



Clear Spring Health

Clear Spring Health Community Advantage Plan (HMO)

2023 Formulary

(List of Covered Drugs)

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

HPMS Approved Formulary File Submission ID 00023424, Version Number 17

This formulary was updated on 09/19/2023. For more recent information or if you have questions, please call Member Services at 1-877-364-4566, (TTY: 711) or visit our website at www.clearspringhealthcare.com. We are open from October 1 – March 31, seven days a week, 8:00 am – 8:00 pm from April 1 – September 30, Monday through Friday, 8:00 am – 8:00 pm (you may leave a voicemail Saturday, Sunday, and Federal Holidays).

Important Message About What You Pay for Vaccines - Our plan covers most Part D vaccines at no cost to you. Call Member Services for more information.

Important Message About What You Pay for Insulin - You will not pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

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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 Clear Spring Health. When it refers to “plan” or “our plan,” it means Clear Spring Health Community Advantage Plan (HMO).

This document includes list of the drugs (formulary) for our plan which is current as of 09/19/2023. For a comprehensive updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the Clear Spring Health Community Advantage Plan (HMO) Formulary?

A formulary is a list of covered drugs selected by our plan in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Our plan will generally cover the drugs listed in our formulary if the drug is medically necessary, the prescription is filled at a plan network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Clear Spring Health Community Advantage Plan Formulary?”
- **Drugs removed from the market.** Immediately and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

Other changes. We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary: or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our

formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Clear Spring Health Community Advantage Plan Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2023 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 09/19/2023. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. We will update the formulary on our websites throughout the year as changes occur.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 8. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Miscellaneous Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 8. 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 78. The Index provides an alphabetical list of all the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Our plan covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Our plan requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from Clear Spring Health before you fill your prescriptions. If you don't get approval, Clear Spring Health may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for Rosuvastatin. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask our plan to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to our plan formulary?" on page 5 for information about how to request an exception.

What if my drug is not on the Formulary?

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

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

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

How do I request an exception to the Clear Spring Health Community Advantage Plan Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level if this drug is not on the specialty tier. If approved this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

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

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

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

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

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

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

If you experience a level of care change (i.e., are admitted to a long-term care facility or discharged from a long-term care facility to home) you will also be able to obtain a 30-day emergency supply of your medication (unless you have a prescription for fewer days) until you can switch to another drug that is covered by us or you pursue a formulary exception.

For more information

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

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit <http://www.medicare.gov>.

Clear Spring Health's Formulary

The formulary that begins on page 8 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 78.

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

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

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

List of Abbreviations

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

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

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

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

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

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

SSM: Senior Savings Model. For this select insulin drug, your copay will be the same in all stages until you reach the Catastrophic Coverage Stage. Please refer to Chapter 4 of our Evidence of Coverage for more information. If you receive Extra Help, you do not qualify for this program and your Low Income Subsidy (LIS) copay level will apply.

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>casprofungin intravenous recon soln 50 mg</i>	5	
<i>casprofungin intravenous recon soln 70 mg</i>	4	
<i>clotrimazole mucous membrane</i>	4	MO
CRESEMBA ORAL	5	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	3	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet 100 mg, 200 mg, 50 mg</i>	3	MO
<i>fluconazole oral tablet 150 mg</i>	1	MO
<i>flucytosine</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	PA; MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	3	PA; MO
<i>micafungin</i>	5	MO
NOXAFIL ORAL SUSPENSION	5	PA; MO; QL (630 per 30 days)
<i>nystatin oral</i>	3	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	1	MO; QL (90 per 365 days)
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir oral solution</i>	4	MO
<i>abacavir oral tablet</i>	3	MO
<i>abacavir-lamivudine</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO

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

This drug list was last updated on 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl oral capsule</i>	3	MO; QL (120 per 30 days)
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	3	MO
APTIVUS	5	MO
<i>atazanavir</i>	4	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	5	MO
<i>darunavir ethanolate oral tablet 600 mg</i>	5	MO; QL (60 per 30 days)
<i>darunavir ethanolate oral tablet 800 mg</i>	5	MO; QL (30 per 30 days)
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz</i>	4	MO
<i>efavirenz-emtricitabin-tenofov</i>	5	MO
<i>efavirenz-lamivu-tenofov disop</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>emtricitabine</i>	2	MO
<i>emtricitabine-tenofov (tdf)</i>	5	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
<i>etravirine</i>	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	3	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)

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 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
<i>lamivudine oral solution</i>	3	MO
<i>lamivudine oral tablet 100 mg</i>	4	MO
<i>lamivudine oral tablet 150 mg, 300 mg</i>	3	MO
<i>lamivudine-zidovudine</i>	4	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir</i>	4	MO
<i>maraviroc</i>	5	MO
MAVYRET ORAL PELLETS IN PACKET	5	PA; MO; QL (168 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO
<i>oseltamivir oral capsule 30 mg</i>	3	MO; QL (168 per 365 days)
<i>oseltamivir oral capsule 45 mg, 75 mg</i>	3	MO; QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	3	MO; QL (1080 per 365 days)
PIFELTRO	5	MO
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	5	MO; QL (240 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QL (480 per 30 days)
RELENZA DISKHALER	3	MO; QL (60 per 180 days)

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

This drug list was last updated on 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	4	MO
<i>rimantadine</i>	3	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG	3	MO
SELZENTRY ORAL TABLET 75 MG	5	MO
SOVALDI ORAL TABLET 400 MG	5	PA; MO; QL (28 per 28 days)
STRIBILD	5	MO
SUNLENCA ORAL	5	
SYMTUZA	5	MO
<i>tenofovir disoproxil fumarate</i>	3	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>trizivir</i>	5	MO
TYBOST	4	MO
<i>valacyclovir oral tablet 1 gram</i>	3	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	3	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
<i>zidovudine oral capsule</i>	4	MO
<i>zidovudine oral syrup</i>	4	MO
<i>zidovudine oral tablet</i>	3	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	3	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	4	MO

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

This drug list was last updated on 09/19/2023.

