



Medica Prime Solution® (Cost) Part D
Medica Advantage Solution® (HMO-POS)
Medica Advantage Solution® (PPO)
Medica Advantage® (PPO)
Medica Advantage® Dual (PPO D-SNP)
Medica Group Prime SolutionSM w/ Rx (Cost)
Medica Group Advantage SolutionSM (PPO)

2025 Formulary

(List of Covered Drugs)

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

Medica Medicare Approved Formulary ID #00025152, v.8

This formulary was updated on 08/24/2024. Effective: January 1, 2025.

For more recent information or other questions, please contact Medica Member Services at **1 (800) 234-8755** (TTY users should call **711**) for Prime Solution (Cost); **1 (866) 269-6804** (TTY users should call **711**) for Advantage Solution (HMO-POS) and Advantage Solution (PPO); **1 (866) 398-7374 7** (TTY users should call **711**) for Medica Advantage (PPO) NE/IA; **1 (877) 407-8494** (TTY users should call **711**) for Medica Advantage (PPO) ND/SD; **1 (866) 476-7431** (TTY users should call **711**) for Medica Advantage Dual (PPO D-SNP) and **1 (800) 575-2330** (TTY users should call **711**) for Group Prime Solution w/ Rx (Cost) and Group Advantage Solution (PPO), Oct. 1 – March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30, 8 a.m. – 9 p.m. CT, Monday – Friday, or visit **Medica.com/Members**.

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MULTI-LANGUAGE INSERT

Multi-Language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1 (866) 745-9919**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1 (866) 745-9919**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费^的翻译服务，帮助您解答关于健康或药物保险^的任何疑问。如果您需要此翻译服务，请致电 **1 (866) 745-9919**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1 (866) 745-9919**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **1 (866) 745-9919**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1 (866) 745-9919**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1 (866) 745-9919** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1 (866) 745-9919**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1 (866) 745-9919** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1 (866) 745-9919**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم بمساعدتك. هذه خدمة مجانية فوري، ليس عليك سوى الاتصال بنا على **1 (866) 745-9919**. سيقوم شخص ما يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1 (866) 745-9919** पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1 (866) 745-9919**. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1 (866) 745-9919**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1 (866) 745-9919**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1 (866) 745-9919**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1 (866) 745-9919** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

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2025 Formulary (List of Covered Drugs)

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

Medica Medicare approved Formulary ID #00025152, v.8

This formulary was updated on August 24, 2024. For more recent information or other questions, please contact Medica Member Services at:

1 (800) 234-8755 (TTY users should call 711) for Prime Solution (Cost) Part D,
1 (866) 269-6804 (TTY users should call 711) for Advantage Solution (HMO-POS, PPO),
1 (866) 398-7374 (TTY users should call 711) for Medica Advantage (PPO) Iowa/Nebraska,
1 (877) 407-8494 (TTY users should call 711) for Medica Advantage (PPO) North Dakota/South Dakota
1 (866) 476-7431 (TTY users should call 711) for Medica Advantage Dual (PPO D-SNP),
1 (800) 575-2330 (TTY users should call 711) for Group Prime Solution w/ Rx (Cost) and
Group Advantage Solution (PPO).

We are available from Oct. 1 - March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept 30
from 8 a.m. – 9 p.m. CT, Monday – Friday. If you call during off hours, your voice message will
be returned the next business day. Or visit **Medica.com/Members**.



Formulary ID: 00025152

Version Number: 8

Effective: 08/24/2024

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

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Medica Insurance Company, Medica Health Plans and Medica Community Health Plan. When it refers to “plan” or “our plan,” it means Medica Prime Solution (Cost) Part D, Medica Advantage Solution (HMO-POS PPO), Medica Advantage (PPO), Medica Advantage Dual (PPO D-SNP), Medica Group Prime Solution w/ Rx (Cost), and Medica Group Advantage Solution (PPO).

This document includes the Drug list (formulary) for our plan, which is current as of August 24, 2024. For an updated Drug list (formulary), please contact us. Our contact information, along with the date we last updated the Drug list (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, 2026, and from time to time during the year.

What is the Medica formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Medica 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. Medica will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medica 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 change?

Most changes in drug coverage happen on January 1, but Medica may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.medica.com/myplandocs or www.medica.com/getmydocs.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a brand-name drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand-name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking that brand-name drug, or original biological product, we may not tell you in advance before we make an immediate 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 for you the drug that is being changed. For more information, see the section titled “How do I request an exception to the Medica’s Formulary?”

Some of these drug types may be new to you. For more information, see the section titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later 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 remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. 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 Medica's Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 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 formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of August 24, 2024. To get updated information about the drugs covered by Medica, 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 2. 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.” If you know what your drug is used for, look for the category name in the list that begins on page 2. 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 114. 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?

Medica 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 work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

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:** Medica requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Medica before you fill your prescriptions. If you don't get approval, Medica may not cover the drug.
- **Quantity Limits:** For certain drugs, Medica limits the amount of the drug that Medica will cover. For example, Medica provides 18 tablets per a 28-day prescription for sumatriptan. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medica 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, Medica may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Medica 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 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on-line 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 Medica 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 Medica's Formulary?" on page vi for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered.

If you learn that Medica does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Medica. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Medica.
- You can ask Medica to make an exception and cover your drug. See the next page for information about how to request an exception.

How do I request an exception to Medica's Formulary?

You can ask Medica 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 waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Medica 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.
- 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.

Generally, Medica will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower cost-sharing drug or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask us for an initial coverage decision for a tiering or formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

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 has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor 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 has a coverage restriction, 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. If coverage is not approved, 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.

For current members who experience a Level of Care change: We will cover a temporary supply of your drug, in order to ensure that you have continued access to your medications. You are allowed "refill-too-soon" overrides for each medication that you no longer have access to, due to the Level of Care change.

For more information

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

If you have questions about Medica, 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>.

Medica's Formulary

The Formulary that begins on the next page provides coverage information about the drugs covered by Medica. If you have trouble finding your drug in the list, turn to the Index that begins on page 114.

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

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

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

List of Abbreviations

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA
<i>amphotericin b injection recon soln</i>	4	B/D PA; MO
<i>casprofungin intravenous recon soln</i>	4	
<i>clotrimazole mucous membrane troche</i>	2	MO
CRESEMBA ORAL CAPSULE	5	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
<i>griseofulvin microsize oral suspension</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<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>	4	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (drlec)</i>	5	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral tablet</i>	2	MO
<i>voriconazole intravenous recon soln</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir 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 table.

This drug list was last updated on 08/24/2024.

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
APTIVUS ORAL CAPSULE	5	MO
<i>atazanavir oral capsule</i>	4	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY ORAL TABLET	5	MO
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	MO
<i>cidofovir intravenous solution</i>	5	B/D PA; MO
CIMDUO ORAL TABLET	5	MO

Drug Name	Drug Tier	Requirements/Limits
COMPLERA ORAL TABLET	5	MO
<i>darunavir oral tablet</i>	5	MO
DELSTRIGO ORAL TABLET	5	MO
DESCOVY ORAL TABLET	5	MO
DOVATO ORAL TABLET	5	MO
EDURANT ORAL TABLET	5	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofovir oral tablet</i>	5	MO
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet</i>	5	MO
<i>emtricitabine oral capsule</i>	4	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg</i>	5	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	4	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir oral tablet</i>	4	MO
<i>etravirine oral tablet</i>	5	MO
EVOTAZ ORAL TABLET	5	MO
<i>famciclovir oral tablet</i>	2	MO

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>fosamprenavir oral tablet</i>	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA ORAL TABLET	5	MO
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD ORAL TABLET	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET, CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET	5	MO
<i>lamivudine oral solution</i>	3	MO
<i>lamivudine oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine oral tablet</i>	3	MO
LIVTENCITY ORAL TABLET	5	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc oral tablet</i>	5	MO
MAVYRET ORAL PELLETS IN PACKET	5	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	5	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY ORAL TABLET	5	MO
<i>oseltamivir oral capsule</i>	3	MO
<i>oseltamivir oral suspension for reconstitution</i>	3	MO

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	2	QL (20 per 90 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 90 days)
PIFELTRO ORAL TABLET	5	MO
PREVYMIS INTRAVENOUS SOLUTION	5	PA
PREVYMIS ORAL TABLET	5	PA; MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<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
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
STRIBILD ORAL TABLET	5	MO
SUNLENCA ORAL TABLET	5	
SUNLENCA SUBCUTANEOUS SOLUTION	5	
SYM TUZA ORAL TABLET	5	MO
SYNAGIS INTRAMUSCULAR SOLUTION	5	MO; LA
<i>tenofovir disoproxil fumarate oral tablet</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD ORAL TABLET FOR SUSPENSION	5	MO

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

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

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Drug Name	Drug Tier	Requirements/Limits
<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

Drug Name	Drug Tier	Requirements/Limits
<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
<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

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous reconstituted</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)
<i>ery-tab oral tablet, delayed release (drlec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral capsule, delayed release (drlec)</i>	4	MO
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (drlec)</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet</i>	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; LA
<i>atovaquone oral suspension</i>	4	MO
<i>atovaquone-proguanil oral tablet</i>	4	MO
<i>aztreonam injection reconstituted</i>	4	PA; MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MO; LA; QL (84 per 56 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>chloramphenicol sodium succinate intravenous reconstruction solution</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 phosphate injection solution</i>	4	PA; MO
COARTEM ORAL TABLET	4	MO
<i>colistin (colistimethate sodium) injection reconstruction solution</i>	5	PA; MO; QL (30 per 10 days)
<i>dapsone oral tablet</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECONSTRUCTION SOLUTION 350 MG	5	MO
<i>daptomycin intravenous reconstruction solution 500 mg</i>	5	MO
EMVERM ORAL TABLET, CHEWABLE	5	MO
<i>ertapenem injection reconstruction solution</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin in sodium chloride (iso-osmotic) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in sodium chloride (iso-osmotic) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (pediatric) (parenteral formulation) injection solution</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin intravenous reconstruction solution</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
<i>linezolid oral suspension for reconstitution</i>	5	MO

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>meropenem intravenous recon soln 1 gram</i>	3	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	PA; 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; QL (12 per 30 days)
<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	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide oral tablet</i>	4	MO
<i>pyrimethamine oral tablet</i>	5	PA; MO
<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
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	5	PA; MO; QL (60 per 30 days)
<i>tigecycline intravenous recon soln</i>	5	PA; MO
<i>tinidazole oral tablet</i>	3	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 56 days)
<i>tobramycin in 0.225% nacl inhalation solution for nebulization</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation solution for nebulization</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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
XIFAXAN ORAL TABLET 200 MG	3	PA; MO; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; MO; QL (90 per 30 days)
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 200-28.5 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	2	
<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	4	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	4	PA; MO

Drug Name	Drug Tier	Requirements/Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	4	PA
<i>dicloxacillin oral capsule</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</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
<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 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 sodium injection recon soln</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<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
<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		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>ciprofloxacin in 5% dextrose intravenous piggyback</i>	4	PA; MO
<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA

Drug Name	Drug Tier	Requirements/Limits
<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
<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
TETRACYCLINES		
<i>demeclocycline oral tablet</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<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
<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	
<i>tetracycline oral capsule</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>methenamine mandelate oral tablet</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohydlm-cryst oral capsule</i>	3	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
ELITEK INTRAVENOUS RECON SOLN	5	MO
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA
<i>leucovorin calcium oral tablet</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>mesna intravenous solution</i>	2	B/D PA; MO
MESNEX ORAL TABLET	5	MO
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
ADCETRIS INTRAVENOUS RECON SOLN	5	B/D PA; MO
ADSTILADRIN INTRAVESICAL SUSPENSION	5	PA
AKEEGA ORAL TABLET	5	PA; LA; QL (60 per 30 days)
ALECENSA ORAL CAPSULE	5	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ALIQOPA INTRAVENOUS RECON SOLN	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS, DOSE PACK	5	PA; QL (30 per 180 days)
<i>anastrozole oral tablet</i>	2	MO
ANKTIVA INTRAVESICAL SOLUTION	5	PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ASPARLAS INTRAVENOUS SOLUTION	5	PA
AUGTYRO ORAL CAPSULE	5	PA; MO; QL (240 per 30 days)
AYVAKIT ORAL TABLET	5	PA; LA; QL (30 per 30 days)
<i>azacitidine injection recon soln</i>	5	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>azathioprine sodium injection recon soln</i>	2	B/D PA; MO
BALVERSA ORAL TABLET	5	PA; LA
BAVENCIO INTRAVENOUS SOLUTION	5	B/D PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; MO
BESPONSА INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA
<i>bexarotene oral capsule</i>	5	PA; MO
<i>bexarotene topical gel</i>	5	PA; MO
<i>bicalutamide oral tablet</i>	2	MO
<i>bleomycin injection recon soln</i>	2	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	5	PA; LA; QL (120 per 30 days)
<i>busulfan intravenous solution</i>	5	B/D PA
CABOMETYX ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINI B MAL) ORAL TABLET	5	PA; LA; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)

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This drug list was last updated on 08/24/2024.

