



CENTRAL HEALTH MEDICARE PLAN

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2023

Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 23043, Version Number 11.

This formulary was updated on 05/01/2023. For more recent information or other questions, please contact Central Health Medicare Plan Member Services, at 1-877-657-2498 or, for TTY users, 711, 7 days a week, 24 hours a day or visit www.centralhealthplan.com.

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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 Central Health Medicare Plan. When it refers to "plan" or "our plan," it means Central Health Medicare Plan (HMO), Central Health Medi-Medi Plan (HMO D-SNP), Central Health Premier Plan (HMO), Central Health Focus Plan (HMO C-SNP), Central Health Ventura Medicare Plan (HMO), or Central Health Ventura Medi-Medi Plan (HMO D-SNP), Central Health San Mateo Medicare Plan (HMO), or Central Health Savings Plan (HMO).

This document includes list of the drugs (formulary) for our plan which is current as of 05/01/2023. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What is the Central Health Medicare Plan Formulary?

A formulary is a list of covered drugs selected by Central Health Medicare 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. Central Health Medicare Plan will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Central Health Medicare 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 Central Health Medicare Plan 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 Central Health Medicare Plan’s Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier.

Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month 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 Central Health Medicare Plan Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2023 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 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 05/01/2023. To get updated information about the drugs covered by Central Health Medicare Plan please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. 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 1. 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 I-1. 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?

Central Health Medicare 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:** Central Health Medicare Plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Central Health Medicare Plan before you fill your prescriptions. If you don't get approval, Central Health Medicare Plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Central Health Medicare Plan limits the amount of the drug that Central Health Medicare Plan will cover. For example, Central Health Medicare Plan provides 30 tablets per prescription for Lansoprazole. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, Central Health Medicare 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, Central Health Medicare Plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Central Health Medicare Plan 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 1. 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 Central Health Medicare Plan 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 Central Health Medicare Plan?” on page v for information about how to request an exception.

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Central Health Medicare Plan pays for certain OTC drugs. Central Health Medicare Plan will provide these OTC drugs at no cost to you. The cost to Central Health Medicare Plan of these OTC drugs will not count toward your total Part D drug costs, the cost of the OTC drugs does not count for the coverage gap.

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. For more information, 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 learn that Central Health Medicare 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 Central Health Medicare Plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Central Health Medicare Plan.
- You can ask Central Health Medicare Plan 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 Central Health Medicare Plan Formulary?

You can ask Central Health Medicare Plan to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. 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, Central Health Medicare Plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, Central Health Medicare Plan will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

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

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

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

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

Members who change treatment settings due to changes in level of care are also considered in Transition. These members will be provided with an appropriate transition refill.

For more information

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

If you have questions about Central Health Medicare Plan, 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>.

Central Health Medicare Plan’s Formulary

The formulary provides coverage information about the drugs covered by Central Health Medicare Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page I-1.

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

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

Formulary Legend

The following may be found within the “Tier” or “Requirements/Limits” columns of the formulary:

Abbreviation	Description	Explanation
Drug Tier		
1	Tier 1	Tier 1- Preferred Generic
2	Tier 2	Tier 2- Generic
3	Tier 3	Tier 3- Preferred Brand
4	Tier 4	Tier 4- Non-Preferred Drug (Brand and Generic)
5	Tier 5	Tier 5- Specialty
6	Tier 6	Tier 6-Select Care Drug
Utilization Management Restrictions		
PA	Prior Authorization Restriction	You (or your provider) are required to get authorization from Central Health Plan before you fill your prescription for this drug. Without prior approval, Central Health may not cover this drug
PA BvD	Part D vs. Part B Only	This drug may be eligible for payment under Medicare Part B or Part D. You (or your provider) are required to get prior authorization from Central health Plan to determine that this drug is covered under Medicare Part D

		before you fill your prescription for this drug. Without prior approval, Central Health may not cover this drug
PA NSO	Prior Authorization Restriction for New Starts Only	If you are a new member or if you have not taken this drug before, you (or your provider) are required to get prior authorization from Central Health Plan before you fill your prescription for this drug. Without prior approval, Central Health may not cover this drug
QL	QL Quantity Limit	Central Health Plan limits the amount of this drug that is covered per prescription, or within a specific time frame.
ST	Step Therapy Restriction	Before Central Health Plan will provide coverage for this drug, you must first try another drug(s) to treat your condition. This drug may only be covered if the other drug(s) does not work for you.
Other Special Requirements for Coverage		
EX	Excluded Part D 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 towards 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. 1-888-728-5048, 24 hours a day- seven days a week. TTY users should call 711. You, your doctor or other network provider will need to request prior authorization before filling the prescription.
LA	Limited Access Drug	This drug may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call Member Services at 866-255-4795, Monday - Friday 8 am - 8 pm and 7 days a week from October 1-March 31 from 8 am - 8pm. TTY/TDD dial 711.
GC	Gap Coverage	We provide coverage of this drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
NM - Retail Only:	Non-Extended Days Supply	Drugs not available via your mail order benefit are noted with “NM” in the Requirements/Limits column of your formulary.
NDS	Non-Extended Days’ Supply	Central Health limits this drugs that is covered within a specific time frame. (30 day supply Retail and 31day supply Long Term Care).
CB	Capped Benefit	This drug is part of a Capped Benefit
SI	Select Insulin	This insulin is part of the Senior Savings Model Program which lowers the cost of certain insulins up to and during the coverage gap

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.

GC: Gap Coverage. We provide coverage of this prescription drug in the Coverage Gap. Please refer to our Evidence of Coverage for more information about this coverage.

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

NDS: Non-Extended Day Supply Medication. This drug is only available as a 30-day supply or less.

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.

SSM: Senior Savings Model. Select Insulins are part of the Senior Savings Model program which lowers the cost of certain insulins up to and during the coverage gap.

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.

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA; MO
<i>amphotericin b injection recon soln</i>	4	B/D PA; MO
<i>caspofungin intravenous recon soln 50 mg</i>	5	NDS
<i>caspofungin intravenous recon soln 70 mg</i>	4	
<i>clotrimazole mucous membrane troche</i>	2	MO
CRESEMBA INTRAVENOUS RECON SOLN	5	PA; NDS
CRESEMBA ORAL CAPSULE	4	PA
<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>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine oral capsule</i>	5	MO; NDS
<i>griseofulvin microsize oral suspension</i>	4	MO
<i>griseofulvin microsize oral tablet</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet</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 tablet</i>	2	MO
<i>micafungin intravenous recon soln</i>	5	MO; NDS
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days); NDS
<i>terbinafine hcl oral tablet</i>	2	MO
<i>voriconazole intravenous recon soln</i>	5	PA; MO; NDS
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO; NDS
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir oral solution</i>	3	MO
<i>abacavir oral tablet</i>	3	MO

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

This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>abacavir-lamivudine oral tablet</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 oral tablet</i>	4	MO
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	MO; NDS
APTIVUS ORAL CAPSULE	5	MO; NDS
<i>atazanavir oral capsule</i>	4	MO
BARACLUDE ORAL SOLUTION	5	MO; NDS
BIKTARVY ORAL TABLET	5	MO; NDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	MO; NDS
<i>cidofovir intravenous solution</i>	5	B/D PA; MO; NDS
CIMDUO ORAL TABLET	5	MO; NDS
COMPLERA ORAL TABLET	4	MO
DELSTRIGO ORAL TABLET	5	MO; NDS
DESCOVY ORAL TABLET	5	MO; NDS
DOVATO ORAL TABLET	5	MO; NDS
EDURANT ORAL TABLET	5	MO; NDS
<i>efavirenz oral capsule</i>	4	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofof oral tablet</i>	5	MO; NDS
<i>efavirenz-lamivu-tenofof disop oral tablet</i>	5	MO; NDS
<i>emtricitabine oral capsule</i>	4	MO
<i>emtricitabine-tenofovir (tdf) oral tablet</i>	5	MO; NDS
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir oral tablet</i>	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150- 37.5 MG	5	PA; MO; QL (28 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days); NDS
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days); NDS
EPIVIR HBV ORAL SOLUTION	4	MO
<i>etravirine oral tablet</i>	5	MO; NDS
EVOTAZ ORAL TABLET	5	MO; NDS
<i>famciclovir oral tablet</i>	2	MO
<i>fosamprenavir oral tablet</i>	5	MO; NDS
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; NDS
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA; MO
GENVOYA ORAL TABLET	5	MO; NDS
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days); NDS
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days); NDS
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days); NDS
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD ORAL TABLET	5	MO; NDS
ISENTRESS ORAL POWDER IN PACKET	5	MO; NDS
ISENTRESS ORAL TABLET	5	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; NDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET	5	MO; NDS
<i>lamivudine oral solution</i>	3	MO
<i>lamivudine oral tablet</i>	3	MO
<i>lamivudine-zidovudine oral tablet</i>	3	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>maraviroc oral tablet</i>	5	MO; NDS
<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 ORAL TABLET	5	MO; NDS
<i>oseltamivir oral capsule</i>	3	MO
<i>oseltamivir oral suspension for reconstitution</i>	3	MO
PIFELTRO ORAL TABLET	5	MO; NDS
PREVYMIS INTRAVENOUS SOLUTION	5	NDS
PREVYMIS ORAL TABLET	5	MO; QL (30 per 30 days); NDS
PREZCOBIX ORAL TABLET	5	MO; NDS
PREZISTA ORAL SUSPENSION	5	MO; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO; NDS
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; NDS
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine oral tablet</i>	4	MO
<i>ritonavir oral tablet</i>	3	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	5	MO; NDS
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
STRIBILD ORAL TABLET	5	MO; NDS
SUNLENCA ORAL TABLET	5	NDS
SUNLENCA SUBCUTANEOUS SOLUTION	5	NDS
SYMTUZA ORAL TABLET	4	MO
SYNAGIS INTRAMUSCULAR SOLUTION	5	MO; LA; NDS
<i>tenofovir disoproxil fumarate 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 document.

This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; NDS
TIVICAY PD ORAL TABLET FOR SUSPENSION	5	MO; NDS
TRIUMEQ ORAL TABLET	5	MO; NDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	5	MO; NDS
TRIZIVIR ORAL TABLET	5	MO; NDS
TROGARZO INTRAVENOUS SOLUTION	5	MO; LA; NDS
<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; NDS
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY INTRAVENOUS RECON SOLN	5	NDS
VEMLIDY ORAL TABLET	5	MO; NDS
VIRACEPT ORAL TABLET	5	MO; NDS
VIREAD ORAL POWDER	5	MO; NDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO; NDS
VOSEVI ORAL TABLET	5	PA; MO; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO
<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, 250 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 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

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback</i>	4	
<i>cefepime injection recon soln</i>	4	MO
<i>cefixime oral capsule</i>	4	MO
<i>cefixime oral suspension for reconstitution</i>	4	MO
<i>cefoxitin in dextrose, iso-osm intravenous piggyback</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 oral suspension for reconstitution</i>	4	MO
<i>cefpodoxime oral tablet</i>	4	MO
<i>cefprozil oral suspension for reconstitution</i>	2	MO
<i>cefprozil oral tablet</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 intravenous piggyback</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 recon soln</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection recon soln</i>	4	PA; MO
<i>tazicef intravenous recon soln</i>	4	PA
TEFLARO INTRAVENOUS RECON SOLN	5	PA; MO; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln</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 oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	2	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days); NDS
<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	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	4	MO
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	5	MO; NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	4	PA; LA
<i>atovaquone oral suspension</i>	5	MO; NDS
<i>atovaquone-proguanil oral tablet</i>	4	MO
<i>aztreonam injection recon soln</i>	4	PA; MO
<i>bacitracin intramuscular recon soln</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MO; LA; QL (84 per 56 days); NDS
<i>chloramphenicol sod succinate intravenous recon soln</i>	4	
<i>chloroquine phosphate oral tablet</i>	2	MO
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	4	PA; MO
<i>clindamycin pediatric oral recon soln</i>	4	MO
<i>clindamycin phosphate injection solution</i>	4	PA; MO
<i>clindamycin phosphate intravenous solution</i>	4	PA; MO
COARTEM ORAL TABLET	4	MO
<i>colistin (colistimethate na) injection recon soln</i>	4	PA; MO; QL (30 per 10 days)
<i>dapsone oral tablet</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO; NDS
EMVERM ORAL TABLET,CHEWABLE	5	MO; NDS
<i>ertapenem injection recon soln</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol oral tablet</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) injection solution</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln</i>	4	PA; MO
<i>isoniazid injection solution</i>	4	
<i>isoniazid oral solution</i>	2	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral tablet</i>	3	PA; MO; QL (20 per 30 days)
<i>lincomycin injection solution</i>	4	PA
<i>linezolid in dextrose 5% intravenous piggyback</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>linezolid oral suspension for reconstitution</i>	5	MO; NDS
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	4	PA
<i>mefloquine oral tablet</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; MO; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>metro i.v. intravenous piggyback</i>	4	PA; MO
<i>metronidazole in nacl (iso-os) intravenous piggyback</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin oral tablet</i>	2	MO
<i>nitazoxanide oral tablet</i>	5	MO; NDS
<i>paromomycin oral capsule</i>	4	MO
PASER ORAL GRANULES DR FOR SUSP IN PACKET	3	MO
<i>pentamidine inhalation recon soln</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln</i>	4	MO
<i>praziquantel oral tablet</i>	4	MO
PRIFTIN ORAL TABLET	3	MO
PRIMAQUINE ORAL TABLET	3	MO
<i>pyrazinamide oral tablet</i>	4	MO
<i>pyrimethamine oral tablet</i>	5	PA; MO; NDS
<i>quinine sulfate oral capsule</i>	4	MO
<i>rifabutin oral capsule</i>	4	MO
<i>rifampin intravenous recon soln</i>	4	MO
<i>rifampin oral capsule</i>	3	MO
SIRTURO ORAL TABLET	5	PA; LA; NDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	5	PA; MO; QL (60 per 30 days); NDS
<i>tigecycline intravenous recon soln</i>	5	PA; MO; NDS
<i>tinidazole oral tablet</i>	3	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 56 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	PA; MO; QL (280 per 28 days); NDS
<i>tobramycin inhalation solution for nebulization</i>	5	PA; MO; QL (224 per 28 days); NDS
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECTOR ORAL TABLET	4	MO
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 RECON SOLN	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)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA; NDS
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days); NDS
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days); NDS
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	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
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln</i>	4	PA; MO
<i>ampicillin sodium intravenous recon soln</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 recon soln</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	3	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	PA; MO
<i>dicloxacillin oral capsule</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback</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; NDS
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</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 injection recon soln</i>	4	PA; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	PA; MO
<i>penicillin g sodium injection recon soln</i>	4	PA; MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	2	MO
<i>pfizerpen-g injection recon soln</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON	4	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO; GC
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	4	PA; MO
<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 solution</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral tablet</i>	3	MO
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	4	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO; GC
TETRACYCLINES		
<i>demeclocycline oral tablet</i>	4	MO
<i>doxy-100 intravenous recon soln</i>	4	PA; MO
<i>doxycycline hyclate intravenous recon soln</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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>mondoxyne nl oral capsule 100 mg</i>	2	MO
<i>tetracycline oral capsule</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	3	MO
<i>methenamine mandelate oral tablet</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	3	MO
<i>nitrofurantoin oral suspension</i>	4	MO
<i>trimethoprim oral tablet</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln</i>	5	B/D PA; MO; NDS
ELITEK INTRAVENOUS RECON SOLN	5	MO; NDS
KEPIVANCE INTRAVENOUS RECON SOLN	5	NDS
KHAPZORY INTRAVENOUS RECON SOLN	5	B/D PA; NDS
<i>leucovorin calcium oral tablet</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO; NDS
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA; NDS
<i>mesna intravenous solution</i>	2	B/D PA; MO
MESNEX ORAL TABLET	5	MO; NDS
VISTOGARD ORAL GRANULES IN PACKET	5	PA; NDS
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO; NDS
ADCETRIS INTRAVENOUS RECON SOLN	5	B/D PA; MO; NDS
ALECENSA ORAL CAPSULE	5	PA; MO; QL (240 per 30 days); NDS
ALIMTA INTRAVENOUS RECON SOLN	5	B/D PA; MO; NDS
ALIQOPA INTRAVENOUS RECON SOLN	5	B/D PA; LA; NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days); NDS
<i>anastrozole oral tablet</i>	2	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA; NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO; NDS
ARZERRA INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
ASPARLAS INTRAVENOUS SOLUTION	5	PA; NDS
AYVAKIT ORAL TABLET	5	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine injection recon soln</i>	5	B/D PA; MO; NDS
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	2	B/D PA; MO
BALVERSA ORAL TABLET	5	PA; LA; NDS
BAVENCIO INTRAVENOUS SOLUTION	5	B/D PA; LA; NDS
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	5	B/D PA; NDS
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
BESPONSA INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA; NDS
<i>bexarotene oral capsule</i>	5	PA; MO; NDS
<i>bexarotene topical gel</i>	5	PA; MO; NDS
<i>bicalutamide oral tablet</i>	2	MO
BLENREP INTRAVENOUS RECON SOLN	5	PA; MO; NDS
<i>bleomycin injection recon soln</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO; NDS
BORTEZOMIB INTRAVENOUS RECON SOLN	5	B/D PA; NDS
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days); NDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE	5	PA; LA; NDS
<i>busulfan intravenous solution</i>	5	B/D PA; NDS
CABOMETYX ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	5	PA; LA; QL (60 per 30 days); NDS
CALQUENCE ORAL CAPSULE	5	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days); NDS
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO; NDS
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine intravenous solution</i>	5	B/D PA; MO; NDS
<i>clofarabine intravenous solution</i>	5	B/D PA; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days); NDS
COPIKTRA ORAL CAPSULE	5	PA; LA; QL (60 per 30 days); NDS
COSMEGEN INTRAVENOUS RECON SOLN	5	B/D PA; MO; NDS
COTELLIC ORAL TABLET	5	PA; MO; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA; MO
<i>cyclosporine intravenous solution</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
<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>cytarabine injection solution</i>	2	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	2	B/D PA; MO
<i>dactinomycin intravenous recon soln</i>	2	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION	5	PA; NDS
DARZALEX INTRAVENOUS SOLUTION	5	B/D PA; MO; LA; NDS
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days); NDS
<i>decitabine intravenous recon soln</i>	5	B/D PA; MO; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO; NDS
<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 intravenous suspension</i>	5	B/D PA; MO; NDS
DROXIA ORAL CAPSULE	3	MO
ELZONRIS INTRAVENOUS SOLUTION	5	PA; LA; NDS
EMCYT ORAL CAPSULE	5	MO; NDS
EMPLICITI INTRAVENOUS RECON SOLN	5	B/D PA; MO; NDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
ERBITUX INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
ERIVEDGE ORAL CAPSULE	5	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	5	PA; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
ERWINASE INJECTION RECON SOLN	5	B/D PA; NDS
ETOPOPHOS INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>etoposide intravenous solution</i>	2	B/D PA; MO
EULEXIN ORAL CAPSULE	5	MO; NDS
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days); NDS
<i>everolimus (immunosuppressive) oral tablet</i>	5	B/D PA; MO; NDS
<i>exemestane oral tablet</i>	4	MO
EXKIVITY ORAL CAPSULE	5	PA; LA; QL (120 per 30 days); NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA; MO
<i>floxuridine injection recon soln</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
<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 INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
FOTIVDA ORAL CAPSULE	5	PA; LA; QL (21 per 28 days); NDS
<i>fulvestrant intramuscular syringe</i>	5	B/D PA; MO; NDS
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	PA; NDS