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

Drug Name	Drug Tier	Requirements /Limits
<i>cefixime oral capsule</i>	3	MO
<i>cefixime oral suspension for reconstitution</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime oral suspension for reconstitution</i>	4	MO
<i>cefpodoxime oral tablet</i>	3	MO
<i>cefprozil</i>	3	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	3	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	3	PA
<i>ceftriaxone in dextrose,iso-os</i>	3	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	3	MO
<i>ceftriaxone injection recon soln 10 gram</i>	3	
<i>ceftriaxone intravenous</i>	3	MO
<i>cefuroxime axetil 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 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime sodium injection recon soln 750 mg</i>	3	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	3	PA; MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution</i>	3	MO
<i>tazicef injection</i>	3	PA; MO
<i>tazicef intravenous</i>	3	PA
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	3	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	3	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
<i>amikacin injection solution 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam injection recon soln 1 gram</i>	4	PA; MO
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)
<i>chloroquine phosphate</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 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin hcl</i>	1	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin pediatric</i>	4	MO
<i>clindamycin phosphate injection</i>	3	PA; MO
<i>clindamycin phosphate intravenous</i>	3	PA; MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM	5	MO
<i>ertapenem</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	PA
<i>gentamicin injection solution 40 mg/ml</i>	2	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	3	PA; MO
<i>imipenem-cilastatin</i>	3	PA; MO
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	1	MO
<i>ivermectin oral</i>	3	PA; MO; QL (20 per 30 days)
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	3	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; MO; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>metro i.v.</i>	2	PA; MO
<i>metronidazole in nacl (iso-os)</i>	2	PA; MO
<i>metronidazole oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>neomycin</i>	2	MO
NITAZOXANIDE	5	MO
<i>paromomycin</i>	4	MO
PASER	4	MO
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	3	MO
PRIFTIN	4	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	4	PA; MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO ORAL TABLET 100 MG	5	PA; LA
SIVEXTRO INTRAVENOUS	5	PA
SIVEXTRO ORAL	5	MO
STREPTOMYCIN	5	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	5	PA; MO
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 56 days)
<i>tobramycin sulfate injection recon soln</i>	3	PA
<i>tobramycin sulfate injection solution</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
TRECTOR	4	MO
<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 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution</i>	1	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	4	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	4	PA; MO
<i>ampicillin sodium intravenous recon soln 1 gram</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	3	MO
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>nafcillin intravenous recon soln 2 gram</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</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO

QUINOLONES		
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 500 MG/5 ML	4	
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	3	PA; MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>levofloxacin intravenous</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	1	MO
<i>moxifloxacin oral</i>	4	MO

SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	3	MO
<i>minocycline oral capsule</i>	2	MO
<i>tetracycline</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	3	MO
<i>trimethoprim</i>	2	MO

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral tablet 10 mg, 5 mg</i>	3	MO
<i>leucovorin calcium oral tablet 15 mg, 25 mg</i>	4	MO
MESNEX ORAL	5	MO
XGEVA	5	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)

ALECENSA	5	PA; MO; QL (240 per 30 days)
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</i>	1	MO
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	3	B/D PA; MO
BALVERSA	5	PA; LA
<i>bexarotene oral</i>	5	PA; MO
<i>bexarotene topical</i>	5	PA; MO; QL (60 per 30 days)
<i>bicalutamide</i>	2	MO
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 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral capsule</i>	4	B/D PA; MO
<i>cyclosporine modified oral solution</i>	4	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine oral capsule</i>	4	B/D PA; MO
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)
DROXIA	3	MO
EMCYT	4	MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive)</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
EXKIVITY	5	PA; LA; QL (120 per 30 days)
FOTIVDA	5	PA; LA; QL (21 per 28 days)
GAVRETO	5	PA; MO; LA; QL (120 per 30 days)
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>gengraf</i>	4	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE	4	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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 280 MG, 420 MG	5	PA; QL (30 per 30 days)
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
JAKAFI	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
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)
KRAZATI	5	PA; QL (180 per 30 days)
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
LENVIMA	5	PA; MO
<i>letrozole</i>	1	MO
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	3	PA; MO
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS	5	PA; MO
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
LYNPARZA	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	
LYTGOBI	5	PA; LA
MATULANE	5	
<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	5	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	3	MO
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium injection</i>	2	B/D PA; MO
<i>methotrexate sodium oral</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
NERLYNX	5	PA; MO; LA
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
<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
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONUREG	5	PA; MO; QL (14 per 28 days)
ORGOVYX	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PEMAZYRE	5	PA; LA; QL (14 per 21 days)
PIQRAY	5	PA; MO
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	5	PA; MO; LA; QL (28 per 28 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
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)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYDAPT	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days)
SIGNIFOR	5	PA
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	5	PA; MO; QL (30 per 30 days)
SYNRIBO	5	PA
TABLOID	4	MO

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Drug Name	Drug Tier	Requirements /Limits
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	4	B/D PA; MO
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	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA; MO; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
<i>tamoxifen</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TEPMETKO	5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days)
TIBSOVO	5	PA
<i>toremifene</i>	5	MO

Drug Name	Drug Tier	Requirements /Limits
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 3.75 MG	5	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
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)
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
WELIREG	5	PA
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; LA; QL (90 per 30 days)
XOSPATA	5	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
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)
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZOLINZA	5	PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)

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)

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This drug list was last updated on 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
BRIVIACT ORAL SOLUTION	5	PA; MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	3	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	3	MO
CELONTIN ORAL CAPSULE 300 MG	4	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	3	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	3	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	4	MO
<i>divalproex oral tablet extended release 24 hr</i>	3	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	3	MO
EPIDIOLEX	5	PA; MO; LA; QL (600 per 30 days)
<i>epitol</i>	3	MO
EPRONTIA	4	PA; MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
FYCOMPA ORAL SUSPENSION	5	PA; MO; QL (720 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	PA; MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	PA; MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	PA; 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 tablet 600 mg</i>	3	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	3	MO; QL (120 per 30 days)
LACOSAMIDE ORAL SOLUTION	5	MO; QL (1200 per 30 days)
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
LACOSAMIDE ORAL TABLET 50 MG	4	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam intravenous</i>	4	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	3	MO
<i>methsuximide</i>	4	MO
NAYZILAM	4	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
<i>phenytoin oral suspension 125 mg/5 ml</i>	3	MO
<i>phenytoin oral tablet, chewable</i>	3	MO
<i>phenytoin sodium extended</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	4	PA; MO; QL (900 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	4	PA; MO; QL (60 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepira oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO
SPRITAM	4	MO
<i>subvenite</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	3	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproic acid</i>	3	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	3	MO
VALTOCO	4	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>vigadrone oral powder in packet</i>	5	PA; LA; QL (180 per 30 days)
<i>vigadrone oral tablet</i>	5	LA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	4	MO; QL (28 per 180 days)
ZONISADE	5	PA; MO
<i>zonisamide</i>	2	PA; MO
ZTALMY	5	PA; LA; QL (1080 per 30 days)