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

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPH AMIDE ORAL TABLET 25 MG	3	B/D PA
CYCLOPHOSPH AMIDE ORAL TABLET 50 MG	3	B/D PA; MO
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>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	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
DARZALEX INTRAVENOUS SOLUTION	5	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine intravenous recon soln</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; MO
DROXIA ORAL CAPSULE	3	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO
ELREXFIO SUBCUTANEOUS SOLUTION	5	PA
ELZONRIS INTRAVENOUS SOLUTION	5	B/D PA; LA
EMPLICITI INTRAVENOUS RECON SOLN	5	B/D PA; MO
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION	5	PA
ERBITUX INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>eribulin intravenous solution</i>	5	B/D PA
ERIVEDGE ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINASE INJECTION RECON SOLN	5	B/D PA
ETOPOPHOS INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>etoposide intravenous solution</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO
<i>exemestane oral tablet</i>	4	MO
FIRMAGON KIT WITH DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO
FIRMAGON KIT WITH DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>floxuridine injection recon soln</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<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
FOTIVDA ORAL CAPSULE	5	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe</i>	5	B/D PA; MO
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	PA
GAVRETO ORAL CAPSULE	5	PA; LA; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>gefitinib oral tablet</i>	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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)
GLEOSTINE ORAL CAPSULE 10 MG	4	MO
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	MO
<i>hydroxyurea oral capsule</i>	2	MO
IBRANCE ORAL CAPSULE	5	PA; MO; QL (21 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET	5	PA; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	2	B/D PA; MO
IDHIFA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMDELLTRA INTRAVENOUS RECON SOLN	5	PA
IMFINZI INTRAVENOUS SOLUTION	5	B/D PA; MO; LA
IMJUDO INTRAVENOUS SOLUTION	5	PA; MO
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI ORAL TABLET	5	PA; MO; QL (5 per 28 days)
INREBIC ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO
IWILFIN ORAL TABLET	5	PA; LA; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
IXEMPRA INTRAVENOUS RECON SOLN	5	B/D PA; MO
JAKAFI ORAL TABLET	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION	5	PA; MO
JEVTANA INTRAVENOUS SOLUTION	5	B/D PA; MO
JYLAMVO ORAL SOLUTION	4	B/D PA
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA
KIMMTRAK INTRAVENOUS SOLUTION	5	B/D PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE	5	PA
KRAZATI ORAL TABLET	5	PA; QL (180 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN	5	B/D PA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; MO
<i>lapatinib oral tablet</i>	5	PA; MO; QL (180 per 30 days)

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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)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
<i>letrozole oral tablet</i>	2	MO
LEUKERAN ORAL TABLET	5	MO
<i>leuprolide subcutaneous kit</i>	4	PA; MO
LIBTAYO INTRAVENOUS SOLUTION	5	PA; LA
LONSURF ORAL TABLET	5	PA; MO
LOQTORZI INTRAVENOUS SOLUTION	5	PA

Drug Name	Drug Tier	Requirements/Limits
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA; MO; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION	5	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN ORAL TABLET	5	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION	5	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
MATULANE ORAL CAPSULE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days)
<i>melfalan hcl intravenous recon soln</i>	5	B/D PA
<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

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium injection solution</i>	2	B/D PA
<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
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	5	PA; LA
<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
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (drlec)</i>	4	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA
<i>nelarabine intravenous solution</i>	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
NERLYNX ORAL TABLET	5	PA; MO; LA
<i>nilutamide oral tablet</i>	5	PA; MO
NINLARO ORAL CAPSULE	5	PA; MO; QL (3 per 28 days)
NUBEQA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
ODOMZO ORAL CAPSULE	5	PA; MO; LA; QL (30 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 28 days)
OJJAARA ORAL TABLET	5	PA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION	5	B/D PA
ONIVYDE INTRAVENOUS DISPERSION	5	B/D PA
ONUREG ORAL TABLET	5	PA; MO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION	5	PA; MO
OPDUALAG INTRAVENOUS SOLUTION	5	PA; MO
ORGOVYX ORAL TABLET	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel intravenous concentrate</i>	2	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN	5	PA; MO
<i>paraplatin intravenous solution</i>	2	B/D PA
<i>pazopanib oral tablet</i>	5	PA; MO; QL (120 per 30 days)
PEMAZYRE ORAL TABLET	5	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA
PERJETA INTRAVENOUS SOLUTION	5	B/D PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; MO; QL (56 per 28 days)
POLIVY INTRAVENOUS RECON SOLN	5	PA; MO
POMALYST ORAL CAPSULE	5	PA; MO; LA; QL (21 per 28 days)
PORTRAZZA INTRAVENOUS SOLUTION	5	B/D PA; MO
POTELIGEO INTRAVENOUS SOLUTION	5	PA
PRALATREXATE INTRAVENOUS SOLUTION	5	B/D PA; MO
PROGRAF INTRAVENOUS SOLUTION	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PURIXAN ORAL SUSPENSION	5	
QINLOCK ORAL TABLET	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID ORAL CAPSULE	5	PA; MO; LA; QL (28 per 28 days)
REZLIDHIA ORAL CAPSULE	5	PA; QL (60 per 30 days)
REZUROCK ORAL TABLET	5	PA; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	5	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MO; QL (336 per 28 days)
RUBRACA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
RUXIENCE INTRAVENOUS SOLUTION	5	PA; MO
RYBREVANT INTRAVENOUS SOLUTION	5	PA; MO
RYDAPT ORAL CAPSULE	5	PA; MO; QL (224 per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION	5	B/D PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PA; MO
SARCLISA INTRAVENOUS SOLUTION	5	PA; LA
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
SIMULECT INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX ORAL SOLUTION	5	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MO
<i>sorafenib oral tablet</i>	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA ORAL TABLET	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate oral capsule</i>	5	PA; MO; QL (30 per 30 days)
TABLOID ORAL TABLET	4	MO
TABRECTA ORAL TABLET	5	PA; MO
<i>tacrolimus oral capsule</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSO ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION	5	PA
TALZENNA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	5	PA; LA
TECENTRIQ INTRAVENOUS SOLUTION	5	B/D PA; MO; LA
TECVAYLI SUBCUTANEOUS SOLUTION	5	PA
TEMODAR INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>temsirolimus intravenous recon soln</i>	5	B/D PA; MO

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
TEPMETKO ORAL TABLET	5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (56 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO ORAL TABLET	5	PA
TIVDAK INTRAVENOUS RECON SOLN	5	PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA; MO
<i>topotecan intravenous solution</i>	5	B/D PA; MO
<i>toremifene oral tablet</i>	5	MO
TRAZIMERA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	5	MO

Drug Name	Drug Tier	Requirements/Limits
TRODELVY INTRAVENOUS RECON SOLN	5	PA; LA
TRUQAP ORAL TABLET	5	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	5	B/D PA
<i>valrubicin intravesical solution</i>	5	B/D PA; MO
VANFLYTA ORAL TABLET	5	PA; QL (56 per 28 days)
VECTIBIX INTRAVENOUS SOLUTION	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; LA; QL (42 per 180 days)

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
VERZENIO ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine 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
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO ORAL TABLET	5	PA; MO; QL (30 per 30 days)
VONJO ORAL CAPSULE	5	PA; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN	5	B/D PA
WELIREG ORAL TABLET	5	PA; LA
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days)
XERMELO ORAL TABLET	5	PA; LA; QL (84 per 28 days)
XOSPATA ORAL TABLET	5	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION	5	B/D PA; MO
YONDELIS INTRAVENOUS RECON SOLN	5	B/D PA
ZALTRAP INTRAVENOUS SOLUTION	5	B/D PA; MO
ZANOSAR INTRAVENOUS RECON SOLN	4	B/D PA; MO
ZEJULA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF ORAL TABLET	5	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ZEPZELCA INTRAVENOUS RECON SOLN	5	PA
ZIRABEV INTRAVENOUS SOLUTION	5	B/D PA; MO
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; MO
ZOLINZA ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
ZYDELIG ORAL TABLET	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN	5	PA; LA
ZYNYZ INTRAVENOUS SOLUTION	5	PA
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
APTIOM ORAL TABLET 600 MG, 800 MG	5	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)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 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
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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
DIACOMIT ORAL POWDER IN PACKET	5	PA; LA
<i>diazepam rectal kit</i>	4	MO
DILANTIN 30 MG ORAL CAPSULE	4	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (drlec)</i>	2	MO
EPIDIOLEX ORAL SOLUTION	5	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

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate oral suspension</i>	4	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA ORAL SOLUTION	5	PA; LA; QL (360 per 30 days)
<i>fosphephenytoin injection solution</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous solution</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	4	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<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
LIBERVANT BUCCAL FILM	5	PA; QL (10 per 30 days)
<i>methsuximide oral capsule</i>	4	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL	3	PA; MO; QL (10 per 30 days)
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>primidone oral tablet 250 mg, 500 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION	4	MO
<i>subvenite oral tablet</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>valproic acid oral capsule</i>	2	MO
VALTOCO NASAL SPRAY, NON-AEROSOL	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin oral powder in packet</i>	5	PA; MO; LA
<i>vigabatrin oral tablet</i>	5	PA; MO; LA
<i>vigadrone oral powder in packet</i>	5	PA; LA
<i>vigadrone oral tablet</i>	5	PA; LA
<i>vigpoder oral powder in packet</i>	5	PA; LA
XCOPRI MAINTENANCE PACK ORAL TABLET	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS, DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION	5	PA; MO
<i>zonisamide oral capsule</i>	2	PA; MO
ZTALMY ORAL SUSPENSION	5	PA; LA; QL (1100 per 30 days)
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>	4	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	

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	MO
<i>entacapone oral tablet</i>	4	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300 per 30 days)
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
<i>trihexyphenidyl oral tablet</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine injection solution</i>	5	
<i>dihydroergotamine nasal spray, non-aerosol</i>	5	QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
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)
NURTEC ODT ORAL TABLET, DISINTEGRATING	3	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	3	MO; QL (24 per 28 days)
<i>sumatriptan nasal spray, non-aerosol</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral tablet</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</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)
MISCELLANEOUS NEUROLOGICAL THERAPY		
BRIUMVI INTRAVENOUS SOLUTION	5	PA; MO; QL (24 per 180 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(drlec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dimethyl fumarate oral capsule, delayed release(drlec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	MO
<i>donepezil oral tablet, disintegrating</i>	2	MO
<i> fingolimod oral capsule</i>	5	PA; MO; QL (30 per 30 days)
<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
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ERR 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NUEDEXTA ORAL CAPSULE	5	PA; MO
RADICAVA ORS ORAL SUSPENSION	5	PA; MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	5	PA; MO
<i>rivastigmine tartrate oral capsule</i>	3	MO
<i>rivastigmine transdermal patch 24 hour</i>	4	MO
<i>teriflunomide oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
VUMERITY ORAL CAPSULE,DELA YED RELEASE(DR/EC)	5	PA; MO; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous recon soln</i>	2	
<i>dantrolene oral capsule</i>	4	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	
<i>revonto intravenous recon soln</i>	2	
<i>tizanidine oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual tablet</i>	2	MO
<i>buprenorphine transdermal patch transdermal patch weekly</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet oral tablet</i>	3	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	4	
<i>hydromorphone injection solution 1 mg/ml</i>	4	
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	4	
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	3	
<i>methadone intensol oral concentrate</i>	3	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>morphine injection syringe 4 mg/ml</i>	4	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	3	QL (360 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	3	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol injection solution</i>	2	MO
<i>butorphanol nasal spray, non-aerosol</i>	4	MO; QL (10 per 28 days)
<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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium oral tablet, delayed release (drlec)</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	5	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed rel, biphasic</i>	4	MO
<i>diflunisal oral tablet</i>	3	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
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone oral tablet</i>	2	MO
<i>nalbuphine injection solution</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>naproxen oral tablet,delayed release (drlec)</i>	2	MO
<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
<i>sulindac oral tablet</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	MO; QL (240 per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO

Drug Name	Drug Tier	Requirements/Limits
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days)
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	MO; QL (1 per 28 days)
ABILIFY MAINTENANCE INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	MO; QL (1 per 28 days)
<i>alprazolam oral tablet</i>	4	MO
<i>amitriptyline oral tablet</i>	2	MO
<i>amoxapine oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING	5	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
<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)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	ST; MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>bupirone oral tablet</i>	2	MO
CAPLYTA ORAL CAPSULE	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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; 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

Drug Name	Drug Tier	Requirements/Limits
<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)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>duloxetine oral capsule, delayed release(drlec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	5	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	2	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet</i>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	ST; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	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 oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO
<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
<i>fluphenazine hcl oral tablet</i>	4	MO
<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)</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	4	MO
<i>haloperidol lactate injection solution</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol lactate intramuscular syringe</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	MO
<i>haloperidol oral tablet</i>	2	MO
<i>imipramine hcl oral tablet</i>	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
<i>lithium carbonate oral capsule</i>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO
<i>lithium citrate oral solution</i>	2	
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone 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)
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>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

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Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	4	
<i>perphenazine oral tablet</i>	4	MO
<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)

Drug Name	Drug Tier	Requirements/Limits
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<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)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054) ORAL SOLUTION	5	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; MO
<i>temazepam oral capsule</i>	4	MO
<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
<i>trifluoperazine oral tablet</i>	3	MO
<i>trimipramine oral capsule</i>	4	MO
TRINTELLIX ORAL TABLET	3	MO; QL (30 per 30 days)

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

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Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days)
<i>venlafaxine oral capsule, extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	5	
<i>vilazodone oral tablet</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl oral capsule</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular reconstituted soln</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; MO; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
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 oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	2	
<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
MULTAQ ORAL TABLET	3	MO

Drug Name	Drug Tier	Requirements/Limits
<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>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
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	1	MO
<i>amlodipine-valsartan oral tablet</i>	1	MO
<i>amlodipine-valsartan-hcthiazid oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	1	MO
<i>betaxolol oral tablet</i>	3	MO
<i>bisoprolol fumarate oral tablet</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<i>bumetanide injection solution</i>	4	MO
<i>bumetanide oral tablet</i>	2	MO
<i>candesartan oral tablet</i>	1	MO
<i>candesartan-hydrochlorothiazid oral tablet</i>	2	MO
<i>captopril oral tablet</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	2	
<i>cartia xt oral capsule,extended release 24hr</i>	2	MO
<i>carvedilol oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<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
<i>clonidine transdermal patch weekly</i>	4	MO; QL (4 per 28 days)
<i>diltiazem hcl intravenous recon soln</i>	2	
<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 120 mg</i>	2	
<i>diltiazem hcl oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg, 360 mg</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone oral tablet</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium intravenous recon soln</i>	5	
<i>felodipine oral tablet extended release 24 hr</i>	2	MO
<i>fosinopril oral tablet</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>furosemide injection solution</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection solution</i>	2	MO
<i>hydralazine oral tablet</i>	2	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	1	MO
<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>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>losartan oral tablet</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	1	MO
<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
<i>metoprolol ta-hydrochlorothiaz oral tablet</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine oral capsule</i>	5	PA; MO
<i>minoxidil oral tablet</i>	2	MO
<i>moexipril oral tablet 15 mg</i>	1	
<i>moexipril oral tablet 7.5 mg</i>	1	MO
<i>nadolol oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<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>olmesartan oral tablet</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid oral tablet</i>	2	MO
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>osmitrol 20 % intravenous parenteral solution</i>	4	
<i>perindopril erbumine oral tablet</i>	1	MO
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril oral tablet</i>	1	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	MO
<i>treprostinil sodium injection solution</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid oral capsule</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; QL (200 per 180 days)
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>verapamil oral tablet</i>	1	MO
<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
<i>aminocaproic acid oral tablet</i>	5	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	MO
BRILINTA ORAL TABLET	3	MO
CABLIVI INJECTION KIT	5	PA; LA
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; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>dabigatran etexilate oral capsule</i>	4	MO; QL (60 per 30 days)
<i>dipyridamole intravenous solution</i>	2	
<i>dipyridamole oral tablet</i>	4	MO
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; MO; LA
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; MO; LA
DOPTELET (30 TAB PACK) ORAL TABLET	5	PA; MO; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	3	MO; QL (60 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<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
<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	

Drug Name	Drug Tier	Requirements/Limits
<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
<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
PROMACTA ORAL TABLET	5	PA; MO; LA
<i>protamine intravenous solution</i>	2	
<i>warfarin oral tablet</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	1	MO; 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>cholestyramine-aspartame 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	
<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)

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
<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(drlec)</i>	4	MO
<i>fenofibric acid oral tablet</i>	2	
<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
<i>icosapent ethyl oral capsule</i>	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>omega-3 acid ethyl esters oral capsule</i>	2	MO
<i>pitavastatin calcium oral tablet</i>	1	MO; QL (30 per 30 days)
<i>pravastatin oral tablet</i>	1	MO; 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>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; QL (30 per 30 days)
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<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

Drug Name	Drug Tier	Requirements/Limits
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
VERQUVO ORAL TABLET	3	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE	5	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
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	3	MO

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

DERMATOLOGICAL/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHOEIC

<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)

Drug Name	Drug Tier	Requirements/Limits
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE	5	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS SOLUTION	5	PA; QL (20 per 28 days)
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (10 per 28 days)
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (10 per 28 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
SOTYKTU ORAL TABLET	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STELARA INTRAVENOUS SOLUTION	5	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL (6 per 28 days)
ADBRY SUBCUTANEOUS SYRINGE	5	PA; MO; QL (6 per 28 days)
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	2	MO
<i>chloroprocaine (pf) injection solution</i>	2	

Drug Name	Drug Tier	Requirements/Limits
CIBINQO ORAL TABLET	5	PA; MO; QL (30 per 30 days)
<i>dermacinrx lidocaine topical adhesive patch, medicated</i>	4	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)

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This drug list was last updated on 08/24/2024.

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

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated</i>	4	PA; QL (90 per 30 days)
<i>lidocan iv topical adhesive patch,medicated</i>	4	PA; QL (90 per 30 days)
<i>lidocan v topical adhesive patch,medicated</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel</i>	5	MO
PANRETIN TOPICAL GEL	5	PA; MO
<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	QL (15 per 30 days)
SANTYL TOPICAL OINTMENT	3	MO; QL (180 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>tridacaine ii topical adhesive patch, medicated</i>	4	PA; QL (90 per 30 days)
<i>tridacaine iii topical adhesive patch, medicated</i>	4	PA; QL (90 per 30 days)
VALCHLOR TOPICAL GEL	5	PA; MO
THERAPY FOR ACNE		
<i>accutane oral capsule</i>	4	
<i>amnesteem oral capsule</i>	4	
<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 10 mg, 20 mg, 30 mg, 40 mg</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<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>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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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)

Drug Name	Drug Tier	Requirements/Limits
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta topical powder</i>	3	MO; QL (180 per 30 days)
<i>naftifine topical gel 2 %</i>	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	MO; 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)
<i>penciclovir topical cream</i>	4	MO; QL (5 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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
<i>betamethasone dipropionate topical cream</i>	3	MO
<i>betamethasone dipropionate topical lotion</i>	3	MO
<i>betamethasone dipropionate topical ointment</i>	3	MO
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical lotion</i>	3	MO
<i>betamethasone, augmented topical ointment</i>	3	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>desonide topical cream</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>fluocinolone and shower cap scalp oil</i>	4	MO
<i>fluocinolone topical cream</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone topical oil</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e topical cream</i>	4	QL (120 per 30 days)
<i>fluocinonide-emollient topical cream</i>	4	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	3	MO
<i>fluticasone propionate topical ointment</i>	3	MO
<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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical cream</i>	2	MO
<i>mometasone topical ointment</i>	2	MO
<i>mometasone topical solution</i>	2	MO
<i>prednicarbate topical ointment</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion topical lotion</i>	4	MO
<i>permethrin topical cream</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
DIAGNOSTIC S / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation solution</i>	4	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
<i>ringer's irrigation solution</i>	4	MO
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (drlec)</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
<i>carglumic acid oral tablet, dispersible</i>	5	PA; MO
<i>cevimeline oral capsule</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
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	
<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
<i>deferasirox oral tablet</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO
<i>deferiprone oral tablet</i>	5	PA; MO
<i>deferoxamine injection recon soln</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<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	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	

Drug Name	Drug Tier	Requirements/Limits
<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
ENDARI ORAL POWDER IN PACKET	5	PA; MO
INCRELEX SUBCUTANEOUS SOLUTION	5	MO; LA
<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</i>	5	PA; MO
<i>pilocarpine hcl oral tablet</i>	4	MO
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
REZDIFFRA ORAL TABLET	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>riluzole oral tablet</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)
<i>sodium benzoate-sod phenylacet intravenous solution</i>	5	
<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
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<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 250 mg</i>	5	PA; MO
<i>water for irrigation, sterile irrigation solution</i>	4	MO
XIAFLEX INJECTION RECON SOLN	5	PA

Drug Name	Drug Tier	Requirements/Limits
<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
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NICOTROL INHALATION CARTRIDGE

NICOTROL NS NASAL SPRAY, NON-AEROSOL	4	
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	4	MO

<i>varenicline oral tablet 1 mg (56 pack)</i>	4	
<i>varenicline oral tablets, dose pack</i>	4	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	3	MO; QL (60 per 30 days)
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Drug Name	Drug Tier	Requirements/Limits
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO
<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>kourzeq dental paste</i>	2	
<i>oralone dental paste</i>	2	
<i>periogard mucous membrane mouthwash</i>	2	MO
<i>sf 5000 plus dental cream</i>	2	MO
<i>sf dental gel</i>	2	MO
<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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide dental paste</i>	2	MO
MISCELLANEOUS US OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution</i>	2	MO
<i>flac otic oil otic (ear) drops</i>	4	
<i>fluocinolone acetonide oil otic (ear) drops</i>	4	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	4	MO
<i>ofloxacin otic (ear) drops</i>	3	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
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 10 mg/ml</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
<i>methylprednisolone oral tablets,dose pack</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<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
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
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	PA
BAQSIMI NASAL SPRAY, NON-AEROSOL	3	MO
<i>diazoxide oral suspension</i>	5	MO
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	3	PA
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
<i>glucagon emergency kit (human) injection recon soln</i>	3	MO
GLYXAMBI ORAL TABLET	3	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	

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Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE SUBCUTANEOUS SOLUTION	3	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT	3	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN	3	MO

Drug Name	Drug Tier	Requirements/Limits
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION	3	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION	3	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION	3	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN	3	MO
INPEFA ORAL TABLET	3	PA; MO; QL (30 per 30 days)
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO
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)

