



Prescription Drug Formulary

CY2024 (PPO)



PHP Medicare (PPO) 2024 Formulary

(List of Covered Drugs)

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

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 PHP Medicare. When it refers to “plan” or “our plan,” it means PHP Medicare (PPO).

This document includes a list of the drugs (formulary) for our plan which is current as of April 2024. 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, 2025, and from time to time during the year.

What is the PHP Medicare (PPO) Formulary?

A formulary is a list of covered drugs selected by our plan 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. We will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a plan 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 we 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 PHP Medicare 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 generic drug that is not new to the market 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 or move a drug to a higher cost-sharing tier, 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 PHP Medicare 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 April 2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. If we make other types of formulary changes than those listed above (non-maintenance changes), we will mail written notification to affected members in the form of Formulary Errata Sheets.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 3. 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 90. 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?

Our plan 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:** We require you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from us before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 18 per prescription for sumatriptan 50mg tablet. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, we require 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.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. 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 us 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 PHP Medicare formulary?" on page iv 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 our plan does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us 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 PHP Medicare (PPO) Formulary?

You can ask us 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 lower cost-sharing level unless the drug is on the specialty tier (Tier 5). If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, we limit 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, we 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, tiering, or utilization restriction exception. **When you request a formulary, tiering, 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.

Members who have a change in level of care (setting) will be allowed up to a one-time 30-day transition supply per drug. Examples include beneficiaries who are entering a long-term care facility are discharged from a hospital to home, or are ending a long-term care stay and returning to the community.

For more information

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

If you have questions about PHP Medicare, 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>.

PHP Medicare (PPO) Formulary

The formulary below provides coverage information about the drugs covered by PHP Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 90.

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

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

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

List of Abbreviations

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

EX: Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

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	4	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL	5	PA
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	MO
<i>nystatin oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir</i>	3	MO
<i>abacavir-lamivudine</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	2	MO
APRETUDE	5	MO
APTIVUS	5	MO
<i>atazanavir</i>	4	MO
BARACLUDGE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
CABENUVA	5	MO
<i>cidofovir</i>	5	B/D PA; MO
CIMDUO	5	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
COMPLERA	5	MO
<i>darunavir</i>	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz</i>	4	MO
<i>efavirenz-emtricitabin-tenofov</i>	5	MO
<i>efavirenz-lamivu-tenofov disop</i>	5	MO
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofov (tdf)</i>	4	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
<i>etravirine</i>	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
LAGEVRIO (EUA)	1	QL (40 per 180 days)
<i>lamivudine</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 180 days)
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	PA

Drug Name	Drug Tier	Requirements /Limits
PREVYMIS ORAL	5	PA; MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
STRIBILD	5	MO
SUNLENCA	5	
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
<i>tenofovir disoproxil fumarate</i>	4	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TRIZIVIR	5	
TROGARZO	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY	5	
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	

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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	4	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose, iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection</i>	4	PA; MO
<i>tazicef intravenous</i>	4	PA
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin</i>	2	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>e.e.s. 400 oral tablet</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	PA; MO
<i>bacitracin intramuscular</i>	4	
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate injection</i>	4	PA; MO
<i>clindamycin phosphate intravenous</i>	4	PA; MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM	5	MO
<i>ertapenem</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	4	PA; MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	3	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; QL (10 per 10 days)
<i>metro i.v.</i>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	4	
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO	5	PA; LA
STREPTOMYCIN	5	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	3	MO
TOBI PODHALER	5	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECTOR	4	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION	4	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	4	PA; MO
<i>ampicillin sodium intravenous</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN C-R	3	PA; MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA

Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA
<i>oxacillin in dextrose(iso-osm)</i>	4	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	3	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	

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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	PA; MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	3	MO
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>mondoxyne nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate oral tablet 0.5 g</i>	2	MO
<i>methenamine mandelate oral tablet 1 gram</i>	2	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	5	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA
<i>leucovorin calcium oral</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO
ADSTILADRIN	5	PA
AKEEGA	5	PA; LA; QL (60 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIQOPA	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>anastrozole</i>	2	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ASPARLAS	5	PA
AUGTYRO	5	PA; MO; QL (240 per 30 days)
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA; MO
BALVERSA	5	PA; LA
BAVENCIO	5	B/D PA; LA
BELEODAQ	5	B/D PA
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPOUSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
<i>bleomycin</i>	2	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA

Drug Name	Drug Tier	Requirements /Limits
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	5	PA; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA; QL (120 per 30 days)
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COLUMVI	5	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 25 MG	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	3	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA; MO
DANYELZA	5	PA
DARZALEX	5	B/D PA; MO; LA
<i>daunorubicin</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	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>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
ELREXFIO	5	PA
ELZONRIS	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
ENVARUSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY	5	PA
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINASE	5	B/D PA
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
EXKIVITY	5	PA; LA; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOLOTYN	5	B/D PA; MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO
FYARRO	5	PA
GAVRETO	5	PA; MO; LA; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf</i>	3	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE	5	MO
HALAVEN	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
IMJUDO	5	PA; MO
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX	5	B/D PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
IWILFIN	5	PA; LA; QL (240 per 30 days)
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
<i>kemoplat</i>	2	B/D PA
KEYTRUDA	5	PA
KIMMTRAK	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KOSELUGO	5	PA
KRAZATI	5	PA; QL (180 per 30 days)
KYPROLIS	5	B/D PA
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	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)	5	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)	5	PA; MO; QL (60 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>letrozole</i>	2	MO
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO	5	PA; LA
LONSURF	5	PA; MO
LOQTORZI	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS	5	PA; MO
LUNSUMIO	5	PA; MO
LUPRON DEPOT	5	PA; MO
LYNPARZA	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	
LYTGOBI	5	PA; LA
MARGENZA	5	PA
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B/D PA; MO
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	3	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
MONJUVI	5	PA; LA
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYLOTARG	5	B/D PA; MO; LA
<i>nelarabine</i>	5	B/D PA; MO
NERLYNX	5	PA; MO; LA
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	4	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
OJJAARA	5	PA; QL (30 per 30 days)
ONCASPARG	5	B/D PA
ONIVYDE	5	B/D PA
ONUREG	5	PA; MO; QL (14 per 28 days)
OPDIVO	5	PA; MO
OPDUALAG	5	PA; MO
ORGOVYX	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B/D PA
<i>pazopanib</i>	5	PA; MO; QL (120 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
PEMAZYRE	5	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
REZLIDHIA	5	PA; QL (60 per 30 days)
REZUROCK	5	PA; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	5	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (336 per 28 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYBREVANT	5	PA; MO
RYDAPT	5	PA; MO; QL (224 per 28 days)
RYLAZE	5	PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA; MO
SARCLISA	5	PA; LA

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

This drug list was last updated on 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days)
SIGNIFOR	5	PA
SIMULECT	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	5	PA; MO; QL (30 per 30 days)
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSEO	5	PA; MO; LA; QL (30 per 30 days)
TALVEY	5	PA
TALZENNA	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TECENTRIQ	5	B/D PA; MO; LA
TECVAYLI	5	PA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
TEPMETKO	5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
TIVDAK	5	PA; MO
<i>topotecan</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TRAZIMERA	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRODELVY	5	PA; LA
TRUQAP	5	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
UNITUXIN	5	B/D PA
<i>valrubicin</i>	5	B/D PA; MO
VANFLYTA	5	PA; QL (56 per 28 days)
VECTIBIX	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA
WELIREG	5	PA; LA
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA; MO; QL (180 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; LA; QL (84 per 28 days)
XOSPATA	5	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)	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	5	PA; LA
ZYNYZ	5	PA

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	4	MO
<i>divalproex</i>	2	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
EPRONTIA	4	PA; MO
<i>ethosuximide</i>	3	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	3	PA; MO; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
<i>methsuximide</i>	4	MO
NAYZILAM	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>oxcarbazepine oral tablet</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO
SPRITAM	4	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	4	MO
<i>subvenite starter (green) kit</i>	4	MO
<i>subvenite starter (orange) kit</i>	4	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA
<i>vigadrone</i>	5	PA; LA
<i>vigpoder</i>	5	PA; LA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	5	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days)
ZONISADE	5	PA; MO
<i>zonisamide</i>	2	PA; MO
ZTALMY	5	PA; LA; QL (1080 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine</i>	5	PA; QL (90 per 30 days)
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	2	

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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	5	
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
<i>eletriptan</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
QULIPTA	3	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral</i>	4	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY		
BRIUMVI	5	PA; MO; QL (24 per 180 days)
<i>dalfampridine</i>	3	PA; MO; QL (60 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days)
FIRDAPSE	5	PA; LA
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	
<i>galantamine oral tablet</i>	3	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
INGREZZA	5	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PACK	5	PA; LA; QL (28 per 180 days)
KESIMPTA PEN	5	PA; MO; QL (1.6 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; MO
NUEDEXTA	5	PA; MO
RADICAVA ORS	5	PA; MO
RADICAVA ORS STARTER KIT SUSP	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>teriflunomide</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
VUMERITY	5	PA; MO; QL (120 per 30 days)
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet</i>	3	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	

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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	4	
<i>hydromorphone injection solution 1 mg/ml</i>	4	
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	4	
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	3	
<i>methadone intensol</i>	3	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	

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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 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, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	3	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	2	MO
<i>butorphanol nasal</i>	4	MO; QL (10 per 28 days)
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	4	MO
<i>diflunisal</i>	3	MO
<i>ec-naproxen</i>	2	
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	2	
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naloxone nasal</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxaprozin oral tablet</i>	4	MO
<i>piroxicam</i>	3	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	3	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO	5	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY	5	ST; MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>bupirone</i>	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam injection</i>	2	PA
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)
<i>fluphenazine decanoate</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
<i>lithium carbonate</i>	1	MO
<i>lithium citrate</i>	2	
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	5	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	5	MO; QL (60 per 30 days)
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,erbiphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet, chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet, disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>perphenazine</i>	4	MO
PERSERIS	5	MO; QL (1 per 30 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	2	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)

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	5	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; MO
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; QL (30 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	QL (7 per 180 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZURZUVAE	5	PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	2	
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine (pf) intravenous</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine</i>	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg</i>	2	MO
<i>sorine oral tablet 80 mg</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO

ANTI-HYPERTENSIVE THERAPY

<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazyd</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	2	MO
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	2	
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine transdermal patch</i>	4	MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>furosemide injection solution</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	3	MO; QL (180 per 30 days)
<i>isradipine</i>	2	MO
KERENDIA	3	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>matzim la</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	4	MO
<i>nebivolol</i>	2	MO
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	4	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	2	
<i>pindolol</i>	3	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hydrochlorothiazide</i>	2	MO
<i>taztia xt</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazide</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	4	MO
<i>torse mide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazide</i>	1	MO
UPTRAVI ORAL	5	PA; MO; LA
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>velettri</i>	2	B/D PA; MO
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg</i>	4	
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	4	MO
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	4	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA
DOPTELET (15 TAB PACK)	5	PA; MO; LA
DOPTELET (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	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>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	3	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO	3	MO

Drug Name	Drug Tier	Requirements /Limits
XARELTO DVT-PE TREAT 30D START	3	MO

LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg</i>	2	QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light</i>	3	
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	4	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	3	MO
JUXTAPID	5	PA; MO; LA
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	3	MO
REPATHA	3	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (7 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
REPATHA SURECLICK	3	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	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>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	3	MO
<i>sodium nitroprusside</i>	2	B/D PA
VECAMYL	5	
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>calcitriol topical</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (3 per 180 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	2	MO
<i>chloroprocaine (pf)</i>	2	
CIBINQO	5	PA; MO; QL (30 per 30 days)
<i>dermacinrx lidocan</i>	4	PA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal</i>	3	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	
<i>lidocaine-epinephrine</i>	2	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>lidocan iii</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	PA; MO
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	

Drug Name	Drug Tier	Requirements /Limits
REGRANEX	5	QL (15 per 30 days)
SANTYL	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
<i>accutane</i>	4	
<i>amnesteam</i>	4	
<i>azelaic acid</i>	4	MO
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	4	
<i>ivermectin topical cream</i>	2	MO; QL (90 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole topical</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	

