jaimiess</i>	1	MO
<i>jasmiel (28)</i>	1	MO
<i>jolessa</i>	1	MO
<i>joyeaux</i>	1	MO
<i>juleber</i>	1	MO
<i>junel 1.5/30 (21)</i>	1	MO
<i>junel 1/20 (21)</i>	1	MO
<i>junel fe 1.5/30 (28)</i>	1	MO
<i>junel fe 1/20 (28)</i>	1	MO
<i>junel fe 24</i>	1	MO
<i>kaitlib fe</i>	1	MO
<i>kalliga</i>	1	
<i>kariva (28)</i>	1	MO
<i>kelnor 1/35 (28)</i>	1	MO
<i>kelnor 1-50 (28)</i>	1	MO
<i>kurvelo (28)</i>	1	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>LOESTRIN 1.5/30 (21)</i>	1	MO
<i>LOESTRIN 1/20 (21)</i>	1	MO
<i>LOESTRIN FE 1.5/30 (28-DAY)</i>	1	MO
<i>LOESTRIN FE 1/20 (28-DAY)</i>	1	MO
<i>lojaimiess</i>	1	MO
<i>loryna (28)</i>	1	MO
<i>LOSEASONIQUE</i>	1	
<i>low-ogestrel (28)</i>	1	MO
<i>lo-zumandimine (28)</i>	1	MO
<i>lutera (28)</i>	1	MO
<i>marlissa (28)</i>	1	MO
<i>merzee</i>	1	MO
<i>mibelas 24 fe</i>	1	MO
<i>microgestin 1.5/30 (21)</i>	1	MO
<i>microgestin 1/20 (21)</i>	1	MO
<i>microgestin 24 fe</i>	1	
<i>microgestin fe 1.5/30 (28)</i>	1	MO
<i>microgestin fe 1/20 (28)</i>	1	MO
<i>mili</i>	1	MO
<i>MINASTRIN 24 FE</i>	1	
<i>mono-linyah</i>	1	MO
<i>NATAZIA</i>	1	MO
<i>necon 0.5/35 (28)</i>	1	MO
<i>NEXTSTELLIS</i>	1	MO
<i>nikki (28)</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>noreth-ethinyl estradiol-iron</i>	1	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone-e.estradiol-iron oral capsule</i>	1	
<i>norethindrone-e.estriadiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estriadiol-iron oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9), 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	
<i>norethindrone-e.estriadiol-iron oral tablet, chewable</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	1	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>nortrel 0.5/35 (28)</i>	1	MO
<i>nortrel 1/35 (21)</i>	1	MO
<i>nortrel 1/35 (28)</i>	1	MO
<i>nortrel 7/7/7 (28)</i>	1	MO
<i>nylia 1/35 (28)</i>	1	MO
<i>nylia 7/7/7 (28)</i>	1	MO
<i>nymyo</i>	1	MO

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

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Drug Name	Drug Tier	Requirements /Limits
<i>tri-sprintec</i> (28)	1	MO
<i>trivora</i> (28)	1	MO
<i>tri-vylibra</i>	1	MO
<i>tri-vylibra lo</i>	1	MO
<i>turqoz</i> (28)	1	
TYBLUME	1	MO
<i>tydemy</i>	1	
<i>velivet triphasic regimen</i> (28)	1	MO
<i>vestura</i> (28)	1	MO
<i>vienna</i>	1	MO
<i>viorele</i> (28)	1	MO
<i>volnea</i> (28)	1	MO
<i>vyfemla</i> (28)	1	MO
<i>vylibra</i>	1	MO
<i>wera</i> (28)	1	MO
<i>wymzyafe</i>	1	MO
YASMIN (28)	1	MO
YAZ (28)	1	MO
<i>zovia 1-35</i> (28)	1	MO
<i>zumandimine</i> (28)	1	MO

OXYTOCICS

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

ANTIBIOTICS

AZASITE	1	MO
<i>bacitracin ophthalmic (eye)</i>	1	MO
<i>bacitracin-polymyxin b</i>	1	MO
BESIVANCE	1	MO

Drug Name	Drug Tier	Requirements /Limits
CILOXAN OPHTHALMIC (EYE) OINTMENT	1	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	1	MO
<i>erythromycin ophthalmic (eye)</i>	1	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) drops 0.5 %</i>	1	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	1	
NATACYN	1	
<i>neomycin-bacitracin-polymyxin</i>	1	MO
<i>neomycin-polymyxin-gramicidin</i>	1	MO
<i>neo-polycin</i>	1	
OCUFLOX	1	MO
<i>ofloxacin ophthalmic (eye)</i>	1	MO
<i>polycin</i>	1	
<i>polymyxin b sulf-trimethoprim</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin ophthalmic (eye)</i>	1	MO; QL (10 per 14 days)
TOBREX OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
VIGAMOX	1	MO
ZYMAXID	1	
ANTIVIRALS		
<i>trifluridine</i>	1	MO
ZIRGAN	1	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	1	MO
BETIMOL	1	MO
BETOPTIC S	1	MO
<i>carteolol</i>	1	MO
ISTALOL	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate (pf)</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	1	MO
TIMOPTIC OCUDOSE (PF)	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
ALOCRIL	1	

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

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Drug Name	Drug Tier	Requirements /Limits
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	1	
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	1	MO
OXERVATE	1	PA; MO
PHOSPHOLINE IODIDE	1	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
RESTASIS	1	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	1	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	1	MO
<i>sulfacetamide-prednisolone</i>	1	
SYFOVRE	1	PA; MO
TYRVAYA	1	MO; QL (8.4 per 30 days)
VABYSMO	1	PA; MO
VERKAZIA	1	PA; QL (120 per 30 days)
VURITY	1	PA; MO
XDEMVVY	1	PA; QL (10 per 42 days)
XiIDRA	1	MO; QL (60 per 30 days)
ZERVIATE	1	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
ACULAR	1	ST; MO

Drug Name	Drug Tier	Requirements /Limits
ACULAR LS	1	ST; MO
ACUVAIL (PF)	1	ST; MO
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	MO
BROMSITE	1	MO
<i>diclofenac sodium ophthalmic (eye)</i>	1	MO
<i>flurbiprofen sodium</i>	1	MO
ILEVRO	1	ST; MO
<i>ketorolac ophthalmic (eye)</i>	1	MO
NEVANAC	1	ST; MO
PROLENSA	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	1	MO
<i>acetazolamide sodium</i>	1	MO
<i>methazolamide</i>	1	MO
OTHER GLAUCOMA DRUGS		
AZOPT	1	MO
<i>bimatoprost ophthalmic (eye)</i>	1	MO
<i>brimonidine-timolol</i>	1	MO
<i>brinzolamide</i>	1	MO
COMBIGAN	1	MO
COSOPT	1	MO
COSOPT (PF)	1	MO
<i>dorzolamide</i>	1	MO
<i>dorzolamide-timolol</i>	1	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
DURYSTA	1	PA; MO; LA
IYUZEH	1	ST; 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>tafluprost (pf)</i>	1	MO
TRAVATAN Z	1	ST; MO
<i>travoprost</i>	1	MO
VYZULTA	1	ST; MO
XALATAN	1	ST; MO
XELPROS	1	ST
ZIOPTAN (PF)	1	ST; MO
STEROID-ANTIBIOTIC COMBINATIONS		
MAXITROL	1	MO
<i>neomycin- bacitracin-poly-hc</i>	1	MO
<i>neomycin-polymyxin b-dexameth</i>	1	MO
<i>neomycin- polymyxin-hc ophthalmic (eye)</i>	1	MO
<i>neo-polycin hc</i>	1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	1	MO; QL (3.5 per 14 days)
TOBRADEX ST	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin- dexamethasone</i>	1	MO; QL (10 per 14 days)
ZYLET	1	MO; QL (10 per 14 days)
STEROIDS		
ALREX	1	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	1	MO
DEXTENZA	1	
DEXYCU (PF)	1	
<i>difluprednate</i>	1	MO
DUREZOL	1	MO
EYSUVIS	1	PA; MO; QL (8.3 per 14 days)
FLAREX	1	MO
<i>fluorometholone</i>	1	MO
FML FORTE	1	MO
FML LIQUIFILM	1	MO
INVELTYS	1	MO
LOTEMAX	1	MO
LOTEMAX SM	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	MO
MAXIDEX	1	MO
OZURDEX	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
PRED FORTE	1	MO
PRED MILD	1	MO
<i>prednisolone acetate</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	1	MO
RETISERT	1	
YUTIQ	1	
SYMPATHOMIMETICS		
ALPHAGAN P	1	MO
<i>apraclonidine</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
AUVI-Q	1	QL (2 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
CLARINEX ORAL TABLET	1	MO; QL (30 per 30 days)
CLARINEX-D 12 HOUR	1	MO; QL (60 per 30 days)
<i>desloratadine</i>	1	MO; QL (30 per 30 days)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe</i>	1	MO
<i>diphenhydramine hcl oral elixir</i>	1	PA
EPINEPHRINE HCL (PF)	1	
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	1	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	1	MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML (MANUFACTURED BY MYLAN SPECIALTY)	1	QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	1	
<i>epinephrine injection syringe 0.1 mg/ml</i>	1	

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
EPIPEN	1	QL (2 per 30 days)
EPIPEN 2-PAK	1	QL (2 per 30 days)
EPIPEN JR	1	QL (2 per 30 days)
EPIPEN JR 2-PAK	1	QL (2 per 30 days)
<i>hydroxyzine hcl oral tablet</i>	1	PA; MO
<i>levocetirizine oral solution</i>	1	MO
<i>levocetirizine oral tablet</i>	1	MO; QL (30 per 30 days)
PHENERGAN INJECTION	1	MO
<i>promethazine injection solution 25 mg/ml</i>	1	
<i>promethazine injection solution 50 mg/ml</i>	1	MO
<i>promethazine oral</i>	1	PA; MO
QUZYTIR	1	
SYMJEPI	1	QL (2 per 30 days)
PULMONARY AGENTS		
ACCOLATE ORAL TABLET 10 MG	1	MO
ACCOLATE ORAL TABLET 20 MG	1	
<i>acetylcysteine</i>	1	B/D PA; MO
ADCIRCA	1	PA; MO; QL (60 per 30 days)
ADEMPAS	1	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
ADVAIR DISKUS	1	MO; QL (60 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)
AIRDUO DIGIHALER	1	ST; MO; QL (1 per 30 days)
AIRDUO RESPICLICK	1	ST; MO; QL (1 per 30 days)
AIRSUPRA	1	ST; MO; QL (32.1 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	1	QL (13.4 per 30 days)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (NDA020983)	1	ST; QL (36 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate oral syrup</i>	1	MO	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH	1	MO; QL (1 per 30 days)
<i>albuterol sulfate oral tablet</i>	1	MO	ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	MO; QL (12.2 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH	1	MO; QL (2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	MO; QL (6.1 per 30 days)	ACTIVATED 220 MCG/ ACTUATION (120)		
<i>alyq</i>	1	PA; QL (60 per 30 days)	ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH	1	QL (2 per 28 days)
<i>ambrisentan</i>	1	PA; MO; LA	ACTIVATED 220 MCG/ ACTUATION (14)		
<i>aminophylline intravenous</i>	1		ATROVENT HFA	1	MO; QL (25.8 per 30 days)
ANORO ELLIPTA	1	ST; MO; QL (60 per 30 days)	azelastine- fluticasone	1	MO; QL (23 per 30 days)
<i>arformoterol</i>	1	B/D PA; MO; QL (120 per 30 days)	BECONASE AQ	1	ST; MO; QL (50 per 30 days)
ARMONAIR DIGIHALER	1	ST; MO; QL (1 per 30 days)	BERINERT INTRAVENOUS KIT	1	PA; MO
ARNURITY ELLIPTA	1	ST; MO; QL (30 per 30 days)	BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)
ASMANEX HFA	1	MO; QL (13 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
bosentan	1	PA; MO; LA
BREO ELLIPTA	1	MO; QL (60 per 30 days)
breyna	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
BRONCHITOL	1	PA; MO
BROVANA	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	1	QL (10.2 per 30 days)
CINQAIR	1	PA; LA
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	1	B/D PA; MO
CUROSURF	1	
DALIRESP	1	PA; MO; QL (30 per 30 days)
DUAKLIR PRESSAIR	1	ST; MO; QL (1 per 30 days)
DULERA	1	MO; QL (13 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DYMISTA	1	QL (23 per 30 days)
ELIXOPHYLLIN	1	
ESBRIET ORAL CAPSULE	1	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	1	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 801 MG	1	PA; MO; QL (90 per 30 days)
FASENRA	1	PA; MO; QL (1 per 28 days)
FASENRA PEN	1	PA; MO; QL (1 per 28 days)
FIRAZYR	1	PA; MO
<i>flunisolide</i>	1	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	1	ST; MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	1	ST; MO; QL (1 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	1	MO; QL (60 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	1	ST; MO; QL (12 per 30 days)
<i>formoterol fumarate</i>	1	B/D PA; MO; QL (120 per 30 days)
HAEGARDA	1	PA; MO; LA
<i>icatibant</i>	1	PA; MO
INCRUSE ELLIPTA	1	ST; MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	1	B/D PA; MO
<i>ipratropium-albuterol</i>	1	B/D PA; MO
KALBITOR	1	PA; MO

Drug Name	Drug Tier	Requirements /Limits
KALYDECO	1	PA; MO; QL (56 per 28 days)
LETAIRIS	1	PA; MO; LA
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	1	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	1	B/D PA
LEVALBUTEROL TARTRATE	1	ST; MO; QL (30 per 30 days)
LIQREV	1	PA; MO; QL (180 per 30 days)
<i>mometasone nasal</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	1	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	1	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days)
OFEV	1	PA; MO; QL (60 per 30 days)
OMNARIS	1	ST; MO; QL (12.5 per 30 days)
OPSUMIT	1	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
ORLADEYO	1	PA; LA
PERFOROMIST	1	B/D PA; MO; QL (120 per 30 days)
<i>pirfenidone oral capsule</i>	1	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 534 MG	1	PA; QL (90 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days)
PROAIR DIGIHALER	1	ST; MO; QL (2 per 30 days)
PROAIR RESPICLICK	1	ST; MO; QL (2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	1	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	1	MO; QL (1 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	1	B/D PA; MO; QL (120 per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	1	B/D PA; MO; QL (60 per 30 days)
PULMOZYME	1	B/D PA; MO
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	1	ST; MO; QL (6.8 per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	1	ST; MO; QL (10.6 per 30 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	MO; QL (21.2 per 30 days)
REVATIO INTRAVENOUS	1	PA; MO
REVATIO ORAL SUSPENSION FOR RECONSTITUTIO N	1	PA; MO; QL (224 per 30 days)
REVATIO ORAL TABLET	1	PA; MO; QL (90 per 30 days)
<i>roflumilast</i>	1	PA; MO; QL (30 per 30 days)
RUCONEST	1	PA; MO
RYALTRIS	1	ST; MO; QL (29 per 30 days)
<i>sajazir</i>	1	PA; MO
SEREVENT DISKUS	1	ST; MO; QL (60 per 30 days)
<i>sildenafil</i> (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	PA

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

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
TEZSPIRE	1	PA; MO; QL (1.91 per 30 days)	TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (30 ACTUAT)	1	ST; QL (1 per 30 days)
THEO-24	1	MO	TYVASO	1	B/D PA; MO
<i>theophylline oral elixir</i>	1	MO	TYVASO DPI	1	PA; MO
<i>theophylline oral solution</i>	1		TYVASO INSTITUTIONAL START KIT	1	B/D PA
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	1		TYVASO REFILL KIT	1	B/D PA; MO
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	1	MO	TYVASO STARTER KIT	1	B/D PA; MO
<i>theophylline oral tablet extended release 24 hr</i>	1	MO	VENTAVIS	1	B/D PA; MO
tiotropium bromide	1	QL (90 per 90 days)	VENTOLIN HFA	1	ST; MO; QL (36 per 30 days)
TRACLEER	1	PA; MO; LA	wixela inhub	1	QL (60 per 30 days)
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)	XHANCE	1	ST; MO; QL (32 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days)	XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days)	XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; LA; QL (8 per 28 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	1	ST; MO; QL (1 per 30 days)	XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
XOPENEX HFA	1	ST; MO; QL (30 per 30 days)
YUPELRI	1	B/D PA; MO; QL (90 per 30 days)
<i>zafirlukast</i>	1	MO
ZETONNA	1	ST; MO; QL (6.1 per 30 days)
<i>zileuton</i>	1	MO
ZYFLO	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>darifenacin</i>	1	MO
DETROL	1	MO
DETROL LA	1	MO
<i>fesoterodine</i>	1	MO
<i>flavoxate</i>	1	MO
GELNIQUE TRANSDERMAL GEL IN PACKET	1	MO; QL (30 per 30 days)
GEMTESA	1	ST; 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

Drug Name	Drug Tier	Requirements /Limits
OXYBUTYNIN CHLORIDE ORAL TABLET 2.5 MG	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	1	MO
OXYTROL	1	MO; QL (8 per 28 days)
<i>solifenacina</i>	1	MO
<i>tolterodine</i>	1	MO
TOVIAZ	1	MO
<i>trospium oral capsule,extended release 24hr</i>	1	MO
<i>trospium oral tablet</i>	1	MO
VESICARE	1	MO
VESICARE LS	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	1	MO
<i>dutasteride</i>	1	MO
<i>dutasteride- tamsulosin</i>	1	MO
ENTADFI	1	PA; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
FLOMAX	1	ST; MO
PROSCAR	1	MO
RAPAFLO	1	ST; MO
<i>silodosin</i>	1	MO
<i>tamsulosin</i>	1	MO

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This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
UROXATRAL	1	ST; MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	1	MO
CIALIS ORAL TABLET 2.5 MG	1	PA; QL (60 per 30 days)
CIALIS ORAL TABLET 5 MG	1	PA; MO; QL (30 per 30 days)
CYSTAGON	1	PA; LA
ELMIRON	1	MO
<i>glycine urologic</i>	1	
<i>glycine urologic solution</i>	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
OXLUMO	1	PA; LA
<i>potassium citrate oral tablet extended release</i>	1	MO
PROSYSBI	1	PA; MO
PROSTIN VR PEDIATRIC	1	
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)
UROCIT-K 10	1	MO
UROCIT-K 15	1	MO
UROCIT-K 5	1	MO