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Drug Name	Drug Tier	Requirements/Limits
GAVRETO ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days); NDS
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
<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
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf oral capsule</i>	3	B/D PA; MO
<i>gengraf oral solution</i>	3	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO; QL (30 per 30 days); NDS
GLEOSTINE ORAL CAPSULE	4	MO
HALAVEN INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
<i>hydroxyurea oral capsule</i>	2	MO
IBRANCE ORAL CAPSULE	5	PA; MO; QL (21 per 28 days); NDS
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days); NDS
ICLUSIG ORAL TABLET	5	PA; QL (30 per 30 days); NDS
<i>idarubicin intravenous solution</i>	2	B/D PA; MO
IDHIFA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NDS
<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); NDS
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET	5	PA; QL (30 per 30 days); NDS
IMFINZI INTRAVENOUS SOLUTION	5	B/D PA; MO; LA; NDS
IMJUDO INTRAVENOUS SOLUTION	5	PA; MO; NDS
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days); NDS

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days); NDS
INQOVI ORAL TABLET	5	PA; MO; QL (5 per 28 days); NDS
INREBIC ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days); NDS
IRESSA ORAL TABLET	5	PA; MO; QL (30 per 30 days); NDS
<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; NDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO; NDS
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO; NDS
IXEMPRA INTRAVENOUS RECON SOLN	5	B/D PA; MO; NDS
JAKAFI ORAL TABLET	5	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days); NDS
JEMPERLI INTRAVENOUS SOLUTION	5	PA; MO; NDS
JEVTANA INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO; NDS
KEYTRUDA INTRAVENOUS SOLUTION	5	PA; NDS
KIMMTRAK INTRAVENOUS SOLUTION	5	PA; NDS
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days); NDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days); NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days); NDS
KRAZATI ORAL TABLET	5	PA; QL (180 per 30 days); NDS
KYPROLIS INTRAVENOUS RECON SOLN	5	B/D PA; NDS
<i>lapatinib oral tablet</i>	5	PA; MO; QL (180 per 30 days); NDS

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE	5	PA; MO; NDS
<i>letrozole oral tablet</i>	2	MO
LEUKERAN ORAL TABLET	5	MO; NDS
<i>leuprolide subcutaneous kit</i>	5	PA; MO; NDS
LIBTAYO INTRAVENOUS SOLUTION	5	PA; LA; NDS
LONSURF ORAL TABLET	5	PA; MO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; MO; NDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; NDS
LUMOXITI INTRAVENOUS RECON SOLN	5	PA; LA; NDS
LUNSUMIO INTRAVENOUS SOLUTION	5	PA; MO; NDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; NDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; NDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; NDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; MO; NDS
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT	5	PA; MO; NDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT	5	PA; MO; NDS
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days); NDS
LYSODREN ORAL TABLET	5	NDS
LYTGOBI ORAL TABLET	5	PA; LA; NDS
MARGENZA INTRAVENOUS SOLUTION	5	PA; NDS
MATULANE ORAL CAPSULE	5	NDS
<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

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days); NDS
MEKTOVI ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days); NDS
<i>melfhalan hcl intravenous recon soln</i>	5	B/D PA; NDS
<i>melfhalan oral tablet</i>	2	B/D PA; MO
<i>mercaptopurine oral tablet</i>	3	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>methotrexate sodium injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet</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; NDS
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	5	PA; LA; NDS
MVASI INTRAVENOUS SOLUTION	5	PA; MO; NDS
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO; NDS
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	4	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA; NDS
<i>nelarabine intravenous solution</i>	5	B/D PA; MO; NDS
NERLYNX ORAL TABLET	5	PA; MO; LA; NDS
<i>nilutamide oral tablet</i>	5	PA; MO; NDS
NINLARO ORAL CAPSULE	5	PA; MO; QL (3 per 28 days); NDS
NUBEQA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO; NDS
<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), 50 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO; NDS
ODOMZO ORAL CAPSULE	5	PA; MO; LA; QL (30 per 30 days); NDS
ONCASPAR INJECTION SOLUTION	5	B/D PA; NDS
ONIVYDE INTRAVENOUS DISPERSION	5	B/D PA; NDS
ONUREG ORAL TABLET	4	PA; MO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION	5	PA; MO; NDS
OPDUALAG INTRAVENOUS SOLUTION	5	PA; MO; NDS
ORGOVYX ORAL TABLET	5	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA
<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 intravenous concentrate</i>	2	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN	5	PA; MO; NDS
<i>paraplatin intravenous solution</i>	2	B/D PA
PEMAZYRE ORAL TABLET	5	PA; LA; QL (14 per 21 days); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO; NDS
<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; NDS
PERJETA INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
PIQRAY ORAL TABLET	5	PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
POLIVY INTRAVENOUS RECON SOLN	5	PA; MO; NDS
POMALYST ORAL CAPSULE	5	PA; MO; LA; NDS
PORTRAZZA INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
POTELIGEO INTRAVENOUS SOLUTION	5	PA; NDS
PROGRAF INTRAVENOUS SOLUTION	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN ORAL SUSPENSION	5	NDS
QINLOCK ORAL TABLET	5	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days); NDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days); NDS
REVLIMID ORAL CAPSULE	5	PA; MO; LA; QL (28 per 28 days); NDS
REZLIDHIA ORAL CAPSULE	5	PA; QL (60 per 30 days); NDS
<i>romidepsin intravenous recon soln</i>	5	B/D PA; NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days); NDS
RUBRACA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE INTRAVENOUS SOLUTION	5	PA; MO; NDS
RYBREVANT INTRAVENOUS SOLUTION	5	PA; MO; NDS
RYDAPT ORAL CAPSULE	5	PA; MO; NDS
RYLAZE INTRAMUSCULAR SOLUTION	5	PA; NDS
SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PA; MO; NDS
SARCLISA INTRAVENOUS SOLUTION	5	PA; LA; NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days); NDS
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days); NDS
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA; NDS
SIMULECT INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO; NDS
<i>sirolimus oral tablet</i>	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX ORAL SOLUTION	5	MO; NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MO; NDS
<i>sorafenib oral tablet</i>	5	PA; MO; QL (120 per 30 days); NDS
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days); NDS
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days); NDS
STIVARGA ORAL TABLET	5	PA; MO; QL (84 per 28 days); NDS
<i>sunitinib malate oral capsule</i>	5	PA; MO; QL (30 per 30 days); NDS
SYNRIBO SUBCUTANEOUS RECON SOLN	5	B/D PA; NDS
TABLOID ORAL TABLET	4	MO
TABRECTA ORAL TABLET	5	PA; MO; NDS
<i>tacrolimus oral capsule</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NDS
TAGRISSE ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days); NDS
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; MO; QL (30 per 30 days); NDS
<i>tamoxifen oral tablet</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days); NDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days); NDS
TAZVERIK ORAL TABLET	5	PA; LA; NDS
TECENTRIQ INTRAVENOUS SOLUTION	5	B/D PA; MO; LA; NDS
TECVAYLI SUBCUTANEOUS SOLUTION	5	PA; NDS
TEMODAR INTRAVENOUS RECON SOLN	5	B/D PA; MO; NDS
<i>temsirolimus intravenous recon soln</i>	5	B/D PA; MO; NDS
TEPMETKO ORAL TABLET	5	PA; LA; NDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days); NDS
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days); NDS
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA; NDS
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO; NDS
TIBSOVO ORAL TABLET	5	PA; NDS
TIVDAK INTRAVENOUS RECON SOLN	5	PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>toposar intravenous solution</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA; MO; NDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	B/D PA; MO; NDS
<i>toremifene oral tablet</i>	5	MO; NDS
TRAZIMERA INTRAVENOUS RECON SOLN	5	B/D PA; MO; NDS
TREANDA INTRAVENOUS RECON SOLN	5	B/D PA; MO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO; NDS
<i>tretinoin (antineoplastic) oral capsule</i>	5	MO; NDS
TRODELVY INTRAVENOUS RECON SOLN	5	PA; LA; NDS
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; LA; QL (21 per 28 days); NDS
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; LA; QL (42 per 28 days); NDS
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63 per 28 days); NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE	5	PA; LA; QL (120 per 30 days); NDS
UNITUXIN INTRAVENOUS SOLUTION	5	B/D PA; NDS
<i>valrubicin intravesical solution</i>	5	B/D PA; MO; NDS
VECTIBIX INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
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); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; LA; QL (42 per 180 days); NDS
VERZENIO ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days); NDS
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincasar pfs intravenous solution</i>	2	B/D PA; MO
<i>vincristine intravenous solution</i>	2	B/D PA; MO
<i>vinorelbine intravenous solution</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days); NDS
VIZIMPRO ORAL TABLET	5	PA; MO; QL (30 per 30 days); NDS
VONJO ORAL CAPSULE	5	PA; QL (120 per 30 days); NDS
VOTRIENT ORAL TABLET	5	PA; MO; QL (120 per 30 days); NDS
VYXEOS INTRAVENOUS RECON SOLN	5	B/D PA; NDS
WELIREG ORAL TABLET	5	PA; LA; NDS
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days); NDS
XATMEP ORAL SOLUTION	4	B/D PA; MO
XERMELO ORAL TABLET	5	PA; LA; QL (90 per 30 days); NDS
XOSPATA ORAL TABLET	5	PA; LA; NDS
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)	4	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days); NDS
YERVOY INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
YONDELIS INTRAVENOUS RECON SOLN	5	B/D PA; NDS
YONSA ORAL TABLET	5	PA; MO; QL (120 per 30 days); NDS
ZALTRAP INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
ZANOSAR INTRAVENOUS RECON SOLN	4	B/D PA; MO
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days); NDS
ZELBORAF ORAL TABLET	5	PA; MO; QL (240 per 30 days); NDS
ZEPZELCA INTRAVENOUS RECON SOLN	5	PA; NDS
ZIRABEV INTRAVENOUS SOLUTION	5	B/D PA; MO; NDS
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; MO

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE	5	PA; MO; NDS
ZYDELIG ORAL TABLET	5	PA; MO; QL (60 per 30 days); NDS
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days); NDS
ZYNLONTA INTRAVENOUS RECON SOLN	5	PA; LA; NDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days); NDS
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days); NDS
<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 suspension 200 mg/10 ml</i>	2	
<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
CELONTIN ORAL CAPSULE 300 MG	4	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 ORAL CAPSULE	5	PA; LA; NDS
DIACOMIT ORAL POWDER IN PACKET	5	PA; LA; NDS
<i>diazepam rectal kit</i>	4	MO
DILANTIN 30 MG ORAL CAPSULE	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
EPIDIOLEX ORAL SOLUTION	4	PA; MO; LA
<i>epitol oral tablet</i>	2	MO
EPRONTIA ORAL SOLUTION	4	PA; MO
<i>ethosuximide oral capsule</i>	3	MO
<i>ethosuximide oral solution</i>	3	MO
<i>felbamate oral suspension</i>	5	MO; NDS
<i>felbamate oral tablet</i>	4	MO
FINTEPLA ORAL SOLUTION	5	PA; LA; QL (360 per 30 days); NDS
<i>fosphenytoin injection solution</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days); NDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days); NDS
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); NDS
<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)
<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)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous solution</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	5	MO; QL (1200 per 30 days); NDS
<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; GC
<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<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 solution</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
NAYZILAM NASAL SPRAY,NON-AEROSOL	5	PA; MO; QL (10 per 30 days); NDS
<i>oxcarbazepine oral suspension</i>	4	MO
<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</i>	2	MO
<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)
<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)
<i>primidone oral tablet</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO; NDS
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
SPRITAM ORAL TABLET FOR SUSPENSION	4	MO
<i>subvenite oral tablet</i>	1	MO; GC
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	4	MO
<i>subvenite starter (green) kit oral tablets,dose pack</i>	4	MO
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	4	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium intravenous solution</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	
<i>valproic acid oral capsule</i>	2	MO
VALTOCO NASAL SPRAY,NON-AEROSOL	5	PA; MO; QL (10 per 30 days); NDS
<i>vigabatrin oral powder in packet</i>	5	MO; LA; NDS
<i>vigabatrin oral tablet</i>	5	MO; LA; NDS
<i>vigadrone oral powder in packet</i>	5	LA; NDS
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); NDS
XCOPRI ORAL TABLET 100 MG	5	MO; QL (120 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days); NDS
XCOPRI ORAL TABLET 50 MG	5	MO; QL (240 per 30 days); NDS
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); NDS
ZONISADE ORAL SUSPENSION	5	PA; MO; NDS
<i>zonisamide oral capsule</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZTALMY ORAL SUSPENSION	5	PA; LA; QL (1080 per 30 days); NDS
ANTIPARKINSONISM AGENTS		
<i>benztropine injection solution</i>	2	MO
<i>benztropine oral tablet</i>	2	PA; MO
<i>bromocriptine oral capsule</i>	4	MO
<i>bromocriptine oral tablet</i>	4	MO
<i>carbidopa oral tablet</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	MO
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	MO
<i>entacapone oral tablet</i>	4	MO
KYMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; MO; QL (150 per 30 days); NDS
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline oral tablet</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl oral capsule</i>	2	MO
<i>selegiline hcl oral tablet</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection solution</i>	5	NDS
<i>dihydroergotamine nasal spray, non-aerosol</i>	5	QL (8 per 28 days); NDS
<i>eletriptan oral tablet</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR	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 oral tablet</i>	3	MO
<i>naratriptan oral tablet</i>	3	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
NURTEC ODT ORAL TABLET,DISINTEGRATING	3	PA; QL (16 per 30 days)
<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 tablet</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 ORAL TABLET	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral tablet</i>	4	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating</i>	4	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO ORAL TABLET	5	PA; MO; QL (30 per 30 days); NDS
BRIUMVI INTRAVENOUS SOLUTION	5	PA; MO; QL (24 per 180 days); NDS
<i>dalfampridine oral tablet extended release 12 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days); NDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days); NDS
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO; GC
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO; GC
<i>fingolimod oral capsule</i>	5	PA; MO; QL (30 per 30 days); NDS
FIRDAPSE ORAL TABLET	5	PA; LA; NDS
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days); NDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days); NDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days); NDS
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK	5	PA; LA; QL (28 per 180 days); NDS
INGREZZA ORAL CAPSULE	5	PA; LA; QL (30 per 30 days); NDS
<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; MO
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NUEDEXTA ORAL CAPSULE	5	PA; MO; NDS
OCREVUS INTRAVENOUS SOLUTION	5	PA; MO; LA; QL (20 per 180 days); NDS
RADICAVA INTRAVENOUS SOLUTION	5	PA; NDS
<i>rivastigmine tartrate oral capsule</i>	3	MO
<i>rivastigmine transdermal patch 24 hour</i>	4	MO
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days); NDS
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days); NDS
TYSABRI INTRAVENOUS SOLUTION	5	PA; MO; LA; QL (15 per 28 days); NDS
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; MO; QL (120 per 30 days); NDS
ZEPOSIA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days); NDS
ZEPOSIA STARTER KIT ORAL CAPSULE,DOSE PACK	5	PA; MO; QL (37 per 180 days); NDS
ZEPOSIA STARTER PACK ORAL CAPSULE,DOSE PACK	5	PA; MO; QL (7 per 180 days); NDS
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 recon soln</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene oral capsule</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
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>revonto intravenous recon soln</i>	2	
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days); NDS
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days); NDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days); NDS
BELBUCA BUCCAL FILM	3	PA; MO; QL (60 per 30 days); NDS
<i>buprenorphine hcl injection syringe</i>	2	NDS
<i>buprenorphine hcl sublingual tablet</i>	2	MO
<i>buprenorphine transdermal patch transdermal patch weekly</i>	4	PA; MO; QL (4 per 28 days); NDS
<i>endocet oral tablet</i>	3	MO; QL (360 per 30 days); NDS
<i>fentanyl citrate (pf) injection solution</i>	2	QL (400 per 30 days); NDS
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	QL (400 per 30 days); NDS
<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); NDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days); NDS
<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); NDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days); NDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days); NDS
<i>hydrocodone-ibuprofen oral tablet</i>	3	MO; QL (50 per 30 days); NDS
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	4	QL (240 per 30 days); NDS
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	4	QL (150 per 30 days); NDS
<i>hydromorphone injection solution 1 mg/ml</i>	4	QL (300 per 30 days); NDS
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO; QL (150 per 30 days); NDS
<i>hydromorphone injection syringe 1 mg/ml</i>	4	MO; QL (300 per 30 days); NDS
<i>hydromorphone injection syringe 2 mg/ml</i>	4	QL (150 per 30 days); NDS
<i>hydromorphone injection syringe 4 mg/ml</i>	4	MO; QL (75 per 30 days); NDS
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days); NDS
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days); NDS
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days); NDS
<i>methadone injection solution</i>	3	QL (150 per 30 days); NDS
<i>methadone intensol oral concentrate</i>	3	PA; MO; QL (90 per 30 days); NDS
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days); NDS
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days); NDS
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days); NDS
<i>methadone oral tablet 10 mg</i>	3	PA; MO; QL (120 per 30 days); NDS
<i>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 per 30 days); NDS
<i>methadose oral concentrate</i>	3	PA; MO; QL (90 per 30 days); NDS
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	QL (4000 per 30 days); NDS
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO; QL (2000 per 30 days); NDS
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days); NDS
<i>morphine injection syringe 4 mg/ml</i>	4	MO; QL (500 per 30 days); NDS
<i>morphine injection syringe 8 mg/ml</i>	4	QL (250 per 30 days); NDS
<i>morphine intravenous solution 10 mg/ml</i>	4	MO; QL (200 per 30 days); NDS
<i>morphine intravenous solution 4 mg/ml</i>	4	MO; QL (500 per 30 days); NDS
<i>morphine intravenous syringe 10 mg/ml</i>	4	QL (200 per 30 days); NDS
<i>morphine intravenous syringe 2 mg/ml</i>	4	QL (1000 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine intravenous syringe 4 mg/ml</i>	4	QL (500 per 30 days); NDS
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days); NDS
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days); NDS
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days); NDS
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days); NDS
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days); NDS
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days); NDS
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days); NDS
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days); NDS
<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); NDS
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); NDS
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days); NDS
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 solution 1 mg/ml</i>	2	MO; QL (857 per 30 days); NDS
<i>butorphanol injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days); NDS
<i>butorphanol nasal spray,non-aerosol</i>	4	MO; QL (10 per 28 days); NDS
<i>celecoxib oral capsule</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 tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic</i>	4	MO
<i>diflunisal oral tablet</i>	3	MO
<i>ec-naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	2	
<i>ec-naproxen oral tablet,delayed release (dr/ec) 500 mg</i>	2	MO
<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 oral tablet</i>	1	MO; GC
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO; GC
<i>meloxicam oral tablet 15 mg</i>	1	MO; GC
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>nabumetone oral tablet</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days); NDS
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days); NDS
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naloxone nasal spray,non-aerosol</i>	2	MO
<i>naltrexone oral tablet</i>	2	MO
<i>naproxen oral tablet</i>	1	MO; GC
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	2	MO
<i>naproxen oral tablet,delayed release (dr/ec) 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxaprozin oral tablet</i>	4	MO
<i>piroxicam oral capsule</i>	3	MO
<i>salsalate oral tablet</i>	1	MO; GC
<i>sulindac oral tablet</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen oral tablet</i>	2	MO; QL (240 per 30 days); NDS
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO; NDS
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 MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO; QL (1 per 28 days); NDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	MO; QL (1 per 28 days); NDS
<i>amitriptyline oral tablet</i>	2	MO
<i>amoxapine oral tablet</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>	5	MO; QL (60 per 30 days); NDS
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	MO; QL (4.8 per 365 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days); NDS
<i>armodafinil oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet</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)