TOPICAL ANTIBACTERIALS

<i>gentamicin topical</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO

TOPICAL ANTIFUNGALS

<i>ciclodan topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta</i>	3	QL (180 per 30 days)
<i>naftifine topical cream</i>	4	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	3	MO; QL (60 per 28 days)
<i>nystop</i>	3	MO; QL (180 per 30 days)

TOPICAL ANTIVIRALS

<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>penciclovir</i>	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone</i>	3	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan</i>	4	MO; QL (236 per 28 days)
<i>desonide</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinolone topical cream 0.01 %</i>	4	MO
<i>fluocinolone topical cream 0.025 %</i>	4	
<i>fluocinolone topical oil</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate topical ointment</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA
<i>cevimeline</i>	4	MO
CHEMET	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	4	PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w)</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa</i>	5	PA; MO
ENDARI	5	PA; MO
INCRELEX	5	MO; LA
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C	5	PA; LA
REVCOVI	5	PA; LA
<i>riluzole</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
VELPHORO	5	MO; QL (180 per 30 days)
VELTASSA	3	MO
<i>water for irrigation, sterile</i>	4	MO
XIAFLEX	5	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	
NICOTROL	4	
NICOTROL NS	4	MO
<i>varenicline</i>	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal aerosol,spray</i>	3	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
PREVIDENT 5000 DRY MOUTH	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	3	MO
<i>ofloxacin otic (ear)</i>	3	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	MO; QL (7.5 per 7 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

<i>cortisone</i>	2	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ intravenous</i>	2	MO

<i>prednisolone oral solution</i>	2	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>	2	MO
-----------------------------------------------------------------------------------------------------------------------------	---	----

<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
----------------------------------------------------------------------	---	--

<i>prednisone intensol</i>	4	MO
----------------------------	---	----

<i>prednisone oral solution</i>	2	MO
---------------------------------	---	----

<i>prednisone oral tablet</i>	1	MO
-------------------------------	---	----

<i>prednisone oral tablets,dose pack</i>	1	MO
------------------------------------------	---	----

<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
--------------------------------------------------------------	---	----

ANTITHYROID AGENTS

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

<i>propylthiouracil</i>	2	MO
-------------------------	---	----

DIABETES THERAPY

<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
------------------------------------	---	-------------------------

<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
-----------------------------------	---	--------------------------

<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>alcohol pads</i>	3	MO
BAQSIMI	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
DROPSAFE ALCOHOL PREP PADS	3	
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
GLYXAMBI	3	MO; QL (30 per 30 days)
GVOKE	3	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INPEFA ORAL TABLET 200 MG	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
INPEFA ORAL TABLET 400 MG	3	PA; MO; QL (30 per 30 days)
INSULIN GLARGINE	3	
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
LANTUS U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
QTERN	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	3	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLQUA 100/33	3	MO; QL (90 per 30 days)
STEGLATRO	3	MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	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	3	MO; QL (60 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR	3	MO
ZEGALOGUE SYRINGE	3	MO
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet</i>	4	PA; MO
<i>clomid</i>	2	PA; MO
<i>clomiphene citrate</i>	2	PA
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
KORLYM	5	PA
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
<i>mifepristone oral tablet 300 mg</i>	5	PA
MYALEPT	5	PA; MO; LA
NAGLAZYME	5	PA; MO; LA
NATPARA	5	PA; LA
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO
STRENSIQ	5	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	4	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO
VIMIZIM	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO

THYROID HORMONES

<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>atropine intravenous solution 0.4 mg/ml</i>	2	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	2	
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO

MISCELLANEOUS GASTROINTESTINAL AGENTS

<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
<i>betaine</i>	5	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and ext. release</i>	5	MO
CHENODAL	5	PA; LA
CHOLBAM ORAL CAPSULE 250 MG	5	PA
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days)
CIMZIA	5	PA; MO; QL (2 per 28 days)
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	5	PA; MO; QL (3 per 180 days)
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol oral capsule 10 mg</i>	4	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA
<i>droperidol injection solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO	5	PA; MO; QL (2 per 28 days)
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>generlac</i>	2	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral</i>	3	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	

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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
LINZESS	3	MO; QL (30 per 30 days)
<i>lubiprostone</i>	4	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release</i>	5	
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK	3	MO; QL (30 per 30 days)
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes</i>	2	
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	4	MO
<i>peg-electrolyte</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)
REMICADE	5	PA; MO; QL (20 per 28 days)
SANCUSO	5	MO
<i>scopolamine base</i>	4	MO
SKYRIZI INTRAVENOUS	5	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,m ag sulfates oral recon soln 17.5- 3.13-1.6 gram</i>	4	MO
<i>sodium,potassium,m ag sulfates oral recon soln 17.5- 3.13-1.6 gram 2 pack (480ml)</i>	4	
SUCRAID	5	PA
<i>sulfasalazine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
TRULANCE	3	MO; QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI	3	B/D PA
VIBERZI	5	MO; QL (60 per 30 days)
VIOKACE	3	MO
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	3	MO
ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	5	MO
ULCER THERAPY		
<i>cimetidine</i>	2	MO
<i>esomeprazole magnesium oral capsule,delayerd release(dr/ec) 20 mg</i>	3	MO; QL (30 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	2	MO; QL (60 per 30 days)
<i>misoprostol</i>	3	MO
<i>nizatidine oral capsule</i>	3	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML)	5	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)	5	PA
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
<i>plerixafor</i>	5	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	1	V
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V

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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	3	
HIZENTRA	5	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	1	V

Drug Name	Drug Tier	Requirements /Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	1	B/D PA; V
PRIORIX (PF)	1	V
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX	3	

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

This drug list was last updated on 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
ROTATEQ VACCINE	3	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TDVAX	1	V
TENIVAC (PF)	1	V
TETANUS,DIPHTHERIA TOX PED(PF)	3	
TICE BCG	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V

Drug Name	Drug Tier	Requirements /Limits
VARIVAX (PF)	1	V
VARIZIG	3	
YF-VAX (PF)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	3	MO
BD PEN NEEDLE	3	MO
BD PEN NEEDLE	3	
CEQR SIMPLICITY INSERTER	3	MO
GAUZE PADS 2 X 2	3	MO
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	3	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	MO
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	MO
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	3	MO
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	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)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		

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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB- ADAZ	5	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB- ADBM SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ADALIMUMAB- ADBM(CF) PEN CROHNS	5	PA; QL (6 per 180 days)
ADALIMUMAB- ADBM(CF) PEN PS-UV	5	PA; QL (4 per 180 days)
BENLYSTA	5	PA; MO
CYLTEZO(CF) PEN	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
CYLTEZO(CF) PEN CROHN'S-UC- HS	5	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS- UV	5	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	5	PA; MO; QL (4 per 28 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
HUMIRA PEN CROHNS-UC-HS START (ONLY NDCS STARTING WITH 00074)	5	PA; QL (6 per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS (ONLY NDCS STARTING WITH 00074)	5	PA; QL (4 per 180 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; QL (2 per 180 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	5	PA; MO; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	5	PA; MO; QL (3 per 180 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER	5	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RIDAURA	5	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 180 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz</i>	3	PA
<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	3	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	PA; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr</i>	3	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	PA; MO
<i>fyavolv</i>	4	PA; MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	PA; MO
<i>lyleq</i>	2	MO
<i>lyllana</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
MENEST	3	PA; MO
<i>mimvey</i>	3	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	2	MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	4	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	LA
MYFEMBREE	5	PA; MO
NEXPLANON	4	
<i>terconazole</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO
<i>xulane</i>	4	MO
<i>zafemy</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>amethyst (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>daysee</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>introvale</i>	2	
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol 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>	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estradiol triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-lynyah</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>philith</i>	2	MO
<i>pimtreea (28)</i>	2	MO
<i>portia 28</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri-estarylla</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>turqoz (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO

OXYTOCICS

<i>methylergonovine oral</i>	4	PA
------------------------------	---	----

OPHTHALMOLOGY

ANTIBIOTICS

AZASITE	3	MO
<i>bacitracin ophthalmic (eye)</i>	3	MO
<i>bacitracin-polymyxin b</i>	2	MO
BESIVANCE	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	4	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neo-polycin</i>	3	
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
<i>bepotastine besilate</i>	3	MO
<i>bss</i>	2	
CIMERLI	5	PA; MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA
<i>epinastine</i>	3	MO
EYLEA	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	3	MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sulfacetamide-prednisolone</i>	2	
XDEMZY	5	PA; QL (10 per 42 days)
XIIDRA	3	MO; QL (60 per 30 days)

NON-STEROIDAL ANTI-INFLAMMATORY AGENTS

<i>bromfenac</i>	3	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
PROLENSA	3	MO

ORAL DRUGS FOR GLAUCOMA

<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO

OTHER GLAUCOMA DRUGS

<i>brimonidine-timolol</i>	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	

Drug Name	Drug Tier	Requirements /Limits
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
<i>tafluprost (pf)</i>	3	MO
<i>travoprost</i>	3	MO

STEROID-ANTIBIOTIC COMBINATIONS

<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	3	MO
<i>neo-polycin hc</i>	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	3	MO; QL (10 per 14 days)

STERIODS

ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	3	MO
INVELTYS	3	MO
<i>loteprednol etabonate</i>	3	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
SYMPATHOMIMETICS		
<i>apraclonidine</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	5	PA; QL (60 per 30 days)
<i>ambriasantan</i>	5	PA; MO; LA
<i>arformoterol</i>	4	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 200 MCG/ACTUATION	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30)	3	QL (1 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>breyana</i>	3	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	3	QL (10.2 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	4	B/D PA; MO
DULERA	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN	4	
FASENRA	5	PA; MO; QL (1 per 28 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
<i>flunisolide</i>	3	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO	5	PA; MO; QL (56 per 28 days)
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/3 ml</i>	4	B/D PA; MO
<i>levalbuterol hcl inhalation solution for nebulization 1.25 mg/0.5 ml</i>	4	B/D PA
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
<i>roflumilast</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	5	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO
THEO-24	3	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>tiotropium bromide</i>	3	QL (90 per 90 days)
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA

Drug Name	Drug Tier	Requirements /Limits
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
<i>wixela inhub</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>fesoterodine</i>	3	MO
<i>flavoxate</i>	2	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	3	MO
<i>tropium oral tablet</i>	2	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin</i>	4	MO
<i>tamsulosin</i>	1	MO

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil</i>	2	MO; EX; QL (8 per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	MO; EX; QL (8 per 30 days)
<i>varденаfil</i>	2	MO; EX; QL (8 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	4	
<i>alburx (human) 25 %</i>	4	
<i>alburx (human) 5 %</i>	4	
<i>albutein 25 %</i>	4	
<i>albutein 5 %</i>	4	
<i>plasbumin 25 %</i>	4	
<i>plasbumin 5 %</i>	4	

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	MO; QL (360 per 30 days)
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con oral packet 20</i>	4	MO
<i>klor-con/ef</i>	2	MO
<i>lactated ringers intravenous</i>	4	MO
<i>magnesium chloride injection</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium acetate</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<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>	4	
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	

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 03/19/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	4	
<i>sodium bicarbonate intravenous</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	MO
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO
<i>sodium chloride intravenous</i>	4	
<i>sodium phosphate</i>	4	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
<i>electrolyte-148</i>	3	
<i>electrolyte-48 in d5w</i>	4	
<i>electrolyte-a</i>	3	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
PLASMA-LYTE A	3	
<i>plasmanate</i>	4	
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO
<i>wescap-pn dha</i>	2	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 03/19/2024.