Drug Name	Drug Tier	Requirements /Limits
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
ALBUKED-25	1	
ALBUKED-5	1	
<i>albumin, human 25 %</i>	1	
ALBUMIN, HUMAN 5 %	1	
ALBUMINEX	1	
<i>alburx (human) 25 %</i>	1	
ALBURX (HUMAN) 5 %	1	
ALBUTEIN 25 %	1	
ALBUTEIN 5 %	1	
FLEXBUMIN 25 %	1	
FLEXBUMIN 5 %	1	
<i>plasbumin 25 %</i>	1	
<i>plasbumin 5 %</i>	1	
RYPLAZIM	1	PA
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	1	MO; QL (360 per 30 days)
<i>calcium chloride</i>	1	
CALCIUM GLUC IN NACL, ISO- OSM INTRAVENOUS SOLUTION 1 GRAM/50 ML, 2 GRAM/100 ML	1	

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>calcium gluconate intravenous</i>	1		<i>potassium acetate</i>	1	
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ	1	MO	<i>potassium chlorid-d5-0.45%nacl</i>	1	
<i>effer-k oral tablet, effervescent 25 meq</i>	1	MO	<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
GLYCOPHOS	1		<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>klor-con 10</i>	1	MO	<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>klor-con 8</i>	1	MO	<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
<i>klor-con m10</i>	1	MO	<i>potassium chloride intravenous</i>	1	
<i>klor-con m15</i>	1	MO	<i>potassium chloride oral capsule, extended release</i>	1	MO
<i>klor-con m20</i>	1	MO	<i>potassium chloride oral liquid</i>	1	MO
<i>klor-con oral packet 20</i>	1	MO	<i>potassium chloride oral packet</i>	1	MO
<i>klor-con/ef</i>	1	MO	<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ	1				
<i>lactated ringers intravenous</i>	1	MO			
<i>magnesium chloride injection</i>	1				
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1				
<i>magnesium sulfate in water</i>	1				
<i>magnesium sulfate injection solution</i>	1	MO			
<i>magnesium sulfate injection syringe</i>	1				

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

This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl</i>	1	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
POTASSIUM PHOSPHATE M-/D-BASIC INTRAVENOUS SOLUTION 3 MMOL/ML (4.7 MEQ/ML)	1	
<i>ringer's intravenous</i>	1	
<i>sodium acetate</i>	1	
<i>sodium bicarbonate intravenous</i>	1	
<i>sodium chloride 0.45 % intravenous</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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
TPN ELECTROLYTES	1	
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
CLINIMIX E 4.25%/D10W SUL FREE	1	B/D PA
CLINIMIX E 4.25%/D5W SULF FREE	1	B/D PA

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

This drug list was last updated on 01/17/2024.

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX E 5%/D15W SULFIT FREE	1	B/D PA
CLINIMIX E 5%/D20W SULFIT FREE	1	B/D PA
CLINIMIX E 8%-D10W SULFITEFREE	1	B/D PA
CLINIMIX E 8%-D14W SULFITEFREE	1	B/D PA
CLINISOL SF 15 %	1	B/D PA
CLINOLIPID	1	B/D PA
DOJOLVI	1	PA; MO; LA
EDETALE CALCIUM DISODIUM INJECTION	1	
<i>electrolyte-148</i>	1	
<i>electrolyte-48 in d5w</i>	1	
<i>electrolyte-a</i>	1	
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	1	B/D PA
ISOLYTE S PH 7.4	1	
ISOLYTE-P IN 5 % DEXTROSE	1	

Drug Name	Drug Tier	Requirements /Limits
ISOLYTE-S	1	
KABIVEN	1	B/D PA
NUTRILIPID	1	B/D PA
OMEGAVEN	1	B/D PA; MO
PERIKABIVEN	1	B/D PA
PLASMA-LYTE 148	1	
PLASMA-LYTE A	1	
<i>plasmanate</i>	1	
PLENAMINE	1	B/D PA
<i>premasol 10 %</i>	1	B/D PA
PROSOL 20 %	1	B/D PA
SMOFLIPID	1	B/D PA
THAM	1	
<i>travasol 10 %</i>	1	B/D PA
TROPHAMINE 10 %	1	B/D PA
VITAMINS / HEMATINICS		
CITRANATAL MEDLEY	1	MO
<i>fluoride (sodium) oral tablet</i>	1	MO
NESTABS ONE	1	MO
<i>prenatal vitamin oral tablet</i>	1	MO
<i>wescap-c dha</i>	1	MO
<i>wescap-pn dha</i>	1	MO

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

This drug list was last updated on 01/17/2024.

Index

A	
abacavir.....	3
abacavir-lamivudine.....	3
ABELCET	2
ABILIFY	58
ABILIFY ASIMTUFII.....	57
ABILIFY MAINTENA.....	57
ABILIFY MYCITE MAINTENANCE KIT.....	57
ABILIFY MYCITE STARTER KIT	57, 58
abiraterone	20
ABRAXANE.....	20
ABRILADA(CF).....	132
ABRILADA(CF) PEN	131
ABRYSVO.....	124
ABSORICA.....	87
ABSORICA LD	87
acamprosate	94
ACANYA.....	87
acarbose	101
ACCOLATE.....	148
ACCUPRIL	71
ACCURETIC	71
accutane	87
acebutolol	71
ACETADOTE	94
ACETAMINOPHEN	54
acetaminophen-caff- dihydrocod.....	49
acetaminophen-codeine.....	49
acetazolamide	145
acetazolamide sodium	145
acetic acid	94, 99
acetylcysteine	94, 148
ACIPHEX	119
acitretin	84
ACTEMRA	132
ACTEMRA ACTPEN.....	132
ACTHAR	99
ACTHIB (PF).....	124
ACTIMMUNE	121
ACTIVELLA	136
ACTONEL	131
ACTOPLUS MET	102
ACTOS	102
ACULAR.....	145
ACULAR LS	145
ACUVAIL (PF).....	145
acyclovir	3, 91
acyclovir sodium.....	3
ACZONE.....	87
ADACEL(TDAP ADOLESN/ADULT)(PF)	124
ADAKVEO	20
ADALIMUMAB-ADAZ....	132
ADALIMUMAB-ADBM... ADALIMUMAB-ADBM(CF) PEN CROHNS	132
ADALIMUMAB-ADBM(CF) PEN PS-UV	132
ADALIMUMAB-FKJP.....	132
adapalene	88
adapalene-benzoyl peroxide.	88
ADBRY	85
ADCETRIS	20
ADCIRCA	148
ADDERALL	58
ADDERALL XR.....	58
adefovir.....	3
ADEMPAS	148
adenosine	70
ADLARITY	45
ADMELOG SOLOSTAR U- 100 INSULIN	102
ADMELOG U-100 INSULIN LISPRO	102
adrenalin	147
ADRIAMYCIN	20
ADSTILADRIN	20
ADVAIR DISKUS	148
ADVAIR HFA	148
ADZENYS XR-ODT	58
AEMCOLO	10
AFINITOR	20
AFINITOR DISPERZ	20
afirmelle.....	139
AFREZZA	102
AGGRASTAT CONCENTRATE.....	77
AGGRASTAT IN SODIUM CHLORIDE.....	77
AGRYLIN	94
AIMOVIG AUTOINJECTOR	43
AIRDUO DIGIHALER.....	148
AIRDUO RESPICLICK.....	148
AIRSUPRA	148
AJOVY AUTOINJECTOR..	43
AJOVY SYRINGE.....	43
AKEEGA.....	20
AKLIEF	88
AKYNZEO (FOSNETUPITANT)	113
ala-cort	91
ALA-SCALP	91
albendazole	10
ALBUKED-25.....	156
ALBUKED-5.....	156
albumin, human 25 %.....	156
ALBUMIN, HUMAN 5 %.	156
ALBUMINEX	156
alburx (human) 25 %.....	156
ALBURX (HUMAN) 5 %..	156
ALBUTEIN 25 %.....	156
ALBUTEIN 5 %.....	156
albuterol sulfate.....	148, 149
ALBUTEROL SULFATE..	148
alclometasone	91
alcohol pads.....	102
ALDACTONE	71
ALDURAZYME	109
ALECENSA	20
alendronate	131
alfuzosin.....	155
ALIMTA.....	20
ALIQOPA.....	20
aliskiren	71

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

This drug list was last updated on 01/17/2024.

ALKERAN	20		
ALKERAN (AS HCL)	20		
ALKINDI SPRINKLE	100		
<i>allopurinol</i>	130		
ALLOPURINOL	130		
<i>allopurinol sodium</i>	130		
<i>almotriptan malate</i>	43		
ALOCRIL	144		
ALOGLIPTIN	102		
ALOGLIPTIN-METFORMIN	102		
ALOGLIPTIN-PIOGLITAZONE	102		
ALOMIDE	144		
<i>aloprim</i>	130		
<i>alosetron</i>	114		
ALPHAGAN P	147		
ALREX	146		
ALTABAX	89		
ALTACE	71		
<i>altavera</i> (28)	139		
ALTOPREV	80		
ALTRENO	88		
ALUNBRIG	20		
ALVESCO	149		
<i>alyacen</i> 1/35 (28)	139		
<i>alyacen</i> 7/7/7 (28)	139		
ALYMSYS	20		
<i>alyq</i>	149		
<i>amabelz</i>	137		
<i>amantadine hcl</i>	3		
AMBIEN	58		
AMBIEN CR	58		
AMBISOME	2		
<i>ambrisentan</i>	149		
<i>amcinonide</i>	91		
<i>amethia</i>	139		
<i>amethyst</i> (28)	139		
<i>amikacin</i>	10		
<i>amiloride</i>	71		
<i>amiloride-hydrochlorothiazide</i>	71		
<i>aminocaproic acid</i>	77		
<i>aminophylline</i>	149		
<i>amiodarone</i>	70		
AMITIZA	114		
<i>amitriptyline</i>	58		
AMJEVITA (PREFERRED NDCS STARTING WITH 55513)	132, 133		
<i>amlodipine</i>	71		
<i>amlodipine-atorvastatin</i>	80		
<i>amlodipine-benazepril</i>	71		
<i>amlodipine-olmesartan</i>	71		
<i>amlodipine-valsartan</i>	71		
<i>amlodipine-valsartan-hcthiazid</i>	71		
<i>ammonium lactate</i>	85		
AMMONUL	94		
<i>amnesteem</i>	88		
AMONDYS-45	45		
<i>amoxapine</i>	58		
<i>amoxicil-clarithromy-lansopraz</i>	119		
<i>amoxicillin</i>	15		
<i>amoxicillin-pot clavulanate</i>	15		
<i>amphetamine sulfate</i>	58		
<i>amphotericin b</i>	2		
<i>amphotericin b liposome</i>	2		
<i>ampicillin</i>	15		
<i>ampicillin sodium</i>	15		
<i>ampicillin-sulbactam</i>	15		
AMPYRA	45		
AMVUTTRA	45		
AMZEEQ	88		
ANAFRANIL	58		
<i>anagrelide</i>	94		
ANALPRAM-HC	84, 114		
<i>anastrozole</i>	20		
ANCOBON	2		
ANDEXXA	77		
ANDRODERM	109		
ANDROGEL	109		
ANGELIQ	137		
ANNOVERA	138		
ANORO ELLIPTA	149		
ANTIVERT	114		
ANUSOL-HC	114		
ANZEMET	114		
<i>apexicon e</i>	91		
APIDRA SOLOSTAR U-100 INSULIN	102		
APIDRA U-100 INSULIN	102		
APLENZIN	58		
APOKYN	42		
<i>apomorphine</i>	42		
<i>apraclonidine</i>	147		
<i>aprepitant</i>	114		
APRETUDE	3		
<i>apri</i>	139		
APRISO	114		
APTENSIO XR	58		
APTIOM	35		
APTIVUS	3		
ARALAST NP	94		
<i>aranelle</i> (28)	139		
ARANESP (IN POLYSORBATE)	121		
ARAVA	133		
ARAZLO	88		
ARCALYST	121		
ARESTIN	98		
AREXVY (PF)	124		
<i>arformoterol</i>	149		
ARGATROBAN	77		
<i>argatroban in 0.9 % sod chlor</i>	77		
ARICEPT	45		
ARIKAYCE	10		
ARIMIDEX	20		
<i>ariPIPRAZOLE</i>	58		
ARISTADA	58		
ARISTADA INITIO	58		
ARIIXTRA	77		
<i>armodafinil</i>	58		
ARMONAIR DIGIHALER	149		
ARNUITY ELLIPTA	149		
AROMASIN	20		
ARRANON	20		
<i>arsenic trioxide</i>	20		
ARTHROTEC 50	54		
ARTHROTEC 75	54		
ASCENIV	124		
<i>asenapine maleate</i>	58		
<i>ashlyna</i>	139		
ASMANEX HFA	149		
ASMANEX TWISTHALER	149		

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

This drug list was last updated on 01/17/2024.

ASPARLAS	20
<i>aspirin-dipyridamole</i>	77
ASPRUZY SPRINKLE.....	82
ASSURE ID INSULIN SAFETY	127
ASTAGRAF XL	21
ATACAND	71
ATACAND HCT	71
<i>atazanavir</i>	3
ATELVIA.....	131
<i>atenolol</i>	71
<i>atenolol-chlorthalidone</i>	71
ATGAM	124
ATIVAN.....	58, 59
<i>atomoxetine</i>	59
ATORVALIQ.....	80
<i>atorvastatin</i>	80
<i>atovaquone</i>	10
<i>atovaquone-proguanil</i>	10
ATRALIN	88
ATRIPLA	3
<i>atropine</i>	113, 144
ATROPINE	113
ATROPINE SULFATE (PF)	144
ATROVENT HFA	149
AUBAGIO	45
<i>aubra eq</i>	139
AUGMENTIN.....	15
AUGMENTIN ES-600.....	15
AUGTYRO	21
<i>aurovela 1.5/30 (21)</i>	139
<i>aurovela 1/20 (21)</i>	139
<i>aurovela 24 fe</i>	139
<i>aurovela fe 1.5/30 (28)</i>	139
<i>aurovela fe 1-20 (28)</i>	139
AURYXIA	94
AUSTEDO	45
AUSTEDO XR.....	45
AUSTEDO XR TITRATION KT(WK1-4).....	45
AUVELITY	59
AUVI-Q.....	147
AVALIDE	71
AVAPRO	71
AVASTIN	21
AVEED	109
<i>aviane</i>	139
AVONEX	122
AVSOLA.....	114
AVYCAZ	7
AYGESTIN	137
<i>ayuna</i>	139
AYVAKIT.....	21
<i>azacitidine</i>	21
AZACTAM	10
AZASAN.....	21
AZASITE	143
<i>azathioprine</i>	21
<i>azathioprine sodium</i>	21
<i>azelaic acid</i>	88
<i>azelastine</i>	98, 144
<i>azelastine-fluticasone</i>	149
AZELEX	88
AZILECT	42
<i>azithromycin</i>	9
AZOPT	145
AZOR	71
AZSTARYS	59
<i>aztreonam</i>	10
AZULFIDINE	114
AZULFIDINE EN-TABS ..	114
<i>azurette (28)</i>	139
B	
<i>bacitracin</i>	10, 143
<i>bacitracin-polymyxin b</i>	143
<i>baclofen</i>	48
BACLOFEN	48
BACTRIM.....	17
BACTRIM DS.....	17
BAFIERTAM	45
<i>balanced salt</i>	144
BALCOLTRA	139
<i>balsalazide</i>	114
BALVERSA	21
<i>balziva (28)</i>	139
BANZEL	35
BAQSIMI	102
BARACLUDE.....	3
BASAGLAR KWIKPEN U- 100 INSULIN	102
BASAGLAR TEMPO PEN(U- 100)INSLN	102
BAVENCIO	21
BAXDELA	16
BCG VACCINE, LIVE (PF)	124
BD AUTOSHIELD DUO PEN NEEDLE.....	127
BD INSULIN SYRINGE (HALF UNIT)	127
BD INSULIN SYRINGE U- 500	127
BD INSULIN SYRINGE ULTRA-FINE.....	127
BD NANO 2ND GEN PEN NEEDLE.....	128
BD ULTRA-FINE MICRO PEN NEEDLE	128
BD ULTRA-FINE MINI PEN NEEDLE.....	128
BD ULTRA-FINE NANO PEN NEEDLE	128
BD ULTRA-FINE SHORT PEN NEEDLE	128
BD VEO INSULIN SYR (HALF UNIT)	128
BD VEO INSULIN SYRINGE UF	128
BECONASE AQ	149
BELBUCA	49
BELEODAQ.....	21
BELSOMRA	59
<i>benazepril</i>	71
<i>benazepril-hydrochlorothiazide</i>	71
<i>bendamustine</i>	21
BENDAMUSTINE	21
BENDEKA	21
BENICAR	71
BENICAR HCT	71
BENLYSTA	133
BENTYL	113
BENZAMYCIN	88
BENZNIDAZOLE	10
<i>benztropine</i>	42
BEOVU	144

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

This drug list was last updated on 01/17/2024.