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Drug Name	Drug Tier	Requirements/Limits
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	ST; MO; QL (60 per 30 days); NDS
<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)
<i>bupropion hcl oral tablet</i>	2	MO
CAPLYTA ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection solution</i>	2	MO
<i>chlorpromazine oral concentrate</i>	4	MO
<i>chlorpromazine oral tablet</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; GC; QL (30 per 30 days)
<i>clomipramine oral capsule</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 oral tablet</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</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
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA
<i>diazepam intensol oral concentrate</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)

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Drug Name	Drug Tier	Requirements/Limits
<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	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; 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 TRANSDERMAL PATCH 24 HOUR	5	MO; NDS
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; GC; QL (30 per 30 days)
<i>eszopiclone oral tablet</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	MO; QL (28 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil intravenous solution</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; GC; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; GC; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; GC; 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 injection solution</i>	4	MO
<i>fluphenazine hcl injection solution</i>	4	MO
<i>fluphenazine hcl oral concentrate</i>	4	MO
<i>fluphenazine hcl oral elixir</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral tablet</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 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 solution</i>	4	MO
<i>haloperidol lactate intramuscular syringe</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	MO
<i>haloperidol oral tablet</i>	2	MO
HETLIOZ ORAL CAPSULE	5	PA; MO; QL (30 per 30 days); NDS
<i>imipramine hcl oral tablet</i>	4	MO
<i>imipramine pamoate oral capsule</i>	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days); NDS
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); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days); NDS
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
<i>lithium carbonate oral capsule</i>	1	MO; GC
<i>lithium carbonate oral tablet</i>	1	MO; GC
<i>lithium carbonate oral tablet extended release</i>	1	MO; GC
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam intensol oral concentrate</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 oral capsule</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
MARPLAN ORAL TABLET	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<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</i>	4	MO
<i>nefazodone oral tablet</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NUPLAZID ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</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 oral capsule</i>	4	MO
<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>	4	MO; QL (60 per 30 days)
<i>perphenazine oral tablet</i>	4	MO
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING	5	MO; QL (1 per 30 days); NDS
<i>phenelzine oral tablet</i>	3	MO
<i>pimozide oral tablet</i>	4	MO
<i>protriptyline oral tablet</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)
<i>ramelteon oral tablet</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); NDS
<i>risperidone oral solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; GC; QL (120 per 30 days)
<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 TRANSDERMAL PATCH 24 HOUR	5	MO; QL (30 per 30 days); NDS
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; GC; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION	5	PA; LA; QL (540 per 30 days); NDS
<i>tasimelteon oral capsule</i>	5	PA; QL (30 per 30 days); NDS
<i>thioridazine oral tablet</i>	3	MO
<i>thiothixene oral capsule</i>	2	MO
<i>tranylcypromine oral tablet</i>	4	MO
<i>trazodone oral tablet</i>	1	MO; GC
<i>trifluoperazine oral tablet</i>	3	MO
<i>trimipramine oral capsule</i>	4	MO
TRINTELLIX ORAL TABLET	3	MO; QL (30 per 30 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 ORAL SUSPENSION	5	NDS
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23)	3	MO; QL (30 per 180 days)
<i>vilazodone oral tablet</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 180 days)
XYREM ORAL SOLUTION	5	PA; LA; QL (540 per 30 days); NDS
<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 oral capsule</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone mesylate intramuscular recon soln</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days); NDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	2	
<i>adenosine intravenous syringe</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, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>dofetilide oral capsule</i>	4	MO
<i>flecainide oral tablet</i>	2	MO
<i>ibutilide fumarate intravenous solution</i>	2	
<i>lidocaine (pf) intravenous solution</i>	2	
<i>lidocaine (pf) intravenous syringe</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 oral capsule</i>	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution</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, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol af oral tablet</i>	2	
<i>sotalol oral tablet</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule</i>	2	MO
<i>aliskiren oral tablet</i>	4	MO
<i>amiloride oral tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	MO
<i>amlodipine oral tablet</i>	1	MO; GC
<i>amlodipine-benazepril oral capsule</i>	1	MO; GC
<i>amlodipine-olmesartan oral tablet</i>	2	MO
<i>amlodipine-valsartan oral tablet</i>	6	MO; GC
<i>amlodipine-valsartan-hcthiazid oral tablet</i>	2	MO
<i>atenolol oral tablet</i>	1	MO; GC
<i>atenolol-chlorthalidone oral tablet</i>	2	MO
<i>benazepril oral tablet</i>	6	MO; GC
<i>benazepril-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>betaxolol oral tablet</i>	3	MO
<i>bisoprolol fumarate oral tablet</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO; GC
<i>bumetanide injection solution</i>	4	MO
<i>bumetanide oral tablet</i>	2	MO
<i>candesartan oral tablet</i>	2	MO
<i>candesartan-hydrochlorothiazid oral tablet</i>	2	MO
<i>captopril oral tablet</i>	2	MO
<i>cartia xt oral capsule, extended release 24hr</i>	2	MO
<i>carvedilol oral tablet</i>	1	MO; GC
<i>chlorothiazide sodium intravenous recon soln</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO; GC
<i>clonidine transdermal patch weekly</i>	4	MO; QL (4 per 28 days)
<i>diltiazem hcl intravenous recon soln</i>	2	

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl intravenous solution</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr oral capsule,ext.rel 24h degradable</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 ORAL TABLET	3	MO
EDARBYCLOR ORAL TABLET	3	MO
<i>enalapril maleate oral tablet</i>	6	MO; GC
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>eplerenone oral tablet</i>	3	MO
<i>epoprostenol (glycine) intravenous recon soln</i>	2	B/D PA; MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium intravenous recon soln</i>	5	NDS
<i>felodipine oral tablet extended release 24 hr</i>	2	MO
<i>fosinopril oral tablet</i>	6	MO; GC
<i>fosinopril-hydrochlorothiazide oral tablet</i>	2	MO
<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; GC
<i>hydralazine injection solution</i>	2	MO
<i>hydralazine oral tablet</i>	2	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO; GC
<i>hydrochlorothiazide oral tablet</i>	1	MO; GC
<i>indapamide oral tablet</i>	1	MO; GC
<i>irbesartan oral tablet</i>	6	MO; GC
<i>irbesartan-hydrochlorothiazide oral tablet</i>	6	MO; GC

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Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide-hydralazine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>isradipine oral capsule</i>	2	MO
KERENDIA ORAL TABLET	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 tablet</i>	2	MO
<i>lisinopril oral tablet</i>	6	MO; GC
<i>lisinopril-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>losartan oral tablet</i>	6	MO; GC
<i>losartan-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>mannitol 20 % intravenous parenteral solution</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la oral tablet extended release 24 hr</i>	2	MO
<i>metolazone oral tablet</i>	2	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO; GC
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	
<i>metoprolol tartrate oral tablet</i>	1	MO; GC
<i>metyrosine oral capsule</i>	5	PA; MO; NDS
<i>minoxidil oral tablet</i>	2	MO
<i>moexipril oral tablet</i>	1	MO; GC
<i>nadolol oral tablet</i>	4	MO
<i>nebivolol oral tablet</i>	2	MO
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral capsule</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	4	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	4	MO
<i>olmesartan oral tablet</i>	1	MO; GC
<i>olmesartan-amlodipin-hcthiazyd oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	MO; GC
<i>osmitrol 20 % intravenous parenteral solution</i>	4	
<i>perindopril erbumine oral tablet</i>	1	MO; GC
<i>phentolamine injection recon soln</i>	2	
<i>pindolol oral tablet</i>	3	MO
<i>prazosin oral capsule</i>	2	MO
<i>propranolol intravenous solution</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; GC
<i>quinapril oral tablet</i>	6	MO; GC
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	MO; GC
<i>ramipril oral capsule</i>	6	MO; GC
<i>spironolactone oral tablet</i>	1	MO; GC
<i>spironolacton-hydrochlorothiaz oral tablet</i>	2	MO
<i>taztia xt oral capsule,extended release 24 hr</i>	2	MO
TEKTURNA HCT ORAL TABLET 300-12.5 MG, 300-25 MG	3	MO
<i>telmisartan oral tablet</i>	2	MO
<i>telmisartan-amlodipine oral tablet</i>	2	MO
<i>telmisartan-hydrochlorothiazid oral tablet</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; GC; QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr</i>	2	MO
<i>timolol maleate oral tablet</i>	4	MO
<i>torse mide oral tablet</i>	2	MO
<i>trandolapril oral tablet</i>	6	MO; GC
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	MO
<i>treprostinil sodium injection solution</i>	5	PA; MO; LA; NDS
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	MO; GC
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO; GC
UPTRAVI ORAL TABLET	5	PA; MO; LA; NDS

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; NDS
<i>valsartan oral tablet</i>	6	MO; GC
<i>valsartan-hydrochlorothiazide oral tablet</i>	6	MO; GC
<i>veletri intravenous recon soln</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	
<i>verapamil intravenous syringe</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; GC
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous solution</i>	2	MO
<i>aminocaproic acid oral solution</i>	5	MO; NDS
<i>aminocaproic acid oral tablet</i>	5	MO; NDS
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	MO
BRILINTA ORAL TABLET	3	MO
CABLIVI INJECTION KIT	5	PA; LA; NDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	3	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	3	PA; MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule</i>	4	MO
<i>dipyridamole intravenous solution</i>	2	
<i>dipyridamole oral tablet</i>	4	MO
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; MO; LA; NDS
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; MO; LA; NDS
DOPTELET (30 TAB PACK) ORAL TABLET	5	PA; MO; LA; NDS
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
ELIQUIS ORAL TABLET	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO; NDS
<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)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	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
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	

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Drug Name	Drug Tier	Requirements/Limits
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	MO
<i>jantoven oral tablet</i>	1	MO; GC
<i>pentoxifylline oral tablet extended release</i>	2	MO
<i>prasugrel oral tablet</i>	3	MO
PROMACTA ORAL POWDER IN PACKET	5	PA; MO; LA; NDS
PROMACTA ORAL TABLET	5	PA; MO; LA; NDS
<i>protamine intravenous solution</i>	2	
<i>warfarin oral tablet</i>	1	MO; GC
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	MO
XARELTO ORAL TABLET	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	3	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	3	MO
<i>cholestyramine light oral powder</i>	3	
<i>cholestyramine light oral powder in packet</i>	3	
<i>colesevelam oral powder in packet</i>	4	MO
<i>colesevelam oral tablet</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	MO
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe oral tablet</i>	2	MO
<i>ezetimibe-simvastatin oral tablet</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 oral tablet</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	4	MO

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid oral tablet</i>	2	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 oral tablet</i>	1	MO; GC
<i>icosapent ethyl oral capsule</i>	2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA; NDS
LIVALO ORAL TABLET	3	ST; MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	6	MO; GC; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	6	MO; GC; QL (60 per 30 days)
NEXLETOL ORAL TABLET	3	PA; MO
NEXLIZET ORAL TABLET	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 oral capsule</i>	2	MO
<i>pravastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<i>prevalite oral powder</i>	3	MO
<i>prevalite oral powder in packet</i>	3	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	3	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL (6 per 28 days)
<i>rosuvastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	6	MO; GC; QL (30 per 30 days)
VASCEPA ORAL CAPSULE 0.5 GRAM	3	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
<i>cardioplegic soln perfusion solution</i>	2	
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

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Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution</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
<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 ORAL TABLET	3	MO; QL (60 per 30 days)
<i>milrinone in 5 % dextrose intravenous piggyback</i>	2	B/D PA
<i>milrinone intravenous solution</i>	2	B/D PA
<i>norepinephrine bitartrate intravenous solution</i>	2	
<i>ranolazine oral tablet extended release 12 hr</i>	3	MO
<i>sodium nitroprusside intravenous solution</i>	2	B/D PA
VECAMYL ORAL TABLET	5	NDS
VERQUVO ORAL TABLET	3	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	4	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	1	MO; GC
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO; GC
<i>nitro-bid transdermal ointment</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous solution</i>	2	B/D PA
<i>nitroglycerin sublingual tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule</i>	4	MO
<i>calcipotriene scalp solution</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 ointment</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days); NDS
STELARA INTRAVENOUS SOLUTION	5	PA; MO; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days); NDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days); NDS
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days); NDS
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (3 per 180 days); NDS
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days); NDS
TALTZ SYRINGE SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days); NDS
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS SYRINGE	5	PA; MO; QL (6 per 28 days); NDS
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	2	MO
<i>chloroprocaine (pf) injection solution</i>	2	
CIBINQO ORAL TABLET	5	PA; MO; QL (30 per 30 days); NDS
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days); NDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; MO; QL (1.34 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days); NDS
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo mucous membrane jelly in applicator</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 solution</i>	3	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<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 mucous membrane solution</i>	2	MO
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	5	MO; NDS
PANRETIN TOPICAL GEL	5	PA; MO; NDS
<i>pimecrolimus topical cream</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 injection solution</i>	2	
REGRANEX TOPICAL GEL	5	MO; NDS
SANTYL TOPICAL OINTMENT	3	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO
<i>tacrolimus topical ointment</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR TOPICAL GEL	5	PA; MO; NDS
THERAPY FOR ACNE		
<i>accutane oral capsule</i>	4	
<i>amnesteem oral capsule</i>	4	
<i>avita topical cream</i>	4	PA; MO
<i>azelaic acid topical gel</i>	4	MO
<i>claravis oral capsule</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 topical swab</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin oral capsule</i>	4	
<i>ivermectin topical cream</i>	2	MO; QL (60 per 30 days)
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel</i>	4	MO
<i>metronidazole topical gel with pump</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
<i>myorisan oral capsule</i>	4	
<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 oral capsule</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	3	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin topical ointment</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne) topical suspension</i>	4	MO