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE ORAL TABLET	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; 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)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	1	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)
<i>saxagliptin oral tablet</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	MO; QL (90 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN	3	MO
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)
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)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>cabergoline oral tablet</i>	3	MO
<i>calcitonin (salmon) injection solution</i>	5	MO
<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 30 mg, 60 mg</i>	4	PA; MO
<i>cinacalcet oral tablet 90 mg</i>	5	PA; MO
<i>clomid oral tablet</i>	2	PA; MO
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; MO; LA
<i>danazol oral capsule</i>	4	MO
<i>desmopressin injection solution</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral tablet</i>	3	MO
<i>doxercalciferol intravenous solution</i>	2	
<i>doxercalciferol oral capsule</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
ELAPRASE INTRAVENOUS SOLUTION	5	PA; MO
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO
KANUMA INTRAVENOUS SOLUTION	5	PA; MO
LUMIZYME INTRAVENOUS RECON SOLN	5	PA; MO
MEPSEVII INTRAVENOUS SOLUTION	5	PA; MO
<i>mifepristone oral tablet 300 mg</i>	5	PA; MO
NAGLAZYME INTRAVENOUS SOLUTION	5	PA; MO; LA
<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
<i>sapropterin oral tablet, soluble</i>	5	PA; MO
SOMAVERT SUBCUTANEOU S RECON SOLN	5	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate intramuscular oil</i>	3	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/1.25 gram (1%)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62%)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1% (25 mg/2.5gram), 1% (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62% (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump wlapp</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet</i>	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
VIMIZIM INTRAVENOUS SOLUTION	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid- mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO
THYROID HORMONES		
<i>euthyrox oral tablet</i>	1	MO
<i>levo-t oral tablet</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous solution</i>	2	MO
<i>liothyronine oral tablet</i>	2	MO
SYNTHROID ORAL TABLET	4	MO
<i>unithroid oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements/Limits
GASTROENT EROLOGY		
ANTIDIARRHE ALS / ANTISPASMOD ICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	
<i>atropine intravenous solution 0.4 mg/ml</i>	2	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	2	
<i>dicyclomine intramuscular solution</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate- atropine oral liquid</i>	4	MO
<i>diphenoxylate- atropine oral tablet</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection solution</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture oral tincture</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO
<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
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
CIMZIA POWDER FOR RECONSTITUTIONAL SUBCUTANEOUS KIT	5	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
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
<i>cromolyn oral concentrate</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol oral capsule</i>	4	B/D PA
<i>droperidol injection solution</i>	2	MO
ENTYVIO INTRAVENOUS RECONSTITUTIONAL SOLN	5	PA; MO; QL (2 per 28 days)
<i>enulose oral solution</i>	2	MO
<i>fosaprepitant intravenous reconstitution solution</i>	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO
<i>gavilyte-c oral reconstitution solution</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g oral recon soln</i>	1	MO
<i>gavilyte-n oral recon soln</i>	1	
<i>generlac oral solution</i>	2	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral tablet</i>	3	B/D PA; MO
<i>hydrocortisone rectal enema</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
INFLECTRA INTRAVENOUS RECON SOLN	5	PA; MO; QL (20 per 28 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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>	4	
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet, delayed release (drlec)</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
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO
<i>nitroglycerin rectal ointment</i>	3	MO
OCALIVA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl (pf) injection syringe</i>	2	
<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 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln</i>	1	
<i>peg-electrolyte oral recon soln</i>	1	MO
<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	MO
<i>procto-med hc topical cream with perineal applicator</i>	2	MO
<i>proctosol hc topical cream with perineal applicator</i>	2	MO

Drug Name	Drug Tier	Requirements/Limits
<i>proctozone-hc topical cream with perineal applicator</i>	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	ST; MO; QL (12 per 30 days)
SANCUSO TRANSDERMAL PATCH WEEKLY	5	MO
<i>scopolamine base transdermal patch 3 day</i>	4	MO
SKYRIZI INTRAVENOUS SOLUTION	5	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	4	
SUCRAID ORAL SOLUTION	5	PA
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet,delayed release (drlec)</i>	2	MO
SYMPROIC ORAL TABLET	3	MO; QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI ORAL TABLET	3	B/D PA
VOWST ORAL CAPSULE	5	PA; LA
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; QL (2 per 28 days)
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 20 mg</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>esomeprazole magnesium oral capsule,delayed release(drlec) 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO
<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 tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(drlec) 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(drlec) 30 mg</i>	3	MO; QL (60 per 30 days)
<i>misoprostol oral tablet</i>	3	MO
<i>omeprazole oral capsule,delayed release(drlec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(drlec) 40 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>pantoprazole intravenous reconstruction</i>	2	MO
<i>pantoprazole oral tablet, delayed release (drlec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (drlec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO

**IMMUNOLOGY,
VACCINES /
BIOTECHNOLOGY**

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION	5	PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
BESREMI SUBCUTANEOUS SYRINGE	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
FULPHILA SUBCUTANEOUS SYRINGE	5	PA; MO
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA; QL (2 per 28 days)
NIVESTYM INJECTION SOLUTION	5	PA; MO
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; MO
NYVEPRIA SUBCUTANEOUS SYRINGE	5	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE	5	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
<i>plerixafor subcutaneous solution</i>	5	B/D PA; MO
RELEUKO SUBCUTANEOUS SYRINGE	4	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO

Drug Name	Drug Tier	Requirements/Limits
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSSVO (PF) INTRAMUSCULAR RECON SOLN	1	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	1	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	1	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
BEXSERO INTRAMUSCULAR SYRINGE	1	V

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Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
<i>fomepizole intravenous solution</i>	2	
GAMASTAN INTRAMUSCULAR SOLUTION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	1	V

Drug Name	Drug Tier	Requirements/Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	
HIZENTRA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE	5	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL INJECTION SUSPENSION	1	V

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

Drug Name	Drug Tier	Requirements/Limits
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE	1	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	1	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	1	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE	1	V
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	

Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
PENBRAYA (PF) INTRAMUSCULAR KIT	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	3	

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Drug Name	Drug Tier	Requirements/Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	1	B/D PA; V
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	1	
ROTATEQ VACCINE ORAL SOLUTION	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V; QL (2 per 720 days)
TDVAX INTRAMUSCULAR SUSPENSION	1	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	1	V

Drug Name	Drug Tier	Requirements/Limits
TETANUS, DIPHTHERIA TOX PED (PF) INTRAMUSCULAR SUSPENSION	3	
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA INTRAMUSCULAR SYRINGE	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
BD INSULIN SYRINGE (HALF UNIT) SYRINGE	3	PA; MO

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	PA; MO
BD PEN NEEDLE	3	PA; MO
BD PEN NEEDLE	3	PA
CEQR SIMPLICITY DEVICE	3	MO
CEQR SIMPLICITY INSERTER	3	MO
GAUZE PADS 2 X 2	3	PA
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	3	PA
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	3	PA; 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 DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	3	MO
OMNIPOD GO PODS 10 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD GO PODS 15 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD GO PODS 20 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD GO PODS 25 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD GO PODS 30 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD GO PODS 40 UNITS/DAY SUBCUTANEOUS CARTRIDGE	3	
OMNIPOD GO PODS SUBCUTANEOUS CARTRIDGE	3	
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	3	PA

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Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<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
<i>probenecid oral tablet</i>	3	MO
<i>probenecid-colchicine oral tablet</i>	3	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral tablet</i>	2	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	4	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 (drlec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	5	PA; MO; QL (160 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; QL (6 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (3 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2 per 28 days)
ADALIMUMAB-AATY SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (6 per 28 days)
ADALIMUMAB-ADB(M)(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
ADALIMUMAB-ADB(M)(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days)
ADALIMUMAB-ADB(M)(CF) (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ADALIMUMAB-ADB(M)(CF) CRHN (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; QL (6 per 180 days)
ADALIMUMAB-RYVK SUBCUTANEOUS AUTO-INJECTOR, KIT	5	PA; MO; QL (6 per 28 days)
BENLYSTA INTRAVENOUS RECON SOLN	5	PA; MO
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO
BENLYSTA SUBCUTANEOUS SYRINGE	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (8 per 28 days)
HADLIMA PUSH TOUCH SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4.8 per 28 days)
HADLIMA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF) PUSH TOUCH SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2.4 per 28 days)
<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)

Drug Name	Drug Tier	Requirements/Limits
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET 30 MG	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RINVOQ LQ ORAL SOLUTION	5	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT	5	PA; MO; QL (6 per 28 days)
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR	5	PA; QL (3.6 per 28 days)
TYENNE INTRAVENOUS SOLUTION	5	PA; QL (160 per 28 days)
TYENNE SUBCUTANEOUS SYRINGE	5	PA; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila oral tablet</i>	2	MO
<i>deblitane oral tablet</i>	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	3	MO
<i>dotti transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	3	MO
<i>emzahh oral tablet</i>	2	
<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; MO; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	4	MO
<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
<i>fyavolv oral tablet</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>heather oral tablet</i>	2	MO
<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
<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 acetate estradiol oral tablet 0.5-2.5 mcg, 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

Drug Name	Drug Tier	Requirements/Limits
<i>progesterone intramuscular oil</i>	2	MO
<i>progesterone micronized oral capsule</i>	3	MO
<i>sharobel oral tablet</i>	2	MO
<i>yuvafem vaginal tablet</i>	4	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream</i>	3	MO
<i>eluryng vaginal ring</i>	3	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	3	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE	3	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	LA
MYFEMBREE ORAL TABLET	5	PA; MO
NEXPLANON SUBDERMAL IMPLANT	3	
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	3	MO
<i>tranexamic acid oral tablet</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>xulane transdermal patch weekly</i>	3	MO
<i>zafemy transdermal patch weekly</i>	3	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>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

Drug Name	Drug Tier	Requirements/Limits
<i>desog-e.estradiolle.estradiol oral tablet</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest 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	
<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	
<i>kariva (28) oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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 norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>l norgestle.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21) 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
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	
<i>levonorg-eth estradiol 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>lutra (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 acetate estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>pimtrea (28) 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 fe 1-20 eq (28) oral tablet</i>	2	MO
<i>tilia fe oral tablet</i>	4	MO

Drug Name	Drug Tier	Requirements/Limits
<i>tri-estarylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	4	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	
<i>tri-sprintec (28) oral tablet</i>	2	MO
<i>trivora (28) oral tablet</i>	2	MO
<i>turqoz (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>vioarele (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>methylergonovine oral tablet</i>	4	PA

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye) ointment</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	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>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION	4	

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>ofloxacin ophthalmic (eye) drops</i>	2	MO
<i>polycin ophthalmic (eye) ointment</i>	2	
<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

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Drug Name	Drug Tier	Requirements/Limits
<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
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye) drops</i>	3	MO
<i>bss intraocular solution</i>	2	
CIMERLI INTRAVITREAL SOLUTION	5	PA; MO
<i>cromolyn ophthalmic (eye) drops</i>	2	
<i>cyclosporine ophthalmic (eye) dropperette</i>	3	MO; QL (60 per 30 days)
CYSTARAN OPTHALMIC (EYE) DROPS	5	PA
<i>epinastine ophthalmic (eye) drops</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
EYLEA INTRAVITREAL SOLUTION	5	PA; MO
EYLEA INTRAVITREAL SYRINGE	5	PA; MO
MIEBO (PF) OPTHALMIC (EYE) DROPS	3	MO; QL (12 per 30 days)
OXERVATE OPTHALMIC (EYE) DROPS	5	PA; MO
<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	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	MO
XDEMVIY OPTHALMIC (EYE) DROPS	5	PA; QL (10 per 42 days)
XIIDRA OPTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops</i>	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
ORAL DRUGS FOR GLAUCOMA		
<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>dorzolamide ophthalmic (eye) drops</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	MO
<i>latanoprost ophthalmic (eye) drops</i>	1	MO
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
<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

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This drug list was last updated on 08/24/2024.