Index

A		
<i>abacavir</i>	3	
<i>abacavir-lamivudine</i>	3	
ABELCET.....	3	
ABILIFY ASIMTUFII... 35, 36		
ABILIFY MAINTENA.....	36	
<i>abiraterone</i>	13	
ABRAXANE.....	13	
ABRYSVO.....	69	
<i>acamprosate</i>	55	
<i>acarbose</i>	58	
<i>accutane</i>	52	
<i>acebutolol</i>	43	
<i>acetaminophen-codeine</i>	32	
<i>acetazolamide</i>	81	
<i>acetazolamide sodium</i>	81	
<i>acetic acid</i>	55, 57	
<i>acetylcysteine</i>	55, 82	
<i>acitretin</i>	50	
ACTEMRA	73	
ACTEMRA ACTPEN.....	73	
ACTHIB (PF).....	69	
ACTIMMUNE	68	
<i>acyclovir</i>	3, 53	
<i>acyclovir sodium</i>	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) 69		
ADALIMUMAB-ADAZ	73	
ADALIMUMAB-ADBM....	73	
ADALIMUMAB-ADBM(CF) PEN CROHNS	73	
ADALIMUMAB-ADBM(CF) PEN PS-UV	73	
ADBRY.....	51	
ADCETRIS	13	
<i>adefovir</i>	3	
ADEMPAS.....	82	
<i>adenosine</i>	43	
<i>adrenalin</i>	82	
ADSTILADRIN	13	
ADVAIR HFA	82	
AIMOVIG AUTOINJECTOR	30	
AKEEGA.....	13	
<i>ala-cort</i>	54	
<i>albendazole</i>	8	
<i>albumin, human 25 %</i>	87	
<i>alburx (human) 25 %</i>	87	
<i>alburx (human) 5 %</i>	87	
<i>albutein 25 %</i>	87	
<i>albutein 5 %</i>	87	
<i>albuterol sulfate</i>	82	
<i>alclometasone</i>	54	
<i>alcohol pads</i>	59	
ALDURAZYME.....	62	
ALECENSA	13	
<i>alendronate</i>	72	
<i>alfuzosin</i>	87	
ALIQOPA	13	
<i>aliskiren</i>	43	
<i>allopurinol</i>	72	
<i>allopurinol sodium</i>	72	
<i>aloprim</i>	72	
<i>alosetron</i>	64	
ALREX.....	81	
<i>altavera (28)</i>	77	
ALUNBRIG	13	
ALVESCO.....	83	
<i>alyacen 1/35 (28)</i>	77	
<i>alyacen 7/7/7 (28)</i>	77	
<i>alyq</i>	83	
<i>amabelz</i>	76	
<i>amantadine hcl</i>	3	
<i>ambrisentan</i>	83	
<i>amethyst (28)</i>	77	
<i>amikacin</i>	8	
<i>amiloride</i>	43	
<i>amiloride-hydrochlorothiazide</i>	43	
<i>aminocaproic acid</i>	46	
<i>amiodarone</i>	43	
<i>amitriptyline</i>	36	
<i>amlodipine</i>	43	
<i>amlodipine-atorvastatin</i>	48	
<i>amlodipine-benazepril</i>	43	
<i>amlodipine-olmesartan</i>	44	
<i>amlodipine-valsartan</i>	44	
<i>amlodipine-valsartan-hcthiazyd</i>	44	
<i>ammonium lactate</i>	51	
<i>amnestem</i>	52	
<i>amoxapine</i>	36	
<i>amoxicillin</i>	10	
<i>amoxicillin-pot clavulanate</i> .10, 11		
<i>amphotericin b</i>	3	
<i>ampicillin</i>	11	
<i>ampicillin sodium</i>	11	
<i>ampicillin-sulbactam</i>	11	
<i>anagrelide</i>	55	
<i>anastrozole</i>	14	
APOKYN	29	
<i>apomorphine</i>	29	
<i>apraclonidine</i>	82	
<i>aprepitant</i>	65	
APRETUDE	3	
<i>apri</i>	77	
APTIOM.....	25	
APTIVUS	3	
<i>aranelle (28)</i>	77	
ARCALYST	68	
AREXVY (PF)	69	
<i>arformoterol</i>	83	
ARIKAYCE	8	
<i>aripiprazole</i>	36	
ARISTADA.....	36	
ARISTADA INITIO.....	36	
<i>armodafinil</i>	36	
<i>arsenic trioxide</i>	14	
<i>asenapine maleate</i>	36	
ASMANEX HFA	83	
ASMANEX TWISTHALER 83		
ASPARLAS.....	14	
<i>aspirin-dipyridamole</i>	46	
<i>atazanavir</i>	3	
<i>atenolol</i>	44	
<i>atenolol-chlorthalidone</i>	44	
<i>atomoxetine</i>	36	
<i>atorvastatin</i>	48	

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 03/19/2024.

<i>atovaquone</i>	8	<i>betaine</i>	65	<i>bupropion hcl (smoking deter)</i>	
<i>atovaquone-proguanil</i>	8	<i>betamethasone dipropionate</i>	54	.....	57
<i>atropine</i>	64, 80	<i>betamethasone valerate</i>	54	<i>buspirone</i>	37
ATROVENT HFA	83	<i>betamethasone, augmented</i>	54	<i>busulfan</i>	14
<i>aubra eq</i>	77	BETASERON	68	<i>butorphanol</i>	34
AUGMENTIN.....	11	<i>betaxolol</i>	44, 80	BYDUREON BCISE.....	59
AUGTYRO	14	<i>bethanechol chloride</i>	87	BYETTA	59
AUVELITY.....	36	BEVESPI AEROSPHERE...83		C	
<i>aviane</i>	77	<i>bexarotene</i>	14	CABENUVA.....	3
AVONEX.....	68	BEXSERO.....	70	<i>cabergoline</i>	62
AYVAKIT.....	14	<i>bicalutamide</i>	14	CABLIVI.....	46
<i>azacitidine</i>	14	BICILLIN C-R	11	CABOMETYX.....	14
AZASITE	79	BICILLIN L-A	11	<i>caffeine citrate</i>	55
<i>azathioprine</i>	14	BIKTARVY	3	<i>calcipotriene</i>	50
<i>azathioprine sodium</i>	14	<i>bisoprolol fumarate</i>	44	<i>calcitonin (salmon)</i>	62
<i>azelaic acid</i>	52	<i>bisoprolol-hydrochlorothiazide</i>		<i>calcitriol</i>	50, 62
<i>azelastine</i>	57, 80	.....	44	<i>calcium acetate(phosphat bind)</i>	
<i>azithromycin</i>	7	<i>bleomycin</i>	14	.....	87
<i>aztreonam</i>	8	BLINCYTO.....	14	<i>calcium chloride</i>	87
<i>azurette (28)</i>	77	BOOSTRIX TDAP.....	70	<i>calcium gluconate</i>	87
B		<i>bortezomib</i>	14	CALQUENCE.....	14
<i>bacitracin</i>	8, 79	BORTEZOMIB	14	CALQUENCE	
<i>bacitracin-polymyxin b</i>	79	<i>bosentan</i>	83	(ACALABRUTINIB MAL)	
<i>baclofen</i>	32	BOSULIF	14	.....	14
<i>balanced salt</i>	80	BRAFTOVI	14	<i>camila</i>	76
<i>balsalazide</i>	65	BREO ELLIPTA	83	<i>camrese</i>	77
BALVERSA.....	14	<i>breyna</i>	83	<i>candesartan</i>	44
BAQSIMI	59	BREZTRI AEROSPHERE..83		<i>candesartan-</i>	
BARACLUDE	3	BRILINTA	46	<i>hydrochlorothiazid</i>	44
BAVENCIO	14	<i>brimonidine</i>	82	CAPLYTA.....	37
BCG VACCINE, LIVE (PF) 70		<i>brimonidine-timolol</i>	81	CAPRELSA.....	14
BD INSULIN SYRINGE	71	BRIUMVI.....	30	<i>captopril</i>	44
BD PEN NEEDLE	71	BRIVIACT	26	<i>captopril-hydrochlorothiazide</i>	
BELBUCA	32	<i>bromfenac</i>	81	.....	44
BELEODAQ	14	<i>bromocriptine</i>	29	<i>carbamazepine</i>	26
<i>benazepril</i>	44	BROMSITE.....	81	<i>carbidopa</i>	29
<i>benazepril-hydrochlorothiazide</i>		BRUKINSA.....	14	<i>carbidopa-levodopa</i>	29
.....	44	<i>bss</i>	80	<i>carbidopa-levodopa-</i>	
<i>bendamustine</i>	14	<i>budesonide</i>	65, 84	<i>entacapone</i>	30
BENDEKA.....	14	<i>budesonide-formoterol</i>	84	<i>carboplatin</i>	15
BENLYSTA	73	<i>bumetanide</i>	44	<i>carglumic acid</i>	55
<i>benztropine</i>	29	<i>buprenorphine hcl</i>	32	<i>carmustine</i>	15
<i>bepotastine besilate</i>	80	<i>buprenorphine transdermal</i>		<i>carteolol</i>	80
BESIVANCE	79	<i>patch</i>	32	<i>cartia xt</i>	44
BESPONSA	14	<i>buprenorphine-naloxone</i>	34	<i>carvedilol</i>	44
BESREMI	68	<i>bupropion hcl</i>	36	<i>caspofungin</i>	3

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

This drug list was last updated on 03/19/2024.

CAYSTON.....	8	<i>cimetidine</i>	67	<i>clonidine (pf)</i>	34, 44
<i>cefaclor</i>	6	CIMZIA.....	65	<i>clonidine hcl</i>	37, 44
<i>cefadroxil</i>	6	CIMZIA POWDER FOR		<i>clonidine transdermal patch</i>	44
<i>cefazolin</i>	6	RECONST.....	65	<i>clopidogrel</i>	46, 47
<i>cefazolin in dextrose (iso-os)</i> .	6	CIMZIA STARTER KIT	65	<i>clorazepate dipotassium</i>	37
<i>cefdinir</i>	7	<i>cinacalcet</i>	62	<i>clotrimazole</i>	3, 53
<i>cefepime</i>	7	CINRYZE.....	84	<i>clotrimazole-betamethasone</i>	53
<i>cefepime in dextrose,iso-osm</i> ..	7	CINVANTI.....	65	<i>clozapine</i>	37
<i>cefixime</i>	7	<i>ciprofloxacin</i>	12	COARTEM.....	8
<i>cefoxitin</i>	7	<i>ciprofloxacin hcl</i>	12, 57, 79	<i>colchicine</i>	72
<i>cefoxitin in dextrose, iso-osm</i> .	7	<i>ciprofloxacin in 5 % dextrose</i>		<i>colesevelam</i>	48
<i>cefpodoxime</i>	7	.....	12	<i>colestipol</i>	48
<i>cefprozil</i>	7	<i>ciprofloxacin-dexamethasone</i>		<i>colistin (colistimethate na)</i>	8
<i>ceftazidime</i>	7	.....	57	COLUMVI	15
<i>ceftriaxone</i>	7	<i>cisplatin</i>	15	COMBIVENT RESPIMAT..	84
<i>ceftriaxone in dextrose,iso-os</i> ..	7	<i>citalopram</i>	37	COMETRIQ	15
<i>cefuroxime axetil</i>	7	<i>cladribine</i>	15	COMPLERA	4
<i>cefuroxime sodium</i>	7	<i>claravis</i>	52	<i>compro</i>	65
<i>celecoxib</i>	34	<i>clarithromycin</i>	7	<i>constulose</i>	65
<i>cephalexin</i>	7	<i>clindamycin hcl</i>	8	COPIKTRA	15
CEPROTIN (BLUE BAR) ..	46	<i>clindamycin in 5 % dextrose</i> ..	8	CORLANOR	49
CEPROTIN (GREEN BAR) ..	46	<i>clindamycin phosphate</i>	8, 52,	CORTIFOAM.....	65
CEQR SIMPLICITY		77		<i>cortisone</i>	58
INSERTER.....	71	CLINIMIX 5%/D15W		COSMEGEN	15
<i>cetirizine</i>	82	SULFITE FREE	89	COTELLIC.....	15
<i>cevimeline</i>	55	CLINIMIX 4.25%/D10W		CREON.....	65
CHEMET	55	SULF FREE	89	CRESEMBA.....	3
CHENODAL.....	65	CLINIMIX 4.25%/D5W		<i>cromolyn</i>	65, 80, 84
<i>chloramphenicol sod succinate</i>		SULFIT FREE.....	55	<i>crotan</i>	55
.....	8	CLINIMIX 5%-		<i>cryselle (28)</i>	77
<i>chlorhexidine gluconate</i>	57	D20W(SULFITE-FREE)..	89	CRYSVITA	62
<i>chlorprocaine (pf)</i>	51	CLINIMIX 6%-D5W		<i>cyclobenzaprine</i>	32
<i>chloroquine phosphate</i>	8	(SULFITE-FREE)	89	<i>cyclophosphamide</i>	15
<i>chlorothiazide sodium</i>	44	CLINIMIX 8%-		CYCLOPHOSPHAMIDE	15
<i>chlorpromazine</i>	37	D10W(SULFITE-FREE)..	89	<i>cyclosporine</i>	15, 80
<i>chlorthalidone</i>	44	CLINIMIX 8%-		<i>cyclosporine modified</i>	15
CHOLBAM.....	65	D14W(SULFITE-FREE)..	89	CYLTEZO(CF)	73
<i>cholestyramine (with sugar)</i>	48	<i>clobazam</i>	26	CYLTEZO(CF) PEN.....	73
<i>cholestyramine light</i>	48	<i>clobetasol</i>	54	CYLTEZO(CF) PEN	
CIBINQO	51	<i>clobetasol-emollient</i>	54	CROHN'S-UC-HS	73
<i>ciclodan</i>	53	<i>clodan</i>	54	CYLTEZO(CF) PEN	
<i>ciclopirox</i>	53	<i>clofarabine</i>	15	PSORIASIS-UV	73
<i>cidofovir</i>	3	<i>clomid</i>	62	CYRAMZA	15
<i>cilostazol</i>	46	<i>clomiphene citrate</i>	62	<i>cyred eq</i>	77
CIMDUO.....	3	<i>clomipramine</i>	37	CYSTAGON	87
CIMERLI	80	<i>clonazepam</i>	26	CYSTARAN.....	80

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

This drug list was last updated on 03/19/2024.