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
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)
<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 topical cream</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>naftifine topical cream</i>	4	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	4	MO; QL (60 per 28 days)
<i>nyamyc topical powder</i>	3	MO; 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	QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream</i>	3	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	3	MO; QL (60 per 28 days)
<i>nystop topical powder</i>	3	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
DENAVIR TOPICAL CREAM	4	MO; QL (5 per 30 days)
<i>penciclovir topical cream</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 topical cream</i>	3	MO
<i>alclometasone topical ointment</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical cream</i>	2	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</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 topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	2	MO
<i>betamethasone, augmented topical lotion</i>	2	MO
<i>betamethasone, augmented topical ointment</i>	2	MO
<i>clobetasol scalp solution</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)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical gel</i>	4	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>desrx topical gel</i>	4	MO
<i>fluocinolone and shower cap scalp oil</i>	4	MO
<i>fluocinolone topical cream</i>	4	MO
<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)

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide-emollient topical cream</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
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical cream</i>	2	MO
<i>mometasone topical ointment</i>	2	MO
<i>mometasone topical solution</i>	2	MO
<i>prednicarbate topical ointment</i>	4	MO
<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	MO
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan topical lotion</i>	2	MO
<i>lindane topical shampoo</i>	4	MO
<i>malathion topical lotion</i>	4	MO
<i>permethrin topical cream</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	4	MO
<i>neomycin-polymyxin b gu irrigation solution</i>	2	MO
<i>ringer's irrigation solution</i>	4	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec)</i>	4	MO
<i>acetic acid irrigation solution</i>	2	MO
<i>anagrelide oral capsule</i>	3	MO
<i>caffeine citrate intravenous solution</i>	2	
<i>caffeine citrate oral solution</i>	2	MO

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>carglumic acid oral tablet, dispersible</i>	5	PA; NDS
<i>cevimeline oral capsule</i>	4	MO
CHEMET ORAL CAPSULE	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO; NDS
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO; NDS
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO; NDS
<i>deferiprone oral tablet</i>	5	PA; MO; NDS
<i>deferoxamine injection recon soln</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	4	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	4	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	4	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	4	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	4	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	4	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	MO
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa oral capsule</i>	5	PA; MO; NDS
INCRELEX SUBCUTANEOUS SOLUTION	5	MO; LA; NDS
<i>levocarnitine (with sugar) oral solution</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA ORAL POWDER IN PACKET	3	MO
<i>midodrine oral tablet</i>	3	MO
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	5	PA; MO; NDS
<i>pilocarpine hcl oral tablet</i>	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA; NDS
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA; NDS
RAVICTI ORAL LIQUID	5	PA; MO; NDS
REVCOVI INTRAMUSCULAR SOLUTION	5	PA; LA; NDS
<i>riluzole oral tablet</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet intravenous solution</i>	5	NDS
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	MO
<i>sodium chloride irrigation solution</i>	4	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO; NDS
<i>sodium phenylbutyrate oral tablet</i>	5	PA; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral suspension</i>	3	MO
<i>sps (with sorbitol) rectal enema</i>	3	
<i>trientine oral capsule</i>	5	PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
VELPHORO ORAL TABLET,CHEWABLE	5	MO; QL (180 per 30 days); NDS
VELTASSA ORAL POWDER IN PACKET	3	MO
<i>water for irrigation, sterile irrigation solution</i>	4	MO
XIAFLEX INJECTION RECON SOLN	5	PA; NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	MO
NICOTROL INHALATION CARTRIDGE	4	MO
NICOTROL NS NASAL SPRAY,NON-AEROSOL	4	MO
<i>varenicline oral tablet</i>	4	MO
<i>varenicline oral tablets,dose pack</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	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO; GC
<i>denta 5000 plus dental cream</i>	2	MO
<i>dentagel dental gel</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
<i>ipratropium bromide nasal spray,non-aerosol</i>	2	MO; QL (30 per 30 days)
<i>oralone dental paste</i>	2	MO
<i>periogard mucous membrane mouthwash</i>	1	MO; GC
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE	4	MO
<i>sf 5000 plus dental cream</i>	2	MO
<i>sf dental gel</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride 5000 dry mouth dental paste</i>	2	MO
<i>sodium fluoride 5000 plus dental cream</i>	2	
<i>sodium fluoride-pot nitrate dental paste</i>	2	MO
<i>triamcinolone acetonide dental paste</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	2	MO
<i>ciprofloxacin hcl otic (ear) dropperette</i>	4	MO
<i>flac otic oil otic (ear) drops</i>	4	MO
<i>fluocinolone acetonide oil otic (ear) drops</i>	4	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	3	MO
<i>ofloxacin otic (ear) drops</i>	3	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone oral tablet</i>	2	
<i>dexamethasone intensol oral drops</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</i>	2	MO
<i>dexamethasone sodium phosphate injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	MO
<i>fludrocortisone oral tablet</i>	2	MO
<i>hydrocortisone oral tablet</i>	2	MO
<i>methylprednisolone acetate injection suspension</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln</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 oral concentrate</i>	4	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO; GC
<i>prednisone oral tablets,dose pack</i>	1	MO; GC
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO; GC
<i>propylthiouracil oral tablet</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)
<i>alcohol pads topical pads, medicated</i>	3	MO
BAQSIMI NASAL SPRAY,NON-AEROSOL	3	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	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 oral suspension</i>	4	MO
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	3	MO
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	MO; GC; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; GC; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; GC; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; GC; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; GC; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; GC; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; GC; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	MO; GC; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	MO; GC; QL (120 per 30 days)
GLYXAMBI ORAL TABLET	3	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE	3	MO
GVOKE SUBCUTANEOUS SOLUTION	3	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	MO; SSM
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION	3	MO; SSM
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	3	MO; SSM
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO; SSM

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO; SSM
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO; SSM
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO; SSM
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION	3	MO; SSM
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	MO; SSM
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
JANUMET ORAL TABLET	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 ORAL TABLET	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	3	MO; QL (30 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO; SSM
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO; SSM
<i>metformin oral tablet 1,000 mg</i>	6	MO; GC; QL (75 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet 500 mg</i>	6	MO; GC; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; GC; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; GC; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; GC; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	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)
ONGLYZA ORAL TABLET	3	MO; QL (30 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)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
<i>pioglitazone oral tablet</i>	6	MO; GC; QL (30 per 30 days)
QTERN ORAL TABLET	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 ORAL TABLET	3	PA; 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)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	MO; QL (90 per 30 days); SSM
STEGLATRO ORAL TABLET	3	MO; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (10.8 per 30 days); NDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (6 per 30 days); NDS
SYNJARDY ORAL TABLET	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO; SSM
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO; SSM
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 SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	3	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	3	MO
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	5	PA; MO; NDS
ANDRODERM TRANSDERMAL PATCH 24 HOUR	3	PA; MO; QL (30 per 30 days)
<i>cabergoline oral tablet</i>	3	MO
<i>calcitonin (salmon) injection solution</i>	5	MO; NDS
<i>calcitonin (salmon) nasal spray,non-aerosol</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 oral tablet</i>	4	PA; MO

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>clomid oral tablet</i>	2	PA; MO
<i>clomiphene citrate oral tablet</i>	2	PA
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; MO; LA; NDS
<i>danazol oral capsule</i>	4	MO
<i>desmopressin injection solution</i>	2	MO
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral tablet</i>	3	MO
<i>doxercalciferol intravenous solution</i>	2	
<i>doxercalciferol oral capsule</i>	4	MO
ELAPRASE INTRAVENOUS SOLUTION	5	PA; MO; NDS
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO; NDS
KANUMA INTRAVENOUS SOLUTION	5	PA; MO; NDS
KORLYM ORAL TABLET	5	PA; NDS
LUMIZYME INTRAVENOUS RECON SOLN	5	PA; MO; NDS
MEPSEVII INTRAVENOUS SOLUTION	5	PA; MO; NDS
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; NDS
NAGLAZYME INTRAVENOUS SOLUTION	5	PA; MO; LA; NDS
NATPARA SUBCUTANEOUS CARTRIDGE	5	PA; LA; NDS
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous solution</i>	2	
<i>paricalcitol oral capsule</i>	4	MO
<i>sapropterin oral powder in packet</i>	5	PA; MO; NDS
<i>sapropterin oral tablet,soluble</i>	5	PA; MO; NDS
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MO; NDS
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; LA; NDS
SYNAREL NASAL SPRAY,NON-AEROSOL	5	PA; MO; NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone enanthate intramuscular oil</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>	3	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	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>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet</i>	5	PA; MO; NDS
VIMIZIM INTRAVENOUS SOLUTION	5	PA; MO; LA; NDS
<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 oral tablet</i>	1	MO; GC
<i>levo-t oral tablet</i>	1	GC
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral tablet</i>	1	MO; GC
<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; GC
<i>liothyronine intravenous solution</i>	2	MO
<i>liothyronine oral tablet</i>	2	MO
<i>unithroid oral tablet</i>	1	MO; GC
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine intramuscular solution</i>	2	MO

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<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 solution</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 oral tincture</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet</i>	5	PA; MO; NDS
<i>aprepitant oral capsule</i>	4	B/D PA; MO
<i>aprepitant oral capsule,dose pack</i>	4	B/D PA; MO
<i>balsalazide oral capsule</i>	3	MO
<i>betaine oral powder</i>	5	MO; NDS
<i>budesonide oral capsule,delayed,extend.release</i>	4	MO
<i>budesonide oral tablet,delayed and ext.release</i>	5	NDS
CHENODAL ORAL TABLET	5	PA; LA; NDS
CHOLBAM ORAL CAPSULE 250 MG	5	PA; NDS
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days); NDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT	5	PA; MO; QL (2 per 28 days); NDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (3 per 180 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days); NDS
CINVANTI INTRAVENOUS EMULSION	3	MO
<i>compro rectal suppository</i>	4	MO
<i>constulose oral solution</i>	2	MO
CORTIFOAM RECTAL FOAM	3	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC)	3	MO

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn oral concentrate</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol oral capsule</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN	5	PA; MO; QL (2 per 28 days); NDS
<i>enulose oral solution</i>	2	MO
<i>fosaprepitant intravenous recon soln</i>	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO; NDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO; NDS
<i>gavilyte-c oral recon soln</i>	2	MO
<i>gavilyte-g oral recon soln</i>	2	MO
<i>generlac oral solution</i>	2	MO
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution</i>	2	MO
<i>granisetron hcl oral tablet</i>	3	B/D PA; MO
<i>hydrocortisone rectal enema</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	
LINZESS ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>lubiprostone oral capsule</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	NDS
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal enema</i>	4	MO
<i>mesalamine rectal suppository</i>	4	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO; GC
MOTEGRITY ORAL TABLET	4	ST; MO; QL (30 per 30 days)
MOVANTIK ORAL TABLET	3	MO; QL (30 per 30 days)
OICALIVA ORAL TABLET	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	MO
<i>ondansetron hcl intravenous solution</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>ondansetron oral tablet, disintegrating</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 oral recon soln</i>	2	MO
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	4	MO
<i>peg-electrolyte oral recon soln</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO; NDS
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral tablet</i>	2	MO
<i>prochlorperazine rectal suppository</i>	4	
<i>procto-med hc topical cream with perineal applicator</i>	2	MO
<i>procto-pak topical cream with perineal applicator</i>	2	
<i>proctosol hc topical cream with perineal applicator</i>	2	MO
<i>proctozone-hc topical cream with perineal applicator</i>	2	MO
RECTIV RECTAL OINTMENT	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days); NDS
REMICADE INTRAVENOUS RECON SOLN	5	PA; MO; QL (20 per 28 days); NDS
SANCUSO TRANSDERMAL PATCH WEEKLY <i>scopolamine base transdermal patch 3 day</i>	5 4	MO MO
SKYRIZI INTRAVENOUS SOLUTION	5	PA; MO; QL (30 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days); NDS
<i>sodium,potassium,mag sulfates oral recon soln</i>	4	MO
SUCRAID ORAL SOLUTION	5	PA; NDS
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet,delayed release (dr/ec)</i>	2	MO
TRULANCE ORAL TABLET	3	MO
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI ORAL TABLET	3	B/D PA
VIBERZI ORAL TABLET	5	MO; QL (60 per 30 days); NDS
VIOKACE ORAL TABLET	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
ULCER THERAPY		
<i>cimetidine hcl oral solution</i>	2	MO
<i>cimetidine oral tablet</i>	2	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	
<i>famotidine (pf) intravenous solution</i>	2	MO
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO; GC
<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
<i>misoprostol oral tablet</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; GC; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO; GC
<i>pantoprazole intravenous recon soln</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO; GC
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NDS
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA; MO; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days); NDS
BESREMI SUBCUTANEOUS SYRINGE	5	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days); NDS

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA; QL (2 per 28 days); NDS
LEUKINE INJECTION RECON SOLN	5	PA; MO; NDS
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NDS
NIVESTYM INJECTION SOLUTION	5	PA; MO; NDS
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; MO; NDS
NYVEPRIA SUBCUTANEOUS SYRINGE	5	PA; MO; NDS
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MO; NDS
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MO; NDS
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days); NDS
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR SYRINGE	5	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO; NDS
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; NDS
ZARXIO INJECTION SYRINGE	5	PA; MO; NDS
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; MO; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	MO

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	3	MO
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	MO
BEXSERO INTRAMUSCULAR SYRINGE	3	MO
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	3	MO
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	3	MO
BOTOX INJECTION RECON SOLN	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	MO
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
<i>fomepizole intravenous solution</i>	2	
GAMASTAN INTRAMUSCULAR SOLUTION	3	MO
GAMASTAN S/D INTRAMUSCULAR SOLUTION	3	
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	MO
HIZENTRA SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NDS
HIZENTRA SUBCUTANEOUS SYRINGE	5	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements/Limits
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	
HYQVIA SUBCUTANEOUS SOLUTION	5	B/D PA; MO; NDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL INJECTION SUSPENSION	3	
IXIARO (PF) INTRAMUSCULAR SYRINGE	3	
JYNNEOS (PF)(STOCKPILE) SUBCUTANEOUS SUSPENSION	3	B/D PA
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	3	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	MO
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	3	MO
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	3	MO
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	MO
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; MO; NDS

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	3	B/D PA; MO
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
ROTATEQ VACCINE ORAL SOLUTION	3	MO
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	3	MO
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
TDVAX INTRAMUSCULAR SUSPENSION	3	MO
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	3	MO
TENIVAC (PF) INTRAMUSCULAR SYRINGE	3	MO
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	MO
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	B/D PA; MO
TICOVAC INTRAMUSCULAR SYRINGE	3	MO
TRUMENBA INTRAMUSCULAR SYRINGE	3	MO
TWINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF) INTRAMUSCULAR SUSPENSION	3	MO
VAQTA (PF) INTRAMUSCULAR SYRINGE	3	MO

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Drug Name	Drug Tier	Requirements/Limits
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
VARIZIG INTRAMUSCULAR SOLUTION	3	MO
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE	3	MO
BD INSULIN SYRINGE (HALF UNIT) SYRINGE	3	MO
BD INSULIN SYRINGE SAFETY-LOK SYRINGE	3	MO
BD INSULIN SYRINGE SLIP TIP SYRINGE	3	MO
BD INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	3	
BD INSULIN SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1", 1 ML 26 X 1/2"	3	MO
BD INSULIN SYRINGE U-500 SYRINGE	3	MO
BD INSULIN ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	3	MO
BD LO-DOSE MICRO-FINE IV SYRINGE	3	MO
BD LO-DOSE ULTRA-FINE SYRINGE	3	
BD NANO 2ND GEN PEN NEEDLE NEEDLE	3	MO
BD ULTRA-FINE MICRO PEN NEEDLE NEEDLE	3	MO
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE	3	MO
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE	3	MO
BD ULTRA-FINE SHORT PEN NEEDLE NEEDLE	3	MO
BD VEO INSULIN SYR (HALF UNIT) SYRINGE	3	MO
BD VEO INSULIN SYRINGE UF SYRINGE	3	MO
CEQR SIMPLICITY INSERTER	3	MO

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Drug Name	Drug Tier	Requirements/Limits
GAUZE PADS 2 X 2	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN MICROFINE SYRINGE 1 ML 27 GAUGE X 5/8"	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
INSULIN SYRINGE (DISP) U-100 1 ML	3	
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NOVOFINE 32 NEEDLE	3	MO
NOVOFINE PLUS NEEDLE	3	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5) SUBCUTANEOUS CARTRIDGE	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	3	MO
OMNIPOD CLASSIC PODS (GEN 3) SUBCUTANEOUS CARTRIDGE	3	MO
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	MO; QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	MO
V-GO 20 DEVICE	3	MO
V-GO 30 DEVICE	3	MO
V-GO 40 DEVICE	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO; GC
<i>allopurinol sodium intravenous recon soln</i>	2	
<i>aloprim intravenous recon soln</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat oral tablet</i>	3	MO
KRYSTEXXA INTRAVENOUS SOLUTION	5	MO; NDS
<i>probenecid oral tablet</i>	3	MO
<i>probenecid-colchicine oral tablet</i>	3	MO