ANTIPARKINSONISM AGENTS		
APOMORPHINE	5	PA; QL (90 per 30 days)
<i>benztropine oral</i>	3	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	1	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>selegiline hcl</i>	3	MO
<i>trihexyphenidyl</i>	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>dihydroergotamine nasal</i>	5	PA; QL (8 per 28 days)
<i>eletriptan</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
<i>rizatriptan</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral</i>	4	MO; QL (18 per 28 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	4	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	3	PA; MO; QL (14 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg</i>	2	MO
<i>donepezil oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	2	MO
<i>donepezil oral tablet, disintegrating 5 mg</i>	2	MO; QL (30 per 30 days)
<i> fingolimod</i>	5	PA; MO; QL (30 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO; QL (60 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	4	PA; MO
<i>memantine oral tablet</i>	3	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	4	PA; MO
NAMZARIC	4	PA; MO
NUEDEXTA	5	PA; MO; QL (60 per 30 days)
OCREVUS	5	PA; MO
<i>rivastigmine</i>	4	MO; QL (30 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	4	MO; QL (90 per 30 days)
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	4	MO; QL (60 per 30 days)
<i>teriflunomide</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)

MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet 10 mg, 20 mg</i>	3	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	3	PA; MO
<i>dantrolene oral</i>	4	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3	PA; MO
<i>pyridostigmine bromide oral syrup</i>	5	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>tizanidine oral tablet</i>	2	MO

NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QL (180 per 30 days)
<i>buprenorphine hcl sublingual</i>	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>endocet</i>	3	MO; QL (360 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg</i>	4	MO; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)</i>	4	QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO; QL (240 per 30 days)
<i>hydromorphone oral liquid</i>	4	MO
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet 8 mg</i>	3	MO
<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>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral capsule</i>	4	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	4	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 solution 5-325 mg/5 ml</i>	3	QL (1860 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)

NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	4	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	4	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)

Drug Name	Drug Tier	Requirements /Limits
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
<i>celecoxib oral capsule 400 mg</i>	2	MO; QL (30 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>diclofenac sodium oral tablet extended release 24 hr</i>	3	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diflunisal</i>	3	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	MO
<i>etodolac</i>	3	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	3	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	3	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	MO
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	3	MO
NARCAN	3	MO
<i>piroxicam</i>	3	MO
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	3	MO; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY MAINTENA	5	MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	MO; QL (150 per 30 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	3	MO
<i>aripiprazole oral solution</i>	4	MO; QL (900 per 30 days)
<i>aripiprazole oral tablet</i>	4	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
<i>armodafinil</i>	3	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY	5	MO
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>bupirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	MO
<i>bupirone oral tablet 30 mg, 7.5 mg</i>	3	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG	4	MO; QL (30 per 30 days)
CAPLYTA ORAL CAPSULE 42 MG	5	MO; QL (30 per 30 days)
<i>chlorpromazine oral</i>	4	MO
CITALOPRAM ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	PA; MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet 100 mg</i>	4	QL (270 per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	QL (135 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	PA; QL (270 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>clozapine oral tablet, disintegrating 12.5 mg, 25 mg</i>	4	PA
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	PA; QL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	PA; QL (135 per 30 days)
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	4	PA; MO; QL (30 per 30 days)
<i>dexmethylphenidate oral tablet 10 mg</i>	3	MO; QL (60 per 30 days)
<i>dexmethylphenidate oral tablet 2.5 mg, 5 mg</i>	3	MO; QL (120 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg</i>	4	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg, 5 mg</i>	4	MO; QL (60 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 5 mg, 7.5 mg</i>	3	MO; QL (120 per 30 days)
<i>dextroamphetamine-amphetamine oral tablet 15 mg, 20 mg</i>	3	MO; QL (90 per 30 days)

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This drug list was last updated on 09/19/2023.

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

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

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Drug Name	Drug Tier	Requirements /Limits
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	3	PA; MO
<i>haloperidol</i>	3	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	3	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	3	
<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	2	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection</i>	3	MO
<i>haloperidol lactate oral</i>	2	MO
<i>imipramine hcl</i>	2	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)

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This drug list was last updated on 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	2	MO
<i>lithium carbonate oral tablet extended release</i>	2	MO
<i>lorazepam intensol</i>	3	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	3	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	3	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
MARPLAN	4	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	MO; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	3	MO; QL (90 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	4	MO; QL (90 per 30 days)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>mirtazapine oral tablet 7.5 mg</i>	3	MO
<i>mirtazapine oral tablet, disintegrating</i>	3	MO
<i>molindone</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	5	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QL (3 per 1 day)
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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>	3	MO; QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>perphenazine</i>	3	MO
PERSERIS	5	MO; QL (1 per 30 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
REXULTI	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	4	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	3	MO; QL (240 per 30 days)
<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, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 1 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	4	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	5	PA; LA; QL (540 per 30 days)
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	4	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine oral capsule 100 mg</i>	4	MO; QL (60 per 30 days)
<i>trimipramine oral capsule 25 mg</i>	4	MO; QL (240 per 30 days)
<i>trimipramine oral capsule 50 mg</i>	4	MO; QL (120 per 30 days)
TRINTELLIX	4	MO; QL (30 per 30 days)
VENLAFAXINE BESYLATE	4	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VERSACLOZ	5	PA; QL (600 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	4	MO; QL (30 per 180 days)
VILAZODONE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	PA; MO; QL (7 per 180 days)
XYREM	5	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	4	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	2	MO
<i>zolpidem oral tablet</i>	2	PA; MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	PA; MO; QL (2 per 28 days)