<i>cytarabine</i>	15	<i>desog-e.estradiol/e.estradiol</i> 77	<i>dilt-xr</i>	44
<i>cytarabine (pf)</i>	15	<i>desogestrel-ethinyl estradiol</i> 77	<i>dimenhydrinate</i>	65
D		<i>desonide</i>	<i>dimethyl fumarate</i>	31
<i>d10 %-0.45 % sodium chloride</i>		.....54	<i>diphenhydramine hcl</i>	82
.....	55	<i>desvenlafaxine succinate</i>	<i>diphenoxylate-atropine</i>	64
<i>d2.5 %-0.45 % sodium</i>		<i>dexamethasone</i>	<i>dipyridamole</i>	47
<i>chloride</i>	55	<i>dexamethasone intensol</i>	<i>disulfiram</i>	56
<i>d5 % and 0.9 % sodium</i>		<i>dexamethasone sodium phos</i>	<i>divalproex</i>	26
<i>chloride</i>	55	<i>(pf)</i>	<i>dobutamine</i>	49
<i>d5 %-0.45 % sodium chloride</i>		<i>dexamethasone sodium</i>	<i>dobutamine in d5w</i>	49
.....	55	<i>phosphate</i>	<i>docetaxel</i>	16
<i>dabigatran etexilate</i>	47	.....58, 81	<i>dofetilide</i>	43
<i>dacarbazine</i>	15	<i>dextrazoxane hcl</i>	<i>donepezil</i>	31
<i>dactinomycin</i>	15	.....13	<i>dopamine</i>	50
<i>dalfampridine</i>	30	<i>dextroamphetamine-</i>	<i>dopamine in 5 % dextrose</i> ...49,	50
<i>danazol</i>	62	<i>amphetamine</i>		
<i>dantrolene</i>	32	.....37	DOPTELET (10 TAB PACK)	
DANYELZA	15	<i>dextrose 10 % and 0.2 % nacl</i>	.....	47
<i>dapsone</i>	8	.....	DOPTELET (15 TAB PACK)	
DAPTACEL (DTAP		<i>dextrose 10 % in water (d10w)</i>	.....	47
PEDIATRIC) (PF)	70	.....	DOPTELET (30 TAB PACK)	
<i>daptomycin</i>	8	<i>dextrose 25 % in water (d25w)</i>	.....	47
DAPTOMYCIN	8	.....	<i>dorzolamide</i>	81
<i>darunavir</i>	4	<i>dextrose 5 % in water (d5w)</i>	<i>dorzolamide-timolol</i>	81
DARZALEX	15	<i>dextrose 5 %-lactated ringers</i>	<i>dotti</i>	76
<i>dasetta 1/35 (28)</i>	77	.....	DOVATO	4
<i>dasetta 7/7/7 (28)</i>	77	<i>dextrose 5%-0.2 % sod</i>	<i>doxazosin</i>	44
<i>daunorubicin</i>	15	<i>chloride</i>	<i>doxepin</i>	37
DAURISMO	15	.....56	<i>doxercalciferol</i>	63
<i>daysee</i>	77	<i>dextrose 5%-0.3 %</i>	<i>doxorubicin</i>	16
<i>deblitane</i>	76	<i>sod.chloride</i>	<i>doxorubicin, peg-liposomal</i> ..	16
<i>decitabine</i>	15	.....56	<i>doxy-100</i>	12
<i>deferasirox</i>	55, 56	<i>dextrose 50 % in water (d50w)</i>	<i>doxycycline hyclate</i>	12
<i>deferiprone</i>	56	.....	<i>doxycycline monohydrate</i>	12
<i>deferoxamine</i>	56	<i>dextrose 70 % in water (d70w)</i>	DRIZALMA SPRINKLE	37
DELSTRIGO	4	.....	<i>dronabinol</i>	65
<i>demeclocycline</i>	12	DIACOMIT	<i>droperidol</i>	65
DENGVAXIA (PF)	70	.....26	DROPSAFE ALCOHOL	
<i>denta 5000 plus</i>	57	<i>diazepam</i>	PREP PADS	59
<i>dentagel</i>	57	.....26, 37	<i>drospirenone-e.estradiol-lm.fa</i>	
DEPO-SUBQ PROVERA 104		<i>diazepam intensol</i>.....	.....	77
.....	76	<i>diazoxide</i>	<i>drospirenone-ethinyl estradiol</i>	
<i>dermacinrx lidocan</i>	51	<i>diclofenac potassium</i>.....	.....	77, 78
DESCOVY	4	<i>diclofenac sodium</i>	DROXIA	16
<i>desipramine</i>	37	.....34, 35, 51,	<i>droxidopa</i>	56
<i>desmopressin</i>	62, 63	81	DUAVEE	76
		<i>diclofenac-misoprostol</i>		
		.....35		
		<i>dicloxacillin</i>		
		.....11		
		<i>dicyclomine</i>		
		.....64		
		DIFICID		
		.....7		
		<i>diflunisal</i>		
		.....35		
		<i>digoxin</i>		
		.....49		
		<i>dihydroergotamine</i>		
		.....30		
		DILANTIN 30 MG		
		.....26		
		<i>diltiazem hcl</i>		
		.....44		

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 03/19/2024.

DULERA.....	84	EMVERM	8	<i>esmolol</i>	44
<i>duloxetine</i>	37	<i>enalapril maleate</i>	44	<i>esomeprazole magnesium</i>	67,
DUPIXENT PEN	51	<i>enalaprilat</i>	44	68	
DUPIXENT SYRINGE	51	<i>enalapril-hydrochlorothiazide</i>	44	<i>esomeprazole sodium</i>	68
<i>dutasteride</i>	87	.....	44	<i>estarylla</i>	78
<i>dutasteride-tamsulosin</i>	87	ENBREL	73	<i>estradiol</i>	76
E		ENBREL MINI	73	<i>estradiol valerate</i>	76
<i>e.e.s. 400</i>	8	ENBREL SURECLICK	73	<i>estradiol-norethindrone acet</i>	76
<i>ec-naproxen</i>	35	ENDARI.....	56	<i>eszopiclone</i>	38
<i>econazole</i>	53	<i>endocet</i>	32	<i>ethacrynate sodium</i>	44
EDARBI.....	44	ENGERIX-B (PF)	70	<i>ethambutol</i>	8
EDARBYCLOR.....	44	ENGERIX-B PEDIATRIC		<i>ethosuximide</i>	26
EDURANT	4	(PF).....	70	<i>ethynodiol diac-eth estradiol</i>	78
<i>efavirenz</i>	4	<i>enoxaparin</i>	47	<i>etodolac</i>	35
<i>efavirenz-emtricitabin-tenofov</i>	4	<i>enpresse</i>	78	<i>etonogestrel-ethinyl estradiol</i>	
<i>efavirenz-lamivu-tenofov disop</i>	4	<i>enskyce</i>	78	.....	77
.....	4	<i>entacapone</i>	30	ETOPOPHOS	16
<i>effer-k</i>	87	<i>entecavir</i>	4	<i>etoposide</i>	16
ELAPRASE.....	63	ENTRESTO.....	50	<i>etravirine</i>	4
<i>electrolyte-148</i>	89	ENTYVIO	65	<i>euthyrox</i>	64
<i>electrolyte-48 in d5w</i>	89	<i>enulose</i>	65	<i>everolimus (antineoplastic)</i> .	16,
<i>electrolyte-a</i>	89	ENVARUSUS XR	16	17	
<i>eletriptan</i>	30	EPCLUSA	4	<i>everolimus</i>	
ELIGARD	16	EPIDIOLEX.....	26	(<i>immunosuppressive</i>).....	17
ELIGARD (3 MONTH).....	16	<i>epinastine</i>	80	EVOTAZ.....	4
ELIGARD (4 MONTH).....	16	<i>epinephrine</i>	82	<i>exemestane</i>	17
ELIGARD (6 MONTH).....	16	<i>epirubicin</i>	16	EXKIVITY	17
<i>elimest</i>	78	<i>epitol</i>	26	EYLEA	80
ELIQUIS	47	EPKINLY	16	<i>ezetimibe</i>	48
ELIQUIS DVT-PE TREAT		<i>eplerenone</i>	44	<i>ezetimibe-simvastatin</i>	48
30D START	47	EPRONTIA	26	F	
ELITEK.....	13	ERBITUX.....	16	FABRAZYME	63
ELIXOPHYLLIN.....	84	<i>ergotamine-caffeine</i>	30	<i>falmina (28)</i>	78
ELMIRON.....	87	ERIVEDGE.....	16	<i>famciclovir</i>	4
ELREXFIO	16	ERLEADA	16	<i>famotidine</i>	68
<i>eluryng</i>	77	<i>erlotinib</i>	16	<i>famotidine (pf)</i>	68
ELZONRIS	16	<i>errin</i>	76	<i>famotidine (pf)-nacl (iso-os)</i>	68
EMCYT.....	16	<i>ertapenem</i>	8	FANAPT.....	38
EMEND.....	65	ERWINASE	16	FARXIGA	59
EMGALITY PEN	30	<i>ery pads</i>	52	FASENRA.....	84
EMGALITY SYRINGE.....	30	<i>ery-tab</i>	8	FASENRA PEN	84
EMPLICITI.....	16	<i>erythrocin (as stearate)</i>	8	<i>febuxostat</i>	72
EMSAM	37	<i>erythromycin</i>	8, 79	<i>felbamate</i>	26
<i>emtricitabine</i>	4	<i>erythromycin ethylsuccinate</i> ...8		<i>felodipine</i>	44
<i>emtricitabine-tenofov</i>	4	<i>erythromycin with ethanol</i>....52		<i>fenofibrate</i>	49
<i>emtricitabine-tenofov</i>	4	<i>escitalopram oxalate</i>	37	<i>fenofibrate micronized</i>	48
EMTRIVA.....	4				

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 03/19/2024.