OSTEOPOROSIS THERAPY

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; GC; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; GC; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA; MO
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral tablet</i>	2	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	3	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet</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	5	PA; MO; QL (2.48 per 28 days); NDS
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS SOLUTION	5	PA; MO; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (3.6 per 28 days); NDS
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	5	PA; QL (6 per 28 days); NDS
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 20 MG/0.4 ML	5	PA; QL (2 per 28 days); NDS
AMJEVITA (ONLY NDCS STARTING WITH 55513) SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	5	PA; QL (6 per 28 days); NDS
BENLYSTA INTRAVENOUS RECON SOLN	5	PA; MO; NDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; NDS
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MO; NDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MO; QL (8 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (8 per 28 days); NDS
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (6 per 180 days); NDS
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 180 days); NDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days); NDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days); NDS
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days); NDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (3 per 180 days); NDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (4 per 180 days); NDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (3 per 180 days); NDS
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NDS
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days); NDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NDS
<i>leflunomide oral tablet</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	5	PA; MO; QL (12 per 28 days); NDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days); NDS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days); NDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days); NDS
OTEZLA ORAL TABLET	5	PA; MO; QL (60 per 30 days); NDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days); NDS
<i>penicillamine oral tablet</i>	5	PA; MO; NDS
RIDAURA ORAL CAPSULE	5	MO; NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (56 per 180 days); NDS
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); NDS
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days); NDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; QL (30 per 30 days); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>amabelz oral tablet</i>	3	PA; MO
<i>camila oral tablet</i>	2	MO
<i>deblitane oral tablet</i>	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
<i>dotti transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	3	MO
<i>errin oral tablet</i>	2	MO
<i>estradiol oral tablet</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal tablet</i>	4	MO
<i>estradiol valerate intramuscular oil</i>	4	MO
<i>estradiol-norethindrone acet oral tablet</i>	3	PA; MO
ESTRING VAGINAL RING	3	MO
<i>fyavolv oral tablet</i>	4	PA; MO
<i>heather oral tablet</i>	2	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	5	NDS
<i>incassia oral tablet</i>	2	MO
<i>jencycla oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	4	PA; MO
<i>lyleq oral tablet</i>	2	MO
<i>lyllana transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza oral tablet</i>	2	
<i>medroxyprogesterone intramuscular suspension</i>	2	MO
<i>medroxyprogesterone intramuscular syringe</i>	2	MO
<i>medroxyprogesterone oral tablet</i>	2	MO
MENEST ORAL TABLET	3	PA; MO
<i>mimvey oral tablet</i>	3	PA; MO
<i>nora-be oral tablet</i>	2	MO
<i>norethindrone (contraceptive) oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	4	PA
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	4	PA; MO
PREMARIN ORAL TABLET	3	MO
PREMARIN VAGINAL CREAM	3	MO
PREMPHASE ORAL TABLET	3	MO
PREMPRO ORAL TABLET	3	MO
<i>progesterone intramuscular oil</i>	2	MO
<i>progesterone micronized oral capsule</i>	2	MO
<i>sharobel oral tablet</i>	2	MO
<i>yuvafem vaginal tablet</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream</i>	3	MO
<i>eluryng vaginal ring</i>	4	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	4	
<i>metronidazole vaginal gel</i>	3	MO
<i>mifepristone oral tablet</i>	2	LA
NEXPLANON SUBDERMAL IMPLANT	4	
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	3	MO
<i>tranexamic acid oral tablet</i>	3	MO
<i>vandazole vaginal gel</i>	3	MO
<i>xulane transdermal patch weekly</i>	4	MO
<i>zafemy transdermal patch weekly</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet</i>	2	MO
<i>alyacen 1/35 (28) oral tablet</i>	2	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	2	MO
<i>amethyst (28) oral tablet</i>	2	MO
<i>apri oral tablet</i>	2	MO
<i>aranelle (28) oral tablet</i>	2	MO
<i>aubra eq oral tablet</i>	2	MO
<i>aviane oral tablet</i>	2	MO
<i>azurette (28) oral tablet</i>	2	MO
<i>camrese oral tablets,dose pack,3 month</i>	2	MO
<i>cryselle (28) oral tablet</i>	2	MO
<i>cyred eq oral tablet</i>	2	MO
<i>cyred oral tablet</i>	2	
<i>dasetta 1/35 (28) oral tablet</i>	2	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	2	MO
<i>daysee oral tablets,dose pack,3 month</i>	2	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest oral tablet</i>	2	MO
<i>emoquette oral tablet</i>	2	MO
<i>enpresse oral tablet</i>	2	MO
<i>enskyce oral tablet</i>	2	MO
<i>estarylla oral tablet</i>	2	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	
<i>falmina (28) oral tablet</i>	2	MO
<i>introvale oral tablets,dose pack,3 month</i>	2	MO
<i>isibloom oral tablet</i>	2	MO
<i>jasmiel (28) oral tablet</i>	2	MO
<i>jolessa oral tablets,dose pack,3 month</i>	2	MO
<i>juleber oral tablet</i>	2	MO
<i>kalliga oral tablet</i>	2	MO
<i>kariva (28) oral tablet</i>	2	MO
<i>kelnor 1/35 (28) oral tablet</i>	2	MO
<i>kelnor 1-50 (28) oral tablet</i>	2	MO
<i>kurvelo (28) oral tablet</i>	2	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>l norgest/e.estradiol-e.estrad 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) oral tablet</i>	2	MO
<i>larin 1/20 (21) oral tablet</i>	2	MO
<i>larin 24 fe oral tablet</i>	2	MO
<i>larin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>larin fe 1/20 (28) oral tablet</i>	2	MO
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	2	
<i>levora-28 oral tablet</i>	2	MO
<i>loryna (28) oral tablet</i>	2	MO
<i>low-ogestrel (28) oral tablet</i>	2	MO
<i>lo-zumandimine (28) oral tablet</i>	2	MO
<i>luteru (28) oral tablet</i>	2	MO
<i>marlissa (28) oral tablet</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	2	MO
<i>microgestin 1/20 (21) oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	2	MO
<i>mili oral tablet</i>	2	MO
<i>mono-linyah oral tablet</i>	2	MO
<i>nikki (28) oral tablet</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 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) oral tablet</i>	2	MO
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	2	MO
<i>philith oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pimtrea (28) oral tablet</i>	2	MO
<i>pirmella oral tablet</i>	2	MO
<i>portia 28 oral tablet</i>	2	MO
<i>reclipsen (28) oral tablet</i>	2	MO
<i>setlakin oral tablets,dose pack,3 month</i>	2	MO
<i>sprintec (28) oral tablet</i>	2	MO
<i>sronyx oral tablet</i>	2	MO
<i>syeda oral tablet</i>	2	MO
<i>tarina 24 fe oral tablet</i>	2	MO
<i>tarina fe 1-20 eq (28) oral tablet</i>	2	MO
<i>tilia fe oral tablet</i>	2	MO
<i>tri-estarylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	2	MO
<i>tri-linyah oral tablet</i>	2	MO
<i>tri-lo-estarylla oral tablet</i>	2	MO
<i>tri-lo-marzia oral tablet</i>	2	MO
<i>tri-lo-sprintec oral tablet</i>	2	MO
<i>tri-sprintec (28) oral tablet</i>	2	MO
<i>trivora (28) oral tablet</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet</i>	2	MO
<i>vestura (28) oral tablet</i>	2	MO
<i>vienva oral tablet</i>	2	MO
<i>viorele (28) oral tablet</i>	2	MO
<i>wera (28) oral tablet</i>	2	MO
<i>zovia 1-35 (28) oral tablet</i>	2	MO
<i>zumandimine (28) oral tablet</i>	2	MO
OXYTOCICS		
<i>methergine oral tablet</i>	4	PA
<i>methylergonovine oral tablet</i>	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin ophthalmic (eye) ointment</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</i>	4	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO; QL (3.5 per 30 days)
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	3	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	3	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	3	MO
<i>ofloxacin ophthalmic (eye) drops</i>	2	MO
<i>polycin ophthalmic (eye) ointment</i>	2	MO
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	2	MO
<i>tobramycin ophthalmic (eye) drops</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops</i>	3	MO
ZIRGAN OPHTHALMIC (EYE) GEL	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops</i>	3	MO
<i>carteolol ophthalmic (eye) drops</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO; GC

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye) drops</i>	2	MO
<i>balanced salt intraocular solution</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops</i>	3	MO
<i>bss intraocular solution</i>	2	
CIMERLI INTRAVITREAL SOLUTION	5	PA; MO; NDS
<i>cromolyn ophthalmic (eye) drops</i>	2	MO
<i>cyclosporine ophthalmic (eye) dropperette</i>	3	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS	5	PA; NDS
<i>epinastine ophthalmic (eye) drops</i>	3	MO
EYLEA INTRAVITREAL SOLUTION	5	PA; MO; NDS
EYLEA INTRAVITREAL SYRINGE	5	PA; MO; NDS
<i>olopatadine ophthalmic (eye) drops</i>	3	MO
OXERVATE OPHTHALMIC (EYE) DROPS	4	PA; MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	MO
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	3	MO
BROMSITE OPHTHALMIC (EYE) DROPS	3	MO
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	MO
<i>ketorolac ophthalmic (eye) drops</i>	2	MO
PROLENSA OPHTHALMIC (EYE) DROPS	3	MO
ORAL DRUGS FOR GLAUCOMA		

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>acetazolamide oral capsule, extended release</i>	3	MO
<i>acetazolamide oral tablet</i>	3	MO
<i>acetazolamide sodium injection recon soln</i>	2	MO
<i>methazolamide oral tablet</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol ophthalmic (eye) drops</i>	3	MO
<i>dorzolamide ophthalmic (eye) drops</i>	2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	MO
<i>latanoprost ophthalmic (eye) drops</i>	1	MO; GC
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat intraocular solution</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	MO
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	MO
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	4	MO
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>travoprost ophthalmic (eye) drops</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	3	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	3	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	3	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	3	MO; QL (10 per 14 days)
STERIODS		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	3	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	3	MO
OZURDEX INTRAVITREAL IMPLANT	5	MO; NDS
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine ophthalmic (eye) drops</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	3	
<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
<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

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine oral syrup</i>	4	PA; MO
<i>promethazine oral tablet</i>	4	PA; MO
SYMJEPI INJECTION SYRINGE	4	MO; QL (2 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	3	B/D PA; MO
ADEMPAS ORAL TABLET	5	PA; MO; LA; NDS
ADVAIR HFA AEROSOL INHALER	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (generic ProAir HFA)</i>	3	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm (generic Proventil HFA)</i>	3	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
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 oral tablet</i>	5	PA; QL (60 per 30 days); NDS
<i>ambrisentan oral tablet</i>	5	PA; MO; LA; NDS
<i>arformoterol inhalation solution for nebulization</i>	5	B/D PA; MO; NDS
ASMANEX HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
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)
ATROVENT HFA AEROSOL INHALER	4	MO; QL (25.8 per 30 days)

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA; NDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
<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)
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO; NDS
COMBIVENT RESPIMAT INHALATION MIST	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	5	B/D PA; MO; NDS
DALIRESP ORAL TABLET	4	PA; MO; QL (30 per 30 days)
DULERA INHALATION HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	4	MO
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days); NDS
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days); NDS
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide nasal spray, non-aerosol</i>	3	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray, suspension</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>formoterol fumarate inhalation solution for nebulization</i>	5	B/D PA; MO; NDS
<i>icatibant subcutaneous syringe</i>	5	PA; MO; NDS
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days); NDS
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days); NDS
<i>levalbuterol hcl inhalation solution for nebulization</i>	4	B/D PA; MO
<i>mometasone nasal spray,non-aerosol</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet,chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days); NDS
OFEV ORAL CAPSULE	5	PA; MO; QL (60 per 30 days); NDS
OPSUMIT ORAL TABLET	5	PA; MO; LA; NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days); NDS
ORLADEYO ORAL CAPSULE	5	PA; LA; NDS
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days); NDS
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)

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO; NDS
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 oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe</i>	5	PA; NDS
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; NDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER	3	MO; QL (10.2 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (56 per 28 days); NDS
<i>tadalafil (pulm. hypertension) oral tablet</i>	5	PA; QL (60 per 30 days); NDS
<i>terbutaline oral tablet</i>	4	MO
<i>terbutaline subcutaneous solution</i>	2	MO
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<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
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days); NDS
<i>wixela inhub inhalation blister with device</i>	3	QL (60 per 30 days)

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days); NDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days); NDS
<i>zafirlukast oral tablet</i>	4	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>fesoterodine oral tablet extended release 24 hr</i>	3	MO
<i>flavoxate oral tablet</i>	2	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<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>tolterodine oral capsule,extended release 24hr</i>	3	MO
<i>tolterodine oral tablet</i>	3	MO
<i>trospium oral tablet</i>	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO
<i>dutasteride oral capsule</i>	2	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>silodosin oral capsule</i>	4	MO
<i>tamsulosin oral capsule</i>	1	MO; GC
MISCELLANEOUS UROLOGICALS		
<i>alprostadil injection solution</i>	2	
<i>bethanechol chloride oral tablet</i>	2	MO
CYSTAGON ORAL CAPSULE	4	PA; LA

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
ELMIRON ORAL CAPSULE	3	MO
<i>glycine urologic irrigation solution</i>	2	
<i>glycine urologic irrigation solution</i>	2	
K-PHOS NO 2 ORAL TABLET	3	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN IRRIGATION SOLUTION	3	MO
<i>sildenafil oral tablet</i>	6	MO; GC; EX; QL (6 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

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

ELECTROLYTES

<i>calcium acetate(phosphat bind) oral capsule</i>	3	MO; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet</i>	3	MO; QL (360 per 30 days)
<i>calcium chloride intravenous solution</i>	2	
<i>calcium chloride intravenous syringe</i>	2	
<i>calcium gluconate intravenous solution</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10 oral tablet extended release</i>	2	MO
<i>klor-con 8 oral tablet extended release</i>	2	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con oral packet 20 oral packet</i>	4	MO

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
<i>klor-con/ef oral tablet, effervescent</i>	2	MO
<i>lactated ringers intravenous parenteral solution</i>	4	MO
<i>magnesium chloride injection solution</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium acetate intravenous solution</i>	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</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	
<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 solution</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	MO
<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 intravenous parenteral solution</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous parenteral solution</i>	4	
<i>sodium acetate intravenous solution</i>	4	
<i>sodium bicarbonate intravenous solution</i>	4	
<i>sodium bicarbonate intravenous syringe</i>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution</i>	4	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution</i>	4	MO
<i>sodium chloride intravenous parenteral solution</i>	4	
<i>sodium phosphate intravenous solution</i>	4	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	4	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	

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This drug list was last updated on 04/17/2023.

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE 148 INTRAVENOUS PARENTERAL SOLUTION	3	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
<i>plasmanate intravenous parenteral solution</i>	4	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	4	B/D PA
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	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 oral capsule</i>	2	

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

This drug list was last updated on 04/17/2023.

Index

A		
abacavir	2	
abacavir-lamivudine	3	
ABELCET	2	
ABILIFY MAINTENA.....	39	
abiraterone.....	14, 15	
ABRAXANE.....	15	
acamprosate.....	61	
acarbose.....	66	
accutane.....	58	
acebutolol	47	
acetaminophen-codeine.....	35	
acetazolamide	94	
acetazolamide sodium	94	
acetic acid.....	61, 65	
acetylcysteine	61, 96	
acitretin.....	56	
ACTEMRA	84	
ACTEMRA ACTPEN.....	84	
ACTHIB (PF).....	78	
ACTIMMUNE	77	
acyclovir	3, 59	
acyclovir sodium	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	79	
ADBRV.....	56	
ADCETRIS	15	
adefovir.....	3	
ADEMPAS.....	96	
adenosine.....	46	
adrenalin	95	
ADVAIR HFA	96	
AIMOVIG AUTOINJECTOR	32	
ala-cort.....	59	
albendazole.....	8	
albumin, human 25 %.....	101	
alburx (human) 25 %.....	101	
alburx (human) 5 %.....	101	
albutein 25 %.....	101	
albutein 5 %.....	101	
albuterol sulfate.....	96	
alclometasone.....	59	
alcohol pads.....	66	
ALDURAZYME.....	70	
ALECENSA	15	
alendronate	84	
alfuzosin	100	
ALIMTA	15	
ALIQOPA	15	
aliskiren	47	
allopurinol	83	
allopurinol sodium.....	83	
aloprim.....	83	
alosetron	73	
ALPHAGAN P.....	95	
alprostadil	100	
ALREX.....	94	
altavera (28).....	88	
ALUNBRIG	15	
ALVESCO.....	96	
alyacen 1/35 (28).....	88	
alyacen 7/7/7 (28).....	88	
alyq.....	96	
amabelz.....	86	
amantadine hcl.....	3	
ambrisentan	96	
amethyst (28).....	88	
amikacin	8	
amiloride.....	47	
amiloride-hydrochlorothiazide	47	
aminocaproic acid.....	51	
amiodarone	46	
amitriptyline	39	
AMJEVITA (ONLY NDCS STARTING WITH 55513)	84	
amlodipine	47	
amlodipine-atorvastatin	53	
amlodipine-benazepril	47	
amlodipine-olmesartan	47	
amlodipine-valsartan	47	
amlodipine-valsartan-hcthiamid	47	
ammonium lactate	56	
amnestem	58	
amoxapine	39	
amoxicillin.....	11	
amoxicillin-pot clavulanate .	11, 12	
amphotericin b	2	
ampicillin.....	12	
ampicillin sodium	12	
ampicillin-sulbactam	12	
anagrelide	61	
anastrozole.....	15	
ANDRODERM	70	
apraclonidine	95	
aprepitant	73	
APRETUDE	3	
apri.....	88	
APTIOM.....	28	
APTIVUS	3	
aranelle (28).....	88	
ARCALYST	77	
arformoterol.....	96	
ARIKAYCE	8	
aripiprazole	39	
ARISTADA.....	39	
ARISTADA INITIO.....	39	
armodafinil	39	
arsenic trioxide	15	
ARZERRA	15	
asenapine maleate	39	
ASMANEX HFA	96	
ASMANEX TWISTHALER	96	
ASPARLAS.....	15	
aspirin-dipyridamole.....	51	
atazanavir.....	3	
atenolol	47	
atenolol-chlorthalidone.....	47	
atomoxetine	39	
atorvastatin	53	
atovaquone.....	8	
atovaquone-proguanil	8	
atropine	72, 93	
ATROVENT HFA.....	96	
AUBAGIO.....	33	
aubra eq	88	
AUGMENTIN.....	12	
AUVELITY	40	
aviane.....	88	
avita	58	