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This drug list was last updated on 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>amiodarone oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>disopyramide phosphate oral capsule</i>	4	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	3	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	1	MO
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet 120 mg</i>	2	
<i>sotalol oral</i>	2	MO
SOTYLIZE	4	MO
ANTIHYPERTENSIVE THERAPY		

Drug Name	Drug Tier	Requirements /Limits
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiazyd</i>	1	MO; QL (30 per 30 days)
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	3	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	4	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	3	MO
<i>diltiazem hcl oral tablet extended release 24 hr 420 mg</i>	3	
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	3	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	2	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isradipine</i>	3	MO
KERENDIA	4	PA; QL (30 per 30 days)
<i>labetalol oral</i>	3	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	3	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metirosine</i>	5	PA; MO

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This drug list was last updated on 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	3	MO
<i>nebivolol oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	MO; QL (30 per 30 days)
<i>nebivolol oral tablet 20 mg</i>	3	MO; QL (60 per 30 days)
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazyd</i>	1	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>perindopril erbumine</i>	1	MO
<i>pindolol</i>	3	MO
<i>prazosin</i>	3	MO
<i>propranolol oral capsule,extended release 24 hr</i>	3	MO
<i>propranolol oral solution</i>	1	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	3	MO
<i>taztia xt</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	2	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	3	MO
<i>torse mide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL	5	PA; MO; LA
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>verapamil oral capsule, 24 hr er pellet ct</i>	4	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	3	MO

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This drug list was last updated on 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid oral tablet 1,000 mg</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
ELIQUIS DVT-PE TREAT 30D START	3	MO; QL (74 per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	3	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	MO; QL (74 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	3	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG	5	PA; MO; LA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG	5	PA; MO; LA; QL (30 per 30 days)
PROMACTA ORAL TABLET 75 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	3	MO; QL (51 per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	MO
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)

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Drug Name	Drug Tier	Requirements /Limits
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light</i>	3	
<i>cholestyramine-aspartame</i>	3	
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	MO
<i>colestipol oral tablet</i>	3	MO
<i>ezetimibe</i>	3	MO
<i>ezetimibe-simvastatin</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	3	MO
<i>fenofibrate nanocrystallized</i>	3	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	3	MO
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	3	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
<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)
NIACIN ORAL TABLET 500 MG	4	MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 750 mg</i>	4	MO
<i>niacin oral tablet extended release 24 hr 500 mg</i>	4	MO; QL (60 per 30 days)
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	4	MO
REPATHA	3	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
VASCEPA	4	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	4	QL (450 per 30 days)
CORLANOR ORAL TABLET	4	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>digoxin oral tablet 125 mcg (0.125 mg)</i>	2	MO; QL (30 per 30 days)
<i>digoxin oral tablet 250 mcg (0.25 mg), 62.5 mcg (0.0625 mg)</i>	2	MO
ENTRESTO	3	MO; QL (60 per 30 days)
<i>ranolazine</i>	4	MO
VYNDAMAX	5	PA; MO

NITRATES

<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	MO
<i>isosorbide mononitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid</i>	3	MO
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	4	MO
<i>nitroglycerin sublingual</i>	3	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO

DERMATOLOGICALS/TOPICAL THERAPY

Drug Name	Drug Tier	Requirements /Limits
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	PA; MO
<i>calcipotriene scalp</i>	4	PA; MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	PA; MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	PA; MO; QL (120 per 30 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)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (1 per 28 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	3	MO
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT PEN 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; MO; QL (1.34 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	4	MO; QL (40 per 30 days)
<i>fluorouracil topical solution</i>	3	MO; QL (10 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>imiquimod topical cream in packet 5 %</i>	3	MO; QL (24 per 30 days)
<i>lidocaine hcl laryngotracheal</i>	3	PA; MO; QL (50 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	PA; MO; QL (50 per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	PA; MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine-prilocaine topical cream</i>	3	PA; MO; QL (30 per 30 days)
PANRETIN	5	PA; MO
<i>podofilox</i>	3	MO
REGRANEX	5	PA; MO; QL (30 per 30 days)
SANTYL	4	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
THERAPY FOR ACNE		
<i>amneesteem</i>	4	PA
<i>avita topical cream</i>	4	PA; MO; QL (45 per 30 days)
<i>claravis</i>	4	PA
<i>clindamycin phosphate topical gel</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	4	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical gel</i>	4	MO
<i>erythromycin with ethanol topical solution</i>	3	MO
<i>erythromycin-benzoyl peroxide</i>	4	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	PA
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel 0.75 %</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tazarotene topical cream</i>	3	PA; MO; QL (60 per 30 days)
<i>tretinoin topical cream</i>	4	PA; MO; QL (45 per 30 days)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	4	PA; MO; QL (45 per 30 days)
<i>zenatane</i>	4	PA
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	4	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
SULFAMYLON TOPICAL CREAM	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream</i>	3	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	3	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	3	MO; QL (45 per 28 days)

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

TOPICAL CORTICOSTEROIDS

<i>ala-cort topical cream 1 %</i>	1	MO
<i>alclometasone topical cream</i>	4	MO
<i>alclometasone topical ointment</i>	3	MO
<i>betamethasone dipropionate topical cream</i>	3	MO
<i>betamethasone dipropionate topical lotion</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone dipropionate topical ointment</i>	4	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>	3	MO
<i>betamethasone, augmented topical gel</i>	4	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>desonide</i>	3	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinolone topical cream</i>	3	MO
<i>fluocinolone topical oil</i>	4	MO
<i>fluocinolone topical ointment</i>	3	MO
<i>fluocinolone topical solution</i>	4	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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</i>	4	QL (120 per 30 days)
<i>fluocinonide-emollient</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; QL (50 per 30 days)
<i>halobetasol propionate topical ointment</i>	4	MO; QL (50 per 30 days)
<i>hydrocortisone butyrate topical cream</i>	4	MO; QL (120 per 30 days)
<i>hydrocortisone butyrate topical ointment</i>	4	MO; QL (120 per 30 days)
<i>hydrocortisone butyr-emollient</i>	4	MO; QL (120 per 30 days)
<i>hydrocortisone topical cream 1 %</i>	1	MO
<i>hydrocortisone topical cream 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone topical ointment 2.5 %</i>	2	MO
<i>mometasone topical</i>	3	MO
TEXACORT	4	MO
<i>triamcinolone acetonide topical cream 0.025 %, 0.5 %</i>	2	MO
<i>triamcinolone acetonide topical cream 0.1 %</i>	2	MO; QL (454 per 30 days)
<i>triamcinolone acetonide topical lotion</i>	3	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO

TOPICAL SCABICIDES / PEDICULICIDES

<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO

DIAGNOSTICS / MISCELLANEOUS AGENTS

MISCELLANEOUS AGENTS

<i>acamprosate</i>	4	MO
<i>anagrelide</i>	4	MO
ARALAST NP INTRAVENOUS RECON SOLN 1,000 MG	5	PA; MO; LA
AURYXIA	5	PA; MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>carglumic acid</i>	5	PA; LA
<i>cevimeline</i>	4	MO
CHEMET	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	2	MO
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	3	
<i>dextrose 10 % in water (d10w)</i>	2	
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>disulfiram oral tablet 250 mg</i>	3	MO
<i>droxidopa</i>	5	PA; MO
ENDARI	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
INCRELEX	5	PA; MO; LA
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO
ORFADIN ORAL CAPSULE 20 MG	5	PA; LA
ORFADIN ORAL SUSPENSION	5	PA; LA
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
<i>riluzole</i>	3	PA; MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	5	MO; QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	5	MO; QL (90 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	3	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine</i>	5	PA; MO
VELTASSA	4	PA; MO
ZEMAIRA	5	PA; MO; LA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENENTS		
<i>bupropion hcl (smoking deter)</i>	3	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
VARENICLINE	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal</i>	3	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>ipratropium bromide nasal</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide dental</i>	3	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	3	MO
<i>flac otic oil</i>	4	MO
<i>fluocinolone acetonide oil</i>	4	MO
<i>ofloxacin otic (ear)</i>	4	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	2	MO
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone oral elixir</i>	3	MO
<i>dexamethasone oral solution</i>	3	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	3	MO
<i>methylprednisolone oral tablet</i>	3	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>prednisolone oral solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	4	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	3	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	3	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	3	MO; QL (180 per 30 days)
<i>alcohol pads</i>	3	MO
BASAGLAR KWIKPEN U-100 INSULIN	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	4	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	4	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	2	MO
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN	3	MO
FIASP PENFILL U-100 INSULIN	3	MO
FIASP U-100 INSULIN	3	MO
<i>glimepiride oral tablet 1 mg</i>	2	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	2	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	2	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
<i>glyburide micronized oral tablet 1.5 mg</i>	2	MO; QL (240 per 30 days)
<i>glyburide micronized oral tablet 3 mg</i>	2	MO; QL (120 per 30 days)
<i>glyburide micronized oral tablet 6 mg</i>	2	MO; QL (60 per 30 days)
<i>glyburide oral tablet 1.25 mg</i>	2	MO; QL (480 per 30 days)
<i>glyburide oral tablet 2.5 mg</i>	2	MO; QL (240 per 30 days)
<i>glyburide oral tablet 5 mg</i>	2	MO; QL (120 per 30 days)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	2	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (120 per 30 days)
GLYXAMBI	3	MO; QL (30 per 30 days)
GVOKE	3	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	3	MO
HUMULIN R U-500 (CONC) INSULIN	5	MO
HUMULIN R U-500 (CONC) KWIKPEN	5	MO
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO; SSM
LANTUS U-100 INSULIN	3	MO; SSM
LEVEMIR FLEXPEN	3	MO
LEVEMIR U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	MO
NOVOLIN N FLEXPEN	3	MO; SSM

Drug Name	Drug Tier	Requirements /Limits
NOVOLIN N NPH U-100 INSULIN	3	MO; SSM
NOVOLIN R FLEXPEN	3	MO; SSM
NOVOLIN R REGULAR U100 INSULIN	3	MO; SSM
NOVOLOG FLEXPEN U-100 INSULIN	3	MO; SSM
NOVOLOG MIX 70-30 U-100 INSULIN	3	MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	MO
NOVOLOG PENFILL U-100 INSULIN	3	MO
NOVOLOG U-100 INSULIN ASPART	3	MO; SSM
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	MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-glimepiride</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone-metformin</i>	1	MO; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS	3	MO; QL (30 per 30 days)
SOLIQUA 100/33	3	MO; QL (90 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100	3	MO
TRESIBA FLEXTOUCH U-200	3	MO
TRESIBA U-100 INSULIN	3	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
VICTOZA 2-PAK	3	MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
XULTOPHY 100/3.6	3	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
ANDRODERM	4	PA; MO; QL (30 per 30 days)
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
CERDELGA	5	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>cinacalcet oral tablet 90 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>danazol</i>	4	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</i>	3	MO
KORLYM	5	PA
<i>miglustat</i>	5	PA; MO; LA
NATPARA	5	PA; LA
<i>paricalcitol oral</i>	4	MO
RAYALDEE	5	MO
SAMSCA ORAL TABLET 15 MG	5	PA; MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO
SYNAREL	5	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	4	PA; MO; QL (300 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>tolvaptan oral tablet 30 mg</i>	5	PA; MO
<i>zoledronic acid intravenous solution</i>	2	MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	MO
ZOLEDRONIC AC-MANNITOL-0.9NACL	2	MO
THYROID HORMONES		
<i>euthyrox</i>	2	MO
<i>levo-t</i>	2	
<i>levothyroxine oral tablet</i>	2	
<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>	2	MO
<i>liothyronine oral</i>	3	MO
SYNTHROID	4	MO
<i>unithroid</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule</i>	3	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	3	MO
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>loperamide oral capsule</i>	3	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
BETAINE	5	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
<i>compro</i>	4	MO
<i>constulose</i>	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dronabinol</i>	4	B/D PA; MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>enulose</i>	3	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>generlac</i>	3	MO
<i>granisetron hcl oral</i>	4	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	MO
INFLECTRA	5	PA; MO; QL (40 per 28 days)
<i>lactulose oral solution 10 gram/15 ml</i>	3	MO
LINZESS	3	MO; QL (30 per 30 days)
LUBIPROSTONE	3	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral capsule (with del rel tablets)</i>	2	MO
<i>mesalamine oral capsule, extended release</i>	5	
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	4	MO
<i>mesalamine rectal enema</i>	2	MO
<i>mesalamine rectal suppository</i>	4	MO
<i>mesalamine with cleansing wipe</i>	2	MO
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK	3	MO; QL (30 per 30 days)
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	3	B/D PA; MO
<i>peg 3350-electrolytes</i>	2	MO
<i>peg-electrolyte</i>	2	MO
PENTASA	4	MO
<i>prochlorperazine</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	3	MO
<i>proctosol hc topical</i>	3	MO
<i>proctozone-hc</i>	3	MO
RECTIV	4	MO; QL (30 per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION	5	PA; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	PA; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	PA; MO; QL (12 per 30 days)
<i>scopolamine base</i>	4	PA; MO; QL (10 per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
SUCRAID	4	PA
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	3	MO
SUPREP BOWEL PREP KIT	4	MO
TRULANCE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	4	MO
VIOKACE	4	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	4	MO