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	4	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	3	
TOBRADEX OPTHALMIC (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		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	3	MO
INVELTYS OPTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	3	MO
OZURDEX INTRAVITREAL IMPLANT	5	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	MO
SYMPATHOMIMETICS		
<i>apraclonidine ophthalmic (eye) drops</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI HISTAMINE / ANTIALLERGIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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>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
<i>promethazine oral syrup</i>	4	PA; MO
<i>promethazine oral tablet</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine solution</i>	3	B/D PA; MO
ADEMPAS ORAL TABLET	5	PA; MO; LA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AEROSOL INHALER	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcglactuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
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)

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Drug Name	Drug Tier	Requirements/Limits
<i>alyq oral tablet</i>	5	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet</i>	5	PA; MO; LA; QL (30 per 30 days)
<i>arformoterol inhalation solution for nebulization</i>	4	B/D PA; MO; QL (120 per 30 days)
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)	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)

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (60)	3	QL (1 per 30 days)
ATROVENT HFA AEROSOL INHALER	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
<i>breynga inhalation hfa aerosol inhaler</i>	3	MO; QL (10.3 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)

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Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	3	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	3	B/D PA; MO
DULERA INHALATION HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	4	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide nasal spray, non-aerosol</i>	3	MO; QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	4	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	4	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal spray, suspension</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propionate-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant subcutaneous syringe</i>	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<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)
KALYDECO ORAL TABLET	5	PA; MO; QL (56 per 28 days)
<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>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
OFEV ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
OPSYNVI ORAL TABLET	5	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATIO N	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; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
<i>tadalafil (pulm. hypertension) oral tablet</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral tablet</i>	4	MO
<i>terbutaline subcutaneous solution</i>	2	MO
<i>theophylline oral elixir</i>	4	
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	3	QL (90 per 90 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO; QL (81.2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; QL (11.6 per 180 days)
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO; QL (81.2 per 28 days)
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO; QL (81.2 per 180 days)
<i>wixela inhub inhalation blister with device</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast oral tablet</i>	4	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>mirabegron oral tablet extended release 24 hr</i>	3	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED RELEASE 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>tropium oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
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>tamsulosin oral capsule</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet</i>	2	MO
CYSTAGON ORAL CAPSULE	4	PA; LA
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

Drug Name	Drug Tier	Requirements/Limits
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN IRRIGATION SOLUTION	3	MO
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	4	PA; MO; QL (30 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	

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Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTES		
<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
<i>klor-conlef oral tablet, effervescent</i>	2	MO
<i>lactated ringers intravenous parenteral solution</i>	4	MO
<i>magnesium chloride injection solution</i>	4	

Drug Name	Drug Tier	Requirements/Limits
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 chloride 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	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous 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	
<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	

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 solution</i>	4	
<i>sodium phosphate intravenous solution</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
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

Drug Name	Drug Tier	Requirements/Limits
<i>electrolyte-148 intravenous parenteral solution</i>	3	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	4	
<i>electrolyte-a intravenous parenteral solution</i>	3	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	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

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Drug Name	Drug Tier	Requirements/Limits
TROPHAMINE 10% INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	
<i>wescap-pn dha oral capsule</i>	2	MO

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ABELCET	2	<i>albumin, human 25 %</i>	109	<i>amoxicillin-pot clavulanate</i>	11, 12
ABILIFY ASIMTUFI	42	<i>alburx (human) 25 %</i>	109	<i>amphotericin b</i>	2
ABILIFY MAINTENA	42	<i>alburx (human) 5 %</i>	109	<i>ampicillin</i>	12
<i>abiraterone</i>	15	<i>albutein 25 %</i>	109	<i>ampicillin sodium</i>	12
ABRAXANE	15	<i>albutein 5 %</i>	109	<i>ampicillin-sulbactam</i>	12
ABRYSVO (PF)	85	<i>albuterol sulfate</i>	103	<i>anagrelide</i>	68
<i>acamprosate</i>	68	<i>alclometasone</i>	66	<i>anastrozole</i>	15
<i>acarbose</i>	73	<i>alcohol pads</i>	73	ANKTIVA	15
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STARTING WITH 00074)	92	<i>amiodarone</i>	51	<i>atomoxetine</i>	43
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<i>baclofen</i>	38	BREZTRI AEROSPHERE	104	<i>carbidopa</i>	35
<i>balsalazide</i>	80	BRILINTA	56	<i>carbidopa-levodopa</i>	35
BALVERSA	16	<i>brimonidine</i>	102	<i>carbidopa-levodopa-</i>	
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BAVENCIO	16	<i>bromfenac</i>	101	<i>carglumic acid</i>	68
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<i>bendamustine</i>	16	<i>buprenorphine transdermal</i>		<i>cefadroxil</i>	6
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<i>bicalutamide</i>	16	<i>calcitriol</i>	77	<i>celecoxib</i>	41
BICILLIN L-A	12	<i>calcium chloride</i>	110	<i>cephalexin</i>	7
BIKTARVY	3	<i>calcium gluconate</i>	110	CEPROTIN (BLUE BAR)	56
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<i>cevimeline</i>68	D20W(SULFITE-FREE) 112	CREON80
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<i>chlorothiazide sodium</i> 52	D14W(SULFITE-FREE) 112	<i>cyclophosphamide</i>17
<i>chlorpromazine</i>44	<i>clobazam</i>31	CYCLOPHOSPHAMIDE17
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<i>cidofovir</i>3	<i>clonidine hcl</i>44, 52	<i>cytarabine (pf)</i>17
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<i>deferoxamine</i>	68	<i>diclofenac-misoprostol</i>	41	PREP PADS	73
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<i>desvenlafaxine succinate</i>	44	<i>disulfiram</i>	69	EDURANT	3
<i>dexamethasone</i>	72	<i>divalproex</i>	32	<i>efavirenz</i>	3
<i>dexamethasone intensol</i>	72	<i>dobutamine</i>	60	<i>efavirenz-emtricitabin-tenofov</i>	3
<i>dexamethasone sodium phos</i>		<i>dobutamine in d5w</i>	60	<i>efavirenz-lamivu-tenofov</i>	
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<i>dexamethasone sodium</i>		<i>dofetilide</i>	51	<i>effer-k</i>	110
<i>phosphate</i>	72, 102	<i>donepezil</i>	37	ELAPRASE	78
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<i>dextroamphetamine-</i>		<i>dopamine in 5 % dextrose</i>	60	<i>electrolyte-48 in d5w</i>	112
<i>amphetamine</i>	44	DOPTELET (10 TAB		<i>electrolyte-a</i>	112
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<i>dextrose 10 % in water</i>		DOPTELET (15 TAB		ELIGARD (3 MONTH)	18
<i>(d10w)</i>	69	PACK)	56	ELIGARD (4 MONTH)	18
<i>dextrose 25 % in water</i>		DOPTELET (30 TAB		ELIGARD (6 MONTH)	18
<i>(d25w)</i>	69	PACK)	56	<i>elinest</i>	96
<i>dextrose 5 % in water (d5w)</i>	69	<i>dorzolamide</i>	101	ELIQUIS	56
<i>dextrose 5 %-lactated ringers</i>	69	<i>dorzolamide-timolol</i>	101	ELIQUIS DVT-PE TREAT	
<i>dextrose 5%-0.2 % sod</i>		<i>dotti</i>	94	30D START	56
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<i>sod.chloride</i>	69	<i>doxepin</i>	44	ELMIRON	109
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<i>diazepam intensol</i>	44	DRIZALMA SPRINKLE	44	EMSAM	45
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<i>emtricitabine-tenofovir (tdf)</i> 3	<i>erythromycin with ethanol</i> 64	<i>fentanyl</i> 39
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<i>enalaprilat</i> 53	<i>estarylla</i>96	<i>finngolimod</i> 37
<i>enalapril-hydrochlorothiazide</i> . 53	<i>estradiol</i>94	FINTEPLA 32
ENBREL93	<i>estradiol valerate</i>94	FIRMAGON KIT W
ENBREL MINI93	<i>estradiol-norethindrone acet...</i> 94	DILUENT SYRINGE 19
ENBREL SURECLICK 93	<i>eszopiclone</i> 45	<i>flac otic oil</i> 71
ENDARI 69	<i>ethacrynate sodium</i>53	<i>flecainide</i>51
<i>endocet</i>39	<i>ethambutol</i> 9	<i>floxuridine</i> 19
ENGERIX-B (PF) 86	<i>ethosuximide</i> 32	<i>fluconazole</i>2
ENGERIX-B PEDIATRIC	<i>ethynodiol diac-eth estradiol...</i> 96	<i>fluconazole in nacl (iso-osm)</i>2
(PF) 86	<i>etodolac</i>41	<i>flucytosine</i>2
<i>enoxaparin</i>56, 57	<i>etonogestrel-ethinyl estradiol..</i> 95	<i>fludarabine</i> 19, 20
<i>enpresse</i>96	ETOPOPHOS 19	<i>fludrocortisone</i> 72
<i>enskyce</i> 96	<i>etoposide</i> 19	<i>flumazenil</i>45
<i>entacapone</i> 36	<i>etravirine</i>3	<i>flunisolide</i> 105
<i>entecavir</i> 3	<i>euthyrox</i>79	<i>fluocinolone</i> 66, 67
ENTRESTO 60	<i>everolimus (antineoplastic)</i> 19	<i>fluocinolone acetate oil</i>71
ENTYVIO80	<i>everolimus</i>	<i>fluocinolone and shower cap</i>66
<i>emulose</i> 80	<i>(immunosuppressive)</i> 19	<i>fluocinonide</i> 67
ENVARUS XR18	EVOTAZ 3	<i>fluocinonide-e</i> 67
EPIDIOLEX 32	<i>exemestane</i>19	<i>fluocinonide-emollient</i>67
<i>epinastine</i> 100	EYLEA100	<i>fluoride (sodium)</i>71, 113
<i>epinephrine</i> 103	<i>ezetimibe</i> 58	<i>fluorometholone</i> 102
<i>epirubicin</i> 19	<i>ezetimibe-simvastatin</i> 58	<i>fluorouracil</i> 20, 62
<i>epitol</i>32	FABRAZYME 78	<i>fluoxetine</i> 45
EPKINLY 19	<i>falmina (28)</i> 96	<i>fluphenazine decanoate</i> 45
<i>eplerenone</i> 53	<i>famciclovir</i> 3	<i>fluphenazine hcl</i>45
EPRONTIA 32	<i>famotidine</i> 83	<i>flurbiprofen</i> 41
ERBITUX 19	<i>famotidine (pf)</i> 83	<i>flurbiprofen sodium</i>101
<i>ergotamine-caffeine</i> 36	<i>famotidine (pf)-nacl (iso-os)</i> .83	<i>fluticasone propionate</i> 67, 105
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<i>erlotinib</i> 19	FASENRA PEN 105 105
<i>errin</i>94	<i>febuxostat</i> 91	<i>fluvastatin</i> 59
<i>ertapenem</i> 9	<i>felbamate</i> 32	<i>flvoxamine</i> 45
ERWINASE 19	<i>felodipine</i>53	<i>fomepizole</i> 86
<i>ery pads</i>64	<i>fenofibrate</i>59	<i>fondaparinux</i> 57
<i>ery-tab</i> 8	<i>fenofibrate micronized</i> 59	<i>formoterol fumarate</i> 105
<i>erythrocin (as stearate)</i> 8	<i>fenofibrate nanocrystallized</i> 59	<i>fosamprenavir</i> 4
<i>erythromycin</i> 8, 99	<i>fenofibric acid</i> 59	<i>fosaprepitant</i> 80
<i>erythromycin ethylsuccinate</i> 8	<i>fenofibric acid (choline)</i> 59	<i>fosinopril</i> 53