<i>fenofibrate nanocrystallized</i>.....48	<i>fondaparinux</i> .....47	<i>glimepiride</i>.....59
<i>fenofibric acid</i> .....49	<i>formoterol fumarate</i> .....84	<i>glipizide</i> .....59
<i>fenofibric acid (choline)</i> .....49	FOSAMAX PLUS D.....72	<i>glipizide-metformin</i>.....59
<i>fentanyl</i>.....33	<i>fosamprenavir</i>.....4	<i>glycine urologic</i> .....87
<i>fentanyl citrate</i>.....33	<i>fosaprepitant</i>.....65	<i>glycine urologic solution</i> .....87
<i>fentanyl citrate (pf)</i>.....32	<i>fosinopril</i> .....44	<i>glycopyrrolate</i>.....64
<i>fesoterodine</i> .....86	<i>fosinopril-hydrochlorothiazide</i>.....44	<i>glycopyrrolate (pf) in water</i> ..64
FETZIMA .....38	<i>fosphenytoin</i>.....26	<i>glydo</i> .....51
<i>finasteride</i>.....87	FOTIVDA .....17	GLYXAMBI.....59
<i>fin golimod</i> .....31	FRUZAQLA.....17	GRALISE .....27
FINTEPLA .....26	<i>fulvestrant</i> .....17	<i>granisetron (pf)</i>.....65
FIRDAPSE.....31	<i>furosemide</i> .....45	<i>granisetron hcl</i>.....65
FIRMAGON KIT W DILUENT SYRINGE .....17	FUZEON .....4	<i>griseofulvin microsize</i>.....3
<i>flac otic oil</i>.....57	FYARRO.....17	<i>griseofulvin ultramicrosize</i> ....3
<i>flavoxate</i> .....86	<i>fyavolv</i> .....76	GVOKE .....59
<i>flecainide</i> .....43	FYCOMPA.....26	GVOKE HYPOPEN 1-PACK.....59
<i>floxuridine</i> .....17	G	GVOKE HYPOPEN 2-PACK.....59
<i>fluconazole</i> .....3	<i>gabapentin</i> .....26, 27	GVOKE PFS 1-PACK SYRINGE.....59
<i>fluconazole in nacl (iso-osm)</i> .3	<i>galantamine</i> .....31	GVOKE PFS 2-PACK SYRINGE.....59
<i>flucytosine</i>.....3	GAMASTAN .....70	H
<i>fludarabine</i> .....17	GAMASTAN S/D .....70	HALAVEN.....18
<i>fludrocortisone</i> .....58	<i>ganciclovir sodium</i> .....4	<i>halobetasol propionate</i> .....54
<i>flumazenil</i> .....38	GARDASIL 9 (PF).....70	<i>haloperidol</i> .....38
<i>flunisolide</i> .....84	<i>gatifloxacin</i>.....79	<i>haloperidol decanoate</i> .....38
<i>fluocinolone</i> .....54	GATTEX 30-VIAL .....65	<i>haloperidol lactate</i>.....38
<i>fluocinolone acetamide oil</i> ....57	GATTEX ONE-VIAL.....65	HARVONI.....4
<i>fluocinolone and shower cap</i> 54	GAUZE PAD .....71	HAVRIX (PF) .....70
<i>fluocinonide</i> .....54	<i>gavilyte-c</i> .....65	<i>heather</i> .....76
<i>fluocinonide-emollient</i>.....54	<i>gavilyte-g</i> .....65	<i>heparin (porcine)</i>.....47
<i>fluoride (sodium)</i> .....57, 89	GAVRETO.....17	<i>heparin (porcine) in 5 % dex</i> 47
<i>fluorometholone</i> .....81	GAZYVA .....17	<i>heparin (porcine) in nacl (pf)</i> .....47
<i>fluorouracil</i> .....17, 51	<i>gefitinib</i>.....17	<i>heparin(porcine) in 0.45% nacl</i>.....48
<i>fluoxetine</i> .....38	<i>gemcitabine</i> .....17	HEPARIN(PORCINE) IN 0.45% NACL.....48
<i>fluoxetine (pmd)</i>.....38	GEMCITABINE .....18	<i>heparin, porcine (pf)</i>.....48
<i>fluphenazine decanoate</i> .....38	<i>gemfibrozil</i>.....49	HEPARIN, PORCINE (PF)..48
<i>fluphenazine hcl</i>.....38	<i>generlac</i> .....65	HEPLISAV-B (PF).....70
<i>flurbiprofen</i> .....35	<i>gengraf</i>.....18	HIBERIX (PF).....70
<i>flurbiprofen sodium</i> .....81	<i>gentamicin</i> .....8, 53, 80	HIZENTRA .....70
<i>fluticasone propionate</i> .....84	<i>gentamicin in nacl (iso-osm)</i> ..8	
<i>fluticasone propion-salmeterol</i>.....84	<i>gentamicin sulfate (ped) (pf)</i> ..8	
<i>fluvastatin</i> .....49	GENVOYA .....4	
<i>fluvoxamine</i> .....38	GILOTRIF.....18	
FOLOTYN .....17	<i>glatiramer</i> .....31	
<i>fomepizole</i>.....70	<i>glatopa</i>.....31	
	GLEOSTINE.....18	

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

This drug list was last updated on 03/19/2024.

HUMALOG JUNIOR KWIKPEN U-100 60	HUMIRA(CF) PEN PSOR- UV-ADOL HS (ONLY NDCS STARTING WITH 00074)..... 74	<i>ibu</i> 35
HUMALOG KWIKPEN INSULIN..... 60	HUMULIN 70/30 U-100 INSULIN..... 60	<i>ibuprofen</i> 35
HUMALOG MIX 50-50 INSULN U-100..... 60	HUMULIN 70/30 U-100 KWIKPEN..... 60	<i>ibutilide fumarate</i> 43
HUMALOG MIX 50-50 KWIKPEN 60	HUMULIN N NPH INSULIN KWIKPEN..... 60	<i>icatibant</i> 84
HUMALOG MIX 75-25 KWIKPEN 60	HUMULIN N NPH U-100 INSULIN 60	ICLUSIG 18
HUMALOG MIX 75-25(U- 100)INSULN..... 60	HUMULIN R REGULAR U- 100 INSULN 60	<i>icosapent ethyl</i> 49
HUMALOG U-100 INSULIN 60	HUMULIN R U-500 (CONC) INSULIN 60	<i>idarubicin</i> 18
HUMIRA (ONLY NDCS STARTING WITH 00074) 73	HUMULIN R U-500 (CONC) KWIKPEN..... 60	IDHIFA..... 18
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) 73	<i>hydralazine</i> 45	<i>ifosfamide</i> 18
HUMIRA PEN CROHNS-UC- HS START (ONLY NDCS STARTING WITH 00074) 74	<i>hydrochlorothiazide</i> 45	ILARIS (PF) 68
HUMIRA PEN PSOR- UVEITS-ADOL HS (ONLY NDCS STARTING WITH 00074) 74	<i>hydrocodone-acetaminophen</i> 33	<i>imatinib</i> 18
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) 74	<i>hydrocodone-ibuprofen</i> 33	IMBRUVICA 18
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) 74	<i>hydrocortisone</i> 54, 55, 58, 65	IMFINZI 18
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) 74	<i>hydrocortisone-acetic acid</i> ... 57	<i>imipenem-cilastatin</i> 9
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074) 74	<i>hydromorphone</i> 33	<i>imipramine hcl</i> 38
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074) 74	<i>hydromorphone (pf)</i> 33	<i>imipramine pamoate</i> 38
	<i>hydroxychloroquine</i> 9	<i>imiquimod</i> 51
	<i>hydroxyprogesterone caproate</i> 76	IMJUDO 18
	<i>hydroxyurea</i> 18	IMOVAX RABIES VACCINE (PF) 70
	<i>hydroxyzine hcl</i> 82	IMVEXXY MAINTENANCE PACK 76
	HYPERHEP B..... 70	IMVEXXY STARTER PACK 76
	HYPERHEP B NEONATAL 70	<i>incassia</i> 76
	HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314)..... 75	INCRELEX 56
	HYRIMOZ PEN CROHN'S- UC STARTER..... 75	<i>indapamide</i> 45
	HYRIMOZ PEN PSORIASIS STARTER 75	INFANRIX (DTAP) (PF).... 70
	HYRIMOZ(CF) PEDI CROHN STARTER 75	INGREZZA 31
	I	INGREZZA INITIATION PACK 31
	<i>ibandronate</i> 72	INLYTA 18
	IBRANCE 18	INPEFA 60
		INQOVI..... 18
		INREBIC 18
		INSULIN GLARGINE..... 60
		INSULIN LISPRO 60
		INSULIN SYRINGE- NEEDLE U-100 71
		INSULIN SYRINGES (NON- PREFERRED BRANDS) .71
		INTELENCE 4
		<i>intralipid</i> 89
		<i>introvale</i> 78
		INVEGA HAFYERA 38, 39
		INVEGA SUSTENNA 39

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 03/19/2024.

INVEGA TRINZA.....	39	JUXTAPID.....	49	<i>lamivudine</i>	5
INVELTYS.....	81	JYNNEOS (PF).....	70	<i>lamivudine-zidovudine</i>	5
IPOL.....	70	K		<i>lamotrigine</i>	27
<i>ipratropium bromide</i>	57, 84	KADCYLA.....	19	<i>lansoprazole</i>	68
<i>ipratropium-albuterol</i>	84	<i>kalliga</i>	78	LANTUS SOLOSTAR U-100	
<i>irbesartan</i>	45	KALYDECO.....	84	INSULIN.....	60
<i>irbesartan-hydrochlorothiazide</i>		KANUMA.....	63	LANTUS U-100 INSULIN..	61
.....	45	<i>kariva (28)</i>	78	<i>lapatinib</i>	19
<i>irinotecan</i>	18	<i>kelnor 1/35 (28)</i>	78	<i>larin 1.5/30 (21)</i>	78
ISENTRESS.....	4	<i>kelnor 1-50 (28)</i>	78	<i>larin 1/20 (21)</i>	78
ISENTRESS HD.....	4	<i>kemoplat</i>	19	<i>larin 24 fe</i>	78
<i>isibloom</i>	78	KEPIVANCE.....	13	<i>larin fe 1.5/30 (28)</i>	78
ISOLYTE S PH 7.4.....	89	KERENDIA.....	45	<i>larin fe 1/20 (28)</i>	78
ISOLYTE-P IN 5 %		KESIMPTA PEN.....	31	<i>latanoprost</i>	81
DEXTROSE.....	89	<i>ketoconazole</i>	3, 53	<i>leflunomide</i>	75
ISOLYTE-S.....	89	<i>ketorolac</i>	81	<i>lenalidomide</i>	19
<i>isoniazid</i>	9	KEYTRUDA.....	19	LENVIMA.....	19
<i>isosorbide dinitrate</i>	50	KHAPZORY.....	13	<i>lessina</i>	78
<i>isosorbide mononitrate</i>	50	KIMMTRAK.....	19	<i>letrozole</i>	20
<i>isosorbide-hydralazine</i>	45	KINRIX (PF).....	70	<i>leucovorin calcium</i>	13
<i>isotretinoin</i>	52	KISQALI.....	19	LEUKERAN.....	20
<i>isradipine</i>	45	KISQALI FEMARA CO-		LEUKINE.....	68
ISTODAX.....	18	PACK.....	19	<i>leuprolide</i>	20
<i>itraconazole</i>	3	<i>klayesta</i>	53	<i>levalbuterol hcl</i>	84
<i>ivermectin</i>	9, 52	<i>klor-con 10</i>	87	<i>levetiracetam</i>	27
IWILFIN.....	19	<i>klor-con 8</i>	87	<i>levetiracetam in nacl (iso-os)</i>	
IXEMPRA.....	19	<i>klor-con m10</i>	87	.....	27
IXIARO (PF).....	70	<i>klor-con m15</i>	87	<i>levobunolol</i>	80
J		<i>klor-con m20</i>	87	<i>levocarnitine</i>	56
JAKAFI.....	19	<i>klor-con oral packet 20</i>	88	<i>levocarnitine (with sugar)</i>	56
<i>jantoven</i>	48	<i>klor-con/ef</i>	88	<i>levocetirizine</i>	82
JANUMET.....	60	KORLYM.....	63	<i>levofloxacin</i>	12, 80
JANUMET XR.....	60	KOSELUGO.....	19	<i>levofloxacin in d5w</i>	12
JANUVIA.....	60	<i>kourzeq</i>	57	<i>levoleucovorin calcium</i>	13
JARDIANCE.....	60	K-PHOS NO 2.....	87	<i>levonest (28)</i>	78
<i>jasmiel (28)</i>	78	K-PHOS ORIGINAL.....	87	<i>levonorgestrel-ethinyl estrad</i>	78
JAYPIRCA.....	19	KRAZATI.....	19	<i>levonorg-eth estrad triphasic</i>	78
JEMPERLI.....	19	<i>kurvelo (28)</i>	78	<i>levora-28</i>	78
<i>jencycla</i>	76	KYPROLIS.....	19	<i>levo-t</i>	64
JENTADUETO.....	60	L		<i>levothyroxine</i>	64
JENTADUETO XR.....	60	<i>l norgest/e.estradiol-e.estrad</i>	78	<i>levoxyl</i>	64
JEVTANA.....	19	<i>labetalol</i>	45	LEXIVA.....	5
<i>jinteli</i>	76	<i>lacosamide</i>	27	LIBTAYO.....	20
<i>jolessa</i>	78	<i>lactated ringers</i>	55, 88	<i>lidocaine</i>	52
<i>juleber</i>	78	<i>lactulose</i>	65	<i>lidocaine (pf)</i>	43, 51
JULUCA.....	4	LAGEVRIO (EUA).....	5	<i>lidocaine hcl</i>	51, 52

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 03/19/2024.