ULCER THERAPY

<i>cimetidine</i>	2	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec)</i>	3	MO; QL (30 per 30 days)
<i>famotidine oral suspension</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec)</i>	2	MO; QL (30 per 30 days)
<i>misoprostol</i>	3	MO
<i>nizatidine oral capsule</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
<i>rabeprazole oral tablet,delayed release (dr/ec)</i>	3	MO; QL (30 per 30 days)
<i>sucralfate oral tablet</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; MO
ARCALYST	5	PA
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
GENOTROPIN	5	PA; MO
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	5	PA; MO
NEULASTA	4	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	PA; MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO	3	
ACTHIB (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
ADACEL(TDAP ADOLESN/ADULT) (PF)	3	MO
AREXVY (PF)	3	
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; MO
GARDASIL 9 (PF)	3	MO
HAVRIX (PF)	3	MO
HEPLISAV-B (PF)	3	B/D PA; MO
HIBERIX (PF)	3	MO
IMOVAX RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULA R SYRINGE	3	MO
IPOL	3	
IXIARO (PF)	3	
JYNNEOS (PF)(STOCKPILE)	3	B/D PA
KINRIX (PF) INTRAMUSCULA R SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULA R SOLUTION	3	MO
MENQUADFI (PF)	3	MO

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Drug Name	Drug Tier	Requirements /Limits
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	3	MO
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	3	B/D PA; MO
PRIORIX (PF)	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RECOMBIVAX HB (PF)	3	B/D PA; MO
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO; QL (2 per 999 days)
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TICOVAC	3	MO
TRUMENBA	3	MO
TWINRIX (PF)	3	MO

Drug Name	Drug Tier	Requirements /Limits
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	
YF-VAX (PF)	3	

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

GAUZE PADS 2 X 2	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
NEEDLES, INSULIN DISP.,SAFETY	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	2	MO
<i>colchicine (gout) oral tablet</i>	3	MO
<i>febuxostat</i>	3	MO
MITIGARE	3	MO; QL (60 per 30 days)
<i>probenecid</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>probenecid-colchicine</i>	3	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution</i>	4	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 oral</i>	3	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	3	MO
<i>risedronate oral tablet 150 mg</i>	4	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	4	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	4	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-ADAZ	5	PA; MO; QL (1.6 per 28 days)
BENLYSTA SUBCUTANEOUS	5	PA; MO
CYLTEZO(CF) PEN	5	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS STRT	5	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)