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<i>fosinopril-hydrochlorothiazide</i>	53	<i>glycopyrrolate</i>	79	HUMALOG MIX 50-50	
<i>fosphephenytoin</i>	32	<i>glycopyrrolate (pf) in water</i>	79	KWIKPEN	74
FOTIVDA	20	<i>glydo</i>	62	HUMALOG MIX 75-25	
FRUZAQLA	20	GLYXAMBI	73	KWIKPEN	74
FULPHILA	84	<i>granisetron (pf)</i>	81	HUMALOG MIX 75-25(U-100)INSULN	74
<i>fulvestrant</i>	20	<i>granisetron hcl</i>	81	HUMALOG U-100	
<i>furosemide</i>	53	<i>griseofulvin microsize</i>	2	INSULIN	74
FUZEON	4	<i>griseofulvin ultramicrosize</i>	2	HUMULIN 70/30 U-100	
FYARRO	20	GVOKE	74	INSULIN	74
<i>fyavolv</i>	94	GVOKE HYPOPEN 1-PACK	73, 74	HUMULIN 70/30 U-100	
FYCOMPA	32	GVOKE HYPOPEN 2-PACK	74	KWIKPEN	74
<i>gabapentin</i>	32, 33	GVOKE PFS 1-PACK		INSULIN KWIKPEN	74
<i>galantamine</i>	37	SYRINGE	74	HUMULIN N NPH	
GAMASTAN	86	GVOKE PFS 2-PACK		INSULIN KWIKPEN	74
<i>ganciclovir sodium</i>	4	SYRINGE	74	HUMULIN N NPH U-100	
GARDASIL 9 (PF)	86	HADLIMA	93	INSULIN	74
<i>gatifloxacin</i>	99	HADLIMA PUSHTOUCH	93	HUMULIN R REGULAR	
GATTEX 30-VIAL	80	HADLIMA(CF)	93	U-100 INSULN	75
GATTEX ONE-VIAL	80	HADLIMA(CF)		HUMULIN R U-500	
GAUZE PAD	89	PUSHTOUCH	93	(CONC) INSULIN	75
<i>gavilyte-c</i>	80	<i>halobetasol propionate</i>	67	HUMULIN R U-500	
<i>gavilyte-g</i>	81	<i>haloperidol</i>	46	(CONC) KWIKPEN	75
<i>gavilyte-n</i>	81	<i>haloperidol decanoate</i>	45	<i>hydralazine</i>	53
GAVRETO	20	<i>haloperidol lactate</i>	45, 46	<i>hydrochlorothiazide</i>	53
GAZYVA	20	HAVRIX (PF)	86	<i>hydrocodone-acetaminophen</i>	39
<i>gefitinib</i>	20	<i>heather</i>	95	<i>hydrocodone-ibuprofen</i>	39
<i>gemcitabine</i>	20	<i>heparin (porcine)</i>	57	<i>hydrocortisone</i>	67, 72, 81
GEMCITABINE	20	<i>heparin (porcine) in 5 % dex</i>	57	<i>hydrocortisone-acetic acid</i>	71
<i>gemfibrozil</i>	59	<i>heparin (porcine) in nacl (pf)</i>	57	<i>hydromorphone</i>	39, 40
<i>generlac</i>	81	HEPARIN(PORCINE) IN		<i>hydromorphone (pf)</i>	39
<i>gengraf</i>	20	0.45% NACL	57	<i>hydroxychloroquine</i>	9
<i>gentamicin</i>	9, 64, 99	<i>heparin(porcine) in 0.45%</i>		<i>hydroxyurea</i>	20
<i>gentamicin in nacl (iso-osm)</i>	9	<i>nacl</i>	57	<i>hydroxyzine hcl</i>	103
<i>gentamicin sulfate (ped) (pf)</i>	9	<i>heparin, porcine (pf)</i>	57	HYPERHEP B	86
GENVOYA	4	HEPARIN, PORCINE (PF)	57, 58	HYPERHEP B	
GILOTRIF	20	HEPLISAV-B (PF)	86	NEONATAL	86
<i>glatiramer</i>	37	HIBERIX (PF)	86	<i>ibandronate</i>	91
<i>glatopa</i>	37	HIZENTRA	86	IBRANCE	20, 21
GLEOSTINE	20	HUMALOG JUNIOR		<i>ibu</i>	41
<i>glimepiride</i>	73	KWIKPEN U-100	74	<i>ibuprofen</i>	41
<i>glipizide</i>	73	HUMALOG KWIKPEN		<i>ibutilide fumarate</i>	51
<i>glipizide-metformin</i>	73	INSULIN	74	<i>icatibant</i>	105
<i>glucagon emergency kit (human)</i>	73			ICLUSIG	21
<i>glycine urologic</i>	109			<i>icosapent ethyl</i>	59
<i>glycine urologic solution</i>	109			<i>idarubicin</i>	21
				IDHIFA	21

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<i>ifosfamide</i>	21	ISOLYTE-P IN 5 %		KIMMTRAK	22
ILARIS (PF)	84	DEXTROSE	112	KINRIX (PF)	87
<i>imatinib</i>	21	ISOLYTE-S	112	KISQALI	22
IMBRUVICA	21	<i>isoniazid</i>	9	KISQALI FEMARA CO-	
IMDELLTRA	21	<i>isosorbide dinitrate</i>	60	PACK	22
IMFINZI	21	<i>isosorbide mononitrate</i>	60	<i>klayesta</i>	65
<i>imipenem-cilastatin</i>	9	<i>isosorbide-hydralazine</i>	53	<i>klor-con 10</i>	110
<i>imipramine hcl</i>	46	<i>isotretinoin</i>	64	<i>klor-con 8</i>	110
<i>imiquimod</i>	63	<i>isradipine</i>	53	<i>klor-con m10</i>	110
IMJUDO	21	ISTODAX	21	<i>klor-con m15</i>	110
IMOVAX RABIES		<i>itraconazole</i>	2	<i>klor-con m20</i>	110
VACCINE (PF)	86	<i>ivermectin</i>	9	<i>klor-con oral packet 20</i>	110
INBRIJA	36	IWILFIN	21	<i>klor-con/lef</i>	110
<i>incassia</i>	95	IXCHIQ (PF)	87	KOSELUGO	22
INCRELEX	69	IXEMPRA	22	<i>kourzeq</i>	71
<i>indapamide</i>	53	IXIARO (PF)	87	K-PHOS NO 2	109
INFANRIX (DTAP) (PF)	86	JAKAFI	22	K-PHOS ORIGINAL	109
INFLECTRA	81	<i>jantoven</i>	58	KRAZATI	22
INLYTA	21	JANUMET	75	<i>kurvelo (28)</i>	97
INPEFA	75	JANUMET XR	75	KYPROLIS	22
INQOVI	21	JANUVIA	75	<i>l norgestle.estradiol-e.estrad</i> ... 97	
INREBIC	21	JARDIANCE	75	<i>labetalol</i>	53
INSULIN LISPRO	75	<i>jasmiel (28)</i>	96	<i>lacosamide</i>	33
INSULIN SYRINGE-		JAYPIRCA	22	<i>lactated ringers</i>	68, 110
NEEDLE U-100	89	JEMPERLI	22	<i>lactulose</i>	81
INSULIN SYRINGES		<i>jencycla</i>	95	<i>lamivudine</i>	4
(NON-PREFERRED		JEVTANA	22	<i>lamivudine-zidovudine</i>	4
BRANDS)	90	<i>jinteli</i>	95	<i>lamotrigine</i>	33
INTELENCE	4	<i>jolessa</i>	96	<i>lanreotide</i>	22
<i>intralipid</i>	112	<i>juleber</i>	96	<i>lansoprazole</i>	83
<i>introvale</i>	96	JULUCA	4	LANTUS SOLOSTAR U-	
INVEGA HAFYERA	46	JYLAMVO	22	100 INSULIN	75
INVEGA SUSTENNA	46	JYNNEOS (PF)	87	LANTUS U-100 INSULIN ... 75	
INVEGA TRINZA	46	KADCYLA	22	<i>lapatinib</i>	22
INVELTYS	102	<i>kalliga</i>	96	<i>larin 1.5/30 (21)</i>	97
IPOL	86	KALYDECO	106	<i>larin 1/20 (21)</i>	97
<i>ipratropium bromide</i>	71, 106	KANUMA	78	<i>larin 24 fe</i>	97
<i>ipratropium-albuterol</i>	106	<i>kariva (28)</i>	96	<i>larin fe 1.5/30 (28)</i>	97
<i>irbesartan</i>	53	<i>kelnor 1/35 (28)</i>	97	<i>larin fe 1/20 (28)</i>	97
<i>irbesartan-</i>		<i>kelnor 1/50 (28)</i>	97	<i>latanoprost</i>	101
<i>hydrochlorothiazide</i>	53	KERENDIA	53	<i>leflunomide</i>	93
<i>irinotecan</i>	21	KESIMPTA PEN	37	<i>lenalidomide</i>	23
ISENTRESS	4	<i>ketoconazole</i>	2, 65	LENVIMA	23
ISENTRESS HD	4	<i>ketorolac</i>	101	<i>lessina</i>	97
<i>isibloom</i>	96	KEYTRUDA	22	<i>letrozole</i>	23
ISOLYTE S PH 7.4	112	KHAPZORY	14	<i>leucovorin calcium</i>	14

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LEUKERAN	23	<i>loperamide</i>	80	<i>matzim la</i>	54
<i>leuprolide</i>	23	<i>lopinavir-ritonavir</i>	4	MAVYRET	4
<i>levetiracetam</i>	33	LOQTORZI	23	<i>meclizine</i>	81
<i>levetiracetam in nacl (iso-os)</i> .	33	<i>lorazepam</i>	46, 47	<i>medroxyprogesterone</i>	95
<i>levobunolol</i>	100	<i>lorazepam intensol</i>	46	<i>mefloquine</i>	10
<i>levocarnitine</i>	69	LORBRENA	23	<i>megestrol</i>	24
<i>levocarnitine (with sugar)</i>	69	<i>loryna (28)</i>	97	MEKINIST	24
<i>levocetirizine</i>	103	<i>losartan</i>	54	MEKTOVI	24
<i>levofloxacin</i>	13, 99	<i>losartan-hydrochlorothiazide</i> ..	54	<i>meloxicam</i>	41
<i>levofloxacin in d5w</i>	13	<i>loteprednol etabonate</i>	102	<i>melphalan hcl</i>	24
<i>levoleucovorin calcium</i>	14	<i>lovastatin</i>	59	<i>memantine</i>	37, 38
<i>levonest (28)</i>	97	<i>low-ogestrel (28)</i>	97	MENACTRA (PF)	87
<i>levonorgestrel-ethinyl estrad</i> ...97		<i>loxapine succinate</i>	47	MENQUADFI (PF)	87
<i>levonorg-eth estrad triphasic</i> ...97		<i>lo-zumandimine (28)</i>	97	MENVEO A-C-Y-W-135-	
<i>levora-28</i>	97	<i>lubiprostone</i>	81	DIP (PF)	87
<i>levo-t</i>	79	LUMAKRAS	23	MEPSEVII	78
<i>levothyroxine</i>	79	LUMIGAN	101	<i>mercaptapurine</i>	24
<i>levoxyl</i>	79	LUMIZYME	78	<i>meropenem</i>	10
LIBERVANT	33	LUNSUMIO	23	<i>mesalamine</i>	81
LIBTAYO	23	LUPRON DEPOT	23	<i>mesalamine with cleansing</i>	
<i>lidocaine</i>	63	<i>lurasidone</i>	47	<i>wipe</i>	81
<i>lidocaine (pf)</i>	51, 63	<i>lutera (28)</i>	97	<i>mesna</i>	15
<i>lidocaine hcl</i>	63	<i>lyleq</i>	95	MESNEX	15
<i>lidocaine in 5 % dextrose (pf)</i> .51		<i>lyllana</i>	95	<i>metformin</i>	75, 76
<i>lidocaine viscous</i>	63	LYNPARZA	23	<i>methadone</i>	40
<i>lidocaine-epinephrine</i>	63	LYSODREN	23	<i>methadone intensol</i>	40
<i>lidocaine-epinephrine (pf)</i>	63	LYTGOBI	23	<i>methadose</i>	40
<i>lidocaine-prilocaine</i>	63	LYUMJEV KWIKPEN U-		<i>methazolamide</i>	101
<i>lidocan iii</i>	63	100 INSULIN	75	<i>methenamine hippurate</i>	14
<i>lidocan iv</i>	63	LYUMJEV KWIKPEN U-		<i>methenamine mandelate</i>	14
<i>lidocan v</i>	63	200 INSULIN	75	<i>methimazole</i>	72
LILETTA	95	LYUMJEV U-100 INSULIN 75		<i>methocarbamol</i>	38
<i>lincomycin</i>	9	<i>lyza</i>	95	<i>methotrexate sodium</i>	24
<i>linezolid</i>	9, 10	<i>magnesium chloride</i>	110	<i>methotrexate sodium (pf)</i>	24
<i>linezolid in dextrose 5%</i>	9	<i>magnesium sulfate</i>	110	<i>methoxsalen</i>	63
<i>linezolid-0.9% sodium</i>		MAGNESIUM SULFATE		<i>methsuximide</i>	33
<i>chloride</i>	10	IN D5W	110	<i>methylergonovine</i>	98
LINZESS	81	<i>magnesium sulfate in water</i> ... 110		<i>methylphenidate hcl</i>	47
<i>liothyronine</i>	79	<i>malathion</i>	67	<i>methylprednisolone</i>	72
<i>lisinopril</i>	53	<i>mannitol 20 %</i>	54	<i>methylprednisolone acetate</i>	72
<i>lisinopril-hydrochlorothiazide</i> .	54	<i>mannitol 25 %</i>	54	<i>methylprednisolone sodium</i>	
<i>lithium carbonate</i>	46	<i>maraviroc</i>	4	<i>succ</i>	72
<i>lithium citrate</i>	46	MARGENZA	23	<i>metoclopramide hcl</i>	81
LIVTENCITY	4	<i>marlissa (28)</i>	97	<i>metolazone</i>	54
LOKELMA	69	MARPLAN	47	<i>metoprolol succinate</i>	54
LONSURF	23	MATULANE	24		