<i>lidocaine in 5 % dextrose (pf)</i>	<i>lyllana</i>	<i>mesalamine with cleansing</i>
.....43	LYNPARZA.....	<i>wipe</i>
<i>lidocaine viscous</i>	LYSODREN.....	<i>mesna</i>
52	LYTGOBI.....	MESNEX.....
<i>lidocaine-epinephrine</i>	LYTGOBI.....	metformin.....
52	LYUMJEV KWIKPEN U-100	.....61
<i>lidocaine-epinephrine (pf)</i>	INSULIN.....	methadone.....
52	LYUMJEV KWIKPEN U-200	.....33
<i>lidocaine-prilocaine</i>	INSULIN.....	methadone intensol.....
52	LYUMJEV U-100 INSULIN	.....33
<i>lidocan iii</i>.....	.....61	methadose.....
52	<i>lyza</i>.....	.....33
<i>lincomycin</i>	76	<i>methazolamide</i>
9	M	.....81
<i>linezolid</i>	<i>magnesium chloride</i>	<i>methenamine hippurate</i>
9	.....88	.....13
<i>linezolid in dextrose 5%</i>	<i>magnesium sulfate</i>	<i>methenamine mandelate</i>
9	.....88	.....13
<i>linezolid-0.9% sodium chloride</i>	MAGNESIUM SULFATE IN	<i>methimazole</i>
.....9	D5W.....	.....58
LINZESS.....	.....88	<i>methotrexate sodium</i>
66	<i>magnesium sulfate in water</i>..	.....20
LIORESAL.....	.....88	<i>methotrexate sodium (pf)</i>
32	<i>malathion</i>.....	.....20
<i>liothyronine</i>.....	.....55	<i>methoxsalen</i>
64	<i>mannitol 20 %</i>.....	.....52
<i>lisinopril</i>.....	.....45	<i>methsuximide</i>
45	<i>mannitol 25 %</i>.....	.....27
<i>lisinopril-hydrochlorothiazide</i>	.....45	<i>methylergonovine</i>
.....45	<i>maraviroc</i>.....	.....79
<i>lithium carbonate</i>	MARGENZA.....	<i>methylphenidate hcl</i>
39	.....20	.....39, 40
<i>lithium citrate</i>	<i>marlissa (28)</i>	<i>methylprednisolone</i>
39	.....78	.....58
LOKELMA.....	MARPLAN.....	<i>methylprednisolone acetate</i> ..
56	.....39	.....58
LONSURF.....	MATULANE.....	<i>methylprednisolone sodium</i>
20	.....20	<i>succ</i>
<i>loperamide</i>	<i>matzim la</i>.....	.....58
64	.....45	<i>metoclopramide hcl</i>
<i>lopinavir-ritonavir</i>	<i>meclizine</i>.....	.....66
5	.....66	<i>metolazone</i>
LOQTORZI.....	<i>medroxyprogesterone</i>.....	.....45
20	.....76	<i>metoprolol succinate</i>
<i>lorazepam</i>	<i>mefloquine</i>.....	.....45
39	.....9	<i>metoprolol ta-hydrochlorothiaz</i>
<i>lorazepam intensol</i>	<i>megestrol</i>.....	.....45
39	.....20	<i>metoprolol tartrate</i>
LORBRENA.....	MEKINIST.....	.....45
20	.....20	<i>metro i.v.</i>
<i>loryna (28)</i>	MEKTOVI.....	.....9
78	.....20	<i>metronidazole</i>
<i>losartan</i>	<i>meloxicam</i>.....	.....9, 53, 77
45	.....35	<i>metronidazole in nacl (iso-os)</i>
<i>losartan-hydrochlorothiazide</i>	<i>melfhalan</i>.....	.....9
.....45	.....20	<i>metyrosine</i>
<i>loteprednol etabonate</i>	<i>melfhalan hcl</i>.....	.....45
81	.....20	<i>mexiletine</i>
<i>lovastatin</i>	<i>memantine</i>.....	.....43
49	.....31	<i>micafungin</i>
<i>low-ogestrel (28)</i>	MENACTRA (PF).....	.....3
78	.....70	<i>microgestin 1.5/30 (21)</i>
<i>loxapine succinate</i>	MENEST.....	.....78
39	.....77	<i>microgestin 1/20 (21)</i>
<i>lo-zumandimine (28)</i>	MENQUADFI (PF).....	.....78
78	.....70	<i>microgestin fe 1.5/30 (28)</i>
<i>lubiprostone</i>	MENVEO A-C-Y-W-135-DIP	.....78
66	(PF).....	<i>microgestin fe 1/20 (28)</i>
LUMAKRAS.....	.....70	.....78
20	MEPSEVII.....	<i>midodrine</i>
LUMIGAN.....	.....63	.....56
81	<i>mercaptopurine</i>	<i>mifepristone</i>
LUMIZYME.....	.....20	.....63, 77
63	<i>meropenem</i>	<i>mili</i>
LUNSUMIO.....	.....9	.....78
20	<i>mesalamine</i>	<i>milrinone</i>
LUPRON DEPOT.....	.....66	.....50
20		<i>milrinone in 5 % dextrose</i>
<i>lurasidone</i>.....		.....50
39		<i>mimvey</i>
<i>lutra (28)</i>.....		.....77
78		<i>minocycline</i>
<i>lyleq</i>.....		.....12
76		<i>minoxidil</i>
		.....45

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 03/19/2024.

<i>miostat</i>	81	<i>nateglinide</i>	61	<i>norepinephrine bitartrate</i>	50
<i>mirtazapine</i>	40	NATPARA.....	63	<i>norethindrone (contraceptive)</i>	
<i>misoprostol</i>	68	NAYZILAM.....	27	.....	77
<i>mitomycin</i>	20	<i>nebivolol</i>	45	<i>norethindrone acetate</i>	77
<i>mitoxantrone</i>	20	<i>nefazodone</i>	40	<i>norethindrone ac-eth estradiol</i>	
M-M-R II (PF).....	70	<i>nelarabine</i>	21	.....	77, 79
<i>modafinil</i>	40	<i>neomycin</i>	9	<i>norethindrone-e.estradiol-iron</i>	
<i>moexipril</i>	45	<i>neomycin-bacitracin-poly-hc</i>	81	.....	79
<i>molindone</i>	40	<i>neomycin-bacitracin-</i>		<i>norgestimate-ethinyl estradiol</i>	
<i>mometasone</i>	55, 84	<i>polymyxin</i>	80	.....	79
<i>mondoxyne nl</i>	13	<i>neomycin-polymyxin b gu</i>	55	<i>nortrel 0.5/35 (28)</i>	79
MONJUVI.....	20	<i>neomycin-polymyxin b-</i>		<i>nortrel 1/35 (21)</i>	79
<i>mono-lynyah</i>	78	<i>dexameth</i>	81	<i>nortrel 1/35 (28)</i>	79
<i>montelukast</i>	84	<i>neomycin-polymyxin-</i>		<i>nortrel 7/7/7 (28)</i>	79
<i>morphine</i>	34	<i>gramicidin</i>	80	<i>nortriptyline</i>	40
<i>morphine (pf)</i>	33, 34	<i>neomycin-polymyxin-hc</i> ..	58, 81	NORVIR.....	5
<i>morphine concentrate</i>	34	<i>neo-polycin</i>	80	NUBEQA.....	21
MOUNJARO.....	61	<i>neo-polycin hc</i>	81	NUCALA.....	84
MOVANTIK.....	66	NERLYNX.....	21	NUEDEXTA.....	31
<i>moxifloxacin</i>	12, 80	NEUPRO.....	30	NULOJIX.....	21
<i>moxifloxacin-sod.chloride(iso)</i>		<i>nevirapine</i>	5	NUPLAZID.....	40
.....	12	NEXLETOL.....	49	NURTEC ODT.....	30
MOZOBIL.....	68	NEXLIZET.....	49	<i>nyamyc</i>	53
<i>mupirocin</i>	53	NEXPLANON.....	77	<i>nystatin</i>	3, 53
MYALEPT.....	63	<i>niacin</i>	49	<i>nystatin-triamcinolone</i>	53
<i>mycophenolate mofetil</i>	20, 21	<i>nicardipine</i>	45	<i>nystop</i>	53
<i>mycophenolate mofetil (hcl)</i>	20	NICOTROL.....	57	NYVEPRIA.....	68
<i>mycophenolate sodium</i>	21	NICOTROL NS.....	57	O	
MYFEMBREE.....	77	<i>nifedipine</i>	45	OICALIVA.....	66
MYLOTARG.....	21	<i>nikki (28)</i>	79	<i>octreotide acetate</i>	21
MYRBETRIQ.....	86	<i>nilutamide</i>	21	ODEFSEY.....	5
N		<i>nimodipine</i>	45	ODOMZO.....	21
<i>nabumetone</i>	35	NINLARO.....	21	OFEV.....	85
<i>nadolol</i>	45	<i>nisoldipine</i>	45	<i>ofloxacin</i>	57, 80
<i>nafacillin</i>	11	<i>nitazoxanide</i>	9	OJJAARA.....	21
<i>nafacillin in dextrose iso-osm</i>	11	<i>nitisinone</i>	56	<i>olanzapine</i>	40
<i>naftifine</i>	53	<i>nitro-bid</i>	50	<i>olanzapine-fluoxetine</i>	40
NAGLAZYME.....	63	<i>nitrofurantoin macrocrystal</i>	13	<i>olmesartan</i>	45
<i>nalbuphine</i>	35	<i>nitrofurantoin monohyd/m-</i>		<i>olmesartan-amlodipin-</i>	
<i>naloxone</i>	35	<i>cryst</i>	13	<i>hcthiazyd</i>	45
<i>naltrexone</i>	35	<i>nitroglycerin</i>	50	<i>olmesartan-</i>	
NAMZARIC.....	31	<i>nitroglycerin in 5 % dextrose</i>		<i>hydrochlorothiazide</i>	45
<i>naproxen</i>	35	.....	50	<i>olopatadine</i>	80
<i>naproxen sodium</i>	35	NIVESTYM.....	68	<i>omega-3 acid ethyl esters</i>	49
<i>naratriptan</i>	30	<i>nizatidine</i>	68	<i>omeprazole</i>	68
NATACYN.....	80	<i>nora-be</i>	77		

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 03/19/2024.