<i>bepotastine besilate</i>	144	BONJESTA	114	<i>butorphanol</i>	54
BEPREVE	144	BOOSTRIX TDAP	124	BUTTRANS	50
BERINERT	149	<i>bortezomib</i>	21	BYDUREON BCISE	102
BESIVANCE	143	BORTEZOMIB	21	BYETTA	102
BESPONSA	21	<i>bosentan</i>	150	BYLVAY	114
BESREMI	122	BOSULIF	21	BYOOVIZ	144
<i>betaine</i>	114	BOTOX	124	BYSTOLIC	72
<i>betamethasone acet,sod phos</i>	100	BRAFTOVI	21	C	
<i>betamethasone dipropionate</i>	91	BREO ELLIPTA	150	CABENUVA	3
<i>betamethasone valerate</i>	91	BREVIBLOC	72	<i>cabergoline</i>	109
<i>betamethasone, augmented</i>	91	BREVIBLOC IN NACL (ISO-		CABLIVI	77
BETAPACE	70	OSM)	72	CABOMETYX	21
BETAPACE AF	70	<i>breyna</i>	150	CADUET	80
BETASERON	122	BREZTRI AEROSPHERE	150	<i>caffeine citrate</i>	94
<i>betaxolol</i>	71, 144	<i>briellyn</i>	140	<i>calcipotriene</i>	84
<i>bethanechol chloride</i>	156	BRILINTA	77	CALCIPOTRIENE	84
BETHKIS	10	<i>brimonidine</i>	88, 147	<i>calcipotriene-betamethasone</i>	84
BETIMOL	144	<i>brimonidine-timolol</i>	145	<i>calcitonin (salmon)</i>	109
BETOPTIC S	144	<i>brinzolamide</i>	145	<i>calcitriol</i>	84, 109
BEVESPI AEROSPHERE	149	BRIUMVI	45	<i>calcium acetate(phosphat bind)</i>	
<i>bexarotene</i>	21	BRIVIACT	35		156
BEXSERO	124	BRIXADI	49	<i>calcium chloride</i>	156
BEYAZ	139	<i>bromfenac</i>	145	CALCIUM GLUC IN NACL,	
BEYFORTUS	3	<i>bromocriptine</i>	42	ISO-OSM	156
<i>bicalutamide</i>	21	BROMSITE	145	<i>calcium gluconate</i>	157
BICILLIN C-R	15	BRONCHITOL	150	CALDOLOR	54
BICILLIN L-A	15	BROVANA	150	CALQUENCE	21
BICNU	21	BRUKINSA	21	CALQUENCE	
BIDIL	72	BRYHALI	91	(ACALABRUTINIB MAL)	
BIJUVA	137	<i>bss</i>	144		21
BIKTARVY	3	BSS PLUS	144	CAMBIA	54
BILTRICIDE	10	<i>budesonide</i>	114, 150	<i>camila</i>	137
<i>bimatoprost</i>	145	<i>budesonide-formoterol</i>	150	CAMPTOSAR	21
BINOSTO	131	<i>bumetanide</i>	72	<i>camrese</i>	140
<i>bismuth subcit k-metronidz-tcn</i>	119	BUPHENYL	94	<i>camrese lo</i>	140
<i>bisoprolol fumarate</i>	72	<i>buprenorphine hcl</i>	49	CAMZYOS	82
<i>bisoprolol-hydrochlorothiazide</i>	72	<i>buprenorphine transdermal</i>		CANASA	114
BIVIGAM	124	<i>patch</i>	50	CANCIDAS	2
<i>bleomycin</i>	21	<i>buprenorphine-naloxone</i>	54	candesartan	72
BLINCYTO	21	<i>bupropion hcl</i>	59	<i>candesartan-</i>	
<i>blisovi 24 fe</i>	139	BUPROPION HCL	59	<i>hydrochlorothiazid</i>	72
<i>blisovi fe 1.5/30 (28)</i>	140	<i>bupropion hcl (smoking deter)</i>		CAPEX	91
<i>blisovi fe 1/20 (28)</i>	140	<i>buspirone</i>	59	CAPLYTA	59
		<i>busulfan</i>	21	CAPRELSA	22
		BUSULFEX	21	<i>captopril</i>	72

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

This drug list was last updated on 01/17/2024.

<i>captotril-hydrochlorothiazide</i>	72	<i>cefoxitin</i>	8	<i>cholestyramine (with sugar)</i>	80
CARAC	85	<i>cefoxitin in dextrose, iso-osm</i>	8	<i>cholestyramine light</i>	80
CARAFATE	119	<i>cefodoxime</i>	8	CHORIONIC	
CARBAGLU	94	<i>cefprozil</i>	8	GONADOTROPIN, HUMAN	109
<i>carbamazepine</i>	35	<i>ceftazidime</i>	8	CIALIS	156
CARBATROL	35	<i>ceftriaxone</i>	8	CIBINQO	85
<i>carbidopa</i>	42	<i>CEFTRIAXONE</i>	8	ciclodan	90
<i>carbidopa-levodopa</i>	42	<i>ceftriaxone in dextrose,iso-os</i>	8	ciclopirox	90
<i>carbidopa-levodopa-</i> <i>entacapone</i>	42	<i>cefuroxime axetil</i>	8	<i>cidofovir</i>	3
<i>carboplatin</i>	22	<i>cefuroxime sodium</i>	8	<i>cilostazol</i>	77
CARDENE IV IN SODIUM CHLORIDE	72	<i>CELEBREX</i>	54	CILOXAN	143
CARDIZEM	72	<i>celecoxib</i>	54	CIMDUO	3
CARDIZEM CD	72	<i>CELESTONE SOLUSPAN100</i>		CIMERLI	144
CARDIZEM LA	72	<i>CELEXA</i>	59	<i>cimetidine</i>	119
CARDURA	72	<i>CELLCEPT</i>	22	CIMZIA	114
CARDURA XL	72	<i>CELLCEPT INTRAVENOUS</i>	22	CIMZIA POWDER FOR RECONST	114
<i>carglumic acid</i>	94	<i>CELONTIN</i>	35	CIMZIA STARTER KIT	114
<i>carmustine</i>	22	<i>cephalexin</i>	8, 9	<i>cinacalcet</i>	109
CARNITOR	94	<i>CEPROTIN (BLUE BAR)</i>	77	CINQAIR	150
CARNITOR (SUGAR-FREE)	94	<i>CEPROTIN (GREEN BAR)</i>	77	CINRYZE	150
CAROSPIR	72	<i>CEQUA</i>	144	CINVANTI	114
<i>carteolol</i>	144	<i>CEQR SIMPLICITY</i>	128	CIPRO	16
<i>cartia xt</i>	72	<i>CERDELGA</i>	109	CIPRO HC	99
<i>carvedilol</i>	72	<i>CEREBYX</i>	35	<i>ciprofloxacin</i>	16
<i>carvedilol phosphate</i>	72	<i>CEREZYME</i>	109	<i>ciprofloxacin hcl</i>	16, 17, 99, 143
CASODEX	22	<i>cetirizine</i>	147	<i>ciprofloxacin in 5 % dextrose</i>	17
<i>caspofungin</i>	2	<i>cevimeline</i>	94	<i>ciprofloxacin-dexamethasone</i>	99
CAYSTON	10	<i>CHANTIX</i>	98	CIPROFLOXACIN- FLUOCINOLONE	99
<i>cefaclor</i>	7	<i>CHANTIX CONTINUING</i>		<i>cisplatin</i>	22
<i>cefadroxil</i>	7	<i>MONTH BOX</i>	98	<i>citalopram</i>	59
<i>cefazolin</i>	7, 8	<i>CHANTIX STARTING</i>		CITALOPRAM	59
CEFAZOLIN	8	<i>MONTH BOX</i>	98	CITANEST PLAIN DENTAL	
<i>cefazolin in dextrose (iso-os)</i>	7	<i>charlotte 24 fe</i>	140		85
CEFAZOLIN IN DEXTROSE (ISO-OS)	7	<i>chateal eq (28)</i>	140	CITRANATAL MEDLEY	159
<i>cefdinir</i>	8	<i>CHEMET</i>	94	<i>cladribine</i>	22
<i>cefpeme</i>	8	<i>CHENODAL</i>	114	<i>claravis</i>	88
CEFEPIME	8	<i>chloramphenicol sod succinate</i>	10	CLARINEX	147
CEFEPIME IN DEXTROSE 5 %	8	<i>chlorhexidine gluconate</i>	98	CLARINEX-D 12 HOUR	147
<i>cefpeme in dextrose,iso-osm</i>	8	<i>chlorprocaine (pf)</i>	85	<i>clarithromycin</i>	9
<i>cefixime</i>	8	<i>chloroquine phosphate</i>	10	CLENPIQ	114
		<i>chlorothiazide sodium</i>	72		
		<i>chlorpromazine</i>	59		
		<i>chlorthalidone</i>	72		
		<i>CHOLBAM</i>	114		

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

This drug list was last updated on 01/17/2024.

CLEOCIN	10, 139
CLEOCIN HCL	10
CLEOCIN PEDIATRIC	10
CLEOCIN T	88
CLEVIPREX	72
CLIMARA	137
CLIMARA PRO	137
clindacin	88
clindacin etz	88
clindacin p	88
CLINDAGEL	88
clindamycin hcl	10
CLINDAMYCIN IN 0.9 % SOD CHLOR	10
clindamycin in 5 % dextrose	10
clindamycin pediatric	10
clindamycin phosphate	10, 88, 139
clindamycin-benzoyl peroxide	88
clindamycin-tretinoin	88
CLINDESS	139
CLINIMIX 5%/D15W SULFITE FREE	158
CLINIMIX 4.25%/D10W SULF FREE	158
CLINIMIX 4.25%/D5W SULFIT FREE	94
CLINIMIX 5%- D20W(SULFITE-FREE)	158
CLINIMIX 6%-D5W (SULFITE-FREE)	158
CLINIMIX 8%- D10W(SULFITE-FREE)	158
CLINIMIX 8%- D14W(SULFITE-FREE)	158
CLINIMIX E 2.75%/D5W SULF FREE	95
CLINIMIX E 4.25%/D10W SUL FREE	158
CLINIMIX E 4.25%/D5W SULF FREE	158
CLINIMIX E 5%/D15W SULFIT FREE	159
CLINIMIX E 5%/D20W SULFIT FREE	159
CLINIMIX E 8%-D10W SULFITEFREE	159
CLINIMIX E 8%-D14W SULFITEFREE	159
CLINISOL SF 15 %	159
CLINOLIPID	159
CLINPRO 5000	98
clobazam	36
clobetasol	91, 92
clobetasol-emollient	92
CLOBEX	92
clocortolone pivalate	92
clodan	92
CLODERM	92
clofarabine	22
CLOLAR	22
clomid	109
clomiphene citrate	109
clomipramine	59
clonazepam	36
clonidine	72
clonidine (pf)	54, 72
clonidine hcl	59, 72
clopidogrel	77
clorazepate dipotassium	59
clotrimazole	2, 90
clotrimazole-betamethasone	90
clozapine	59
CLOZARIL	59
COARTEM	10
codeine sulfate	50
COLAZAL	114
colchicine	130
COLCRYS	130
colesevelam	80
COLESTID	80
COLESTID FLAVORED	80
colestipol	80
colistin (colistimethate na)	10
COLUMVI	22
COLY-MYCIN M PARENTERAL	10
COMBIGAN	145
COMBIPATCH	137
COMBIVENT RESPIMAT	150
COMBIVIR	3
COMETRIQ	22
COMFORT EZ PRO SAFETY PEN NDL	128
COMPАЗINE	114
COMPLERA	3
compro	114
COMTAN	42
CONCERTA	59
CONDYLOX	85
CONJUPRI	72
constulose	114
CONZIP	54
COPAXONE	45
COPIKTRA	22
CORDRAN	92
CORDRAN TAPE LARGE ROLL	92
COREG	72
COREG CR	72
CORGARD	72
CORLANOR	82
CORTEF	100
CORTENEMA	114
CORTIFOAM	114
cortisone	100
CORTISPORIN-TC	99
CORTROPHIN GEL	100
CORVERT	70
COSELA	22
COSENTYX	84
COSENTYX (2 SYRINGES)	84
COSENTYX PEN	84
COSENTYX PEN (2 PENS)	84
COSENTYX UNREADY PEN	84
COSMEGEN	22
COSOPT	145
COSOPT (PF)	145
COTELLIC	22
COTEMPLA XR-ODT	59
COZAAR	72
CREON	114
CRESEMBA	2
CRESTOR	80
CRINONE	137

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

This drug list was last updated on 01/17/2024.

<i>cromolyn</i>	114, 144, 150	<i>dacarbazine</i>	23	DEPAKOTE ER	36
<i>crotan</i>	94	DACOGEN	23	DEPAKOTE SPRINKLES	36
<i>cryselle (28)</i>	140	<i>dactinomycin</i>	23	DEPEN TITRATABS	133
CRYSVITA	109	<i>dalfampridine</i>	45	DEPO-ESTRADIOL	137
CUBICIN RF	10	DALIRESP	150	DEPO-MEDROL	100
CUPRIMINE	133	DALVANCE	10	DEPO-PROVERA	137
CUROSURF	150	<i>danazol</i>	109	DEPO-SUBQ PROVERA	104
CUTAQUIG	124	DANTRIUM	48		137
CUVITRU	124	<i>dantrolene</i>	48	DEPO-TESTOSTERONE	109, 110
CUVPOSA	113	DANYELZA	23	<i>dermacinrx lidocan</i>	85
CUVRIOR	95	<i>dapsone</i>	10, 88	DERMA-SMOOTH/FS	
<i>cyclobenzaprine</i>	48	DAPTACEL (DTAP)		BODY OIL	92
<i>cyclophosphamide</i>	22	PEDIATRIC (PF)	124	DERMA-SMOOTH/FS	
CYCLOPHOSPHAMIDE	22	<i>daptomycin</i>	11	SCALP OIL	92
CYCLOSERINE	10	DAPTOMYCIN	10	DERMOTIC OIL	99
CYCLOSET	102	DAPTOMYCIN IN 0.9 %		DESCOVERY	3
<i>cyclosporine</i>	22, 23, 144	SOD CHLOR	10	DESFERAL	95
<i>cyclosporine modified</i>	22, 23	<i>darifenacin</i>	155	<i>desipramine</i>	60
CYLTEZO(CF)	133	<i>darunavir</i>	3	<i>desloratadine</i>	147
CYLTEZO(CF) PEN	133	DARZALEX	23	<i>desmopressin</i>	110
CYLTEZO(CF) PEN		DARZALEX FASPRO	23	<i>desog-e.estradiol/e.estriadiol</i>	140
CROHN'S-UC-HS	133	<i>dasetta 1/35 (28)</i>	140	<i>desogestrel-ethinyl estradiol</i>	
CYLTEZO(CF) PEN		<i>dasetta 7/7/7 (28)</i>	140		140
PSORIASIS-UV	133	<i>daunorubicin</i>	23	<i>desonide</i>	92
CYMBALTA	59	DAURISMO	23	DESOWEN	92
CYRAMZA	23	DAYBUE	45	<i>desoximetasone</i>	92
<i>cyled eq</i>	140	DAYPRO	54	DESVENLAFAKINE	60
CYSTADANE	114	<i>daysee</i>	140	<i>desvenlafaxine succinate</i>	60
CYSTADROPS	144	DAYTRANA	59	DETROL	155
CYSTAGON	156	DAYVIGO	60	DETROL LA	155
CYSTARAN	144	DDAVP	109	<i>dexabliss</i>	100
<i>cytarabine</i>	23	<i>deblitane</i>	137	<i>dexamethasone</i>	100
<i>cytarabine (pf)</i>	23	<i>decitabine</i>	23	<i>dexamethasone intensol</i>	100
CYTOGAM	124	<i>deferasirox</i>	95	<i>dexamethasone sodium phos</i>	
CYTOMEL	112	<i>deferiprone</i>	95	(pf)	100
CYTOTEC	119	<i>deferoxamine</i>	95	DEXAMETHASONE	
D		DELESTROGEN	137	SODIUM PHOS (PF)	100
<i>d10 %-0.45 % sodium chloride</i>		DELSTRIGO	3	<i>dexamethasone sodium</i>	
	95	DELZICOL	114	phosphate	100, 146
<i>d2.5 %-0.45 % sodium chloride</i>		<i>demeclacycline</i>	17	DEXCOM G6 RECEIVER	128
	95	DEM SER	72	DEXCOM G6 SENSOR	128
<i>d5 % and 0.9 % sodium chloride</i>		DENAVIR	91	DEXCOM G6	
	95	DENGVAXIA (PF)	124	TRANSMITTER	128
<i>d5 %-0.45 % sodium chloride</i>		<i>denta 5000 plus</i>	98	DEXCOM G7 RECEIVER	128
	95	<i>dentagel</i>	98		
<i>dabigatran etexilate</i>	77	DEPAKOTE	36		

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

This drug list was last updated on 01/17/2024.