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

AVONEX.....	77	BD ULTRA-FINE SHORT PEN NEEDLE.....	82	BRILINTA.....	51
AYVAKIT.....	15	BD VEO INSULIN SYR (HALF UNIT).....	82	brimonidine.....	95
azacitidine.....	15	BD VEO INSULIN SYRINGE UF.....	82	brimonidine-timolol.....	94
AZASITE.....	91	BELBUCA.....	35	BRIUMVI.....	33
azathioprine.....	15	BELEODAQ.....	15	BRIVIACT.....	28
azathioprine sodium.....	15	benazepril.....	47	bromfenac.....	93
azelaic acid.....	58	benazepril-hydrochlorothiazide	47	bromocriptine.....	32
azelastine.....	64, 93	bendamustine.....	15	BROMSITE.....	93
azithromycin.....	8	BENDEKA.....	15	BRUKINSA.....	16
aztreonam.....	8	BENLYSTA.....	84	bss.....	93
azurette (28).....	88	benztropine.....	32	budesonide.....	73, 97
B		bepotastine besilate.....	93	bumetanide.....	47
bacitracin.....	8, 92	BESIVANCE.....	92	buprenorphine hcl.....	35
bacitracin-polymyxin b.....	92	BESPONSIA.....	15	buprenorphine transdermal patch.....	35
baclofen.....	34	BESREMI.....	77	buprenorphine-naloxone.....	37
balanced salt.....	93	betaine.....	73	bupropion hcl.....	40
balsalazide.....	73	betamethasone dipropionate.....	60	bupropion hcl (smoking deter)	64
BALVERSA.....	15	betamethasone valerate.....	60	buspirone.....	40
BAQSIMI.....	66	betamethasone, augmented...	60	busulfan.....	16
BARACLUDGE.....	3	BETASERON.....	77	butorphanol.....	37
BAVENCIO.....	15	betaxolol.....	47, 92	BYDUREON BCISE.....	66
BCG VACCINE, LIVE (PF).....	79	bethanechol chloride.....	100	BYETTA.....	66
BD AUTOSHIELD DUO PEN NEEDLE.....	82	BEVESPI AEROSPHERE...	97	C	
BD INSULIN SYRINGE.....	82	bexarotene.....	15	CABENUVA.....	3
BD INSULIN SYRINGE (HALF UNIT).....	82	BEXSERO.....	79	cabergoline.....	70
BD INSULIN SYRINGE SAFETY-LOK.....	82	bicalutamide.....	15	CABLIVI.....	51
BD INSULIN SYRINGE SLIP TIP.....	82	BICILLIN C-R.....	12	CABOMETYX.....	16
BD INSULIN SYRINGE U- 500.....	82	BICILLIN L-A.....	12	caffeine citrate.....	61
BD INSULIN SYRINGE ULTRA-FINE.....	82	BIKTARVY.....	3	calcipotriene.....	56
BD LO-DOSE MICRO-FINE IV.....	82	bisoprolol fumarate.....	47	calcitonin (salmon).....	70
BD LO-DOSE ULTRA-FINE	82	bisoprolol-hydrochlorothiazide	47	calcitriol.....	56, 70
BD NANO 2ND GEN PEN NEEDLE.....	82	BLENREP.....	15	calcium acetate(phosphat bind)	101
BD ULTRA-FINE MICRO PEN NEEDLE.....	82	bleomycin.....	15	calcium chloride.....	101
BD ULTRA-FINE MINI PEN NEEDLE.....	82	BLINCYTO.....	15	calcium gluconate.....	101
BD ULTRA-FINE NANO PEN NEEDLE.....	82	BOOSTRIX TDAP.....	79	CALQUENCE.....	16
		bortezomib.....	16	CALQUENCE (ACALABRUTINIB MAL)	16
		BORTEZOMIB.....	15, 16	camila.....	86
		bosentan.....	97	camrese.....	88
		BOSULIF.....	16	candesartan.....	47
		BOTOX.....	79	candesartan-hydrochlorothiazid	47
		BRAFTOVI.....	16	CAPLYTA.....	40
		BREO ELLIPTA.....	97	CAPRELSA.....	16
		BREZTRI AEROSPHERE...	97		

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

captopril.....	47	chlorothiazide sodium	47	CLINIMIX 8%-	
carbamazepine.....	28	chlorpromazine.....	40	D10W(SULFITE-FREE)	103
carbidopa	32	chlorthalidone.....	47	CLINIMIX 8%-	
carbidopa-levodopa	32	CHOLBAM.....	73	D14W(SULFITE-FREE)	103
carbidopa-levodopa-		cholestyramine (with sugar) .	53	clobazam.....	28
entacapone.....	32	cholestyramine light	53	clobetasol.....	60
carboplatin.....	16	CIBINQO	56	clobetasol-emollient	60
cardioplegic soln	54	ciclodan	59	clodan	60
carglumic acid	62	ciclopirox.....	59	clofarabine	16
carmustine	16	cidofovir	3	clomid.....	71
carteolol.....	92	cilostazol.....	51	clomiphene citrate	71
cartia xt.....	47	CIMDUO.....	3	clomipramine.....	40
carvedilol.....	47	CIMERLI.....	93	clonazepam	28
caspofungin	2	cimetidine	76	clonidine	47
CAYSTON.....	9	cimetidine hcl	76	clonidine (pf)	37, 47
cefaclor	6	CIMZIA.....	73	clonidine hcl	40, 47
cefadroxil.....	6	CIMZIA POWDER FOR		clopidogrel.....	51
cefazolin	7	RECONST.....	73	clorazepate dipotassium.....	40
cefazolin in dextrose (iso-os) .	7	CIMZIA STARTER KIT	73	clotrimazole	2, 59
cefdinir	7	cinacalcet.....	70	clotrimazole-betamethasone .	59
cefepime	7	CINRYZE.....	97	clozapine.....	40
cefepime in dextrose,iso-osm .	7	CINVANTI.....	73	COARTEM.....	9
cefixime.....	7	CIPRO	13	colchicine.....	83
cefoxitin.....	7	ciprofloxacin hcl.....	13, 65, 92	colesevelam	53
cefoxitin in dextrose, iso-osm	7	ciprofloxacin in 5 % dextrose		colestipol.....	53
cefpodoxime.....	7	.....	13	colistin (colistimethate na)	9
cefprozil.....	7	ciprofloxacin-dexamethasone		COMBIVENT RESPIMAT..	97
ceftazidime	7	.....	65	COMETRIQ	16
ceftriaxone.....	7	cisplatin	16	COMPLERA	3
ceftriaxone in dextrose,iso-os.	7	citalopram.....	40	compro.....	73
cefuroxime axetil.....	7	cladribine.....	16	constulose	73
cefuroxime sodium.....	7	claravis.....	58	COPIKTRA	16
celecoxib.....	37	clarithromycin	8	CORLANOR	54
CELONTIN.....	28	clindamycin hcl	9	CORTIFOAM.....	73
cephalexin.....	8	clindamycin in 5 % dextrose ..	9	cortisone	65
CEPROTIN (BLUE BAR) ...	51	clindamycin pediatric	9	COSMEGEN	16
CEPROTIN (GREEN BAR) 51		clindamycin phosphate	9, 58,	COTELLIC.....	16
CEQR SIMPLICITY		88		CREON.....	73
INSERTER.....	82	CLINIMIX 5%/D15W		CRESEMBA.....	2
cetirizine	95	SULFITE FREE	103	cromolyn.....	74, 93, 97
cevimeline	62	CLINIMIX 4.25%/D10W		crotan	61
CHEMET	62	SULF FREE	103	cryselle (28).....	88
CHENODAL.....	73	CLINIMIX 4.25%/D5W		CRYSVITA	71
chloramphenicol sod succinate		SULFIT FREE.....	62	cyclobenzaprine.....	34
.....	9	CLINIMIX 5%-		cyclophosphamide	16
chlorhexidine gluconate	64	D20W(SULFITE-FREE)	103	CYCLOPHOSPHAMIDE	16
chloroprocaine (pf).....	56	CLINIMIX 6%-D5W		cyclosporine.....	16, 17, 93
chloroquine phosphate.....	9	(SULFITE-FREE)	103	cyclosporine modified	16, 17

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

CYRAMZA.....	17	DESCOVY	3	dilt-xr	48
cyred	88	desipramine	40	dimenhydrinate	74
cyred eq	88	desmopressin	71	dimethyl fumarate.....	33
CYTAGON	100	desog-e.estradiol/e.estradiol .	88	diphenhydramine hcl	95
CYSTARAN	93	desogestrel-ethinyl estradiol.	88	diphenoxylate-atropine	73
cytarabine	17	desonide.....	60	dipyridamole.....	51
cytarabine (pf)	17	desrx	60	disulfiram.....	63
D		desvenlafaxine succinate	40	divalproex	28
d10 %-0.45 % sodium chloride		dexamethasone	65	dobutamine	55
.....	62	dexamethasone intensol.....	65	dobutamine in d5w	55
d2.5 %-0.45 % sodium		dexamethasone sodium phos		docetaxel.....	17
chloride.....	62	(pf).....	65	dofetilide.....	46
d5 % and 0.9 % sodium		dexamethasone sodium		donepezil.....	33
chloride.....	62	phosphate.....	65, 95	dopamine	55
d5 %-0.45 % sodium chloride		dextrazoxane hcl.....	14	dopamine in 5 % dextrose	55
.....	62	dextroamphetamine-		DOPTELET (10 TAB PACK)	
dabigatran etexilate	51	amphetamine	40	.....	51
dacarbazine.....	17	dextrose 10 % and 0.2 % nacl		DOPTELET (15 TAB PACK)	
dactinomycin	17	.....	62	.....	51
dalfampridine	33	dextrose 10 % in water (d10w)		DOPTELET (30 TAB PACK)	
DALIRESP.....	97	.....	62	.....	51
danazol	71	dextrose 25 % in water (d25w)		dorzolamide	94
dantrolene	34, 35	.....	62	dorzolamide-timolol	94
DANYELZA	17	dextrose 5 % in water (d5w).	62	dotti.....	86
dapsone.....	9	dextrose 5 %-lactated ringers	62	DOVATO	3
DAPTACEL (DTAP		dextrose 5%-0.2 % sod		doxazosin.....	48
PEDIATRIC) (PF).....	79	chloride.....	62	doxepin	41
daptomycin.....	9	dextrose 5%-0.3 %		doxercalciferol.....	71
DAPTOMYCIN	9	sod.chloride	62	doxorubicin.....	17
DARZALEX	17	dextrose 50 % in water (d50w)		doxorubicin, peg-liposomal ..	17
dasetta 1/35 (28).....	88	.....	62, 63	doxy-100.....	13
dasetta 7/7/7 (28).....	88	dextrose 70 % in water (d70w)		doxycycline hyclate.....	13
daunorubicin.....	17	.....	63	doxycycline monohydrate	14
DAURISMO.....	17	DIACOMIT	28	DRIZALMA SPRINKLE.....	41
daysee	88	diazepam.....	28, 40, 41	dronabinol.....	74
deblitane	86	diazepam intensol.....	40	droperidol	74
decitabine	17	diazoxide	66	DROPSAFE ALCOHOL	
deferasirox.....	62	diclofenac potassium	37	PREP PADS	66
deferiprone	62	diclofenac sodium.....	37, 56, 93	drospirenone-e.estradiol-lm.fa	
deferoxamine.....	62	diclofenac-misoprostol	38	.....	89
DELSTRIGO.....	3	dicloxacillin	12	drospirenone-ethinyl estradiol	
demeclocycline.....	13	dicyclomine	72, 73	.....	89
DENAVIR.....	59	DIFICID	8	DROXIA.....	17
DENG VAXIA (PF).....	79	diflunisal.....	38	droxidopa.....	63
denta 5000 plus.....	64	digoxin.....	54	DUAVEE.....	86
dentagel	64	dihydroergotamine.....	32	DULERA.....	97
DEPO-SUBQ PROVERA	104	DILANTIN 30 MG	28	duloxetine	41
.....	86	diltiazem hcl	47, 48	DUPIXENT PEN.....	57

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

This drug list was last updated on 04/17/2023.

DUPIXENT SYRINGE.....	57	ENGERIX-B PEDIATRIC		ethosuximide.....	29
dutasteride	100	(PF).....	79	ethynodiol diac-eth estradiol	89
dutasteride-tamsulosin.....	100	enoxaparin	52	etodolac.....	38
E		enpresse	89	etonogestrel-ethinyl estradiol	88
e.e.s. 400.....	8	enskyce	89	ETOPOPHOS	18
ec-naproxen	38	entacapone	32	etoposide.....	18
econazole	59	entecavir	3	etravirine.....	4
EDARBI.....	48	ENTRESTO.....	55	EULEXIN.....	18
EDARBYCLOR.....	48	ENTYVIO	74	euthyrox	72
EDURANT.....	3	enulose.....	74	everolimus (antineoplastic) ..	18
efavirenz	3	ENVARBUS XR	17	everolimus	
efavirenz-emtricitabin-tenofov		EPCLUSA	3, 4	(immunosuppressive)	18
.....	3	EPIDIOLEX	29	EVOTAZ	4
efavirenz-lamivu-tenofov disop		epinastine.....	93	exemestane	18
.....	3	epinephrine	95	EXKIVITY	18
effe-r-k.....	101	epirubicin.....	17	EYLEA	93
ELAPRASE.....	71	epitol.....	29	ezetimibe.....	53
electrolyte-48 in d5w.....	103	EPIVIR HBV	4	ezetimibe-simvastatin	53
eletriptan.....	32	eplerenone	48	F	
elimest	89	epoprostenol (glycine).....	48	FABRAZYME	71
ELIQUIS	51	EPRONTIA	29	falmina (28)	89
ELIQUIS DVT-PE TREAT		ERBITUX.....	17	famciclovir.....	4
30D START	51	ergotamine-caffeine.....	32	famotidine.....	77
ELITEK.....	14	ERIVEDGE.....	18	famotidine (pf).....	77
ELIXOPHYLLIN.....	97	ERLEADA	18	famotidine (pf)-nacl (iso-os)	77
ELMIRON.....	101	erlotinib	18	FANAPT.....	41
eluryng.....	88	errin	86	FARXIGA	66, 67
ELZONRIS.....	17	ertapenem	9	FASENRA.....	97
EMCYT.....	17	ERWINASE	18	FASENRA PEN	97
EMEND.....	74	ery pads.....	58	febuxostat	83
EMGALITY PEN	32	ery-tab.....	8	felbamate	29
EMGALITY SYRINGE.....	32	erythrocin (as stearate)	8	felodipine.....	48
emoquette	89	erythromycin	8, 92	fenofibrate.....	53
EMPLICITI.....	17	erythromycin ethylsuccinate...8		fenofibrate micronized.....	53
EMSAM	41	erythromycin with ethanol...58		fenofibrate nanocrystallized .53	
emtricitabine.....	3	ESBRIET.....	97	fenofibric acid.....	54
emtricitabine-tenofovir (tdf)...3		escitalopram oxalate	41	fenofibric acid (choline)	53
EMTRIVA.....	3	esmolol	48	fentanyl	35
EMVERM	9	esomeprazole magnesium.....76		fentanyl citrate	35
enalapril maleate	48	esomeprazole sodium	77	fentanyl citrate (pf)	35
enalaprilat	48	estarylla	89	fesoterodine	100
enalapril-hydrochlorothiazide		estradiol	86, 87	FETZIMA	41
.....	48	estradiol valerate.....	87	finasteride	100
ENBREL	85	estradiol-norethindrone acet.87		fingolimod	33
ENBREL MINI	84	ESTRING	87	FINTEPLA	29
ENBREL SURECLICK	85	eszopiclone	41	FIRDAPSE	33
endocet	35	ethacrynate sodium.....	48	FIRMAGON KIT W	
ENGERIX-B (PF)	79	ethambutol	9	DILUENT SYRINGE	18

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

This drug list was last updated on 04/17/2023.