OMNIPOD 5 G6 INTRO KIT (GEN 5).....	72	P	<i>phenobarbital</i>	28
OMNIPOD 5 G6 PODS (GEN 5)	72	<i>pacerone</i>	<i>phenobarbital sodium</i>	28
OMNIPOD CLASSIC PODS (GEN 3).....	72	<i>paclitaxel</i>	<i>phentolamine</i>	45
OMNIPOD DASH INTRO KIT (GEN 4)	72	PADCEV	<i>phenytoin</i>	28
OMNIPOD DASH PODS (GEN 4).....	72	<i>paliperidone</i>	<i>phenytoin sodium</i>	28
OMNITROPE.....	69	<i>palonosetron</i>	<i>phenytoin sodium extended</i> ...	28
ONCASPAR	21	<i>pamidronate</i>	<i>philith</i>	79
<i>ondansetron</i>	66	PANRETIN	PHOSPHOLINE IODIDE ...	80
<i>ondansetron hcl</i>	66	<i>pantoprazole</i>	PIFELTRO	5
<i>ondansetron hcl (pf)</i>	66	<i>paraplatin</i>	<i>pilocarpine hcl</i>	56, 80
ONIVYDE.....	21	<i>paricalcitol</i>	<i>pimecrolimus</i>	52
ONUREG	21	<i>paromomycin</i>	<i>pimozide</i>	40
OPDIVO.....	21	<i>paroxetine hcl</i>	<i>pimtreea (28)</i>	79
OPDUALAG.....	21	PAXLOVID.....	<i>pindolol</i>	45
<i>opium tincture</i>	64	<i>pazopanib</i>	<i>pioglitazone</i>	61
OPSUMIT	85	PEDIARIX (PF)	<i>piperacillin-tazobactam</i> ..	11, 12
<i>oralone</i>	57	PEDVAX HIB (PF).....	PIQRAY	22
ORENCIA	75	<i>peg 3350-electrolytes</i>	<i>pirfenidone</i>	85
ORENCIA (WITH MALTOSE).....	75	<i>peg3350-sod sul-nacl-kcl-asb-c</i>	<i>piroxicam</i>	35
ORENCIA CLICKJECT	75	PEGASYS	<i>pitavastatin calcium</i>	49
ORGOVYX.....	21	<i>peg-electrolyte</i>	<i>plasbumin 25 %</i>	87
ORKAMBI.....	85	PEMAZYRE	<i>plasbumin 5 %</i>	87
ORSERDU	21	<i>pemetrexed disodium</i>	PLASMA-LYTE A	89
<i>oseltamivir</i>	5	PEN NEEDLES (NON- PREFERRED BRANDS).72	<i>plasmanate</i>	89
<i>osmitrol 20 %</i>	45	PENBRAYA (PF)	PLEGRIDY	69
OTEZLA	75	<i>penciclovir</i>	PLENAMINE.....	89
OTEZLA STARTER	75	<i>penicillamine</i>	<i>plerixafor</i>	69
<i>oxacillin</i>	11	PENICILLIN G POT IN DEXTROSE	<i>podofilox</i>	52
<i>oxacillin in dextrose(iso-osm)</i>	11	<i>penicillin g potassium</i>	POLIVY	22
<i>oxaliplatin</i>	21	<i>penicillin g sodium</i>	<i>polocaine</i>	52
<i>oxaprozin</i>	35	<i>penicillin v potassium</i>	<i>polocaine-mpf</i>	52
<i>oxcarbazepine</i>	27, 28	PENTACEL (PF)	<i>polycin</i>	80
OXERVATE	80	<i>pentamidine</i>	<i>polymyxin b sulf-trimethoprim</i>	80
<i>oxybutynin chloride</i>	87	PENTASA	POMALYST.....	22
<i>oxycodone</i>	34	<i>pentoxifylline</i>	<i>portia 28</i>	79
<i>oxycodone-acetaminophen</i> ...	34	<i>perindopril erbumine</i>	PORTRAZZA.....	22
OXYCONTIN	34	<i>periogard</i>	<i>posaconazole</i>	3
OZEMPIC	61	PERJETA	<i>potassium acetate</i>	88
OZURDEX.....	81	<i>permethrin</i>	<i>potassium chlorid-d5-</i> <i>0.45%nacl</i>	88
		<i>perphenazine</i>	<i>potassium chloride</i>	88
		PERSERIS.....	<i>potassium chloride in</i> <i>0.9%nacl</i>	88
		<i>pfizerpen-g</i>	<i>potassium chloride in 5 % dex</i>	88
		<i>phenelzine</i>		

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

This drug list was last updated on 03/19/2024.

<i>potassium chloride in 1r-d5</i> ..88	<i>probenecid-colchicine</i> .....72	RADICAVA ORS STARTER
<i>potassium chloride in water</i> .88	<i>procainamide</i>.....43	KIT SUSP.....31
<i>potassium chloride-0.45 %</i>	<i>prochlorperazine</i> .....66	<i>raloxifene</i> .....72
<i>nacl</i>.....88	<i>prochlorperazine edisylate</i> ...66	<i>ramelteon</i>.....41
<i>potassium chloride-d5-</i>	<i>prochlorperazine maleate oral</i>	<i>ramipril</i>.....46
<i>0.2%nacl</i>.....88	.....66	<i>ranolazine</i> .....50
<i>potassium chloride-d5-</i>	PROCRIT .....69	<i>rasagiline</i> .....30
<i>0.9%nacl</i>.....89	<i>procto-med hc</i>.....66	<i>reclipsen (28)</i>.....79
<i>potassium citrate</i> .....87	<i>proctosol hc</i> .....66	RECOMBIVAX HB (PF)....70
<i>potassium phosphate m-/d-</i>	<i>proctozone-hc</i> .....66	RECTIV .....66
<i>basic</i> .....89	<i>progesterone</i>.....77	REGRANEX .....52
POTELIGEO.....22	<i>progesterone micronized</i> .....77	RELENZA DISKHALER .....5
<i>pramipexole</i> .....30	PROGRAF.....22	RELISTOR .....66, 67
<i>prasugrel</i> .....48	PROLASTIN-C.....56	REMICADE .....67
<i>pravastatin</i>.....49	PROLENSA .....81	RENACIDIN .....87
<i>praziquantel</i>.....9	PROLIA.....72	<i>repaglinide</i>.....61
<i>prazosin</i> .....46	PROMACTA.....48	REPATHA.....49
<i>prednicarbate</i> .....55	<i>promethazine</i> .....82	REPATHA PUSHTRONEX 49
<i>prednisolone</i> .....58	<i>propafenone</i>.....43	REPATHA SURECLICK ....49
<i>prednisolone acetate</i> .....81	<i>propranolol</i>.....46	RETACRIT.....69
<i>prednisolone sodium</i>	<i>propylthiouracil</i>.....58	RETEVMO.....22
<i>phosphate</i> .....58, 81	PROQUAD (PF).....70	RETROVIR .....5
<i>prednisone</i> .....58	<i>protamine</i>.....48	REVCovi .....56
<i>prednisone intensol</i> .....58	<i>protriptyline</i>.....40	<i>revonto</i>.....32
<i>pregabalin</i> .....28	PULMICORT FLEXHALER	REXULTI .....41
PREHEVBRIO (PF).....70	.....85	REYATAZ .....5
PREMARIN .....77	PULMOZYME.....85	REZLIDHIA .....22
<i>premasol 10 %</i>89	PURIXAN .....22	REZUROCK.....22
PREMPHASE .....77	<i>pyrazinamide</i> .....9	RHOPRESSA .....81
PREMPRO .....77	<i>pyridostigmine bromide</i>.....32	<i>ribavirin</i>.....5
<i>prenatal vitamin oral tablet</i> .89	<i>pyrimethamine</i> .....9	RIDAURA.....75
<i>prevalite</i>.....49	Q	<i>rifabutin</i> .....9
PREVIDENT 5000 BOOSTER	QINLOCK .....22	<i>rifampin</i> .....9
PLUS .....57	QTERN.....61	<i>riluzole</i>.....56
PREVIDENT 5000 DRY	QUADRACEL (PF) .....70	<i>rimantadine</i>.....5
MOUTH .....57	<i>quetiapine</i> .....40	<i>ringer's</i>.....55, 89
PREVYMIS.....5	<i>quinapril</i> .....46	RINVOQ.....76
PREZCOBIX.....5	<i>quinapril-hydrochlorothiazide</i>	<i>risedronate</i>.....56, 72
PREZISTA .....5	.....46	RISPERDAL CONSTA .....41
PRIFTIN.....9	<i>quinidine sulfate</i> .....43	<i>risperidone</i>.....41
PRIMAQUINE.....9	<i>quinine sulfate</i> .....9	<i>risperidone microspheres</i> ....41
<i>primidone</i> .....28	QULIPTA.....30	<i>ritonavir</i>.....5
PRIMIDONE.....28	QVAR REDIHALER .....85	<i>rivastigmine</i> .....31
PRIORIX (PF).....70	R	<i>rivastigmine tartrate</i> .....31
PRIVIGEN .....70	RABAVERT (PF) .....70	<i>rizatriptan</i> .....30
<i>probenecid</i>.....72	RADICAVA ORS .....31	ROCKLATAN .....81

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

This drug list was last updated on 03/19/2024.

<i>roflumilast</i>	85	<i>sildenafil (pulmonary arterial hypertension)</i>	85	<i>sprintec (28)</i>	79
<i>romidepsin</i>	22	<i>silodosin</i>	87	SPRITAM.....	28
<i>ropinirole</i>	30	<i>silver sulfadiazine</i>	52	SPRYCEL.....	23
<i>rosuvastatin</i>	49	SIMBRINZA	81	<i>sps (with sorbitol)</i>	56
ROTARIX	70	SIMULECT	23	<i>sronyx</i>	79
ROTATEQ VACCINE	71	<i>simvastatin</i>	49	<i>ssd</i>	52
<i>roweepra</i>	28	<i>sirolimus</i>	23	STEGLATRO.....	61
ROZLYTREK	22	SIRTURO	9	STELARA	51
RUBRACA	22	SKYRIZI	50, 67	STIOLTO RESPIMAT.....	85
<i>rufinamide</i>	28	<i>sodium acetate</i>	89	STIVARGA.....	23
RUKOBIA.....	5	<i>sodium benzoate-sodium phenylacet</i>	56	STRENSIQ	63
RUXIENCE.....	22	<i>sodium bicarbonate</i>	89	STREPTOMYCIN	9
RYBELSUS	61	<i>sodium chloride</i>	56, 89	STRIBILD	5
RYBREVANT	22	<i>sodium chloride 0.45 %</i>	89	STRIVERDI RESPIMAT	85
RYDAPT.....	22	<i>sodium chloride 0.9 %</i>	56	<i>subvenite</i>	28
RYLAZE	22	<i>sodium chloride 3 % hypertonic</i>	89	<i>subvenite starter (blue) kit</i>	28
S		<i>sodium chloride 5 % hypertonic</i>	89	<i>subvenite starter (green) kit</i>	28
<i>sajazir</i>	85	<i>sodium fluoride 5000 dry mouth</i>	57	<i>subvenite starter (orange) kit</i>	28
<i>salsalate</i>	35	<i>sodium fluoride 5000 plus</i>	57	SUCRAID.....	67
SANCUSO	67	<i>sodium fluoride-pot nitrate</i>	57	<i>sucralfate</i>	68
SANDIMMUNE	22	<i>sodium nitroprusside</i>	50	<i>sulfacetamide sodium</i>	80, 81
SANDOSTATIN LAR		SODIUM OXYBATE	41	<i>sulfacetamide sodium (acne)</i>	53
DEPOT	22	<i>sodium phenylbutyrate</i>	56	<i>sulfacetamide-prednisolone</i>	81
SANTYL	52	<i>sodium phosphate</i>	89	<i>sulfadiazine</i>	12
<i>sapropterin</i>	63	<i>sodium polystyrene sulfonate</i>	56	<i>sulfamethoxazole-trimethoprim</i>	12
SARCLISA	22	<i>sodium, potassium, magnesium sulfates</i>	67	<i>sulfasalazine</i>	67
SAVELLA.....	76	<i>solifenacin</i>	87	<i>sulindac</i>	35
<i>saxagliptin</i>	61	SOLIQUA 100/33	61	<i>sumatriptan</i>	30
<i>saxagliptin-metformin</i>	61	SOLTAMOX.....	23	<i>sumatriptan succinate</i>	30
SCSEMBLIX.....	23	SOMATULINE DEPOT	23	<i>sunitinib malate</i>	23
<i>scopolamine base</i>	67	SOMAVERT	63	SUNLENCA	5
SECUADO	41	<i>sorafenib</i>	23	<i>syeda</i>	79
SEGLUROMET	61	<i>sorine</i>	43	SYMDEKO	85
<i>selegiline hcl</i>	30	<i>sotalol</i>	43	SYMLINPEN 120	61
<i>selenium sulfide</i>	50	<i>sotalol af</i>	43	SYMLINPEN 60	62
SELZENTRY	5	SPIRIVA RESPIMAT.....	85	SYMPAZAN	28
<i>sertraline</i>	41	<i>spironolactone</i>	46	SYMTUZA.....	5
<i>setlakin</i>	79	<i>spironolactone hydrochlorothiaz</i>	46	SYNAGIS.....	5
<i>sevelamer carbonate</i>	56	SPRAVATO	41	SYNJARDY	62
<i>sf 57</i>				SYNJARDY XR.....	62
<i>sf 5000 plus</i>	57			T	
<i>sharobel</i>	77			TABLOID.....	23
SHINGRIX (PF).....	71			TABRECTA	23
SIGNIFOR	23			<i>tacrolimus</i>	23, 52
<i>sildenafil</i>	87			<i>tadalafil</i>	87

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

This drug list was last updated on 03/19/2024.