DEXCOM G7 SENSOR	128
DEXEDRINE SPANSULE	60
DEXILANT	119
<i>dexlansoprazole</i>	119
<i>dexamethylphenidate</i>	60
<i>dexrazoxane hcl</i>	19
DEXTENZA	146
<i>dextroamphetamine sulfate</i>	60
<i>dextroamphetamine-</i>	
<i>amphetamine</i>	60
<i>dextrose 10 % and 0.2 % nacl</i>	
<i>.....</i>	95
<i>dextrose 10 % in water (d10w)</i>	
<i>.....</i>	95
<i>dextrose 25 % in water (d25w)</i>	
<i>.....</i>	95
<i>dextrose 5 % in water (d5w)</i>	95
<i>dextrose 5 %-lactated ringers</i>	
<i>.....</i>	95
<i>dextrose 5%-0.2 % sod chloride</i>	95
<i>dextrose 5%-0.3 % sod.chloride</i>	95
<i>dextrose 50 % in water (d50w)</i>	
<i>.....</i>	95
<i>dextrose 70 % in water (d70w)</i>	
<i>.....</i>	95
DEXYCU (PF)	146
DHIVY	42
DIACOMIT	36
DIASTAT	36
DIASSTAT ACUDIAL	36
<i>diazepam</i>	36, 60
<i>diazepam intensol</i>	60
<i>diazoxide</i>	102
DIBENZYLINE	72
<i>dichlorphenamide</i>	45
DICLEGIS	115
DICLOFENAC EPOLAMINE	
<i>.....</i>	54
<i>diclofenac potassium</i>	54
<i>diclofenac sodium</i>	54, 85, 145
<i>diclofenac-misoprostol</i>	54
<i>dicloxacillin</i>	15
<i>dicyclomine</i>	113
DIFFERIN	88
DIFICID	9
<i>diflorasone</i>	92
DIFLUCAN	2
<i>dilfusal</i>	55
<i>diluprednate</i>	146
<i>digoxin</i>	82
<i>dihydroergotamine</i>	43
DILANTIN 30 MG	36
DILANTIN EXTENDED 100 MG	36
DILANTIN INFATABS 50 MG	36
DILANTIN-125 125 MG/5 ML	36
DILAUDID	50
DILAUDID (PF)	50
<i>diltiazem hcl</i>	73
<i>dilt-xr</i>	73
<i>dimenhydrinate</i>	115
<i>dimethyl fumarate</i>	45
DIOVAN	73
DIOVAN HCT	73
DIPENTUM	115
<i>diphenhydramine hcl</i>	147
<i>diphenoxylate-atropine</i>	113
DIPROLENE (AUGMENTED)	92
<i>dipyridamole</i>	77
<i>disulfiram</i>	95
DIURIL	73
<i>divalproex</i>	36
DIVIGEL	137
<i>dobutamine</i>	82
<i>dobutamine in d5w</i>	83
<i>docetaxel</i>	23
<i>dofetilide</i>	70
DOJOLVI	159
<i>dolishale</i>	140
<i>donepezil</i>	45, 46
<i>dopamine</i>	83
<i>dopamine in 5 % dextrose</i>	83
DOPRAM	60
DOPTELET (10 TAB PACK)	78
DOPTELET (15 TAB PACK)	78
DOPTELET (30 TAB PACK)	78
DORYX	17
DORYX MPC	17
<i>dorzolamide</i>	145
<i>dorzolamide-timolol</i>	145
<i>dorzolamide-timolol (pf)</i>	145
<i>dotti</i>	137
DOVATO	4
<i>doxazosin</i>	73
<i>doxepin</i>	60, 85
<i>doxercalciferol</i>	110
DOXIL	23
<i>doxorubicin</i>	23
<i>doxorubicin, peg-liposomal</i>	23
<i>doxy-100</i>	17
<i>doxycycline hyclate</i>	17, 18
DOXYCYCLINE HYCLATE	18
<i>doxycycline monohydrate</i>	18
DOXYCYCLINE MONOHYDRATE	18
<i>doxylamine-pyridoxine (vit b6)</i>	
<i>.....</i>	115
DRIZALMA SPRINKLE	60
<i>dronabinol</i>	115
<i>droperidol</i>	115
DROPLET INSULIN SYR(HALF UNIT)	128
DROPLET INSULIN SYRINGE	128
DROPLET MICRON PEN NEEDLE	129
DROPLET PEN NEEDLE	129
DROPSAFE ALCOHOL PREP PADS	102
DROPSAFE PEN NEEDLE	
<i>.....</i>	129
<i>drospirenone-e.estriadiol-lm.fa</i>	
<i>.....</i>	140
<i>drospirenone-ethinyl estradiol</i>	
<i>.....</i>	140
DROXIA	23
<i>droxidopa</i>	95
DUAKLIR PRESSAIR	150
DUAVEE	137

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

This drug list was last updated on 01/17/2024.

DUETACT	102	ELIDEL	86	enoxaparin	78
DUEXIS	55	ELIGARD	23	enpresse	140
DULERA.....	150	ELIGARD (3 MONTH)	23	enskyce	140
<i>duloxetine</i>	61	ELIGARD (4 MONTH)	23	ENSPRYNG	24
DUOBRII	92	ELIGARD (6 MONTH)	23	ENSTILAR.....	84
DUOPA	42	<i>elinest</i>	140	entacapone	42
DUPIXENT PEN	85, 86	ELIQUIS	78	ENTADFI	155
DUPIXENT SYRINGE	86	ELIQUIS DVT-PE TREAT 30D START	78	entecavir	4
<i>duramorph (pf)</i>	50	ELITEK	19	ENTRESTO	83
DUREZOL	146	ELIXOPHYLLIN	150	ENTYVIO	115
DURYSTA	146	ELLENCE	23	<i>enulose</i>	115
<i>dutasteride</i>	155	ELMIRON	156	ENVARSUS XR	24
<i>dutasteride-tamsulosin</i>	155	ELREXFIO.....	23	EPANED	73
DYANAVEL XR	61	<i>eluryng</i>	139	EPCLUSA	4
DYMISTA.....	150	ELYXYB	43	EPIDIOLEX	36
DYRENium	73	ELZONRIS	23	EPIDUO	88
DYSport	124	EMCYT	23	EPIDUO FORTE.....	88
E		EMEND	115	EPIFOAM.....	84
<i>e.e.s. 400</i>	9	EMEND (FOSAPREPITANT)	115	<i>epinastine</i>	144
E.E.S. GRANULES	9	EMFLAZA	100	<i>epinephrine</i>	147
<i>ec-naproxen</i>	55	EMGALITY PEN.....	43	EPINEPHRINE	147
<i>econazole</i>	90	EMGALITY SYRINGE	43	EPINEPHRINE HCL (PF)	147
EDARBI	73	EMPaveli	95	EPIPEN	148
EDARBYCLOR.....	73	EMPLICITI	23	EPIPEN 2-PAK	148
EDECRIN	73	EMSAM	61	EPIPEN JR	148
EDETATE CALCIUM DISODIUM	159	<i>emtricitabine</i>	4	EPIPEN JR 2-PAK	148
EDURANT	4	<i>emtricitabine-tenofovir (tdf)</i>	4	<i>epirubicin</i>	24
<i>efavirenz</i>	4	EMTRIVA	4	<i>epitol</i>	36
<i>efavirenz-emtricitabin-tenofov4</i>		EMVERM	11	EPIVIR	4
<i>efavirenz-lamivu-tenofov disop</i>	4	<i>enalapril maleate</i>	73	EPKINLY	24
<i>effer-k</i>	157	<i>enalaprilat</i>	73	<i>eplerenone</i>	73
EFFER-K.....	157	<i>enalapril-hydrochlorothiazide</i>	73	EPOGEN	122
EFFEXOR XR	61	ENBREL	133	<i>epoprostenol</i>	73
EFFIENT	78	ENBREL MINI	133	EPRONTIA	36
EFUDEX	86	ENBREL SURECLICK	133	EPSOLAY	88
EGRIFTA SV	122	ENDARI	95	EPZICOM	4
ELAPRASE.....	110	<i>endocet</i>	50	EQUETRO	36
<i>electrolyte-148</i>	159	ENGERIX-B (PF)	124	ERAXIS(WATER DILUENT)	2
<i>electrolyte-48 in d5w</i>	159	ENGERIX-B PEDIATRIC (PF)	124	ERBITUX	24
<i>electrolyte-a</i>	159	ENHERTU	24	<i>ergoloid</i>	61
ELELYSO	110	<i>enilloring</i>	139	ERGOMAR	43
ELESTRIN	137	ENJAYMO	95	<i>ergotamine-caffeine</i>	43
<i>eletriptan</i>	43			ERIVEDGE	24
ELFABRIO	110			ERLEADA	24
				<i>erlotinib</i>	24

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

This drug list was last updated on 01/17/2024.

ERMEZA	112	EUCRISA	86	FASENRA	150
<i>errin</i>	137	EULEXIN	24	FASENRA PEN	150
ERTACZO	90	euthyrox	112	FASLODEX	24
<i>ertapenem</i>	11	EVAMIST	138	<i>febuxostat</i>	130
ERWINASE	24	EVEKEO	61	<i>felbamate</i>	36
<i>ery pads</i>	88	EVEKEO ODT	61	FELBATOL	36
<i>erygel</i>	88	EVENITY	131	FELDENE	55
ERYPED 200	9	<i>everolimus (antineoplastic)</i> ..	24	<i>felodipine</i>	73
ERYPED 400	9	<i>everolimus</i>	24	FEMARA	24
<i>ery-tab</i>	9	(immunosuppressive)	24	FEMRING	138
ERY-TAB	9	EVISTA	131	<i>fenofibrate</i>	81
ERYTHROCIN	9	EVKEEZA	80	FENOFIBRATE	81
<i>erythrocin (as stearate)</i>	9	EVOMELA	24	<i>fenofibrate micronized</i>	81
<i>erythromycin</i>	9, 143	EVOTAZ	4	FENOFIBRATE	
<i>erythromycin ethylsuccinate</i>	9	EVOXAC	95	MICRONIZED	81
<i>erythromycin lactobionate</i>	9	EVRYSDI	46	<i>fenofibrate nanocrystallized</i>	81
<i>erythromycin with ethanol</i>	89	EXELDERM	90	<i>fenofibric acid</i>	81
<i>erythromycin-benzoyl peroxide</i>	89	EXELON PATCH	46	<i>fenofibric acid (choline)</i>	81
ESBRIET	150	<i>exemestane</i>	24	FENOGLIDE	81
<i>escitalopram oxalate</i>	61	EXFORGE	73	<i>fenoprofen</i>	55
<i>esmolol</i>	73	EXFORGE HCT	73	FENSOLVI	24
<i>esmolol in nacl (iso-osm)</i>	73	EXJADE	95	<i>fentanyl</i>	50
<i>esomeprazole magnesium</i>	119	EXKIVITY	24	<i>fentanyl citrate</i>	50
<i>esomeprazole sodium</i>	119	EXONDYS-51	46	FENTANYL CITRATE	50
<i>estarrylla</i>	140	EXSERVAN	95	<i>fentanyl citrate (pf)</i>	50
ESTRACE	137	EXTAVIA	122	FENTORA	50
<i>estradiol</i>	137, 138	EYLEA	144	FERRIPROX	95
<i>estradiol valerate</i>	138	EYLEA HD	144	FERRIPROX (2 TIMES A	
<i>estradiol-norethindrone acet</i>	138	EYSUVIS	146	DAY)	95
ESTRING	138	EZALLOR SPRINKLE	81	<i>fesoterodine</i>	155
ESTROGEL	138	<i>ezetimibe</i>	81	FETROJA	9
<i>eszopiclone</i>	61	E		FETZIMA	61
<i>ethacrynat</i> sodium	73	FABIOR	89	FEXMID	48
<i>ethacrylic acid</i>	73	FABRAZYME	110	FIASP FLEXTOUCH U-100	
<i>ethambutol</i>	11	<i>falmina (28)</i>	140	INSULIN	102
<i>ethosuximide</i>	36	<i>famciclovir</i>	4	FIASP PENFILL U-100	
<i>ethynodiol diac-eth estradiol</i>	140	<i>famotidine</i>	119	INSULIN	102
<i>etodolac</i>	55	<i>famotidine (pf)</i>	119	FIASP U-100 INSULIN	102
<i>etonogestrel-ethynodiol estradiol</i>	139	<i>famotidine (pf)-nacl (iso-os)</i>	119	FILSPARI	83
ETOPOPHOS	24	FANAPT	61	FINACEA	89
<i>etoposide</i>	24	FARESTON	24	<i>finasteride</i>	155
<i>etravirine</i>	4	FARXIGA	102	<i> fingolimod</i>	46

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

This drug list was last updated on 01/17/2024.

FIRMAGON KIT W	
DILUENT SYRINGE	24
FIRVANQ	11
flac otic oil.....	99
FLAGYL	11
FLAREX	146
flavoxate	155
FLEBOGAMMA DIF	124
flecainide	70
FLECTOR	55
FLEQSUVE	48
FLEXBUMIN 25 %	156
FLEXBUMIN 5 %	156
FLOLAN	73
FLOLIPID	81
FLOMAX	155
flouxuridine	24
fluconazole	2
fluconazole in nacl (iso-osm) .	2
flucytosine.....	2
fludarabine	25
fludrocortisone	100
flumazenil	61
flunisolide	150
fluocinolone	92
fluocinolone acetonide oil	99
fluocinolone and shower cap	92
fluocinonide	92
fluocinonide-emollient.....	92
fluoride (sodium).....	98, 159
FLUORIDEX DAILY	
DEFENSE	99
FLUORIDEX SENSITIVITY	
RELIEF	99
FLUORIMAX 5000	99
FLUORIMAX 5000	
SENSITIVE.....	99
fluorometholone	146
FLUOROPLEX.....	86
fluorouracil	25, 86
FLUOROURACIL	86
fluoxetine	61
fluoxetine (pmdd).....	61
fluphenazine decanoate	61
fluphenazine hcl.....	61
flurandrenolide.....	92
flurbiprofen.....	55
flurbiprofen sodium	145
FLUTICASONE FUROATE-	
VILANTEROL.....	150
fluticasone propionate	92, 151
FLUTICASONE	
PROPIONATE	150, 151
fluticasone propion-salmeterol	
.....	151
FLUTICASONE PROPION-	
SALMETEROL.....	151
fluvastatin	81
fluvoxamine	61, 62
FML FORTE	146
FML LIQUIFILM	146
FOCALIN.....	62
FOCALIN XR	62
FOLOTYN	25
fomepizole.....	124
fondaparinux	78
FORFIVO XL.....	62
formoterol fumarate	151
FORTEO	131
FORTESTA.....	110
FOSAMAX	131
FOSAMAX PLUS D.....	131
fosamprenavir.....	4
fosaprepitant.....	115
foscarnet	4
fosfomycin tromethamine	19
fosinopril	73
fosinopril-hydrochlorothiazide	
.....	73
fosphenytoin.....	36
FOSRENOL	95, 96
FOTIVDA	25
FRAGMIN.....	78
FREESTYLE FREEDOM	
LITE	129
FREESTYLE INSULINX	
102,	
129	
FREESTYLE INSULINX	
TEST STRIPS	103
FREESTYLE LIBRE 14 DAY	
READER	129
FREESTYLE LIBRE 14 DAY	
SENSOR.....	129
FREESTYLE LIBRE 2	
READER	129
FREESTYLE LIBRE 2	
SENSOR.....	129
FREESTYLE LIBRE 3	
READER	129
FREESTYLE LIBRE 3	
SENSOR.....	129
FREESTYLE LITE METER	
.....	129
FREESTYLE LITE STRIPS	
.....	103
FREESTYLE PRECISION	
NEO STRIPS.....	103
FREESTYLE TEST	103
FROVA.....	43
frovatriptan.....	43
FRUZAQLA	25
FULPHILA.....	122
fulvestrant	25
FURADANTIN	19
FUROSCIX	73
furosemide	73, 74
FUZEON	4
FYARRO	25
fyavolv.....	138
FYCOMPA	36, 37
FYLNETRA	122
G	
gabapentin	37
GABLOFEN	48
GALAFOLD	110
galantamine	46
GAMASTAN	124
GAMASTAN S/D	124
GAMIFANT	25
GAMMAGARD LIQUID ..	124
GAMMAGARD S-D (IGA < 1	
MCG/ML).....	124
GAMMAKED	124
GAMMAPLEX	124
GAMMAPLEX (WITH	
SORBITOL)	125
GAMUNEX-C.....	125

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

This drug list was last updated on 01/17/2024.

<i>ganciclovir sodium</i>	4
GARDASIL 9 (PF)	125
GASTROCROM	115
<i>gatifloxacin</i>	143
GATTEX 30-VIAL	115
GATTEX ONE-VIAL	115
GAUZE PAD	129
<i>gavilyte-c</i>	115
<i>gavilyte-g</i>	115
GAVRETO	25
GAZYVA	25
<i>gefitinib</i>	25
GELNIQUE	155
<i>gemcitabine</i>	25
GEMCITABINE	25
<i>gemfibrozil</i>	81
<i>gemmily</i>	140
GEMTESA	155
<i>generlac</i>	115
<i>genograf</i>	25
GENOTROPIN	122
GENOTROPIN MINIQUICK	122
<i>gentamicin</i>	11, 89, 143
<i>gentamicin in nacl (iso-osm)</i>	11
GENTAMICIN IN NACL (ISO-OSM)	11
<i>gentamicin sulfate (ped) (pf)</i>	11
GENVOYA	4
GEODON	62
GILENYA	46
GILOTrif	25
GIMOTI	115
GIVLAARI	96
GLASSIA	96
<i>glatiramer</i>	46
<i>glatopa</i>	46
GLEEVEC	25
GLEOSTINE	25
<i>glimepiride</i>	103
<i>glipizide</i>	103
GLIPIZIDE	103
<i>glipizide-metformin</i>	103
GLUCAGEN HYPOKIT	103
GLUCAGON (HCL) EMERGENCY KIT	103
<i>glucagon emergency kit (human)</i>	103
GLUCOTROL XL	103
GLUMETZA	103
GLYCATE	113
<i>glycine urologic</i>	156
<i>glycine urologic solution</i>	156
GLYCOPHOS	157
<i>glycopyrrolate</i>	113
<i>glycopyrrolate (pf)</i>	113
<i>glycopyrrolate (pf) in water</i>	113
GLYCOPYRROLATE (PF) IN WATER	113
<i>glydo</i>	86
GLYXAMBI	103
GOCOVRI	42
GOLYTELY	115
GRALISE	37
<i>granisetron (pf)</i>	115
<i>granisetron hcl</i>	115
GRANIX	122
GRASTEK	125
<i>griseofulvin microsize</i>	2
<i>griseofulvin ultramicrosize</i>	2
GVOKE	103
GVOKE HYPOPEN 1-PACK	103, 104
GVOKE HYPOPEN 2-PACK	104
GVOKE PFS 1-PACK	104
SYRINGE	104
GVOKE PFS 2-PACK	104
SYRINGE	104
GYNAZOLE-1	139
H	
HADLIMA	133
HADLIMA PUSHTOUCH	133
HADLIMA(CF)	133
HADLIMA(CF)	
PUSHTOUCH	133
HAEGARDA	151
<i>hailey</i>	140
<i>hailey 24 fe</i>	140
<i>hailey fe 1.5/30 (28)</i>	140
<i>hailey fe 1/20 (28)</i>	140
HALAVEN	25
<i>halcinonide</i>	92
HALDOL DECANOATE	62
<i>halobetasol propionate</i>	92, 93
HALOBETASOL PROPIONATE	93
<i>haloette</i>	139
HALOG	93
<i>haloperidol</i>	62
<i>haloperidol decanoate</i>	62
<i>haloperidol lactate</i>	62
HARVONI	4
HAVRIX (PF)	125
<i>heather</i>	138
HECTOROL	110
HEMADY	100
HEMANGEOL	74
HEPAGAM B	125
<i>heparin (porcine)</i>	79
<i>heparin (porcine) in 5 % dex</i>	78
<i>heparin (porcine) in nacl (pf)</i>	78
HEPARIN (PORCINE) IN NACL (PF)	79
<i>heparin(porcine) in 0.45% nacl</i>	79
HEPARIN(PORCINE) IN 0.45% NACL	79
<i>heparin, porcine (pf)</i>	79
HEPARIN, PORCINE (PF)	79
HEPLISAV-B (PF)	125
HERCEPTIN	25
HERCEPTIN HYLECTA	25
HERZUMA	25
HETLIOZ	62
HETLIOZ LQ	62
HEXATRIONE	100
HIBERIX (PF)	125
HIPREX	19
HIZENTRA	125
HORIZANT	46
HULIO(CF)	134
HULIO(CF) PEN	133
HUMALOG JUNIOR KWIKPEN U-100	104
HUMALOG KWIKPEN INSULIN	104

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

This drug list was last updated on 01/17/2024.