flac otic oil.....	65	fyavolv.....	87	GVOKE HYPOPEN 1-PACK	
flavoxate.....	100	FYCOMPA.....	29	.....	67
flecainide.....	46	G		GVOKE HYPOPEN 2-PACK	
FLOVENT DISKUS.....	97	gabapentin.....	29	.....	67
FLOVENT HFA.....	97	galantamine.....	33	GVOKE PFS 1-PACK	
floxuridine.....	18	GAMASTAN.....	79	SYRINGE.....	67
fluconazole.....	2	GAMASTAN S/D.....	79	GVOKE PFS 2-PACK	
fluconazole in nacl (iso-osm) .	2	ganciclovir sodium.....	4	SYRINGE.....	67
flucytosine.....	2	GARDASIL 9 (PF).....	79	H	
fludarabine.....	18	gatifloxacin.....	92	HALAVEN.....	19
fludrocortisone.....	65	GATTEX 30-VIAL.....	74	halobetasol propionate.....	61
flumazenil.....	41	GATTEX ONE-VIAL.....	74	haloperidol.....	42
flunisolide.....	97	GAUZE PAD.....	83	haloperidol decanoate.....	42
fluocinolone.....	60	gavilyte-c.....	74	haloperidol lactate.....	42
fluocinolone acetonide oil....	65	gavilyte-g.....	74	HARVONI.....	4
fluocinolone and shower cap	60	GAVRETO.....	19	HAVRIX (PF).....	79
fluocinonide.....	60	GAZYVA.....	19	heather.....	87
fluocinonide-emollient.....	61	gemcitabine.....	19	heparin (porcine).....	52
fluoride (sodium).....	64, 104	GEMCITABINE.....	19	heparin (porcine) in 5 % dex	52
fluorometholone.....	95	gemfibrozil.....	54	heparin (porcine) in nacl (pf)	52
fluorouracil.....	18, 57	generlac.....	74	heparin(porcine) in 0.45% nacl	
fluoxetine.....	41	gengraf.....	19	.....	52
fluoxetine (pmd).....	41	gentak.....	92	HEPARIN(PORCINE) IN	
fluphenazine decanoate.....	41	gentamicin.....	9, 58, 92	0.45% NACL.....	52
fluphenazine hcl.....	41, 42	gentamicin in nacl (iso-osm) ..	9	heparin, porcine (pf).....	52
flurbiprofen.....	38	gentamicin sulfate (ped) (pf) ..	9	HEPARIN, PORCINE (PF).52,	
flurbiprofen sodium.....	93	GENVOYA.....	4	53	
fluticasone propionate.....	97	GILENYA.....	33	HEPLISAV-B (PF).....	79
fluticasone propion-salmeterol		GILOTRIF.....	19	HETLIOZ.....	42
.....	97	glatiramer.....	34	HIBERIX (PF).....	79
fluvastatin.....	54	glatopa.....	34	HIZENTRA.....	79
fluvoxamine.....	42	GLEOSTINE.....	19	HUMALOG JUNIOR	
FOLOTYN.....	18	glimepiride.....	67	KWIKPEN U-100.....	67
fomepizole.....	79	glipizide.....	67	HUMALOG KWIKPEN	
fondaparinux.....	52	glipizide-metformin.....	67	INSULIN.....	67
formoterol fumarate.....	98	glycine urologic.....	101	HUMALOG MIX 50-50	
FOSAMAX PLUS D.....	84	glycine urologic solution....	101	INSULN U-100.....	67
fosamprenavir.....	4	glycopyrrolate.....	73	HUMALOG MIX 50-50	
fosaprepitant.....	74	glycopyrrolate (pf) in water..	73	KWIKPEN.....	67
fosinopril.....	48	glydo.....	57	HUMALOG MIX 75-25	
fosinopril-hydrochlorothiazide		GLYXAMBI.....	67	KWIKPEN.....	67
.....	48	GRALISE.....	29	HUMALOG MIX 75-25(U-	
fosphenytoin.....	29	granisetron (pf).....	74	100)INSULN.....	67
FOTIVDA.....	18	granisetron hcl.....	74	HUMALOG U-100 INSULIN	
fulvestrant.....	18	griseofulvin microsize.....	2	.....	67, 68
furosemide.....	48	griseofulvin ultramicrosize....	2	HUMIRA.....	85
FUZEON.....	4	GVOKE.....	67	HUMIRA PEN.....	85
FYARRO.....	18				

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

This drug list was last updated on 04/17/2023.

HUMIRA PEN CROHNS-UC- HS START	85	IBRANCE	19	irbesartan-hydrochlorothiazide	48
HUMIRA PEN PSOR- UVEITS-ADOL HS	85	ibu	38	IRESSA	20
HUMIRA(CF)	85	ibuprofen	38	irinotecan	20
HUMIRA(CF) PEDI CROHNS STARTER.....	85	ibutilide fumarate	46	ISENTRESS	4
HUMIRA(CF) PEN.....	85	icatibant	98	ISENTRESS HD	4
HUMIRA(CF) PEN CROHNS-UC-HS	85	ICLUSIG	19	isibloom	89
HUMIRA(CF) PEN PEDIATRIC UC	85	icosapent ethyl.....	54	ISOLYTE S PH 7.4	103
HUMIRA(CF) PEN PSOR- UV-ADOL HS.....	85	idarubicin.....	19	ISOLYTE-P IN 5 % DEXTROSE	104
HUMULIN 70/30 U-100 INSULIN.....	68	IDHIFA	19	ISOLYTE-S.....	104
HUMULIN 70/30 U-100 KWIKPEN	68	ifosfamide.....	19	isoniazid.....	9
HUMULIN N NPH INSULIN KWIKPEN	68	ILARIS (PF).....	78	isosorbide dinitrate	55
HUMULIN N NPH U-100 INSULIN.....	68	imatinib.....	19	isosorbide mononitrate	55
HUMULIN R REGULAR U- 100 INSULN	68	IMBRUVICA	19	isosorbide-hydralazine.....	49
HUMULIN R U-500 (CONC) INSULIN.....	68	IMFINZI.....	19	isotretinoin	58
HUMULIN R U-500 (CONC) KWIKPEN	68	imipenem-cilastatin	9	isradipine	49
hydralazine	48	imipramine hcl.....	42	ISTODAX.....	20
hydrochlorothiazide.....	48	imipramine pamoate	42	itraconazole.....	2
hydrocodone-acetaminophen	35, 36	imiquimod	57	ivermectin	9, 58
hydrocodone-ibuprofen	36	IMJUDO.....	19	IXEMPRA	20
hydrocortisone.....	61, 65, 74	IMOVAX RABIES VACCINE (PF).....	80	IXIARO (PF).....	80
hydrocortisone-acetic acid....	65	incassia	87	J	
hydromorphone	36	INCRELEX	63	JAKAFI	20
hydromorphone (pf)	36	indapamide	48	jantoven	53
hydroxychloroquine	9	INFANRIX (DTAP) (PF).....	80	JANUMET	68
hydroxyprogesterone caproate	87	INGREZZA	34	JANUMET XR.....	68
hydroxyurea.....	19	INGREZZA INITIATION PACK	34	JANUVIA.....	68
hydroxyzine hcl.....	95	INLYTA	19, 20	JARDIANCE.....	68
HYPERHEP B.....	80	INQOVI.....	20	jasmiel (28).....	89
HYPERHEP B NEONATAL	80	INREBIC	20	JAYPIRCA	20
HYQVIA	80	INSULIN PEN NEEDLE.....	83	JEMPERLI	20
I		INSULIN SYRINGE MICROFINE.....	83	jencycla.....	87
ibandronate	84	INSULIN SYRINGE- NEEDLE U-100	83	JEVTANA	20
		INTELENCE	4	jinteli.....	87
		intralipid	103	jolessa	89
		introvale.....	89	juleber	89
		INVEGA HAFYERA.....	42	JULUCA.....	4
		INVEGA SUSTENNA.....	42	JUXTAPID	54
		INVEGA TRINZA.....	42, 43	JYNNEOS (PF)(STOCKPILE)	80
		INVELTYS	95	K	
		IPOL	80	KADCYLA.....	20
		ipratropium bromide.....	64, 98	kalliga	89
		ipratropium-albuterol.....	98	KALYDECO	98
		irbesartan	48	KANUMA	71
				kariva (28)	89
				kelnor 1/35 (28).....	89

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

kelnor 1-50 (28).....	89	LATUDA.....	43	lisinopril-hydrochlorothiazide	
KEPIVANCE	14	leflunomide.....	85	.....	49
KERENDIA	49	lenalidomide	21	lithium carbonate	43
ketoconazole.....	2, 59	LENVIMA.....	21	LIVALO	54
ketorolac	93	lessina	89	LOKELMA.....	63
KEYTRUDA.....	20	letrozole	21	LONSURF.....	21
KHAPZORY	14	leucovorin calcium	14	loperamide	73
KIMMTRAK.....	20	LEUKERAN	21	lopinavir-ritonavir.....	4
KINRIX (PF).....	80	LEUKINE.....	78	lorazepam	43
KISQALI.....	20	leuprolide.....	21	lorazepam intensol.....	43
KISQALI FEMARA CO- PACK	20	levabuterol hcl.....	98	LORBRENA.....	21
klor-con 10	101	levetiracetam	30	loryna (28)	90
klor-con 8	101	levetiracetam in nacl (iso-os).....	30	losartan	49
klor-con m10	101	levobunolol.....	92	losartan-hydrochlorothiazide.....	49
klor-con m15	101	levocarnitine	63	loteprednol etabonate.....	95
klor-con m20	101	levocarnitine (with sugar).....	63	lovastatin.....	54
klor-con oral packet 20.....	101	levocetirizine	95	low-ogestrel (28)	90
klor-con/ef.....	102	levofloxacin	13, 92	loxapine succinate	43
KOMBIGLYZE XR.....	68	levofloxacin in d5w	13	lo-zumandimine (28)	90
KORLYM.....	71	levoleucovorin calcium	14	lubiprostone	74
K-PHOS NO 2.....	101	levonest (28).....	89	LUMAKRAS.....	21
K-PHOS ORIGINAL	101	levonorgestrel-ethinyl estrad.....	90	LUMIGAN	94
KRAZATI	20	levonorg-eth estrad triphasic.....	90	LUMIZYME.....	71
KRYSTEXXA.....	83	levora-28.....	90	LUMOXITI	21
kurvelo (28).....	89	levo-t.....	72	LUNSUMIO	21
KYNMOBI.....	32	levothyroxine.....	72	LUPRON DEPOT	21
KYPROLIS	20	levoxyl.....	72	LUPRON DEPOT (3 MONTH)	21
L		LEXIVA	4	LUPRON DEPOT (4 MONTH)	21
l norgest/e.estradiol-e.estrad.....	89	LIBTAYO	21	LUPRON DEPOT (6 MONTH)	21
labetalol	49	lidocaine	57	LUPRON DEPOT-PED	21
lacosamide.....	29	lidocaine (pf)	46, 57	LUPRON DEPOT-PED (3 MONTH)	21
lactated ringers	61, 102	lidocaine hcl	57	lurasidone	43
lactulose.....	74	lidocaine in 5 % dextrose (pf)	46	luteru (28)	90
lamivudine.....	4	lidocaine viscous	57	lyleq	87
lamivudine-zidovudine.....	4	lidocaine-epinephrine	57	lyllana	87
lamotrigine	29, 30	lidocaine-epinephrine (pf)	57	LYNPARZA.....	21
lansoprazole.....	77	lidocaine-prilocaine	57	LYSODREN.....	21
LANTUS SOLOSTAR U-100 INSULIN.....	68	lincomycin	9	LYTGOBI.....	21
LANTUS U-100 INSULIN.....	68	lindane	61	LYUMJEV KWIKPEN U-100 INSULIN	68
lapatinib.....	20	linezolid.....	10	LYUMJEV KWIKPEN U-200 INSULIN	68
larin 1.5/30 (21).....	89	linezolid in dextrose 5%	9	LYUMJEV U-100 INSULIN	68
larin 1/20 (21).....	89	linezolid-0.9% sodium chloride	10		
larin 24 fe	89	LINZESS	74		
larin fe 1.5/30 (28).....	89	LIORESAL.....	35		
larin fe 1/20 (28).....	89	liothyronine	72		
latanoprost	94	lisinopril.....	49		

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

lyza	87	methotrexate sodium	22	morphine.....	36, 37
M		methotrexate sodium (pf)	22	morphine (pf).....	36
magnesium chloride	102	methoxsalen.....	57	morphine concentrate	36
magnesium sulfate.....	102	methylergonovine.....	91	MOTEGRITY.....	75
MAGNESIUM SULFATE IN		methylphenidate hcl	43	MOUNJARO.....	69
D5W	102	methylprednisolone	65, 66	MOVANTIK	75
magnesium sulfate in water	102	methylprednisolone acetate ..	65	moxifloxacin.....	13, 92
malathion.....	61	methylprednisolone sodium		moxifloxacin-sod.chloride(iso)	
mannitol 20 %	49	succ.....	66	.....	13
mannitol 25 %	49	metoclopramide hcl	75	MOZOBIL.....	78
maraviroc.....	5	metolazone.....	49	mupirocin.....	58
MARGENZA	21	metoprolol succinate.....	49	MVASI	22
marlissa (28).....	90	metoprolol ta-hydrochlorothiaz		MYALEPT	71
MARPLAN	43	.....	49	mycophenolate mofetil	22
MATULANE	21	metoprolol tartrate	49	mycophenolate mofetil (hcl).22	
matzim la.....	49	metro i.v.....	10	mycophenolate sodium.....	22
meclizine	74	metronidazole	10, 58, 88	MYLOTARG	22
medroxyprogesterone	87	metronidazole in nacl (iso-os)		myorisan	58
mefloquine.....	10	.....	10	MYRBETRIQ.....	100
megestrol	21, 22	metyrosine	49	N	
MEKINIST.....	22	mexiletine	46	nabumetone.....	38
MEKTOVI	22	micalfungin.....	2	nadolol	49
meloxicam	38	microgestin 1.5/30 (21)	90	nafcillin.....	12
melphalan	22	microgestin 1/20 (21)	90	nafcillin in dextrose iso-osm	12
melphalan hcl	22	microgestin fe 1.5/30 (28)	90	naftifine.....	59
memantine	34	microgestin fe 1/20 (28)	90	NAFTIN	59
MENACTRA (PF)	80	midodrine.....	63	NAGLAZYME.....	71
MENEST.....	87	mifepristone.....	88	nalbuphine	38
MENQUADFI (PF).....	80	mili.....	90	naloxone	38
MENVEO A-C-Y-W-135-DIP		milrinone	55	naltrexone	38
(PF).....	80	milrinone in 5 % dextrose	55	NAMZARIC.....	34
MEPSEVII	71	mimvey.....	87	naproxen	38
mercaptapurine.....	22	minocycline	14	naproxen sodium	38
meropenem	10	minoxidil	49	naratriptan.....	32
mesalamine.....	74	miostat	94	NATACYN.....	92
mesalamine with cleansing		mirtazapine	43	nateglinide	69
wipe	74	misoprostol	77	NATPARA	71
mesna.....	14	mitomycin.....	22	NAYZILAM.....	30
MESNEX	14	mitoxantrone.....	22	nebivolol.....	49
metformin	68, 69	M-M-R II (PF).....	80	NEEDLES, INSULIN	
methadone	36	modafinil	43	DISP.,SAFETY	83
methadone intensol.....	36	moexipril	49	nefazodone.....	43
methadose.....	36	molindone	43	nelarabine	22
methazolamide	94	mometasone.....	61, 98	neomycin	10
methenamine hippurate	14	mondoxyne nl.....	14	neomycin-bacitracin-poly-hc94	
methenamine mandelate.....	14	MONJUVI.....	22	neomycin-bacitracin-	
methergine.....	91	mono-linyah.....	90	polymyxin.....	92
methimazole	66	montelukast	98	neomycin-polymyxin b gu....	61

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

neomycin-polymyxin b- dexameth	94	nortrel 7/7/7 (28)	90	ondansetron hcl (pf).....	75
neomycin-polymyxin- gramicidin.....	92	nortriptyline	43	ONGLYZA	69
neomycin-polymyxin-hc	65, 94	NORVIR.....	5	ONIVYDE.....	23
neo-polycin.....	92	NOVOFINE 32.....	83	ONUREG	23
neo-polycin hc	94	NOVOFINE PLUS.....	83	OPDIVO	23
NERLYNX.....	22	NUBEQA	22	OPDUALAG	23
NEUPRO	32	NUCALA	98	opium tincture.....	73
nevirapine	5	NUEDEXTA	34	OPSUMIT.....	98
NEXLETOL	54	NULOJIX	22	oralone	64
NEXLIZET.....	54	NUPLAZID	43, 44	ORENCIA	86
NEXPLANON	88	NURTEC ODT.....	33	ORENCIA (WITH MALTOSE).....	85
niacin	54	nyamyc	59	ORENCIA CLICKJECT	85
nicardipine.....	49	nystatin	2, 59	ORGOVYX	23
NICOTROL.....	64	nystatin-triamcinolone.....	59	ORKAMBI	98
NICOTROL NS.....	64	nystop	59	ORLADEYO	98
nifedipine.....	49	NYVEPRIA.....	78	ORSERDU	23
nikki (28).....	90	O		oseltamivir	5
nilutamide.....	22	OCALIVA	75	osmitrol 20 %	50
nimodipine.....	49	OCREVUS	34	OTEZLA.....	86
NINLARO	22	octreotide acetate.....	23	OTEZLA STARTER.....	86
nisoldipine	49	ODEFSEY	5	oxacillin	12
nitazoxanide	10	ODOMZO	23	oxacillin in dextrose(iso-osm)	12
nitisinone	63	OFEV.....	98	oxaliplatin	23
nitro-bid.....	55	ofloxacin.....	65, 92	oxandrolone	71
nitrofurantoin.....	14	olanzapine.....	44	oxaprozin	38
nitrofurantoin macrocrystal ..	14	olanzapine-fluoxetine	44	oxcarbazepine	30
nitrofurantoin monohyd/m- crist	14	olmesartan	49	OXERVATE.....	93
nitroglycerin	55, 56	olmesartan-amlodipin- hcthiazyd	49	oxybutynin chloride.....	100
nitroglycerin in 5 % dextrose	55	olmesartan- hydrochlorothiazide.....	50	oxycodone.....	37
NIVESTYM	78	olopatadine	93	oxycodone-acetaminophen ...	37
nizatidine	77	omega-3 acid ethyl esters	54	OXYCONTIN	37
nora-be.....	87	omeprazole	77	OZEMPIC.....	69
norepinephrine bitartrate	55	OMNIPOD 5 G6 INTRO KIT (GEN 5).....	83	OZURDEX	95
norethindrone (contraceptive)	87	OMNIPOD 5 G6 PODS (GEN 5).....	83	P	
norethindrone acetate	87	OMNIPOD CLASSIC PODS (GEN 3)	83	pacerone.....	46
norethindrone ac-eth estradiol	87, 90	OMNIPOD DASH INTRO KIT (GEN 4)	83	paclitaxel.....	23
norethindrone-e.estradiol-iron	90	OMNIPOD DASH PODS (GEN 4).....	83	PADCEV	23
norgestimate-ethinyl estradiol	90	OMNITROPE.....	78	paliperidone	44
nortrel 0.5/35 (28)	90	ONCASPAR.....	23	palonosetron	75
nortrel 1/35 (21)	90	ondansetron	75	pamidronate	71
nortrel 1/35 (28)	90	ondansetron hcl.....	75	PANRETIN	57
				pantoprazole	77
				paraplatin	23
				paricalcitol	71
				paromomycin.....	10
				paroxetine hcl	44