<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	TETANUS,DIPHTHERIA TOX PED(PF).....	<i>tranylcypromine</i>
86	71	41
TAFINLAR.....	<i>tetrabenazine</i>	<i>travasol 10 %</i>
23	32	89
<i>tafluprost (pf)</i>	<i>tetracycline</i>	<i>travoprost</i>
81	13	81
TAGRISSE.....	THALOMID.....	TRAZIMERA.....
23	23	24
TALTZ AUTOINJECTOR ..	THEO-24.....	<i>trazodone</i>
51	86	41
TALTZ AUTOINJECTOR (2 PACK).....	<i>theophylline</i>	TRECATOR.....
51	86	9
TALTZ AUTOINJECTOR (3 PACK).....	<i>thioridazine</i>	TRELEGY ELLIPTA.....
51	41	86
TALTZ SYRINGE.....	<i>thiotepa</i>	TRELSTAR.....
51	23	24
TALVEY.....	<i>thiothixene</i>	<i>treprostinil sodium</i>
23	41	46
TALZENNA.....	<i>tiadylt er</i>	<i>tretinoin (antineoplastic)</i>
23	46	24
<i>tamoxifen</i>	<i>tiagabine</i>	<i>tretinoin topical</i>
23	28	53
<i>tamsulosin</i>	TIBSOVO.....	<i>triamcinolone acetonide 55, 57, 58</i>
87	23	.....
<i>tarina 24 fe</i>	TICE BCG.....	<i>triamterene-hydrochlorothiazid</i>
79	71	.....
<i>tarina fe 1-20 eq (28)</i>	TICOVAC.....	<i>triderm</i>
79	71	55
TASIGNA.....	<i>tigecycline</i>	<i>trientine</i>
23	9	56
<i>tazarotene</i>	<i>tilia fe</i>	<i>tri-estarylla</i>
53	79	79
<i>tazicef</i>	<i>timolol maleate</i>	<i>trifluoperazine</i>
7	46, 80	41
<i>taztia xt</i>	<i>tinidazole</i>	<i>trifluridine</i>
46	9	80
TAZVERIK.....	<i>tiotropium bromide</i>	TRIJARDY XR.....
23	86	62
TDVAX.....	TIVDAK.....	TRIKAFTA.....
71	24	86
TECENTRIQ.....	TIVICAY.....	<i>tri-legest fe</i>
23	6	79
TECVAYLI.....	TIVICAY PD.....	<i>tri-linyah</i>
23	6	79
TEFLARO.....	<i>tizanidine</i>	<i>tri-lo-estarylla</i>
7	32	79
<i>telmisartan</i>	TOBI PODHALER.....	<i>tri-lo-marzia</i>
46	9	79
<i>telmisartan-amlodipine</i>	TOBRADEX.....	<i>tri-lo-sprintec</i>
46	81	79
<i>telmisartan-hydrochlorothiazid</i>	<i>tobramycin</i>	<i>trimethoprim</i>
.....	9, 80	13
46	<i>tobramycin in 0.225 % nacl</i> ..	<i>trimipramine</i>
TEMODAR.....	9	41
23	<i>tobramycin sulfate</i>	TRINTELLIX.....
<i>temsirolimus</i>	9	41
23	81	<i>tri-sprintec (28)</i>
TENIVAC (PF).....	<i>tolterodine</i>	TRIUMEQ.....
71	87	6
<i>tenofovir disoproxil fumarate</i>	<i>tolvaptan</i>	TRIUMEQ PD.....
5	64	6
TEPMETKO.....	<i>topiramate</i>	<i>trivora (28)</i>
23	28, 29	79
<i>terazosin</i>	<i>topotecan</i>	TRIZIVIR.....
46	24	6
<i>terbinafine hcl</i>	<i>toremifene</i>	TRODELVY.....
3	24	24
<i>terbutaline</i>	<i>torse mide</i>	TROGARZO.....
86	46	6
<i>terconazole</i>	TOUJEO MAX U-300 SOLOSTAR.....	TROPHAMINE 10 %.....
77	62	89
<i>teriflunomide</i>	TOUJEO SOLOSTAR U-300 INSULIN.....	<i>trospium</i>
32	62	87
TERIPARATIDE.....	TRADJENTA.....	TRULANCE.....
72	62	67
<i>testosterone</i>	<i>tramadol</i>	TRULICITY.....
63, 64	35	62
<i>testosterone cypionate</i>	<i>tramadol-acetaminophen</i>	TRUMENBA.....
63	35	71
<i>testosterone enanthate</i>	<i>trandolapril</i>	TRUQAP.....
63	46	24
	<i>trandolapril-verapamil</i>	TUKYSA.....
	46	24
	<i>tranexamic acid</i>	TURALIO.....
	77	24
		<i>turqoz (28)</i>
		79

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

This drug list was last updated on 03/19/2024.

TWINRIX (PF)	71	VELTASSA.....	57	<i>wescap-pn dha</i>	89
TYPHIM VI	71	VEMLIDY.....	6	<i>wixela inhub</i>	86
TYVASO.....	86	VENCLEXTA	24	X	
TYVASO INSTITUTIONAL		VENCLEXTA STARTING		XALKORI	24, 25
START KIT	86	PACK	24	XARELTO	48
TYVASO REFILL KIT	86	<i>venlafaxine</i>	42	XARELTO DVT-PE TREAT	
TYVASO STARTER KIT ...	86	<i>verapamil</i>	46	30D START.....	48
U		VERQUVO	50	XATMEP.....	25
UBRELVY	30	VERSACLOZ	42	XCOPRI	29
<i>unithroid</i>	64	VERZENIO	24	XCOPRI MAINTENANCE	
UNITUXIN	24	<i>vestura (28)</i>	79	PACK	29
UPTRAVI	46	V-GO 20.....	72	XCOPRI TITRATION PACK	
<i>ursodiol</i>	67	V-GO 30.....	72	.....	29
UZEDY	42	V-GO 40.....	72	XDEMVY.....	81
V		VIBATIV.....	10	XELJANZ.....	76
<i>valacyclovir</i>	6	VIBERZI	67	XELJANZ XR.....	76
VALCHLOR.....	52	<i>vienna</i>	79	XERMELO.....	25
<i>valganciclovir</i>	6	<i>vigabatrin</i>	29	XGEVA	13
<i>valproate sodium</i>	29	<i>vigadrone</i>	29	XIAFLEX.....	57
<i>valproic acid</i>	29	<i>vigpoder</i>	29	XIFAXAN	10
<i>valproic acid (as sodium salt)</i>		<i>vilazodone</i>	42	XIGDUO XR.....	62
.....	29	VIMIZIM.....	64	XIIDRA	81
<i>valrubicin</i>	24	<i>vinblastine</i>	24	XOFLUZA	6
<i>valsartan</i>	46	<i>vincristine</i>	24	XOLAIR.....	86
<i>valsartan-hydrochlorothiazide</i>		<i>vinorelbine</i>	24	XOSPATA.....	25
.....	46	VIOKACE.....	67	XPOVIO.....	25
VALTOCO.....	29	<i>viorele (28)</i>	79	XTANDI.....	25
<i>vancomycin</i>	10	VIRACEPT	6	<i>xulane</i>	77
VANCOMYCIN	10	VIREAD.....	6	Y	
VANCOMYCIN IN 0.9 %		VISTOGARD.....	13	YERVOY	25
SODIUM CHL	10	VITRAKVI.....	24	YF-VAX (PF).....	71
<i>vandazole</i>	77	VIVITROL.....	35	YONDELIS	25
VANFLYTA	24	VIZIMPRO.....	24	<i>yuvafem</i>	77
VAQTA (PF).....	71	VONJO.....	24	Z	
<i>varidenafil</i>	87	<i>voriconazole</i>	3	<i>zafemy</i>	77
<i>varenicline</i>	57	VOSEVI	6	<i>zafirlukast</i>	86
VARIVAX (PF)	71	VOTRIENT	24	<i>zaleplon</i>	42
VARIZIG	71	VRAYLAR.....	42	ZALTRAP	25
VARUBI	67	VUMERITY.....	32	ZANOSAR	25
VECAMYL	50	VYNDAMAX	50	ZARXIO	69
VECTIBIX	24	VYXEOS.....	24	ZEGALOGUE	
VEKLURY.....	6	W		AUTOINJECTOR.....	62
<i>veletri</i>	46	<i>warfarin</i>	48	ZEGALOGUE SYRINGE...	62
<i>velivet triphasic regimen (28)</i>		<i>water for irrigation, sterile</i> ...	57	ZEJULA	25
.....	79	WELIREG.....	24	ZELBORAF	25
VELPHORO.....	57	<i>wera (28)</i>	79	<i>zenatane</i>	53

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 03/19/2024.

ZENPEP	67	ZIRABEV	25	<i>zovia 1-35 (28)</i>	79
ZEPOSIA	32	ZIRGAN.....	80	ZTALMY	29
ZEPOSIA STARTER KIT (28-DAY).....	32	ZOLADEX	25	ZUBSOLV	35
ZEPOSIA STARTER PACK (7-DAY)	32	<i>zoledronic acid</i>	64	<i>zumandimine (28)</i>	79
ZEPZELCA.....	25	<i>zoledronic acid-mannitol-water</i>	57, 64	ZURZUVAE.....	42
<i>zidovudine</i>	6	ZOLINZA.....	25	ZYDELIG.....	25
ZIEXTENZO.....	69	<i>zolmitriptan</i>	30	ZYKADIA	25
<i>ziprasidone hcl</i>	42	<i>zolpidem</i>	42	ZYNLONTA	25
<i>ziprasidone mesylate</i>	42	ZONISADE	29	ZYNYZ.....	25
		<i>zonisamide</i>	29	ZYPREXA RELPREVV	43

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 03/19/2024.

Multi-Language Insert**Multi-language Interpreter Services**

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 844.529.3757 (TTY:711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 844.529.3757 (TTY:711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 844.529.3757 (TTY:711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 844.529.3757 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 844.529.3757 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 844.529.3757 (TTY:711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 844.529.3757 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 844.529.3757 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 844.529.3757 (TTY:711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 844.529.3757 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 844.529.3757 (TTY:711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारी स्वास्थ्य या औषधि योजना के बारे में आपके किसी भी पर्श्न का उत्तर देने के लिए हमारे पास निशुल्क दुभाषिया सेवाएँ हैं। दुभाषिया पराप्त करने के लिए, बस हमें 844.529.3757 (TTY:711) पर कॉल करें। कोई हिंदी बोलने वाला आपकी मदद कर सकता है। यह एक निशुल्क सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 844.529.3757 (TTY:711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 844.529.3757 (TTY:711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 844.529.3757 (TTY:711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 844.529.3757 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、844.529.3757 (TTY:711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

COUNTIES

Bay, Calhoun, Clinton,
Eaton, Gratiot, Huron,
Ingham, Ionia, Jackson,
Kalamazoo, Livingston,
Montcalm, Saginaw,
Sanilac, Shiawassee,
Tuscola, Washtenaw

Member.PHPMedicare.com

Toll-free: 844.529.3757 (TTY: 711), 8 a.m. to 8 p.m., seven days a week[‡]

PO Box 7119, Troy, MI 48007

[‡] You may reach a messaging service on weekends from April 1 through Sept. 30 and holidays. Please leave a message and your call will be returned the next business day.

This Formulary was updated on 03/19/2024. For more recent information or other questions, please contact PHP Medicare Customer Service at 844.529.3757 (TTY), 8 a.m. to 8 p.m., seven days a week.

Changes to our Formulary may occur during the benefit year. Any updated Prescription Drug Formulary is located on our website at Member.PHPMedicare.com. You may also call Customer Service for updated provider information.

PHP Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844.529.3757 (TTY: 711). [‡]

ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل على الرقم 844.529.3757 (هاتف الصم والبكم: 711).