HUMALOG MIX 50-50	
INSULN U-100	104
HUMALOG MIX 50-50	
KWIKPEN	104
HUMALOG MIX 75-25	
KWIKPEN	104
HUMALOG MIX 75-25(U-100)INSULN.....	104
HUMALOG TEMPO PEN(U-100)INSULN.....	104
HUMALOG U-100 INSULIN	104
HUMATIN	11
HUMATROPE	122
HUMIRA.....	134
HUMIRA PEN	134
HUMIRA PEN CROHNS-UC-HS START	134
HUMIRA PEN PSOR-UVITS-ADOL HS	134
HUMIRA(CF)	134
HUMIRA(CF) PEDI CROHNS STARTER.....	134
HUMIRA(CF) PEN	134
HUMIRA(CF) PEN CROHNS-UC-HS	134
HUMIRA(CF) PEN PEDIATRIC UC	134
HUMIRA(CF) PEN PSOR-UV-ADOL HS	134
HUMULIN 70/30 U-100	
INSULIN.....	104
HUMULIN 70/30 U-100	
KWIKPEN	104
HUMULIN N NPH INSULIN	
KWIKPEN	104
HUMULIN N NPH U-100	
INSULIN.....	104
HUMULIN R REGULAR U-100 INSULN	104
HUMULIN R U-500 (CONC)	
INSULIN.....	104
HUMULIN R U-500 (CONC)	
KWIKPEN	104
hydralazine	74
HYDREA	25
hydrochlorothiazide.....	74
hydrocodone bitartrate	50
hydrocodone-acetaminophen	50, 51
hydrocodone-ibuprofen	51
hydrocortisone.....	93, 100, 115
hydrocortisone butyrate	93
hydrocortisone butyr-emollient	93
hydrocortisone valerate.....	93
hydrocortisone-acetic acid ...	99
hydrocortisone-pramoxine .	115
hydromorphone	51
HYDROMORPHONE	51
hydromorphone (pf).....	51
HYDROMORPHONE (PF) .	51
hydroxychloroquine	11
hydroxyprogesterone caproate	138
hydroxyurea.....	25
hydroxyzine hcl.....	148
HYFTOR	86
HYPERHEP B.....	125
HYPERHEP B NEONATAL	125
HYQVIA	125
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314).....	134, 135
HYRIMOZ PEN CROHN'S-UC STARTER.....	135
HYRIMOZ PEN PSORIASIS STARTER	135
HYRIMOZ(CF) PEDI CROHN STARTER	135
HYSINGLA ER	51
HYZAAR	74
I	
ibandronate	131
IBRANCE	25
IBSRELA	115
ibu	55
ibuprofen	55
ibuprofen lysine (pf)	55
ibuprofen-famotidine	55
ibutilide fumarate	70
icatibant	151
iclevia	140
ICLUSIG	25
icosapent ethyl	81
IDACIO(CF).....	135
IDACIO(CF) PEN	135
IDACIO(CF) PEN CROHN-UC STARTR	135
IDACIO(CF) PEN PSORIASIS START	135
IDAMYCIN PFS	26
idarubicin	26
IDHIFA.....	26
IFEX	26
ifosfamide	26
ILARIS (PF)	122
ILEVRO	145
ILUMYA	84
imatinib.....	26
IMBRUVICA	26
IMFINZI	26
imipenem-cilastatin	11
imipramine hcl.....	62
imipramine pamoate	62
imiquimod	86
IMITREX	43
IMITREX STATDOSE PEN	43
IMITREX STATDOSE REFILL.....	44
IMJUDO	26
IMOVA X RABIES VACCINE (PF)	125
IMPAVIDO	11
IMURAN	26
IMVEXXY MAINTENANCE PACK	138
IMVEXXY STARTER PACK	138
INBRIJA	42
incassia	138
INCRELEX	96
INCRUSE ELLIPTA.....	151
indapamide	74
INDERAL LA	74
INDERAL XL	74
INDOCIN	55

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

This drug list was last updated on 01/17/2024.

<i>indomethacin</i>	55	I	<i>jaimiess</i>	140
INFANRIX (DTAP) (PF)	125	INVEGA	JAKAFI	26
INFLECTRA	115	INVEGA HAFYERA	jantoven	79
INFLIXIMAB	115	INVEGA SUSTENNA	JANUMET	105
INFUGEM	26	INVEGA TRINZA	JANUMET XR	105
INFUMORPH P/F	51	INVELTYS	JANUVIA	105
INGREZZA	46	INVOKAMET	JARDIANCE	105
INGREZZA INITIATION PACK	46	INVOKAMET XR	<i>jasmiel</i> (28)	140
INLYTA	26	INVOKANA	JATENZO	110
INNOPRAN XL	74	IOPIDINE	<i>javygtor</i>	110
INPEFA	104	IPOL	JAYPIRCA	26
INPEN (FOR HUMALOG) BLUE	129	<i>ipratropium bromide</i>	JEMPERLI	27
INPEN (FOR HUMALOG) GREY	129	<i>ipratropium-albuterol</i>	<i>jencycla</i>	138
INPEN (FOR HUMALOG) PINK	129	<i>irbesartan</i>	JENTADUETO	105
INPEN (NOVOLOG OR FIASP) BLUE	129	<i>irbesartan-hydrochlorothiazide</i>	JENTADUETO XR	105
INPEN (NOVOLOG OR FIASP) GREY	129	IRESSA	JEVTANA	27
INPEN (NOVOLOG OR FIASP) PINK	129	<i>irinotecan</i>	<i>jinteli</i>	138
INQOVI	26	ISENTRESS	JOENJA	96
INREBIC	26	ISENTRESS HD	<i>jolessa</i>	140
INSPRA	74	<i>isibloom</i>	JORNAY PM	63
INSULIN ASP PRT-INSULIN ASPART	104	ISOLYTE S PH 7.4	<i>joyeaux</i>	140
INSULIN ASPART U-100104, 105		ISOLYTE-P IN 5 %	JUBLIA	90
INSULIN DEGLUDEC	105	DEXTROSE	<i>juleber</i>	140
INSULIN GLARGINE	105	ISOLYTE-S	JULUCA	5
INSULIN GLARGINE-YFGN		<i>isoniazid</i>	<i>junel 1.5/30 (21)</i>	140
	105	<i>isoproterenol hcl</i>	<i>junel 1/20 (21)</i>	140
INSULIN LISPRO	105	ISORDIL	<i>junel fe 1.5/30 (28)</i>	140
INSULIN LISPRO PROTAMIN-LISPRO	105	ISORDIL TITRADOSE	<i>junel fe 1/20 (28)</i>	140
INSULIN SYRINGE- NEEDLE U-100	129	<i>isosorbide dinitrate</i>	<i>junel fe 24</i>	140
INTELENCE	4	<i>isosorbide mononitrate</i>	JUST RIGHT 5000	99
<i>intralipid</i>	159	<i>isosorbide-hydralazine</i>	JUXTAPID	81
INTRALIPID	159	<i>isotretinoin</i>	JYNARQUE	110
INTRAROSA	139	<i>isradipine</i>	JYNNEOS (PF)(STOCKPILE)	
<i>introvale</i>	140	ISTALOL	125	
INVANZ	11	ISTODAX	K	
		ISTURISA	KABIVEN	159
		<i>itraconazole</i>	KADCYLA	27
		<i>ivermectin</i>	<i>kaitlib fe</i>	140
		IXCHIQ	KALBITOR	151
		IXEMPRA	KALETRA	5
		IXIARO (PF)	<i>kalliga</i>	140
		IFYUZEH	KALYDECO	151
		IZERVAY	KANJINTI	27
		J	KANUMA	110
		JADENU	KAPSPARGO SPRINKLE	74
		JADENU SPRINKLE	KAPVAY	63

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

This drug list was last updated on 01/17/2024.

<i>kariva</i> (28)	140	<i>kourzeq</i>	99	LAMICTAL XR STARTER	
KATERZIA	74	K-PHOS NO 2	156	(ORANGE)	38
KAZANO	105	K-PHOS ORIGINAL	156	<i>lamivudine</i>	5
<i>kelnor</i> 1/35 (28)	140	KRAZATI	27	<i>lamivudine-zidovudine</i>	5
<i>kelnor</i> 1-50 (28)	140	KRINTAFEL	11	<i>lamotrigine</i>	38
<i>kemoplat</i>	27	KRISTALOSE	115	LAMPIT	11
KENALOG	93, 100	KRYSTEXXA	130	LAMZEDE	96
KENALOG-80	100	K-TAB	157	LANOXIN	83
KEPIVANCE	19	<i>kurvelo</i> (28)	140	LANREOTIDE	27
KEPPRA	37	KUVAN	110	<i>lansoprazole</i>	119, 120
KEPPRA XR	37	KYLEENA	139	<i>lanthanum</i>	96
KERENDIA	74	KYPROLIS	27	LANTUS SOLOSTAR U-100	
KERYDIN	90	L		INSULIN	106
KESIMPTA PEN	46	<i>l norgest/e.estradiol-e.estrad</i>	LANTUS U-100 INSULIN	106
<i>ketoconazole</i>	2, 90	141	<i>lapatinib</i>	27
<i>ketodan</i>	90	<i>labetalol</i>	74	<i>larin</i> 1.5/30 (21)	141
<i>ketoprofen</i>	55	LABETALOL	74	<i>larin</i> 1/20 (21)	141
<i>ketorolac</i>	145	LABETALOL IN		<i>larin</i> 24 fe	141
KETOROLAC	55	DEXTROSE,ISO-OSM....	74	<i>larin</i> fe 1.5/30 (28)	141
KEVEYIS	46	LABETALOL IN NACL (ISO-		<i>larin</i> fe 1/20 (28)	141
KEVZARA	135	OSMOT)	74	LASIX	74
KEYTRUDA	27	<i>lacosamide</i>	37	<i>latanoprost</i>	146
KHAPZORY	19	LACRISERT	144	LATUDA	63
KIMMTRAK	27	<i>lactated ringers</i>	94, 157	<i>layolis</i> fe	141
KIMYRSA	11	<i>lactulose</i>	115	LEDIPASVIR-SOFOSBUVIR
KINERET	135	LAGEVRIO (EUA)	5	5	
KINRIX (PF)	125	LAMICTAL	37	<i>leena</i> 28	141
KISQALI	27	LAMICTAL ODT	37	<i>leflunomide</i>	135
KISQALI FEMARA CO-		LAMICTAL ODT STARTER		LEMTRADA	46
PACK	27	(BLUE)	37	<i>lenalidomide</i>	27
KITABIS PAK	11	LAMICTAL ODT STARTER		LENVIMA	27
KLARON	89	(GREEN)	37	LEQEMBI	46
KLISYRI	27	LAMICTAL ODT STARTER		LEQVIO	81
KLONOPIN	37	(ORANGE)	37	LESCOL XL	81
<i>klor-con</i> 10	157	LAMICTAL STARTER		<i>lessina</i>	141
<i>klor-con</i> 8	157	(BLUE) KIT	37	LETAIRIS	151
<i>klor-con</i> m10	157	LAMICTAL STARTER		<i>letrozole</i>	27
<i>klor-con</i> m15	157	(GREEN) KIT	38	<i>leucovorin calcium</i>	19
<i>klor-con</i> m20	157	LAMICTAL STARTER		LEUKERAN	27
<i>klor-con</i> oral packet 20	157	(ORANGE) KIT	38	LEUKINE	122
<i>klor-con/ef</i>	157	LAMICTAL XR	38	<i>leuprolide</i>	27
KLOXXADO	55	LAMICTAL XR STARTER		LEUPROLIDE (3 MONTH)	27
KOMBIGLYZE XR	105	(BLUE)	38	<i>levabuterol hcl</i>	151
KONVOMEP	119	LAMICTAL XR STARTER		LEVALBUTEROL	
KORLYM	110	(GREEN)	38	TARTRATE	151
KOSELUGO	27			LEVAMLODIPINE	74

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

This drug list was last updated on 01/17/2024.

LEVEMIR FLEXPEN	106
LEVEMIR U-100 INSULIN	106
levetiracetam	38
levetiracetam in nacl (iso-os)	38
levobunolol	144
levocarnitine	96
levocarnitine (with sugar)	96
levocetirizine	148
levofloxacin	17, 143
levofloxacin in d5w	17
levoleucovorin calcium	19
levonest (28)	141
levonorgestrel-ethinyl estrad	141
levonorg-eth estrad triphasic	141
LEVOPHED (BITARTRATE)	83
levora-28	141
levorphanol tartrate	51
levo-t	112
levothyroxine	112
LEVOTHYROXINE	112
levoxyl	112
LEXAPRO	63
LEXETTE	93
LEXIVA	5
LIALDA	115
LIBTAYO	27
LICART	55
lidocaine	86
lidocaine (pf)	70, 86
lidocaine hcl	86
lidocaine in 5 % dextrose (pf)	70
lidocaine viscous	86
lidocaine-epinephrine	86
lidocaine-epinephrine (pf)	86
LIDOCAINE-EPINEPHRINE BIT	86
lidocaine-prilocaine	86
lidocan iii	87
LIDODERM	87
LILETTA	139
LINCOCIN	11
lincomycin	11
linezolid	11
linezolid in dextrose 5%	11
LINEZOLID-0.9% SODIUM CHLORIDE	11
LINZESS	115
LORESAL	49
liothyronine	112
LIPITOR	81
LIPOFEN	81
LIQREV	151
lisdexamphetamine	63
lisinopril	74
lisinopril-hydrochlorothiazide	74
LITFULO	96
lithium carbonate	63
lithium citrate	63
LITHOBID	63
LITHOSTAT	96
LIVALO	81
LIVMARLI	115
LIVTENCITY	5
LO LOESTRIN FE	141
LOCOID	93
LOCOID LIPOCREAM	93
LODINE	55
LODOCOCO	83
LODOSYN	42
LOESTRIN 1.5/30 (21)	141
LOESTRIN 1/20 (21)	141
LOESTRIN FE 1.5/30 (28-DAY)	141
LOESTRIN FE 1/20 (28-DAY)	141
lofena	55
lojaimiess	141
LOKELMA	96
LOMOTIL	113
LONSURF	28
loperamide	113
LOPID	81
lopinavir-ritonavir	5
LOPRESSOR	74
LOPROX	90
LOPROX (AS OLAMINE)	90
lorazepam	63
lorazepam intensol	63
LORBRENA	28
LOREEV XR	63
loryna (28)	141
losartan	74
losartan-hydrochlorothiazide	74
LOSEASONIQUE	141
LOTEMAX	146
LOTEMAX SM	146
LOTENSIN	74
LOTENSIN HCT	74
loteprednol etabonate	146
LOTREL	74
LOTRONEX	115
lovastatin	81
LOVAZA	81
LOVENOX	79
low-ogestrel (28)	141
loxapine succinate	63
lo-zumandimine (28)	141
lubiprostone	116
LUCEMYRA	55
LUCENTIS	144
LULICONAZOLE	90
LUMAKRAS	28
LUMIGAN	146
LUMIZYME	110
LUMRYZ	63
LUNESTA	64
LUNSUMIO	28
LUPKYNIS	28
LUPRON DEPOT	28
LUPRON DEPOT (3 MONTH)	28
LUPRON DEPOT (4 MONTH)	28
LUPRON DEPOT (6 MONTH)	28
LUPRON DEPOT-PED	28
LUPRON DEPOT-PED (3 MONTH)	28
lurasidone	64
lutera (28)	141

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

This drug list was last updated on 01/17/2024.