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<i>metoprolol ta-</i>			
<i>hydrochlorothiaz</i>	54	<i>mupirocin</i>	64
<i>metoprolol tartrate</i>	54	<i>mycophenolate mofetil</i>	24
<i>metro i.v.</i>	10	<i>mycophenolate mofetil (hcl)</i> ...	24
<i>metronidazole</i>	10, 64, 95	<i>mycophenolate sodium</i>	24
<i>metronidazole in nacl (iso-os)</i>	10	MYFEMBREE	95
<i>metyrosine</i>	54	MYLOTARG	24
<i>mexiletine</i>	51	MYRBETRIQ	108
<i>micafungin</i>	2	<i>nabumetone</i>	41
<i>microgestin 1.5/30 (21)</i>	97	<i>nadolol</i>	54
<i>microgestin 1/20 (21)</i>	97	<i>nafacillin</i>	12
<i>microgestin fe 1.5/30 (28)</i>	97	<i>nafacillin in dextrose iso-osm</i> ...	12
<i>microgestin fe 1/20 (28)</i>	97	<i>naftifine</i>	65
<i>midodrine</i>	69	NAGLAZYME	78
MIEBO (PF)	100	<i>nalbuphine</i>	41
<i>mifepristone</i>	78, 95	<i>naloxone</i>	42
<i>mili</i>	97	<i>naltrexone</i>	42
<i>milrinone</i>	60	NAMZARIC	38
<i>milrinone in 5 % dextrose</i>	60	<i>naproxen</i>	42
<i>mimvey</i>	95	<i>naproxen sodium</i>	42
<i>minocycline</i>	14	<i>naratriptan</i>	36
<i>minoxidil</i>	54	NATACYN	99
<i>miostat</i>	101	<i>nateglinide</i>	76
<i>mirabegron</i>	108	NAYZILAM	33
<i>mirtazapine</i>	47	<i>nebivolol</i>	54
<i>misoprostol</i>	83	<i>nefazodone</i>	47
<i>mitomycin</i>	24	<i>nelarabine</i>	24
<i>mitoxantrone</i>	24	<i>neomycin</i>	10
M-M-R II (PF)	87	<i>neomycin-bacitracin-poly-hc</i> .	101
<i>modafinil</i>	47	<i>neomycin-bacitracin-</i>	
<i>moexipril</i>	54	<i>polymyxin</i>	99
<i>molindone</i>	47	<i>neomycin-polymyxin b gu</i>	68
<i>mometasone</i>	67, 106	<i>neomycin-polymyxin b-</i>	
<i>mondoxyne nl</i>	14	<i>dexameth</i>	101, 102
MONJUVI	24	<i>neomycin-polymyxin-</i>	
<i>mono-lynyah</i>	97	<i>gramicidin</i>	99
<i>montelukast</i>	106	<i>neomycin-polymyxin-hc</i> ..	71, 102
<i>morphine</i>	40	<i>neo-polycin</i>	99
<i>morphine (pf)</i>	40	<i>neo-polycin hc</i>	102
<i>morphine concentrate</i>	40	NERLYNX	25
MOUNJARO	76	NEUPRO	36
<i>moxifloxacin</i>	13, 99	<i>nevirapine</i>	4
<i>moxifloxacin-</i>		NEXPLANON	95
<i>sod.chloride (isa)</i>	13	<i>niacin</i>	59
MRESVIA (PF)	87	<i>nicardipine</i>	54
MULTAQ	51	NICOTROL	70
		NICOTROL NS	70
		<i>nifedipine</i>	54
		<i>nikki (28)</i>	97
		<i>nilutamide</i>	25
		<i>nimodipine</i>	54
		NINLARO	25
		<i>nitazoxanide</i>	10
		<i>nitisinone</i>	69
		<i>nitro-bid</i>	60
		<i>nitrofurantoin macrocrystal</i> ...	14
		<i>nitrofurantoin monohydlm-</i>	
		<i>cryst</i>	14
		<i>nitroglycerin</i>	61, 81
		<i>nitroglycerin in 5 % dextrose</i> ..	61
		NIVESTYM	84
		<i>nora-be</i>	95
		<i>norepinephrine bitartrate</i>	60
		<i>norethindrone (contraceptive)</i>	95
		<i>norethindrone acetate</i>	95
		<i>norethindrone ac-eth estradiol</i>	
		95, 97
		<i>norethindrone-e.estradiol-iron</i>	98
		<i>norgestimate-ethinyl estradiol</i>	98
		<i>nortrel 0.5/35 (28)</i>	98
		<i>nortrel 1/35 (21)</i>	98
		<i>nortrel 1/35 (28)</i>	98
		<i>nortrel 7/7/7 (28)</i>	98
		<i>nortriptyline</i>	47
		NORVIR	4
		NUBEQA	25
		NUCALA	106
		NUDEXTA	38
		NULOJIX	25
		NUPLAZID	47
		NURTEC ODT	36
		<i>nyamyc</i>	65
		<i>nystatin</i>	2, 65
		<i>nystatin-triamcinolone</i>	65
		<i>nystop</i>	65
		NYVEPRIA	84
		OCALIVA	81
		<i>octreotide acetate</i>	25
		ODEFSEY	4
		ODOMZO	25
		OFEV	106
		<i>ofloxacin</i>	71, 99
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OJJAARA	25	ORENCIA CLICKJECT	93	<i>penicillin g potassium</i>	12
<i>olanzapine</i>	47	ORGOVYX	25	<i>penicillin g sodium</i>	12
<i>olmesartan</i>	54	ORKAMBI	106	<i>penicillin v potassium</i>	13
<i>olmesartan-amlodipin- hcthiamid</i>	54	ORSERDU	25	PENTACEL (PF)	87
<i>olmesartan- hydrochlorothiazide</i>	54	<i>oseltamivir</i>	4	<i>pentamidine</i>	10
<i>omega-3 acid ethyl esters</i>	59	<i>osmitrol 20 %</i>	54	<i>pentobarbital sodium</i>	48
<i>omeprazole</i>	83	OTEZLA	93	<i>pentoxifylline</i>	58
OMNIPOD 5 G6 INTRO KIT (GEN 5)	90	OTEZLA STARTER	93	<i>perindopril erbumine</i>	54
OMNIPOD 5 G6 PODS (GEN 5)	90	<i>oxacillin</i>	12	<i>periogard</i>	71
OMNIPOD DASH INTRO KIT (GEN 4)	90	<i>oxacillin in dextrose(iso-osm)</i>	12	PERJETA	26
OMNIPOD DASH PODS (GEN 4)	90	<i>oxaliplatin</i>	26	<i>permethrin</i>	67
OMNIPOD GO PODS	90	<i>oxapropzin</i>	42	<i>perphenazine</i>	48
OMNIPOD GO PODS 10 UNITS/DAY	90	<i>oxcarbazepine</i>	33	<i>pfizerpen-g</i>	13
OMNIPOD GO PODS 15 UNITS/DAY	90	OXERVATE	100	<i>phenelzine</i>	48
OMNIPOD GO PODS 20 UNITS/DAY	90	<i>oxybutynin chloride</i>	108	<i>phenobarbital</i>	33
OMNIPOD GO PODS 25 UNITS/DAY	90	<i>oxycodone</i>	40	<i>phenobarbital sodium</i>	34
OMNIPOD GO PODS 30 UNITS/DAY	90	<i>oxycodone-acetaminophen</i>	40, 41	<i>phentolamine</i>	54
OMNIPOD GO PODS 40 UNITS/DAY	90	OZEMPIC	76	<i>phenytoin</i>	34
OMNITROPE	84	OZURDEX	102	<i>phenytoin sodium</i>	34
ONCASPAR	25	<i>pacerone</i>	51	<i>phenytoin sodium extended</i>	34
<i>ondansetron</i>	82	<i>paclitaxel</i>	26	<i>philith</i>	98
<i>ondansetron hcl</i>	82	PADCEV	26	PIFELTRO	5
<i>ondansetron hcl (pf)</i>	81, 82	<i>paliperidone</i>	47	<i>pilocarpine hcl</i>	69, 100
ONIVYDE	25	<i>palonosetron</i>	82	<i>pimecrolimus</i>	63
ONUREG	25	<i>pamidronate</i>	78	<i>pimozide</i>	48
OPDIVO	25	PANRETIN	63	<i>pimtreea (28)</i>	98
OPDUALAG	25	<i>pantoprazole</i>	84	<i>pindolol</i>	54
<i>opium tincture</i>	80	<i>paraplatin</i>	26	<i>pioglitazone</i>	76
OPSUMIT	106	<i>paricalcitol</i>	78	<i>piperacillin-tazobactam</i>	13
OPSYNVI	106	<i>paroxetine hcl</i>	47, 48	PIQRAY	26
<i>oralone</i>	71	PAXLOVID	5	<i>pirfenidone</i>	106
ORENCIA	93	<i>pazopanib</i>	26	<i>piroxicam</i>	42
ORENCIA (WITH MALTOSE)	93	PEDIARIX (PF)	87	<i>pitavastatin calcium</i>	59
		PEDVAX HIB (PF)	87	PLEGRIDY	84, 85
		<i>peg 3350-electrolytes</i>	82	PLENAMINE	112
		PEGASYS	84	<i>plerixafor</i>	85
		<i>peg-electrolyte</i>	82	<i>podofilox</i>	63
		PEMAZYRE	26	POLIVY	26
		<i>pemetrexed disodium</i>	26	<i>polocaine</i>	63
		PEN NEEDLES (NON- PREFERRED BRANDS)	90	<i>polocaine-mpf</i>	63
		PENBRAYA (PF)	87	<i>polycin</i>	99
		<i>penciclovir</i>	65	<i>polymyxin b sulf- trimethoprim</i>	99
		<i>penicillamine</i>	93	POMALYST	26
		PENICILLIN G POT IN DEXTROSE	12	<i>portia 28</i>	98
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<i>posaconazole</i>	2	PRIMIDONE	34	<i>ramipril</i>	55
<i>potassium acetate</i>	110	<i>primidone</i>	34	<i>ranolazine</i>	60
<i>potassium chlorid-d5-0.45%nacl</i>	110	PRIORIX (PF)	87	<i>rasagiline</i>	36
<i>potassium chloride</i>	111	PRIVIGEN	87	<i>reclipsen (28)</i>	98
<i>potassium chloride in 0.9%nacl</i>	110	<i>probenecid</i>	91	RECOMBIVAX HB (PF)	88
<i>potassium chloride in 5 % dex</i>	110	<i>probenecid-colchicine</i>	91	REGANEX	63
<i>potassium chloride in lr-d5</i>	110	<i>procainamide</i>	51	RELENZA DISKHALER	5
<i>potassium chloride in water</i> ...	111	<i>prochlorperazine</i>	82	RELEUKO	85
<i>potassium chloride-0.45 % nacl</i>	111	<i>prochlorperazine edisylate</i>	82	RELISTOR	82
<i>potassium chloride-d5-0.2%nacl</i>	111	<i>prochlorperazine maleate oral</i>	82	RENACIDIN	109
<i>potassium chloride-d5-0.9%nacl</i>	111	<i>procto-med hc</i>	82	<i>repaglinide</i>	76
<i>potassium citrate</i>	109	<i>proctosol hc</i>	82	REPATHA	59
<i>potassium phosphate m-/d-basic</i>	111	<i>proctozone-hc</i>	82	REPATHA PUSHTRONEX	59
POTELIGEO	26	<i>progesterone</i>	95	REPATHA SURECLICK	59
PRALATREXATE	26	<i>progesterone micronized</i>	95	RETACRIT	85
<i>pramipexole</i>	36	PROGRAF	26	RETEVMO	27
<i>prasugrel</i>	58	PROLASTIN-C	69	RETROVIR	5
<i>pravastatin</i>	59	PROLIA	91	REVLIMID	27
<i>praziquantel</i>	10	PROMACTA	58	<i>revonto</i>	38
<i>prazosin</i>	54	<i>promethazine</i>	103	REXULTI	48
<i>prednicarbate</i>	67	<i>propafenone</i>	51	REYATAZ	5
<i>prednisolone</i>	72	<i>propranolol</i>	54, 55	REZDIFFRA	69
<i>prednisolone acetate</i>	102	<i>propylthiouracil</i>	72	REZLIDHIA	27
<i>prednisolone sodium phosphate</i>	72, 102	PROQUAD (PF)	87	REZUROCK	27
<i>prednisone</i>	72	<i>protamine</i>	58	RHOPRESSA	101
<i>prednisone intensol</i>	72	<i>protriptyline</i>	48	<i>ribavirin</i>	5
<i>pregabalin</i>	34	PULMOZYME	106	<i>rifabutin</i>	10
PREHEVBRIO (PF)	87	PURIXAN	27	<i>rifampin</i>	10
PREMARIN	95	<i>pyrazinamide</i>	10	<i>riluzole</i>	70
<i>premasol 10 %</i>	112	<i>pyridostigmine bromide</i>	38	<i>rimantadine</i>	5
PREMPHASE	95	<i>pyrimethamine</i>	10	<i>ringer's</i>	68, 111
PREMPRO	95	QINLOCK	27	RINVOQ	93, 94
<i>prenatal vitamin oral tablet</i> ...	113	QUADRACEL (PF)	87	RINVOQ LQ	93
<i>prevalite</i>	59	<i>quetiapine</i>	48	<i>risedronate</i>	70, 91
PREVYMIS	5	<i>quinapril</i>	55	<i>risperidone</i>	48
PREZCOBIX	5	<i>quinapril-hydrochlorothiazide</i>	55	<i>risperidone microspheres</i>	48
PREZISTA	5	<i>quinidine sulfate</i>	51	<i>ritonavir</i>	5
PRIFTIN	10	<i>quinine sulfate</i>	10	<i>rivastigmine</i>	38
PRIMAQUINE	10	QULIPTA	36	<i>rivastigmine tartrate</i>	38
		QVAR REDIHALER ..	106, 107	<i>rizatriptan</i>	36
		RABAVERT (PF)	88	ROCKLATAN	101
		RADICAVA ORS	38	<i>roflumilast</i>	107
		RADICAVA ORS STARTER KIT SUSP	38	<i>romidepsin</i>	27
		<i>raloxifene</i>	91	<i>ropinirole</i>	36
		<i>ramelteon</i>	48	<i>rosuvastatin</i>	59
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ROTATEQ VACCINE	88	<i>sodium acetate</i>	111	STREPTOMYCIN	10
<i>roweepira</i>	34	<i>sodium benzoate-sod</i>		STRIBILD	5
ROZLYTREK	27	<i>phenylacet</i>	70	STRIVERDI RESPIMAT ..	107
RUBRACA	27	<i>sodium bicarbonate</i>	111	<i>subvenite</i>	34
<i>rufinamide</i>	34	<i>sodium chloride</i>	70, 111	SUCRAID	83
RUKOBIA	5	<i>sodium chloride 0.45 %</i>	111	<i>sucralfate</i>	84
RUXIENCE	27	<i>sodium chloride 0.9 %</i>	70	<i>sulfacetamide sodium</i>	100
RYBELSUS	76	<i>sodium chloride 3 %</i>		<i>sulfacetamide sodium (acne)</i> ..	64
RYBREVANT	27	<i>hypertonic</i>	111	<i>sulfacetamide-prednisolone</i> ...	100
RYDAPT	27	<i>sodium chloride 5 %</i>		<i>sulfadiazine</i>	13
RYLAZE	27	<i>hypertonic</i>	111	<i>sulfamethoxazole-</i>	
<i>sajazir</i>	107	<i>sodium fluoride 5000 dry</i>		<i>trimethoprim</i>	13
<i>salsalate</i>	42	<i>mouth</i>	71	<i>sulfasalazine</i>	83
SANCUSO	82	<i>sodium fluoride 5000 plus</i>	71	<i>sulindac</i>	42
SANDIMMUNE	27	<i>sodium fluoride-pot nitrate</i>	71	<i>sumatriptan</i>	36
SANDOSTATIN LAR		<i>sodium nitroprusside</i>	60	<i>sumatriptan succinate</i>	36, 37
DEPOT	27	SODIUM OXYBATE		<i>sunitinib malate</i>	28
SANTYL	63	(PREFERRED NDCS		SUNLENCA	5
<i>sapropterin</i>	78	STARTING WITH 00054)	49	<i>syeda</i>	98
SARCLISA	27	<i>sodium phenylbutyrate</i>	70	SYMDEKO	107
SAVELLA	94	<i>sodium phosphate</i>	111	SYMLINPEN 120	76
<i>saxagliptin</i>	76	<i>sodium polystyrene sulfonate</i> ..	70	SYMLINPEN 60	76
<i>saxagliptin-metformin</i>	76	<i>sodium,potassium,mag</i>		SYMPAZAN	34
SCSEMBLIX	27	<i>sulfates</i>	82, 83	SYMPROIC	83
<i>scopolamine base</i>	82	SOLQUA 100/33	76	SYMTUZA	5
SECUADO	48	SOLTAMOX	28	SYNAGIS	5
<i>selegiline hcl</i>	36	SOMATULINE DEPOT	28	SYNJARDY	76
<i>selenium sulfide</i>	61	SOMAVERT	78	SYNJARDY XR	76
SELZENTRY	5	<i>sorafenib</i>	28	SYNTHROID	79
<i>sertraline</i>	48, 49	<i>sotalol</i>	51	TABLOID	28
<i>setlakin</i>	98	<i>sotalol af</i>	51	TABRECTA	28
<i>sf</i>	71	SOTYKTU	61	<i>tacrolimus</i>	28, 63
<i>sf 5000 plus</i>	71	SPIRIVA RESPIMAT	107	<i>tadalafil</i>	109
<i>sharobel</i>	95	<i>spironolactone</i>	55	<i>tadalafil (pulmonary arterial</i>	
SHINGRIX (PF)	88	<i>spironolacton-</i>		<i>hypertension) oral tablet 20</i>	
SIGNIFOR	27	<i>hydrochlorothiaz</i>	55	<i>mg</i>	107
<i>sildenafil (pulmonary arterial</i>		SPRAVATO	49	TAFINLAR	28
<i>hypertension)</i>	107	<i>sprintec (28)</i>	98	TAGRISSE	28
<i>silver sulfadiazine</i>	63	SPRITAM	34	TALVEY	28
SIMLANDI(CF)		SPRYCEL	28	TALZENNA	28
AUTOINJECTOR	94	<i>sps (with sorbitol)</i>	70	<i>tamoxifen</i>	28
SIMULECT	28	<i>sronyx</i>	98	<i>tamsulosin</i>	109
<i>simvastatin</i>	59	<i>ssd</i>	63	<i>tarina fe 1-20 eq (28)</i>	98
<i>sirolimus</i>	28	STELARA	62	TASIGNA	28
SIRTURO	10	STIOLTO RESPIMAT	107	<i>tazarotene</i>	64
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TAZVERIK	28	<i>tizanidine</i>	38	TRIJARDY XR	77
TDVAX	88	TOBI PODHALER	10	TRIKAFTA	107
TECENTRIQ	28	TOBRADEX	102	<i>tri-legest fe</i>	98
TECVAYLI	28	<i>tobramycin</i>	10, 99	<i>tri-linyah</i>	98
TEFLARO	7	<i>tobramycin in 0.225 % nacl</i>	10	<i>tri-lo-estarylla</i>	98
<i>telmisartan</i>	55	<i>tobramycin sulfate</i>	10, 11	<i>tri-lo-marzia</i>	98
<i>telmisartan-amlodipine</i>	55	<i>tobramycin-dexamethasone</i> ..	102	<i>tri-lo-sprintec</i>	98
<i>telmisartan-</i>		<i>tolterodine</i>	108	<i>trimethoprim</i>	14
<i>hydrochlorothiazid</i>	55	<i>tolvaptan</i>	78	<i>trimipramine</i>	49
<i>temazepam</i>	49	<i>topiramate</i>	34	TRINTELLIX	49
TEMODAR	28	<i>topotecan</i>	29	<i>tri-sprintec (28)</i>	98
<i>temsirolimus</i>	28	<i>toremifene</i>	29	TRIUMEQ	6
TENIVAC (PF)	88	<i>torse mide</i>	55	TRIUMEQ PD	6
<i>tenofovir disoproxil fumarate</i>	5	TOUJEO MAX U-300		<i>trivora (28)</i>	98
TEPMETKO	29	SOLOSTAR	76	TRODELVY	29
<i>terazosin</i>	55	TOUJEO SOLOSTAR U-		TROGARZO	6
<i>terbinafine hcl</i>	2	300 INSULIN	77	TROPHAMINE 10 %	113
<i>terbutaline</i>	107	<i>tramadol</i>	42	<i>trospium</i>	108
<i>terconazole</i>	95	<i>tramadol-acetaminophen</i>	42	TRULICITY	77
<i>teriflunomide</i>	38	<i>trandolapril</i>	55	TRUMENBA	88
TERIPARATIDE	91	<i>trandolapril-verapamil</i>	55	TRUQAP	29
<i>testosterone</i>	78	<i>tranexamic acid</i>	95	TUKYSA	29
<i>testosterone cypionate</i>	78	<i>tranylcypromine</i>	49	TURALIO	29
<i>testosterone enanthate</i>	78	<i>travasol 10 %</i>	112	<i>turqoz (28)</i>	98
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<i>tetracycline</i>	14	TRECTOR	11	AUTOINJECTOR	94
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<i>theophylline</i>	107	TRELSTAR	29	TYVASO	107
<i>thioridazine</i>	49	TREMFYA	62	TYVASO	
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<i>thiothixene</i>	49	<i>tretinoin (antineoplastic)</i>	29	KIT	108
<i>tiadylt er</i>	55	<i>tretinoin topical</i>	64	TYVASO REFILL KIT	108
<i>tiagabine</i>	34	<i>triamcinolone acetonide</i>		TYVASO STARTER KIT ..	108
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<i>tigecycline</i>	10	<i>tridacaine ii</i>	64	UPTRAVI	55
<i>tilia fe</i>	98	<i>tridacaine iii</i>	64	<i>ursodiol</i>	83
<i>timolol maleate</i>	55, 100	<i>triderm</i>	67	UZEDY	49, 50
<i>tinidazole</i>	10	<i>trientine</i>	70	<i>valacyclovir</i>	6
<i>tiotropium bromide</i>	107	<i>tri-estarylla</i>	98	VALCHLOR	64
TIVDAK	29	<i>trifluoperazine</i>	49	<i>valganciclovir</i>	6
TIVICAY	5	<i>trifluridine</i>	99	<i>valproate sodium</i>	34
TIVICAY PD	5	<i>trihexyphenidyl</i>	36	<i>valproic acid</i>	35