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

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; MO; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER	5	PA; MO; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
<i>leflunomide</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (56 per 180 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML	4	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	2	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr</i>	3	PA; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.05 mg/24 hr, 0.1 mg/24 hr</i>	3	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	4	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	MO
<i>fyavolv</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>incassia</i>	2	MO
<i>jinteli</i>	3	PA; MO
<i>lyza</i>	2	
<i>medroxyprogesteron e intramuscular</i>	2	MO
<i>medroxyprogesteron e oral</i>	1	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	3	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	3	PA
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	3	PA; MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	4	MO
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal</i>	4	MO
OSPHERA	3	PA; MO
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	4	MO
<i>xulane</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>amethia</i>	3	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	3	MO
<i>ashlyna</i>	3	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>balziva (28)</i>	3	MO
<i>blisovi 24 fe</i>	3	MO
<i>blisovi fe 1.5/30 (28)</i>	2	MO
<i>briellyn</i>	3	MO
<i>camrese lo</i>	3	MO
<i>cryselle (28)</i>	2	MO
<i>cyred eq</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	3	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4)</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	3	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	3	
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	2	
<i>ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg</i>	3	
<i>falmina (28)</i>	2	MO
<i>hailey 24 fe</i>	3	MO
<i>introvale</i>	3	
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	3	MO
<i>juleber</i>	2	MO
<i>junel 1.5/30 (21)</i>	2	MO
<i>junel 1/20 (21)</i>	2	MO
<i>junel fe 1.5/30 (28)</i>	2	MO
<i>junel fe 1/20 (28)</i>	2	MO
<i>junel fe 24</i>	3	MO
<i>kaitlib fe</i>	4	MO
<i>kariva (28)</i>	3	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50 (28)</i>	3	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	3	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>layolis fe</i>	4	MO
<i>leena 28</i>	3	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	3	MO
<i>levonorg-eth estradiol triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>loryna (28)</i>	3	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lutera (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>necon 0.5/35 (28)</i>	3	MO
<i>nikki (28)</i>	3	MO
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)</i>	3	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	4	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet,chewable</i>	4	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	3	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	2	
<i>nortrel 0.5/35 (28)</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>ocella</i>	3	MO
<i>pimtrea (28)</i>	3	MO
<i>portia 28</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>rivelsa</i>	3	MO
<i>setlakin</i>	3	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	3	MO
<i>tarina 24 fe</i>	3	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	3	MO
<i>tri-lo-estarylla</i>	3	MO
<i>tri-lo-sprintec</i>	3	MO
<i>tri-mili</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>tri-vylibra</i>	2	MO
<i>tri-vylibra lo</i>	3	MO
<i>tydemy</i>	4	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>vyfemla (28)</i>	3	MO
<i>vylibra</i>	2	MO
<i>wymzya fe</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>zovia 1-35 (28)</i>	2	MO
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE	4	MO
<i>bacitracin ophthalmic (eye)</i>	3	MO
<i>bacitracin-polymyxin b</i>	2	MO
BESIVANCE	3	MO
CILOXAN OPHTHALMIC (EYE) OINTMENT	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin</i>	3	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	4	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	3	MO
<i>bepotastine besilate</i>	3	MO
<i>cromolyn ophthalmic (eye)</i>	1	MO
CYSTARAN	5	PA
EYLEA	5	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	4	MO
OXERVATE	5	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	3	MO
<i>sulfacetamide-prednisolone</i>	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	4	MO
BROMSITE	4	MO
<i>diclofenac sodium ophthalmic (eye)</i>	3	MO
<i>flurbiprofen sodium</i>	3	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	3	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	MO
PROLENSA	3	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>acetazolamide oral tablet</i>	3	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol</i>	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA	3	MO
<i>travoprost</i>	4	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
TOBRADEX OPTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	4	MO; QL (10 per 14 days)
ZYLET	3	MO; QL (10 per 14 days)
STERIODS		
ALREX	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	3	MO
<i>difluprednate</i>	3	MO
<i>fluorometholone</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	3	MO
<i>prednisolone acetate</i>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	3	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>ciproheptadine</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	3	MO; QL (2 per 30 days)
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	MO; QL (2 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	3	QL (2 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	3	PA; MO
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</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 oral</i>	2	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml</i>	3	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
ARFORMOTEROL	3	B/D PA; MO
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BERINERT INTRAVENOUS KIT	5	PA; MO; QL (24 per 30 days)
<i>bosentan oral tablet 125 mg</i>	5	PA; MO; LA; QL (60 per 30 days)
<i>bosentan oral tablet 62.5 mg</i>	5	PA; MO; LA; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BREO ELLIPTA	3	MO; QL (60 per 30 days)
BREZTRI AEROSPHERE	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)
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	4	PA; MO; QL (30 per 30 days)
DULERA	3	MO; QL (13 per 30 days)
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
FASENRA	5	PA; MO; QL (1 per 28 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>flunisolide</i>	3	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT	5	PA; MO; LA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS RECON SOLN 3,000 UNIT	5	PA; MO; LA; QL (20 per 30 days)
<i>icatibant</i>	5	PA; MO; QL (270 per 30 days)
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	3	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA; MO; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl</i>	4	B/D PA; MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)
PIRFENIDONE ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	PA; MO
<i>roflumilast</i>	4	PA; MO; QL (30 per 30 days)
SEREVENT DISKUS	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) oral tablet</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>terbutaline oral</i>	4	MO
THEO-24	4	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 300 mg</i>	4	MO
<i>theophylline oral tablet extended release 24 hr</i>	3	MO
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
VENTAVIS	5	PA; MO
VENTOLIN HFA	3	MO; QL (36 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	3	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>fesoterodine</i>	3	MO; QL (30 per 30 days)
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<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 10 mg, 15 mg</i>	2	MO; QL (60 per 30 days)
<i>oxybutynin chloride oral tablet extended release 24hr 5 mg</i>	2	MO; QL (30 per 30 days)
<i>tolterodine oral capsule,extended release 24hr</i>	4	ST; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tolterodine oral tablet</i>	4	ST; MO
<i>trospium oral tablet</i>	3	MO; QL (60 per 30 days)

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO; QL (30 per 30 days)
<i>dutasteride</i>	3	MO; QL (30 per 30 days)
<i>dutasteride- tamsulosin</i>	4	MO; QL (30 per 30 days)
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	2	MO

MISCELLANEOUS UROLOGICALS

<i>bethanechol chloride</i>	3	MO
CYSTAGON	4	PA; LA
ELMIRON	4	MO
K-PHOS ORIGINAL	4	MO
<i>potassium citrate oral tablet extended release</i>	4	MO
<i>sildenafil</i>	2	MO; EX; QL (6 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	MO; QL (360 per 30 days)
<i>klor-con</i>	4	MO

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

This drug list was last updated on 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>magnesium sulfate injection solution</i>	3	MO
<i>magnesium sulfate injection syringe</i>	3	
<i>potassium chlorid-d5-0.45%nacl</i>	3	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 20 meq/100 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous</i>	2	
<i>potassium chloride oral capsule, extended release</i>	3	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<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 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l</i>	3	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 40 meq/l</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	3	MO
<i>sodium chloride 3 % hypertonic</i>	3	
<i>sodium chloride 5 % hypertonic</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 09/19/2023.

Drug Name	Drug Tier	Requirements /Limits
TPN ELECTROLYTES	4	
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%- D20W(SULFITE- FREE)	4	B/D PA
CLINISOL SF 15 %	4	B/D PA
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
ISOLYTE S PH 7.4	4	

Drug Name	Drug Tier	Requirements /Limits
ISOLYTE-P IN 5 % DEXTROSE	4	
PLASMA-LYTE 148	4	
PLASMA-LYTE A	4	
<i>plenamine</i>	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
PROSOL 20 %	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin 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 09/19/2023.