LUZU	90
LYBALVI	64
<i>lyeq</i>	138
<i>lyllana</i>	138
LYNPARZA.....	28
LYRICA	38
LYRICA CR.....	38
LYSODREN.....	28
LYTGOBI	28
LYUMJEV KWIKPEN U-100 INSULIN.....	106
LYUMJEV KWIKPEN U-200 INSULIN.....	106
LYUMJEV TEMPO PEN(U- 100)INSULN.....	106
LYUMJEV U-100 INSULIN	106
LYVISPAH	49
<i>lyza</i>	138
M	
MACROBID	19
MACRODANTIN	19
<i>mafenide acetate</i>	89
<i>magnesium chloride</i>	157
<i>magnesium sulfate</i>	157
MAGNESIUM SULFATE IN D5W	157
<i>magnesium sulfate in water</i> 157	
MALARONE	11
MALARONE PEDIATRIC .11	
<i>malathion</i>	94
<i>mannitol 20 %</i>	74
<i>mannitol 25 %</i>	74
<i>maraviroc</i>	5
MARGENZA	28
MARINOL	116
<i>marlissa (28)</i>	141
MARPLAN	64
MATULANE	28
<i>matzim la</i>	74
MAVENCLAD (10 TABLET PACK).....	46
MAVENCLAD (4 TABLET PACK).....	46
MAVENCLAD (5 TABLET PACK).....	46

MAVENCLAD (6 TABLET PACK).....	46
MAVENCLAD (7 TABLET PACK).....	46
MAVENCLAD (8 TABLET PACK).....	47
MAVENCLAD (9 TABLET PACK).....	47
MAVYRET	5
MAXALT	44
MAXALT-MLT	44
MAXIDEX	146
MAXITROL	146
MAYZENT	47
MAYZENT STARTER(FOR 1MG MAINT)	47
MAYZENT STARTER(FOR 2MG MAINT)	47
meclizine	116
MECLIZINE	116
<i>meclofenamate</i>	55
MEDROL	100
MEDROL (PAK)	100
medroxyprogesterone	138
mefenamic acid	55
mefloquine	11
megestrol	28
MEKINIST	28
MEKTOVI	28
meloxicam	55
<i>meloxicam submicronized</i>	55
melphalan	28
<i>melphalan hcl</i>	28
memantine	47
MEMANTINE	47
MENACTRA (PF)	125
MENEST	138
MENOSTAR	138
MENQUADFI (PF).....	125
MENVEO A-C-Y-W-135-DIP (PF).....	125
MEPRON	12
MEPSEVII.....	110
mercaptopurine	28
meropenem	12

MEROOPENEM-0.9% SODIUM CHLORIDE	12
merzee	141
mesalamine	116
mesalamine with cleansing <i>wipe</i>	116
mesna	19
MESNEX	20
MESTINON	49
MESTINON TIMESPAN	49
metformin	106
METFORMIN	106
methadone	51, 52
methadone intensol	51
methadose	52
methamphetamine	64
methazolamide	145
methenamine hippurate	19
methenamine mandelate	19
methimazole	101
METHITEST	110
methotrexate sodium	28
methotrexate sodium (pf)	28
methoxsalen	87
methscopolamine	113
methsuximide	38
methylergonovine	143
METHYLIN	64
methylphenidate	64
methylphenidate hcl	64
METHYLPHENIDATE HCL	64
methylprednisolone	100
methylprednisolone acetate	100
methylprednisolone sodium <i>succ</i>	100
methyltestosterone	110
metoclopramide hcl	116
metolazone	74
metoprolol succinate	74
metoprolol ta-hydrochlorothiaz	74
metoprolol tartrate	74
metro i.v.	12
METROCREAM	89
METROGEL	89

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

This drug list was last updated on 01/17/2024.

METROLOTION	89	MITIGO (PF)	52	MYOBLOC	125	
<i>metronidazole</i>	12, 89, 139	<i>mitomycin</i>	28	MYRBETRIQ.....	155	
<i>metronidazole in nacl (iso-os)</i>	12	<i>mitoxantrone</i>	28	MYSOLINE	38	
<i>metyrosine</i>	75	M-M-R II (PF).....	125	MYTESI	113	
<i>mexiletine</i>	70	<i>modafinil</i>	64	MYXREDLIN	106	
MIACALCIN	110	<i>moexipril</i>	75	N		
<i>mibelas 24 fe</i>	141	<i>molindone</i>	64	NABI-HB	125	
<i>micafungin</i>	2	<i>mometasone</i>	93, 151	<i>nabumetone</i>	55	
MICARDIS	75	<i>monodoxyne nl</i>	18	<i>nadolol</i>	75	
MICARDIS HCT	75	MONJUVI	28	<i>nafcillin</i>	15, 16	
MICONAZOLE NITRATE-ZINC OX-PET	90	MONODOX	18	<i>nafcillin in dextrose iso-osm.</i> 15		
<i>miconazole-3</i>	139	<i>mono-linyah</i>	141	<i>naftifine</i>	90	
<i>microgestin 1.5/30 (21)</i>	141	<i>montelukast</i>	151	NAFTIN	90	
<i>microgestin 1/20 (21)</i>	141	<i>morphine</i>	52	NAGLAZYME	110	
<i>microgestin 24 fe</i>	141	MORPHINE	52	<i>nalbuphine</i>	55	
<i>microgestin fe 1.5/30 (28)</i> ..	141	<i>morphine (pf)</i>	52	NALFON	55	
<i>microgestin fe 1/20 (28)</i>	141	<i>morphine concentrate</i>	52	NALOCET	52	
<i>midazolam (pf) in 0.9 % nacl</i> 64		MOTEGRITY	116	<i>naloxone</i>	55	
<i>midodrine</i>	96	MOTOFEN.....	113	<i>naltrexone</i>	55	
MIEBO.....	144	MOUNJARO	106	NAMENDA	47	
<i>mifepristone</i>	139	MOVANTIK	116	NAMENDA TITRATION		
<i>migergot</i>	44	MOVIPREP	116	PAK	47	
<i>miglitol</i>	106	<i>moxifloxacin</i>	17, 143	NAMENDA XR	47	
<i> miglustat</i>	110	MOXIFLOXACIN-SOD.ACE,SUL-WATER.	17	NAMZARIC	47	
MIGRALAN	44	<i>moxifloxacin-sod.chloride(iso)</i>	17	NAPRELAN CR	56	
<i> mili</i>	141	MOZOBIL	122	<i>naproxen</i>	56	
<i> millipred</i>	100	MS CONTIN	52	<i>naproxen sodium</i>	56	
<i> milrinone</i>	83	MULPLETA	79	<i>naproxen-esomeprazole</i>	56	
<i> milrinone in 5 % dextrose</i> ...	83	MULTAQ	70	<i>naratriptan</i>	44	
<i> mimvey</i>	138	<i>mupirocin</i>	90	NARCAN	56	
MINASTRIN 24 FE	141	<i>mupirocin calcium</i>	90	NARDIL	64	
MINIPRESS	75	MVASI	28	NATACYN	143	
MINIVELLE	138	MYALEPT	110	NATAZIA	141	
MINOCIN	18	MYAMBUTOL	12	<i>nateglinide</i>	106	
<i> minocycline</i>	18	MYCAMINE	2	NATESTO	110	
MINOLIRA ER.....	18	MYCAPSSA	28	NATPARA	110	
<i> minoxidil</i>	75	MYCOBUTIN	12	NATROBA	94	
<i> miostat</i>	146	<i>mycophenolate mofetil</i>	29	NAYZILAM	39	
MIRAPEX ER.....	42	<i>mycophenolate mofetil (hcl)</i>	29	<i>nebivolol</i>	75	
MIRENA	139	<i>mycophenolate sodium</i>	29	NEBUPENT	12	
<i> mirtazapine</i>	64	MYDAYIS	64	<i>necon 0.5/35 (28)</i>	141	
MIRVASO	89	MYFEMBREE	139	<i> nefazodone</i>	65	
<i> misoprostol</i>	120	MYFORTIC	29	<i> nelarabine</i>	29	
MITIGARE	130	MYLOTARG	29	<i> neomycin</i>	12	
					<i> neomycin-bacitracin-poly-hc</i>	146

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

This drug list was last updated on 01/17/2024.

<i>neomycin-bacitracin-</i>	
<i>polymyxin</i>	143
<i>neomycin-polymyxin b gu</i>	94
<i>neomycin-polymyxin b-</i>	
<i>dexameth</i>	146
<i>neomycin-polymyxin-</i>	
<i>gramicidin</i>	143
<i>neomycin-polymyxin-hc</i> 99, 146	
<i>neo-polycin</i>	143
<i>neo-polycin hc</i>	146
NEOPROFEN (IBUPROFEN	
LYSN)(PF)	56
NEORAL.....	29
NEO-SYNALAR	90
NERLYNX.....	29
NESACAIN.....	87
NESACAIN-MPF	87
NESINA	106
NESTABS ONE.....	159
<i>neuac</i>	89
NEULASTA.....	122
NEULASTA ONPRO	122
NEUPOGEN	122
NEUPRO	42
NEURONTIN.....	39
NEVANAC	145
<i>nevirapine</i>	5
NEXAVAR	29
NEXIUM.....	120
NEXIUM IV.....	120
NEXIUM PACKET	120
NEXLETOL	81
NEXLIZET.....	81
NEXPLANON	139
NEXTERONE.....	70
NEXTSELLIS.....	141
NEXVIAZYME	110
NGENLA	122
<i>niacin</i>	81
NIACOR	81
<i>nicardipine</i>	75
NICARDIPINE IN NACL (ISO-OS)	75
NICOTROL.....	98
NICOTROL NS	98
<i>nifedipine</i>	75
<i>nikki</i> (28).....	141
NILANDRON	29
<i>nilutamide</i>	29
<i>nimodipine</i>	75
NINLARO	29
NIPENT	29
<i>nisoldipine</i>	75
<i>nitazoxanide</i>	12
<i>nitisinone</i>	96
<i>nitro-bid</i>	83
NITRO-DUR	84
<i>nitrofurantoin</i>	19
NITROFURANTOIN.....	19
<i>nitrofurantoin macrocrystal</i> .19	
<i>nitrofurantoin monohyd/m-</i>	
<i>cryst</i>	19
<i>nitroglycerin</i>	84
<i>nitroglycerin in 5 % dextrose</i>	
.....	84
NITROLINGUAL	84
NITROSTAT	84
NITYR.....	96
NIVESTYM	122
<i>nizatidine</i>	120
NOCDURNA (MEN).....	110
NOCDURNA (WOMEN)..	111
<i>nora-be</i>	138
NORDITROPIN FLEXPRO	
.....	122
<i>norelgestromin-ethin.estriadiol</i>	
.....	139
<i>norepinephrine bitartrate</i>	83
NOREPINEPHRINE	
BITARTRATE-D5W	83
<i>noreth-ethinyl estradiol-iron</i>	
.....	142
<i>norethindrone (contraceptive)</i>	
.....	138
<i>norethindrone acetate</i>	138
<i>norethindrone ac-eth estradiol</i>	
.....	138, 142
<i>norethindrone-e.estriadiol-iron</i>	
.....	142
<i>norgestimate-ethinyl estradiol</i>	
.....	142
NORITATE	89
NORLIQVA	75
NORPRAMIN	65
NORTHERA	96
<i>nortrel 0.5/35</i> (28)	142
<i>nortrel 1/35</i> (21)	142
<i>nortrel 1/35</i> (28)	142
<i>nortrel 7/7/7</i> (28)	142
<i>nortriptyline</i>	65
NORVASC	75
NORVIR.....	5
NOURIANZ	42
NOVAREL	111
NOVO PEN NEEDLE	129
NOVOLIN 70/30 U-100	
INSULIN	106
NOVOLIN 70-30 FLEXPEN	
U-100.....	106
NOVOLIN N FLEXPEN ...	106
NOVOLIN N NPH U-100	
INSULIN	107
NOVOLIN R FLEXPEN....	107
NOVOLIN R REGULAR	
U100 INSULIN	107
NOVOLOG FLEXPEN U-100	
INSULIN	107
NOVOLOG MIX 70-30 U-100	
INSULN	107
NOVOLOG MIX 70-	
30FLEXPEN U-100	107
NOVOLOG PENFILL U-100	
INSULIN	107
NOVOLOG U-100 INSULIN	
ASPART	107
NOXAFL.....	2, 3
NPLATE	79
NUBEQA	29
NUCALA	151, 152
NUCYNTA.....	56
NUCYNTA ER	56
NUEDEXTA	47
NULIBRY	47
NULOJIX	29
NUPLAZID	65
NURTEC ODT	44
NUTRILIPID.....	159
NUTROPIN AQ NUSPIN..	122

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

This drug list was last updated on 01/17/2024.

NUVARING.....	139	OMECLAMOX-PAK	120	OPVEE	56
NUVESSA	139	<i>omega-3 acid ethyl esters</i>	81	OPZELURA	87
NUVIGIL	65	OMEGAVEN	159	ORACEA	18
NUZYRA	18	<i>omeprazole</i>	120	ORALAIR	125
<i>nyamyc</i>	90	<i>omeprazole-sodium bicarbonate</i>	120	<i>oralone</i>	99
<i>nylia 1/35 (28)</i>	142	OMNARIS.....	152	ORAPRED ODT	101
<i>nylia 7/7/7 (28)</i>	142	OMNIPOD 5 G6 INTRO KIT (GEN 5).....	129	ORBACTIV	12
NYMALIZE	75	OMNIPOD 5 G6 PODS (GEN 5).....	129	ORENCIA	135
<i>nymyo</i>	142	OMNIPOD CLASSIC PODS (GEN 3).....	129	ORENCIA (WITH MALTPOSE).....	135
<i>nystatin</i>	3, 90, 91	OMNIPOD DASH INTRO KIT (GEN 4).....	129	ORENCIA CLICKJECT ...	135
<i>nystatin-triamcinolone</i>	91	OMNIPOD DASH PODS (GEN 4).....	130	ORENITRAM	75
<i>nystop</i>	91	OMNITROPE	123	ORENITRAM MONTH 1 TITRATION KT	75
NYVEPRIA.....	123	ONCASPAR.....	29	ORENITRAM MONTH 2 TITRATION KT	75
O		<i>ondansetron</i>	116	ORENITRAM MONTH 3 TITRATION KT	75
OCALIVA.....	116	<i>ondansetron hcl</i>	116	ORFADIN	96
<i>ocella</i>	142	<i>ondansetron hcl (pf)</i>	116	ORGOVYX	29
OCREVUS	47	ONETOUCH ULTRA TEST	107	ORIAHNN	139
OCTAGAM.....	125	ONETOUCH ULTRA2 METER	130	ORILISSA	111
OCTAPLAS (BLOOD GROUP A).....	79	ONETOUCH VERIO FLEX METER	130	ORKAMBI	152
OCTAPLAS (BLOOD GROUP AB).....	79	ONETOUCH VERIO REFLECT METER	130	ORLADEYO	152
OCTAPLAS (BLOOD GROUP B).....	80	ONETOUCH VERIO TEST STRIPS	107	ORLISTAT	94
OCTAPLAS (BLOOD GROUP O).....	80	ONEXTON.....	89	ORSERDU	29
<i>octreotide acetate</i>	29	ONFL.....	39	<i>oseltamivir</i>	5
OCUFLOX.....	143	ONGENTYS	42	OSENI	107
ODACTRA	125	ONGLYZA.....	107	OSMITROL 10 %	75
ODEFSEY	5	ONIVYDE	29	<i>osmitrol 20 %</i>	75
ODOMZO	29	ONPATTRO	47	OSMOLEX ER.....	42
OFEV	152	ONTRUZANT	29	OSPHENA	139
<i>ofloxacin</i>	17, 99, 143	ONUREG	29	OTEZLA.....	136
OGIVRI.....	29	ONZETRA XSAIL.....	44	OTEZLA STARTER	136
OJJAARA	29	OPDIVO	29	OTOVEL	99
<i>olanzapine</i>	65	OPDUALAG	29	OTREXUP (PF).....	136
<i>olanzapine-fluoxetine</i>	65	OPFOLDA.....	111	OVIDE	94
OLINVYK.....	56	<i>opium tincture</i>	113	<i>oxacillin</i>	16
<i>olmesartan</i>	75	OPSUMIT	152	<i>oxacillin in dextrose(iso-osm)</i>	16
<i>olmesartanamlodipin-</i> <i>hcثiazid</i>	75			<i>oxaliplatin</i>	29, 30
<i>olmesartan-</i> <i>hydrochlorothiazide</i>	75			<i>oxaprozin</i>	56
<i>olopatadine</i>	99, 145			OXAYDO	52
OLPRUVA	96			OXBRYTA	96
OLUMIANT.....	135			<i>oxcarbazepine</i>	39
				OXERVATE.....	145

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

This drug list was last updated on 01/17/2024.

<i>oxiconazole</i>	91	PANRETIN	87	PERCOSET	53
OXISTAT	91	<i>pantoprazole</i>	120	PERFOROMIST	152
OXLUMO	156	PANZYGA	126	PERIKABIVEN	159
OXTELLAR XR	39	PARAGARD T 380A	130	<i>perindopril erbumine</i>	75
<i>oxybutynin chloride</i>	155	<i>paraplatin</i>	30	<i>periogard</i>	99
OXYBUTYNIN CHLORIDE	155	<i>paricalcitol</i>	111	PERJETA	30
<i>oxycodone</i>	52, 53	PARLODEL	42	<i>permethrin</i>	94
OXYCODONE	53	PARNATE	65	<i>perphenazine</i>	65
<i>oxycodone-acetaminophen</i>	53	<i>paromomycin</i>	12	PERSERIS	65
OXYCONTIN	53	<i>paroxetine hcl</i>	65	PERTZYE	117
<i>oxymorphone</i>	53	<i>paroxetine</i>		<i>pfizerpen-g</i>	16
OXYTROL	155	<i>mesylate(menop.sym)</i>	65	PHEBURANE	96
OZEMPIC	107	PATANASE	99	<i>phenelzine</i>	65
OZURDEX	146	PAXIL	65	PHENERGAN	148
P		PAXIL CR	65	<i>phenobarbital</i>	39
<i>pacerone</i>	70	PAXLOVID	5	<i>phenobarbital sodium</i>	39
<i>paclitaxel</i>	30	<i>pazopanib</i>	30	<i>phenoxybenzamine</i>	75
PACLITAXEL PROTEIN- BOUND	30	PEDIARIX (PF)	126	<i>phentolamine</i>	75
PADCEV	30	PEDVAX HIB (PF)	126	PHENYTEK	39
PALFORZIA (LEVEL 1)	126	<i>peg 3350-electrolytes</i>	117	<i>phenytoin</i>	39
PALFORZIA (LEVEL 2)	126	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	117	<i>phenytoin sodium</i>	39
PALFORZIA (LEVEL 3)	126	PEGASYS	123	<i>phenytoin sodium extended</i>	39
PALFORZIA (LEVEL 4)	126	<i>peg-electrolyte</i>	117	PHESGO	30
PALFORZIA (LEVEL 5)	126	PEMAZYRE	30	PHEXXI	139
PALFORZIA (LEVEL 6)	126	PEMETREXED	30	<i>philith</i>	142
PALFORZIA (LEVEL 7)	126	<i>pemetrexed disodium</i>	30	PHOSPHOLINE IODIDE	145
PALFORZIA (LEVEL 8)	126	PEMETREXED DISODIUM	30	PHYSIOLYTE	94
PALFORZIA (LEVEL 9)	126	PEN NEEDLE, DIABETIC	130	PIFELTRO	5
PALFORZIA (LEVEL 10)	126	PENBRAYA (PF)	126	<i>pilocarpine hcl</i>	96, 145
PALFORZIA (LEVEL 11 UP- DOSE)	126	<i>penciclovir</i>	91	<i>pimecrolimus</i>	87
PALFORZIA INITIAL DOSE	126	<i>penicillamine</i>	136	<i>pimozide</i>	65
PALFORZIA LEVEL 11 MAINTENANCE	126	PENICILLIN G POT IN		<i>pimtrea (28)</i>	142
<i>paliperidone</i>	65	DEXTROSE	16	<i>pindolol</i>	75
<i>palonosetron</i>	116	<i>penicillin g potassium</i>	16	<i>pioglitazone</i>	107
PALONOSETRON	116	<i>penicillin g sodium</i>	16	<i>pioglitazone-glimepiride</i>	107
PALYNZIQ	111	<i>penicillin v potassium</i>	16	<i>pioglitazone-metformin</i>	107
PAMELOR	65	PENNSAID	56	<i>piperacillin-tazobactam</i>	16
<i>pamidronate</i>	111	PENTACEL (PF)	126	PIPERACILLIN- TAZOBACTAM	16
PANCREAZE	117	PENTAM	12	PIQRAY	30
PANDEL	93	<i>pentamidine</i>	12	<i>pirfenidone</i>	152
PANHEMATIN	96	PENTASA	117	PIRFENIDONE	152
		<i>pentobarbital sodium</i>	65	<i>piroxicam</i>	56
		<i>pentoxifylline</i>	80	<i>pitavastatin calcium</i>	82
		PEPCID	120	PLAQUENIL	12
				<i>plasbumin 25 %</i>	156

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

This drug list was last updated on 01/17/2024.