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<i>valsartan</i> 55	VYNDAMAX 60	<i>ziprasidone hcl</i>50
<i>valsartan-hydrochlorothiazide</i> .55	VYXEOS30	<i>ziprasidone mesylate</i> 50
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<i>vigpoder</i> 35	XOSPATA 30	
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(TTY users should call **711**)

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Hours of operation:

Oct. 1 – March 31 8 a.m. – 9 p.m. CT, 7 days a week
April 1 – Sept. 30 8 a.m. – 9 p.m. CT, Monday – Friday

Medica Part D Prime Solution/Advantage Solution Formulary ID #00025152, v.8

This formulary was updated on 08/24/2024. Effective: January 1, 2025

For more recent information or other questions, please contact Member Services at **1 (800)234-8755** (TTY users should call **711**) for Prime Solution (Cost); **1 (866) 269-6804** (TTY users should call **711**) for Advantage Solution (HMO-POS) and Advantage Solution (PPO); **1 (866) 398-7374** (TTY users should call **711**) for Medica Advantage (PPO) NE/IA; **1 (877) 407-8494** (TTY users should call **711**) for Medica Advantage (PPO) ND/ SD; **1 (866) 476-7431** (TTY users should call **711**) for Medica Advantage Dual (PPO D-SNP) and **1 (800) 575-2330** (TTY users should call **711**) for Group Prime Solution w/ Rx (Cost) and Group Advantage Solution (PPO), Oct. 1 – March 31, 8 a.m. – 9 p.m. CT, 7 days a week and April 1 – Sept. 30, 8 a.m. – 9 p.m. CT, Monday – Friday, or visit **Medica.com/Members**.