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

PASER	10	pirmella.....	91	prednisolone sodium phosphate	66, 95
PEDIARIX (PF)	80	piroxicam.....	38	.....	66, 95
PEDVAX HIB (PF).....	80	plasbumin 25 %	101	prednisone.....	66
peg 3350-electrolytes	75	plasbumin 5 %	101	prednisone intensol.....	66
peg3350-sod sul-nacl-kcl-asb-c	75	PLASMA-LYTE 148	104	pregabalin	30
.....	75	PLASMA-LYTE A	104	PREHEVBRIO (PF).....	80
PEGASYS	78	plasmanate	104	PREMARIN	87
peg-electrolyte.....	75	PLEGRIDY	78	premasol 10 %	104
PEMAZYRE	23	PLENAMINE.....	104	PREMPHASE.....	87
pemetrexed disodium	23	podofilox	57	PREMPRO	87
penciclovir.....	59	POLIVY	24	prenatal vitamin oral tablet.	104
penicillamine	86	polocaine	57	prevalite	54
PENICILLIN G POT IN		polocaine-mpf.....	57	PREVIDENT 5000 BOOSTER	
DEXTROSE.....	12	polycin.....	92	PLUS	64
penicillin g potassium.....	12	polymyxin b sulf-trimethoprim	92	PREVIDENT 5000 DRY	
penicillin g procaine	12	.....	92	MOUTH	64
penicillin g sodium	12	POMALYST	24	PREVYMIS	5
penicillin v potassium.....	12	portia 28.....	91	PREZCOBIX.....	5
PENTACEL (PF)	80	PORTRAZZA	24	PREZISTA	5
pentamidine	10	posaconazole	2	PRIFTIN	10
PENTASA.....	75	potassium acetate.....	102	PRIMAQUINE.....	10
pentoxifylline	53	potassium chlorid-d5-		primidone.....	30
perindopril erbumine	50	0.45% nacl	102	PRIORIX (PF).....	80
periogard.....	64	potassium chloride.....	102	PRIVIGEN	80
PERJETA	23	potassium chloride in 0.9% nacl	102	probenecid	83
permethrin	61	.....	102	probenecid-colchicine.....	83
perphenazine.....	44	potassium chloride in 5 % dex	102	procainamide	46
PERSERIS.....	44	.....	102	prochlorperazine	75
pfizerpen-g	12	potassium chloride in lr-d5.	102	prochlorperazine edisylate....	75
phenelzine.....	44	potassium chloride in water	102	prochlorperazine maleate oral	75
phenobarbital.....	30	potassium chloride-0.45 % nacl	102	.....	75
phenobarbital sodium	30	.....	102	PROCRIT	78
phentolamine	50	potassium chloride-d5-		procto-med hc	75
phenytoin.....	30	0.2% nacl	103	procto-pak.....	75
phenytoin sodium	30	potassium chloride-d5-		proctosol hc	75
phenytoin sodium extended..	30	0.9% nacl	103	proctozone-hc	75
philith	90	potassium citrate.....	101	progesterone	87
PHOSPHOLINE IODIDE....	93	potassium phosphate m-/d-		progesterone micronized	87
PIFELTRO	5	basic.....	103	PROGRAF.....	24
pilocarpine hcl	63, 93	POTELIGEO	24	PROLASTIN-C	63
pimecrolimus.....	57	pramipexole	32	PROLENSA	93
pimozide	44	prasugrel	53	PROLIA.....	84
pimtree (28).....	91	pravastatin	54	PROMACTA.....	53
pindolol.....	50	praziquantel	10	promethazine	95, 96
pioglitazone	69	prazosin	50	propafenone	46
pipracillin-tazobactam	13	prednicarbate	61	propranolol	50
PIQRAY	23	prednisolone	66	propylthiouracil	66
pirfenidone	98	prednisolone acetate	95	PROQUAD (PF).....	81

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

protamine.....	53	REYATAZ.....	5	SECUADO.....	45
protriptyline.....	44	REZLIDHIA.....	24	SEGLUROMET.....	69
PULMICORT FLEXHALER		RHOPRESSA.....	94	selegiline hcl.....	32
.....	98	ribavirin.....	5	selenium sulfide.....	56
PULMOZYME.....	99	RIDAURA.....	86	SELZENTRY.....	5
PURIXAN.....	24	rifabutin.....	10	sertraline.....	45
pyrazinamide.....	10	rifampin.....	10	setlakin.....	91
pyridostigmine bromide.....	35	riluzole.....	63	sevelamer carbonate.....	63
pyrimethamine.....	10	rimantadine.....	5	sf 64	
Q		ringer's.....	61, 103	sf 5000 plus.....	64
QINLOCK.....	24	RINVOQ.....	86	sharobel.....	87
QTERN.....	69	risedronate.....	63, 84	SHINGRIX (PF).....	81
QUADRACEL (PF).....	81	RISPERDAL CONSTA.....	44	SIGNIFOR.....	24
quetiapine.....	44	risperidone.....	44, 45	sildenafil.....	101
quinapril.....	50	ritonavir.....	5	sildenafil (pulmonary arterial	
quinapril-hydrochlorothiazide		rivastigmine.....	34	hypertension).....	99
.....	50	rivastigmine tartrate.....	34	silodosin.....	100
quinidine sulfate.....	46	rizatriptan.....	33	silver sulfadiazine.....	58
quinine sulfate.....	10	ROCKLATAN.....	94	SIMBRINZA.....	94
QVAR REDHALER.....	99	roflumilast.....	99	SIMULECT.....	24
R		romidepsin.....	24	simvastatin.....	54
RABAVERT (PF).....	81	ropinirole.....	32	sirolimus.....	24
RADICAVA.....	34	rosuvastatin.....	54	SIRTURO.....	10
raloxifene.....	84	ROTARIX.....	81	SKYRIZI.....	56, 76
ramelteon.....	44	ROTATEQ VACCINE.....	81	sodium acetate.....	103
ramipril.....	50	roweepra.....	30	sodium benzoate-sod	
ranolazine.....	55	ROZLYTREK.....	24	phenylacet.....	63
rasagiline.....	32	RUBRACA.....	24	sodium bicarbonate.....	103
RAVICTI.....	63	rufinamide.....	30	sodium chloride.....	63, 103
reclipsen (28).....	91	RUKOBIA.....	5	sodium chloride 0.45 %.....	103
RECOMBIVAX HB (PF).....	81	RUXIENCE.....	24	sodium chloride 0.9 %.....	63
RECTIV.....	75	RYBELSUS.....	69	sodium chloride 3 %	
REGRANEX.....	57	RYBREVANT.....	24	hypertonic.....	103
RELENZA DISKHALER.....	5	RYDAPT.....	24	sodium chloride 5 %	
RELISTOR.....	75, 76	RYLAZE.....	24	hypertonic.....	103
REMICADE.....	76	S		sodium fluoride 5000 dry	
RENACIDIN.....	101	sajazir.....	99	mouth.....	65
repaglinide.....	69	salsalate.....	38	sodium fluoride 5000 plus.....	65
REPATHA.....	54	SANCUSO.....	76	sodium fluoride-pot nitrate...65	
REPATHA PUSHTRONEX.....	54	SANDIMMUNE.....	24	sodium nitroprusside.....	55
REPATHA SURECLICK.....	54	SANDOSTATIN LAR		SODIUM OXYBATE.....	45
RETACRIT.....	78	DEPOT.....	24	sodium phenylbutyrate.....	63
RETEVMO.....	24	SANTYL.....	57	sodium phosphate.....	103
RETROVIR.....	5	sapropterin.....	71	sodium polystyrene sulfonate	
REVCIVI.....	63	SARCLISA.....	24	.....	63
REVLIMID.....	24	SAVELLA.....	86	sodium,potassium,mag sulfates	
revonto.....	35	SCEMBLIX.....	24	.....	76
REXULTI.....	44	scopolamine base.....	76	SOLIQUA 100/33.....	69

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

This drug list was last updated on 04/17/2023.

SOLTAMOX.....	25	SYMDEKO	99	temsirolimus	25
SOMATULINE DEPOT	25	SYMJEPI.....	96	TENIVAC (PF)	81
SOMAVERT	71	SYMLINPEN 120	69	tenofovir disoproxil fumarate .	5
sorafenib	25	SYMLINPEN 60	69	TEPMETKO.....	25
sorine	46	SYMPAZAN	31	terazosin.....	50
sotalol	47	SYMTUZA.....	5	terbinafine hcl.....	2
sotalol af	47	SYNAGIS.....	5	terbutaline	99
SPIRIVA RESPIMAT	99	SYNAREL.....	71	terconazole.....	88
SPIRIVA WITH		SYNJARDY	69	TERIPARATIDE	84
HANDIHALER.....	99	SYNJARDY XR.....	69, 70	testosterone	72
spironolactone	50	SYNRIBO	25	testosterone cypionate	71
spironolacton-hydrochlorothiaz		T		testosterone enanthate.....	72
.....	50	TABLOID	25	TETANUS,DIPHThERIA	
sprintec (28).....	91	TABRECTA.....	25	TOX PED(PF)	81
SPRITAM.....	31	tacrolimus	25, 58	tetrabenazine.....	34
SPRYCEL	25	tadalafil (pulmonary arterial		tetracycline	14
sps (with sorbitol).....	63	hypertension) oral tablet 20		THALOMID.....	25
sronyx	91	mg.....	99	THEO-24	99
ssd.....	58	TAFINLAR	25	theophylline	99
STAMARIL (PF)	81	tafluprost (pf).....	94	thioridazine	45
STEGLATRO.....	69	TAGRISSO	25	thiotepa	25
STELARA.....	56	TALTZ AUTOINJECTOR ..	56	thiothixene	45
STIOLTO RESPIMAT	99	TALTZ AUTOINJECTOR (2		tiadylt er.....	50
STIVARGA.....	25	PACK).....	56	tiagabine	31
STRENSIQ.....	71	TALTZ AUTOINJECTOR (3		TIBSOVO.....	25
STREPTOMYCIN	10	PACK).....	56	TICE BCG	81
STRIBILD.....	5	TALTZ SYRINGE.....	56	TICOVAC	81
STRIVERDI RESPIMAT ...	99	TALZENNA.....	25	tigecycline.....	10
subvenite.....	31	tamoxifen.....	25	tilia fe.....	91
subvenite starter (blue) kit...	31	tamsulosin.....	100	timolol maleate	50, 92, 93
subvenite starter (green) kit..	31	tarina 24 fe.....	91	tinidazole	10
subvenite starter (orange) kit	31	tarina fe 1-20 eq (28).....	91	TIVDAK.....	25
SUCRAID	76	TASIGNA	25	TIVICAY.....	6
sucralfate	77	tasimelteon.....	45	TIVICAY PD.....	6
sulfacetamide sodium.....	93	tazarotene.....	58	tizanidine	35
sulfacetamide sodium (acne)	58	tazicef	8	TOBI PODHALER	10
sulfacetamide-prednisolone..	93	taztia xt	50	TOBRADEX	94
sulfadiazine.....	13	TAZVERIK	25	tobramycin	11, 92
sulfamethoxazole-trimethoprim		TDVAX.....	81	tobramycin in 0.225 % nacl..	11
.....	13	TECENTRIQ.....	25	tobramycin sulfate	11
sulfasalazine	76	TECVAYLI.....	25	tobramycin-dexamethasone..	94
sulindac.....	38	TEFLARO	8	tolterodine.....	100
sumatriptan	33	TEKTURNA HCT	50	tolvaptan	72
sumatriptan succinate	33	telmisartan	50	topiramate	31
sunitinib malate	25	telmisartan-amlodipine.....	50	toposar	26
SUNLENCA.....	5	telmisartan-hydrochlorothiazid		topotecan.....	26
syeda.....	91	.....	50	toremifene.....	26
SYMBICORT.....	99	TEMODAR	25	torse mide	50

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

TOUJEO MAX U-300	trospium.....	100	VEMLIDY.....	6
SOLOSTAR	TRULANCE.....	76	VENCLEXTA	26
TOUJEO SOLOSTAR U-300	TRULICITY.....	70	VENCLEXTA STARTING	
INSULIN.....	TRUMENBA.....	81	PACK	26
tramadol.....	TRUSELTIQ	26	venlafaxine	45
tramadol-acetaminophen	TUKYSA.....	26	verapamil	51
trandolapril	TURALIO	26	VERQUVO.....	55
trandolapril-verapamil	TWINRIX (PF).....	81	VERSACLOZ.....	45
tranexamic acid	TYPHIM VI	81	VERZENIO	26
tranlycypromine	TYSABRI.....	34	vestura (28).....	91
travasol 10 %	U		V-GO 20	83
travoprost.....	UBRELVY	33	V-GO 30	83
TRAZIMERA.....	unithroid	72	V-GO 40	83
trazodone	UNITUXIN	26	VIBATIV.....	11
TREANDA.....	UPTRAVI.....	50, 51	VIBERZI	76
TRECTOR.....	ursodiol.....	76	VICTOZA 2-PAK	70
TRELEGY ELLIPTA	V		VICTOZA 3-PAK	70
TRELSTAR.....	valacyclovir	6	vienna	91
treprostinil sodium.....	VALCHLOR	58	vigabatrin.....	31
tretinoin (antineoplastic)	valganciclovir	6	vigadrone	31
tretinoin topical	valproate sodium	31	VIIBRYD	45
triamcinolone acetonide 61, 65,	valproic acid	31	vilazodone.....	45
66	valproic acid (as sodium salt)		VIMIZIM.....	72
triamterene-hydrochlorothiazid	.....	31	vinblastine.....	26
.....	valrubicin.....	26	vincasar pfs.....	26
triderm	valsartan.....	51	vincristine	26
trientine.....	valsartan-hydrochlorothiazide		vinorelbine	26
tri-estarylla .....	.....	51	VIOKACE	76
trifluoperazine	VALTOCO	31	viorele (28)	91
trifluridine.....	vancomycin	11	VIRACEPT.....	6
TRIJARDY XR.....	VANCOMYCIN	11	VIREAD	6
TRIKAFTA	VANCOMYCIN IN 0.9 %		VISTOGARD	14
tri-legest fe.....	SODIUM CHL	11	VITRAKVI.....	27
tri-linyah.....	vandazole.....	88	VIVITROL	39
tri-lo-estarylla.....	VAQTA (PF).....	81	VIZIMPRO.....	27
tri-lo-marzia.....	varenicline	64	VONJO	27
tri-lo-sprintec	VARIVAX (PF)	82	voriconazole	2
trimethoprim.....	VARIZIG.....	82	VOSEVI	6
trimipramine.....	VARUBI.....	76	VOTRIENT	27
TRINTELLIX.....	VASCEPA.....	54	VRAYLAR.....	45
tri-sprintec (28).....	VECAMYL	55	VUMERITY	34
TRIUMEQ.....	VECTIBIX	26	VYNDAMAX	55
TRIUMEQ PD.....	VEKLURY.....	6	VYXEOS.....	27
trivora (28).....	veletri.....	51	W	
TRIZIVIR.....	velivet triphasic regimen (28)		warfarin.....	53
TRODELVY .....	.....	91	water for irrigation, sterile....	64
TROGARZO	VELPHORO.....	64	WELIREG	27
TROPHAMINE 10 %	VELTASSA.....	64	wera (28).....	91

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

This drug list was last updated on 04/17/2023.

wescap-pn dha.....	104	xulane	88	ZEPZELCA	27
wixela inhub	99	XYREM.....	45	zidovudine	6
X		Y		ZIEXTENZO	78
XALKORI.....	27	YERVOY	27	ziprasidone hcl.....	45
XARELTO	53	YF-VAX (PF).....	82	ziprasidone mesylate	46
XARELTO DVT-PE TREAT		YONDELIS	27	ZIRABEV	27
30D START	53	YONSA	27	ZIRGAN	92
XATMEP	27	yuvafem	87	ZOLADEx	27
XCOPRI	31	Z		zoledronic acid.....	72
XCOPRI MAINTENANCE		zafemy	88	zoledronic acid-mannitol-water	
PACK	31	zafirlukast	100	.....	64, 72
XCOPRI TITRATION PACK		zaleplon	45	ZOLINZA	28
.....	31	ZALTRAP	27	zolmitriptan.....	33
XELJANZ	86	ZANOSAR	27	zolpidem	46
XELJANZ XR.....	86	ZARXIO.....	78	ZONISADE	31
XERMELO.....	27	ZEGALOGUE		zonisamide	31
XGEVA.....	14	AUTOINJECTOR	70	zovia 1-35 (28)	91
XIAFLEX.....	64	ZEGALOGUE SYRINGE ...	70	ZTALMY	32
XIFAXAN.....	11	ZEJULA	27	ZUBSOLV.....	39
XIGDUO XR.....	70	ZELBORAF	27	zumandimine (28).....	91
XIIDRA.....	93	zenatane	58	ZYDELIG.....	28
XOFLUZA	6	ZENPEP	76	ZYKADIA.....	28
XOLAIR.....	100	ZEPOSIA.....	34	ZYNLONTA	28
XOSPATA	27	ZEPOSIA STARTER KIT ...	34	ZYPREXA RELPREVV	46
XPOVIO.....	27	ZEPOSIA STARTER PACK			
XTANDI.....	27	.....	34		

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

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