<i>plasbumin 5 %</i>	156
PLASMA-LYTE 148	159
PLASMA-LYTE A	159
<i>plasmanate</i>	159
PLAVIX	80
PLEGRIDY	123
PLENAMINE	159
PLENVU	117
<i>plerixafor</i>	123
PLIAGLIS	87
<i>podofilox</i>	87
POLIVY	30
<i>polocaine</i>	87
POLOCAINE	87
<i>polocaine-mpf</i>	87
<i>polycin</i>	143
<i>polymyxin b sulfate</i>	12
<i>polymyxin b sulf-trimethoprim</i>	143
POMALYST	30
POMBILITI.....	111
PONVORY	47
PONVORY 14-DAY STARTER PACK	47
<i>portia 28</i>	142
PORTRAZZA	30
<i>posaconazole</i>	3
<i>potassium acetate</i>	157
<i>potassium chlorid-d5-0.45%nacl</i>	157
<i>potassium chloride</i>	157, 158
<i>potassium chloride in 0.9%nacl</i>	157
<i>potassium chloride in 5 % dex</i>	157
<i>potassium chloride in lr-d5</i> 157	
<i>potassium chloride in water</i> 157	
<i>potassium chloride-0.45 % nacl</i>	158
<i>potassium chloride-d5-0.2%nacl</i>	158
<i>potassium chloride-d5-0.9%nacl</i>	158
<i>potassium citrate</i>	156
<i>potassium phosphate m-/d-basic</i>	158
POTASSIUM PHOSPHATE M-/D-BASIC	158
POTELIGEO	30
PRADAXA.....	80
PRALATREXATE.....	30
PRALUENT PEN.....	82
<i>pramipexole</i>	42
PRAMOSONE	84
<i>prasugrel</i>	80
<i>pravastatin</i>	82
PRAXBIND.....	80
<i>praziquantel</i>	12
<i>prazosin</i>	75
PRECISION XTRA MONITOR	130
PRECISION XTRA TEST	107
PRED FORTE	147
PRED MILD.....	147
<i>prednicarbate</i>	93
<i>prednisolone</i>	101
<i>prednisolone acetate</i>	147
<i>prednisolone sodium phosphate</i>	101, 147
<i>prednisone</i>	101
<i>prednisone intensol</i>	101
PREFEST	138
<i>pregabalin</i>	39, 40
PREGNYL.....	111
PREHEVBRIOP (PF).....	126
PREMARIN	138
<i>premasol 10 %</i>	159
PREMPHASE	138
PREMPRO	138
<i>prenatal vitamin oral tablet</i> 159	
PRETOMANID.....	12
PREVACID	120
PREVACID SOLUTAB....	120
<i>prevalite</i>	82
PREVIDENT	99
PREVIDENT 5000 BOOSTER PLUS	99
PREVIDENT 5000 DRY MOUTH	99
PREVIDENT 5000 ENAMEL PROTECT	99
PREVIDENT 5000 ORTHO DEFENSE.....	99
PREVIDENT 5000 PLUS	99
PREVIDENT 5000 SENSITIVE	99
PREVYMIS	5
PREZCOBIX	5
PREZISTA	5
PRIALT	56
PRIFTIN	12
PRILOSEC	121
PRIMAQUINE	12
PRIMAXIN IV	12
<i>primidone</i>	40
PRIMIDONE	40
PRIORIX (PF)	126
PRISTIQ	65
PRIVIGEN	126
PROAIR DIGIHALER.....	152
PROAIR RESPICLICK.....	152
<i>probenecid</i>	130
<i>probenecid-colchicine</i>	131
<i>procainamide</i>	70
PROCAINAMIDE	70
PROCARDIA XL.....	75, 76
<i>procenutra</i>	65
<i>prochlorperazine</i>	117
<i>prochlorperazine edisylate</i>	117
<i>prochlorperazine maleate oral</i>	117
PROCRIT	123
PROCTOCORT	93
PROCTOFOAM HC	117
<i>procto-med hc</i>	117
<i>proctosol hc</i>	117
<i>protozone-hc</i>	117
PROCYSB.....	156
<i>progesterone</i>	138
<i>progesterone micronized</i>	138
PROGLYCEM	107
PROGRAF	30
PROLASTIN-C	96
<i>prolate</i>	53
PROLATE	53
PROLENSA	145
PROLIA.....	131

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

This drug list was last updated on 01/17/2024.

PROMACTA	80
<i>promethazine</i>	148
PROMETRIUM	138
<i>propafenone</i>	71
<i>propranolol</i>	76
<i>propylthiouracil</i>	101
PROQUAD (PF)	126
PROSCAR	155
PROSOL 20 %	159
PROSTIN VR PEDIATRIC	156
<i>protamine</i>	80
PROTONIX	121
PROTOPAM CHLORIDE	94
<i>protriptyline</i>	65
PROVERA	138
PROVIGIL	65
PROZAC	66
<i>prudoxin</i>	87
PULMICORT	152
PULMICORT FLEXHALER	152
PULMOZYME	152
PURIXAN	30
PYLERA	121
<i>pyrazinamide</i>	12
<i>pyridostigmine bromide</i>	49
PYRIDOSTIGMINE BROMIDE	49
<i>pyrimethamine</i>	12
PYRUKYND	96
Q	
QBRELIS	76
QUELBREE	66
QINLOCK	30
QNDSL	152
QTERN	107
QUADRACEL (PF)	126
QUALAQUIN	12
QUARTETTE	142
QUDEXY XR	40
QUESTRAN	82
QUESTRAN LIGHT	82
<i>quetiapine</i>	66
QUETIAPINE	66
QUILLICHEW ER	66
QUILLIVANT XR	66
<i>quinapril</i>	76
<i>quinapril-hydrochlorothiazide</i>	76
<i>quinidine gluconate</i>	71
<i>quinidine sulfate</i>	71
<i>quinine sulfate</i>	12
QULIPTA	44
QUVIVIQ	66
QUZYTIR	148
QVAR REDIHALER	153
R	
RABAVERT (PF)	126
<i>rabeprazole</i>	121
RADICAVA	47
RADICAVA ORS	47
RADICAVA ORS STARTER KIT SUSP	47
RAGWITEK	126
<i>raloxifene</i>	131
<i>ramelteon</i>	66
<i>ramipril</i>	76
<i>ranolazine</i>	83
RAPAFLO	155
RAPAMUNE	30, 31
RAPIVAB (PF)	6
<i>rasagiline</i>	42
RASUVO (PF)	136
RAVICTI	96
RAYALDEE	111
RAYOS	101
REBIF (WITH ALBUMIN)	123
REBIF REBIDOSE	123
REBIF TITRATION PACK	123
REBLOZYL	123
REBYOTA	117
RECARBRIO	12
RECLAST	96
<i>reclipsen (28)</i>	142
RECOMBIVAX HB (PF)	126
RECORLEV	111
RECTIV	117
REGLAN	117
REGRANEX	87
RELAFEN DS	56
RELENZA DISKHALER	6
RELEUKO	123
RELEXXII	66
RELISTOR	117, 118
RELPAX	44
RELTONE	118
RELYVRIO	47
REMERON	66
REMERON SOLTAB	66
REMICADE	118
REMODULIN	76
RENACIDIN	156
RENAGEL	97
RENFLEXIS	118
RENVELA	97
<i>repaglinide</i>	107
REPATHA	82
REPATHA PUSHTRONEX	82
REPATHA SURECLICK	82
RESTASIS	145
RESTASIS MULTIDOSE	145
RETACRIT	123, 124
RETEVMO	31
RETIN-A	89
RETIN-A MICRO	89
RETISERT	147
RETROVIR	6
REVATIO	153
REVCOWI	97
REVLIMID	31
<i>revonto</i>	49
REXULTI	66
REYATAZ	6
REYVOW	44
REZLIDHIA	31
REZUROCK	31
REZVOGLAR KWIKPEN	107
REZZAYO	3
RHOFADE	89
RHOPRESSA	146
RIABNI	31
<i>ribavirin</i>	6
RIDAURA	136
<i>rifabutin</i>	12
RIFADIN	12

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

This drug list was last updated on 01/17/2024.

<i>rifampin</i>	12	RYALTRIS	153	SEROQUEL	67
RILUTEK	97	RYBELSUS	107	SEROQUEL XR	67
<i>riluzole</i>	97	RYBREVANT	31	SEROSTIM	124
<i>rimantadine</i>	6	RYDAPT	31	<i>sertraline</i>	67
RIMSO-50	12	RYLAZE	31	SERTRALINE	67
<i>ringer's</i>	94, 158	RYPLAZIM	156	<i>setlakin</i>	142
RINVOQ	136	RYSTIGGO	49	<i>sevelamer carbonate</i>	97
RIOMET	107	RYTARY	43	<i>sevelamer hcl</i>	97
<i>risedronate</i>	97, 131	RYTHMOL SR	71	SEYSARA	18
RISPERDAL	66, 67	S		SEZABY	40
RISPERDAL CONSTA	66	SABRIL	40	<i>sf 99</i>	
<i>risperidone</i>	67	SAFYRAL	142	<i>sf 5000 plus</i>	99
<i>risperidone microspheres</i>	67	<i>sajazir</i>	153	SFROWASA	118
RITALIN	67	SALAGEN (PILOCARPINE)	97	<i>sharobel</i>	138
RITALIN LA	67	<i>salsalate</i>	56	SHINGRIX (PF)	126
<i>ritonavir</i>	6	SAMSCA	111	SIGNIFOR	31
RITUXAN	31	SANCUSO	118	SIGNIFOR LAR	32
RITUXAN HYCELA	31	SANDIMMUNE	31	SIKLOS	32
<i>rivastigmine</i>	47	SANDOSTATIN	31	<i>sildenafil (pulmonary arterial hypertension)</i>	153
<i>rivastigmine tartrate</i>	47	SANDOSTATIN LAR		SILENOR	67
<i>rivelsa</i>	142	DEPOT	31	SILIQ	84
<i>rizatriptan</i>	44	SANTYL	87	<i>silodosin</i>	155
ROBINUL	113	SAPHNELO	31	SILVADENE	87
ROBINUL FORTE	113	SAPHRIS	67	<i>silver sulfadiazine</i>	87
ROCALTROL	111	<i>sapropterin</i>	111	SIMBRINZA	146
ROCKLATAN	146	SARCLISA	31	<i>simliya (28)</i>	142
<i>roflumilast</i>	153	SAVAYSA	80	<i>simpesse</i>	142
ROLVEDON	124	SAVELLA	136	SIMPONI	136
<i>romidepsin</i>	31	<i>saxagliptin</i>	107	SIMPONI ARIA	136
ROMIDEPSIN	31	<i>saxagliptin-metformin</i>	107, 108	SIMULECT	32
<i>ropinirole</i>	42, 43	SCEMBLIX	31	<i>simvastatin</i>	82
<i>rosuvastatin</i>	82	<i>scopolamine base</i>	118	SINEMET	43
ROSZET	82	SEASONIQUE	142	SINGULAIR	153
ROTARIX	126	SECUADO	67	<i>sirolimus</i>	32
ROTATEQ VACCINE	126	SEGLENTIS	53	SIRTURO	12
ROWASA	118	SEGLUROMET	108	SITAVIG	6
<i>roweepra</i>	40	<i>selegiline hcl</i>	43	SIVEXTRO	12
ROXICODONE	53	<i>selenium sulfide</i>	84	SKYCLARYS	47
ROXYBOND	53	SELZENTRY	6	SKYLA	139
ROZEREM	67	SEMGLEE(INSULIN GLARGINE-YFGN)	108	SKYRIZI	85, 118
ROZLYTREK	31	SEMGLEE(INSULIN GLARG-YFGN)PEN	108	SKYTROFA	124
RUBRACA	31	SENSIPAR	111	SLYNND	142
RUCONEST	153	SEREVENT DISKUS	153	SMOFLIPID	159
<i>rufinamide</i>	40			SOAANZ	76
RUKOBIA	6			<i>sodium acetate</i>	158
RUXIENCE	31				

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

This drug list was last updated on 01/17/2024.

<i>sodium benzoate-sod phenylacet</i>	97	SOTYKTU	85
<i>sodium bicarbonate</i>	158	SOTYLIZE	71
<i>sodium chloride</i>	97, 158	SOVALDI	6
<i>sodium chloride 0.45 %</i>	158	SPEVIGO	85
<i>sodium chloride 0.9 %</i>	97	<i>spinosad</i>	94
<i>sodium chloride 3 % hypertonic</i>	158	SPIRIVA RESPIMAT	153
<i>sodium chloride 5 % hypertonic</i>	158	SPIRIVA WITH HANDIHALER	153
SODIUM EDECIN	76	<i>spironolactone</i>	76
<i>sodium fluoride 5000 dry mouth</i>	99	<i>spironolacton-</i> <i>hydrochlorothiaz</i>	76
<i>sodium fluoride 5000 plus</i>	99	SPORANOX	3
<i>sodium fluoride-pot nitrate</i>	99	SPRAVATO	67
<i>sodium nitroprusside</i>	83	<i>sprintec (28)</i>	142
SODIUM OXYBATE	67	SPRITAM.....	40
<i>sodium phenylbutyrate</i>	97	SPRIX.....	56
<i>sodium phosphate</i>	158	SPRYCEL	32
<i>sodium polystyrene sulfonate</i>	97	<i>sps (with sorbitol)</i>	97
<i>sodium,potassium,mag sulfates</i>	118	<i>sronyx</i>	142
SOFOSBUVIR- VELPATASVIR	6	<i>ssd</i>	87
SOGROYA	124	STALEVO 100.....	43
SOHONOS	97	STALEVO 125.....	43
<i>solifenacin</i>	155	STALEVO 150.....	43
SOLIQUA 100/33	108	STALEVO 200.....	43
SOLIRIS	97	STALEVO 75.....	43
SOLODYN	18	STEGLATRO	108
SOLOSEC	12	STEGLUJAN	108
SOLTAMOX	32	STELARA	85
SOLU-CORTEF	101	STIMUFEND	124
SOLU-CORTEF ACT-O- VIAL (PF)	101	STIOLTO RESPIMAT	153
SOLU-MEDROL	101	STIVARGA.....	32
SOLU-MEDROL (PF)	101	STRATTERA	68
SOMATULINE DEPOT	32	STRENSIQ	111
SOMAVERT	111	STREPTOMYCIN	13
SOOLANTRA	89	STRIBILD	6
<i>sorafenib</i>	32	STRIVERDI RESPIMAT	153
SORBITOL	94	STROMECTOL	13
SORILUX	85	SUBLOCADE	53
<i>sorine</i>	71	SUBOXONE	56
<i>sotalol</i>	71	<i>subvenite</i>	40
<i>sotalol af</i>	71	<i>subvenite starter (blue) kit</i>	40
		<i>subvenite starter (green) kit</i>	40
		<i>subvenite starter (orange) kit</i>	40
		SUCRAID	118
		<i>sucralfate</i>	121
		SUFLAVE	118
		SULAR	76
		<i>sulfacetamide sodium</i>	145
		<i>sulfacetamide sodium (acne)</i>	90
		<i>sulfacetamide-prednisolone</i>	145
		<i>sulfadiazine</i>	17
		<i>sulfamethoxazole-trimethoprim</i>	17
		SULFAMYLYON	90
		<i>sulfasalazine</i>	118
		<i>sulindac</i>	56
		<i>sumatriptan</i>	44
		<i>sumatriptan succinate</i>	44
		<i>sumatriptan-naproxen</i>	44
		<i>sunitinib malate</i>	32
		SUNLENCA	6
		SUNOSI	68
		SUPPRELIN LA	32
		SUPREP BOWEL PREP KIT	118
		SURVANTA	97
		SUSTOL	118
		SUTAB	118
		SUTENT	32
		<i>syeda</i>	142
		SYFOVRE	145
		SYMBICORT	153
		SYMBYAX	68
		SYMDEKO	153
		SYMFI	6
		SYMFI LO	6
		SYMJEPI	148
		SYMLINPEN 120	108
		SYMLINPEN 60	108
		SYMPAZAN	40
		SYMPROIC	118
		SYMTUZA	6
		SYNAGIS	6
		SYNALAR	93
		SYNAREL	111
		SYNDROS	118
		SYNJARDY	108
		SYNJARDY XR	108
		SYNTROID	112
		SYPRINE	97
		T	
		TABLOID	32

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

This drug list was last updated on 01/17/2024.

TABRECTA	32	TDVAX	127	THALITONE	76
TACLONEX	85	TECENTRIQ	32	THALOMID	33
<i>tacrolimus</i>	32, 87	TECFIDERA	48	THAM	159
<i>tadalafil</i>	156	TECHLITE INSULIN SYRINGE	130	THEO-24	154
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	153	TECHLITE INSULN SYR(HALF UNIT)	130	<i>theophylline</i>	154
TADLIQ	153	TECHLITE PEN NEEDLE	130	THIOLA	97
TAFINLAR	32	TECVAYLI	32	THIOLA EC	97
<i>tafluprost (pf)</i>	146	TEFLARO	9	<i>thioridazine</i>	68
TAGRISSO	32	TEGRETOL	40	<i>thiotepa</i>	33
TAKHZYRO	153	TEGRETOL XR	40	<i>thiothixene</i>	68
TALICIA	121	TEGSEDI	48	THROMBATE III	80
TALTZ AUTOINJECTOR	85	TEKTURNA	76	THROMBIN-JMI	80
TALTZ AUTOINJECTOR (2 PACK)	85	<i>telmisartan</i>	76	THYMOGLOBULIN	127
TALTZ AUTOINJECTOR (3 PACK)	85	<i>telmisartan-amiodipine</i>	76	THYQUIDITY	112
TALTZ SYRINGE	85	<i>telmisartan-hydrochlorothiazid</i>	76	<i>tiadylt er</i>	76
TALVEY	32	TEMODAR	32	<i>tiagabine</i>	40
TALZENNA	32	<i>temsirolimus</i>	32	TIAZAC	76
TAMIFLU	6	TENIVAC (PF)	127	TIBSOVO	33
<i>tamoxifen</i>	32	<i>tenofovir disoproxil fumarate</i>	6	TICE BCG	127
<i>tamsulosin</i>	155	TENORETIC 100	76	TICOVAC	127
TAPERDEX	101	TENORETIC 50	76	<i>tigecycline</i>	13
TARCEVA	32	TENORMIN	76	TIGLUTIK	98
TARGADOX	18	TEPADINA	32	TIKOSYN	71
TARGETIN	32	TEPEZZA	111	<i>tilia fe</i>	142
<i>tarina 24 fe</i>	142	TEPMETKO	32	<i>timolol maleate</i>	76, 144
<i>tarina fe 1-20 eq (28)</i>	142	<i>terazosin</i>	76	<i>timolol maleate (pf)</i>	144
TARPEYO	101	<i>terbinafine hcl</i>	3	TIMOPTIC OCUDOSE (PF)	144
TASCENSO ODT	47	<i>terbutaline</i>	153	<i>tinidazole</i>	13
TASIGNA	32	<i>terconazole</i>	139	<i>tiopronin</i>	98
<i>tasimelteon</i>	68	<i>teriflunomide</i>	48	<i>tiotropium bromide</i>	154
TASMAR	43	<i>teriparatide</i>	131	<i>tirofiban-0.9% sodium chloride</i>	80
<i>tavaborole</i>	91	TERIPARATIDE	131	TIROSINT	113
TAVALISSE	80	TESTIM	111	TIROSINT-SOL	113
TAVNEOS	97	TESTOPEL	111	<i>tis-u-sol pentalyte</i>	94
<i>taysofy</i>	142	<i>testosterone</i>	111, 112	TIVDAK	33
TAYTULLA	142	<i>testosterone cypionate</i>	111	TIVICAY	6
<i>tazarotene</i>	89	<i>testosterone enanthate</i>	111	TIVICAY PD	6
TAZAROTENE	89	TETANUS,DIPHTHERIA TOX PED(PF)	127	<i>tizanidine</i>	49
<i>tazicef</i>	9	<i>tetrabenazine</i>	48	TLANDO	112
TAZORAC	89	<i>tetracycline</i>	18	TOBI	13
<i>taztia xt</i>	76	TEXACORT	93	TOBI PODHALER	13
TAZVERIK	32	TEZSPIRE	154	TOBRADEX	146
				TOBRADEX ST	146
				<i>tobramycin</i>	13, 144

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

This drug list was last updated on 01/17/2024.

<i>tobramycin in 0.225 % nacl</i>	.13	<i>treprostinil sodium</i>	76	TRIUMEQ	6
<i>tobramycin sulfate</i>	.13	TRESIBA FLEXTOUCH U-		TRIUMEQ PD	6
<i>tobramycin-dexamethasone</i>	146	100	108	<i>trivora</i> (28)	143
TOBREX	.144	TRESIBA FLEXTOUCH U-		<i>tri-vylibra</i>	143
TOLAK	.87	200	108	<i>tri-vylibra lo</i>	143
<i>tolcapone</i>	.43	TRESIBA U-100 INSULIN		TRIZIVIR	6
<i>tolmetin</i>	.56		108	TRODELVY	.33
TOLSURA	.3	<i>tretinoi</i> n (antineoplastic)	33	TROGARZO	6
<i>tolterodine</i>	.155	<i>tretinoi</i> n microspheres	89	TROKENDI XR	.40, 41
<i>tolvaptan</i>	.112	<i>tretinoi</i> n topical	89	TROPHAMINE 10 %	.159
TOPAMAX	.40	TREXALL	33	<i>trospium</i>	.155
TOPICORT	.93	TREXIMET	44	TRUDHESA	.44
<i>topiramate</i>	.40	TREZIX	54	TRULANCE	.118
<i>topotecan</i>	.33	<i>triamcinolone acetonide</i>	93, 94, 99, 101	TRULICITY	.108
TOPROL XL	.76	<i>triamterene</i>	76	TRUMENBA	.127
<i>toremifene</i>	.33	<i>triamterene-hydrochlorothiazid</i>		TRUQAP	.33
TORISEL	.33	<i>trianex</i>	94	TRUVADA	6
<i>torsemide</i>	.76	TRIBENZOR	77	TRUXIMA	.33
TOSYMRA	.44	TRICOR	82	TUDORZA PRESSAIR	.154
TOUJEO MAX U-300 SOLOSTAR	.108	<i>triderm</i>	94	TUKYSA	.33
TOUJEO SOLOSTAR U-300 INSULIN	.108	<i>trientine</i>	98	TURALIO	.33
<i>tovet emollient</i>	.93	TRIENTINE	98	<i>turqoz</i> (28)	.143
TOVIAZ	.155	TRIESENCE (PF)	101	TWINRIX (PF)	.127
TPN ELECTROLYTES	.158	<i>tri-estarrylla</i>	142	TWYNEO	.89
TRACLEER	.154	<i>trifluoperazine</i>	68	TYBLUME	.143
TRADJENTA	.108	<i>trifluridine</i>	144	TYBOST	.6
<i>tramadol</i>	.57	TRIJARDY XR	108	<i>tydemy</i>	.143
TRAMADOL	.57	TRIKAFTA	154	TYGACIL	.13
<i>tramadol-acetaminophen</i>	.57	<i>tri-legest fe</i>	142	TYKERB	.33
<i>trandolapril</i>	.76	TRILEPTAL	40	TYMLOS	.131
<i>trandolapril-verapamil</i>	.76	<i>tri-linyah</i>	142	TYPHIM VI	.127
<i>tranexamic acid</i>	.139	TRILIPIX	82	TYRVAYA	.145
TRANSDERM-SCOP	.118	<i>tri-lo-estarrylla</i>	142	TYSABRI	.48
<i>tranylcypromine</i>	.68	<i>tri-lo-marzia</i>	142	TYVASO	.154
<i>travasol 10 %</i>	.159	<i>tri-lo-mili</i>	142	TYVASO DPI	.154
TRAVATAN Z	.146	<i>tri-lo-sprintec</i>	142	TYVASO INSTITUTIONAL START KIT	.154
<i>travoprost</i>	.146	<i>trimethoprim</i>	19	TYVASO REFILL KIT	.154
TRAZIMERA	.33	<i>tri-mili</i>	142	TYVASO STARTER KIT	.154
<i>trazodone</i>	.68	<i>trimipramine</i>	68	TZIELD	.98
TREANDA	.33	TRINTELLIX	68	U	
TRECATOR	.13	<i>tri-nymyo</i>	142	UBRELVY	.44
TRELEGY ELLIPTA	.154	TRIPTODUR	33	UCERIS	.118
TRELSTAR	.33	TRISENOX	33	UDENYCA	.124
TREMFYA	.85	<i>tri-sprintec</i> (28)	143	UDENYCA AUTOINJECTOR	
					.124

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

This drug list was last updated on 01/17/2024.

ULORIC	131	<i>vandazole</i>	139	VESICARE LS	155
ULTOMIRIS	98	VANFLYTA	33	<i>vestura</i> (28).....	143
ULTRAVATE	94	VANOS	94	VFEND.....	3
UNASYN	16	VAQTA (PF).....	127	VFEND IV.....	3
<i>unithroid</i>	113	<i>varenicline</i>	98	V-GO 20	130
UNITUXIN	33	VARIVAX (PF).....	127	V-GO 30	130
UPLIZNA.....	33	VARIZIG.....	127	V-GO 40	130
UPTRAVI	77	VARUBI.....	118	VIBATIV	14
UROCIT-K 10.....	156	VASCEPA.....	82	VIBERZI	118
UROCIT-K 15.....	156	VASERETIC	77	VIBRAMYCIN	18
UROCIT-K 5.....	156	<i>vasopressin</i>	112	VIBRAMYCIN (CALCIUM)	18
UROXATRAL	156	VASOSTRICT	112	VIBRAMYCIN (MONO)	18
URSO 250	118	VASOTEC.....	77	VICTOZA 2-PAK	108
URSO FORTE	118	VECAMYL	83	VICTOZA 3-PAK	108
<i>ursodiol</i>	118	VECTIBIX	33	VIDAZA.....	33
UZEDY	68	VECTICAL	85	<i>vienna</i>	143
V		VEGZELMA	33	<i>vigabatrin</i>	41
VABOMERE	13	VEKLURY	7	<i>vigadron</i> e	41
VABYSMO.....	145	VELCADE	33	VIGAMOX.....	144
VAGIFEM.....	138	<i>veletri</i>	77	<i>vigpoder</i>	41
<i>valacyclovir</i>	6, 7	<i>velivet triphasic regimen</i> (28)	143	VIIBRYD	69
VALCHLOR	87	VELPHORO.....	98	VIJOICE	34
VALCYTE	7	VELTASSA.....	98	<i>vilazodone</i>	69
<i>valganciclovir</i>	7	VELTIN.....	89	VILTEPSO	48
VALIUM	68	VEMLIDY.....	7	VIMIZIM.....	112
<i>valproate sodium</i>	41	VENCLEXTA	33	VIMOVO	57
<i>valproic acid</i>	41	VENCLEXTA STARTING		VIMPAT	41
<i>valproic acid (as sodium salt)</i>	41	PACK	33	<i>vinblastine</i>	34
<i>valrubicin</i>	33	<i>venlafaxine</i>	68, 69	<i>vincristine</i>	34
<i>valsartan</i>	77	VENLAFAKINE BESYLATE		<i>vinorelbine</i>	34
VALSARTAN	77	VENTAVIS	154	VIOKACE	118
<i>valsartan-hydrochlorothiazide</i>	77	VENTOLIN HFA.....	154	<i>viorele</i> (28)	143
VALSTAR	33	VEOZAH.....	139	VIRACEPT	7
VALTOCO	41	<i>verapamil</i>	77	VIREAD	7
VALTREX	7	VERDESO.....	94	VISTOGARD	20
VANCOCIN	13	VERELAN	77	VITRAKVI	34
<i>vancomycin</i>	13, 14	VERELAN PM.....	77	VIVELLE-DOT.....	138
VANCOMYCIN	13, 14	VERIFINE INSULIN		VIVITROL	57
VANCOMYCIN IN 0.9 %		SYRINGE.....	130	VIVJOA	3
SODIUM CHL	13	VERKAZIA.....	145	VIVLODEX	57
VANCOMYCIN IN		VERQUVO	83	VIZIMPRO	34
DEXTROSE 5 %.....	13	VERSACLOZ	69	VOGELXO	112
VANCOMYCIN-DILUENT		VERZENIO	33	<i>volnea</i> (28)	143
COMBO NO.1	14	VESICARE	155	VONJO	34
				VOQUEZNA	121

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

This drug list was last updated on 01/17/2024.

VOQUEZNA DUAL PAK	121	
VOQUEZNA TRIPLE PAK	121	
voriconazole	3	
VOSEVI	7	
VOTRIENT	34	
VOXZOGO	112	
VPRIV	112	
VRAYLAR	69	
VTAMA	85	
VUITY	145	
VUMERITY	48	
VUSION	91	
VYEPTI	44	
vyfemla (28)	143	
VYJUVEK	87	
vylibra	143	
VYNDAMAX	83	
VYNDAQEL	83	
VYONDYS-53	48	
VYTORIN 10-10	82	
VYTORIN 10-20	82	
VYTORIN 10-40	82	
VYTORIN 10-80	82	
VYVANSE	69	
VYVGART	49	
VYVGART HYTRULO	49	
VYXEOS	34	
VYZULTA	146	
W		
WAKIX	69	
warfarin	80	
water for irrigation, sterile	98	
WELCHOL	82	
WELIREG	34	
WELLBUTRIN SR	69	
WELLBUTRIN XL	69	
wera (28)	143	
wescap-c dha	159	
wescap-pn dha	159	
WINLEVI	89	
wixela inhub	154	
wymzya fe	143	
X		
XACIATO	139	
XADAGO	43	
XALATAN	146	
XALKORI	34	
XARELTO	80	
XARELTO DVT-PE TREAT	80	
30D START	80	
XATMEP	34	
XCOPRI	41	
XCOPRI MAINTENANCE	41	
PACK	41	
XCOPRI TITRATION PACK	41	
XDEMVY	145	
XELJANZ	136	
XELJANZ XR	136	
XELPROS	146	
XELSTRYM	69	
XEMBIFY	127	
XENAZINE	48	
XENICAL	94	
XENLETA	14	
XENPOZYME	98	
XEOMIN	127	
XERAVA	18	
XERESE	91	
XERMELO	34	
XGEVA	20	
XHANCE	154	
XIAFLEX	98	
XIFAXAN	14	
XIGDUO XR	109	
XiIDRA	145	
XIMINO	19	
XIPERE (PF)	101	
XOFLUZA	7	
XOLAIR	154	
XOPENEX HFA	155	
XOSPATA	34	
XPOVIO	34	
XTAMPZA ER	54	
XTANDI	34	
xulane	139	
XULTOPHY 100/3.6	109	
XURIDEN	98	
XYLOCAINE	87	
xylocaine dental-epinephrine	87	
XYLOCAINE WITH EPINEPHRINE	87	
XYLOCAINE-MPF	87	
XYLOCAINE-MPF/EPINEPHRINE	87	
XYOSTED	112	
XYREM	69	
XYWAV	69	
Y		
yargesa	112	
YASMIN (28)	143	
YAZ (28)	143	
YCANTH	87	
YERVOY	34	
YF-VAX (PF)	127	
YONDELIS	34	
YONSA	34	
YUFLYMA(CF)	136	
YUFLYMA(CF)	AUTOINJECTOR	136
YUPELRI	155	
YUSIMRY(CF) PEN	136	
YUTIQ	147	
yuvaferm	138	
Z		
zafemy	139	
zafirlukast	155	
zaleplon	69	
ZALTRAP	34	
ZANAFLEX	49	
ZANOSAR	34	
ZARONTIN	41	
ZARXIO	124	
ZAVESCA	112	
ZAVZPRET	44	
ZEGALOGUE		
AUTOINJECTOR	109	
ZEGALOGUE SYRINGE	109	
ZEGERID	121	
ZEJULA	35	
ZELAPAR	43	
ZELBORAF	35	
ZEMAIRA	98	
ZEMBRACE SYMTOUCH	44	
ZEMDRI	15	
ZEMPLAR	112	

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

This drug list was last updated on 01/17/2024.

zenatane	89	ziprasidone hcl	69	ZORTRESS	35
ZENPEP	119	ziprasidone mesylate	69	ZORVOLEX	57
zenzedi	69	ZIPSOR	57	ZORYVE	85
ZENZEDI	69	ZIRABEV	35	ZOSYN IN DEXTROSE (ISO- OSM)	16
ZEPATIER	7	ZIRGAN	144	zovia 1-35 (28)	143
ZEPOSIA	48	ZITHROMAX	9	ZOVIRAX	91
ZEPOSIA STARTER KIT (28- DAY)	48	ZITHROMAX TRI-PAK	10	ZTALMY	41
ZEPOSIA STARTER PACK (7-DAY)	48	ZITHROMAX Z-PAK	10	ZTLIDO	87
ZEPZELCA	35	ZOCOR	82	ZUBSOLV	57
ZERBAXA	9	ZOKINVY	98	zumandimine (28)	143
ZERVIA TE	145	ZOLADEX	35	ZURZUVAE	69
ZESTORETIC	77	zoledronic acid	112	ZYCLARA	87
ZESTRIL	77	zoledronic acid-mannitol-water	98, 112	ZYDELIG	35
ZETIA	82	ZOLEDRONIC AC- MANNITOL-0.9NACL	112	ZYFLO	155
ZETONNA	155	ZOLINZA	35	ZYKADIA	35
ZIAC	77	zolmitriptan	44	ZYLET	146
ZIAGEN	7	ZOLOFT	69	ZYLOPRIM	131
ZIANA	89	zolpidem	69	ZYMAXID	144
zidovudine	7	ZOMACTON	124	ZYNLONTA	35
ZIEXTENZO	124	ZOMIG	44, 45	ZYNYZ	35
zileuton	155	ZONALON	87	ZYPITAMAG	82
ZILRETTA	101	ZONEGRAN	41	ZYPREXA	69, 70
ZILXI	89	ZONISADE	41	ZYPREXA RELPREVV	70
ZIMHI	57	zonisamide	41	ZYPREXA ZYDIS	70
ZINPLAVA	127	ZONTIVITY	80	ZYTIGA	35
ZIOPTAN (PF)	146	ZORBTIVE	124	ZYVOX	15

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

This drug list was last updated on 01/17/2024.

Multi-language Interpreter Services

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Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-362-2266. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

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