Index

A		
<i>abacavir</i>	8	
<i>abacavir-lamivudine</i>	8	
ABELCET.....	8	
ABILIFY MAINTENA.....	34	
<i>abiraterone</i>	18	
ABRYSSVO	61	
<i>acamprosate</i>	50	
<i>acarbose</i>	53	
<i>acebutolol</i>	41	
<i>acetaminophen-codeine</i>	31	
<i>acetazolamide</i>	70	
<i>acetic acid</i>	52	
<i>acetylcysteine</i>	71	
<i>acitretin</i>	46	
ACTEMRA	63	
ACTEMRA ACTPEN.....	63	
ACTHIB (PF)	61	
ACTIMMUNE.....	60	
<i>acyclovir</i>	8, 9	
<i>acyclovir sodium</i>	9	
ADACEL(TDAP ADOLESN/ADULT)(PF).....	61	
ADALIMUMAB-ADAZ	63	
<i>adefovir</i>	9	
ADEMPAS	71	
ADVAIR DISKUS	71	
ADVAIR HFA.....	71	
AIMOVIG AUTOINJECTOR	29	
AJOVY AUTOINJECTOR ..	29	
AJOVY SYRINGE.....	29	
<i>ala-cort</i>	49	
<i>albendazole</i>	13	
<i>albuterol sulfate</i>	72	
<i>alclometasone</i>	49	
<i>alcohol pads</i>	53	
ALECENSA.....	18	
<i>alendronate</i>	63	
<i>alfuzosin</i>	75	
<i>aliskiren</i>	41	
<i>allopurinol</i>	62	
<i>alose tron</i>	58	
ALPHAGAN P.....	71	
<i>alprazolam</i>	34	
ALREX	70	
<i>altavera (28)</i>	66	
ALUNBRIG	18	
<i>alyacen 1/35 (28)</i>	66	
<i>amantadine hcl</i>	9	
AMBISOME	8	
<i>ambrisentan</i>	72	
<i>amethia</i>	66	
<i>amikacin</i>	13	
<i>amiloride</i>	41	
<i>amiloride-hydrochlorothiazide</i>	41	
<i>aminocaproic acid</i>	44	
<i>amiodarone</i>	41	
<i>amitriptyline</i>	34	
<i>amlodipine</i>	41	
<i>amlodipine-atorvastatin</i>	45	
<i>amlodipine-benazepril</i>	41	
<i>amlodipine-olmesartan</i>	41	
<i>amlodipine-valsartan</i>	41	
<i>amlodipine-valsartan-hcthiazid</i>	41	
<i>ammonium lactate</i>	47	
<i>amnestem</i>	48	
<i>amoxapine</i>	34	
<i>amoxicillin</i>	15	
<i>amoxicillin-pot clavulanate</i> ..	16	
<i>amphotericin b</i>	8	
<i>ampicillin</i>	16	
<i>ampicillin sodium</i>	16	
<i>ampicillin-sulbactam</i>	16	
<i>anagrelide</i>	50	
<i>anastrozole</i>	18	
ANDRODERM.....	56	
ANORO ELLIPTA	72	
APOMORPHINE.....	29	
<i>apraclonidine</i>	71	
<i>aprepitant</i>	58	
<i>apri</i>	66	
APTIOM	25, 26	
APTIVUS.....	9	
ARALAST NP.....	50	
<i>aranelle (28)</i>	66	
ARCALYST	60	
AREXVY (PF).....	61	
ARFORMOTEROL	72	
ARIKAYCE.....	13	
<i>aripiprazole</i>	34	
<i>armodafinil</i>	34	
ARNUITY ELLIPTA.....	72	
<i>asenapine maleate</i>	34	
<i>ashlyna</i>	66	
<i>aspirin-dipyridamole</i>	44	
<i>atazanavir</i>	9	
<i>atenolol</i>	41	
<i>atenolol-chlorthalidone</i>	41	
<i>atomoxetine</i>	34	
<i>atorvastatin</i>	45	
<i>atovaquone</i>	13	
<i>atovaquone-proguanil</i>	13	
<i>atropine</i>	69	
ATROVENT HFA	72	
<i>aubra eq</i>	66	
AUGMENTIN	16	
AURYXIA	50	
AUVELITY	34	
<i>aviane</i>	66	
<i>avita</i>	48	
AYVAKIT	18	
AZASITE.....	69	
<i>azathioprine</i>	18	
<i>azelastine</i>	52, 69	
<i>azithromycin</i>	13	
<i>aztreonam</i>	13	
B		
<i>bacitracin</i>	69	
<i>bacitracin-polymyxin b</i>	69	
<i>baclofen</i>	31	
<i>balsalazide</i>	58	
BALVERSA	18	
<i>balziva (28)</i>	66	

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 09/19/2023.

BARACLUDE.....9	<i>budesonide</i>.....58, 72	<i>cefdinir</i> .....12
BASAGLAR KWIKPEN U- 100 INSULIN .....53	<i>bumetanide</i> .....41	<i>cefepime</i>.....12
BCG VACCINE, LIVE (PF) 61	<i>buprenorphine hcl</i>.....31	<i>cefepime in dextrose,iso-osm</i> 12
<i>benazepril</i>.....41	<i>buprenorphine-naloxone</i> .....33	<i>cefixime</i> .....12
<i>benazepril-hydrochlorothiazide</i>.....41	<i>bupropion hcl</i>.....34	<i>cefoxitin</i> .....12
BENLYSTA.....63	<i>bupropion hcl (smoking deter)</i> .....52	<i>cefoxitin in dextrose, iso-osm</i>.....12
<i>benztropine</i>.....29	<i>buspirone</i> .....35	<i>cefpodoxime</i> .....12
<i>bepotastine besilate</i> .....69	BYDUREON BCISE.....53	<i>cefprozil</i>.....12
BERINERT .....72	BYETTA .....53	<i>ceftazidime</i> .....12
BESIVANCE.....69	C	<i>ceftriaxone</i>.....12
BESREMI .....60	<i>cabergoline</i>.....56	<i>ceftriaxone in dextrose,iso-os</i>.....12
BETAINE .....58	CABOMETYX .....18	<i>cefuroxime axetil</i>.....12
<i>betamethasone dipropionate</i> ..49	<i>calcipotriene</i>.....46	<i>cefuroxime sodium</i>.....13
<i>betamethasone valerate</i>.....49	<i>calcitonin (salmon)</i> .....56	<i>celecoxib</i>.....33
<i>betamethasone, augmented</i> ..49	<i>calcitriol</i>.....56	CELONTIN .....26
BETASERON.....60	<i>calcium acetate(phosphat bind)</i> .....75	<i>cephalexin</i> .....13
<i>betaxolol</i>.....41, 69	CALQUENCE.....19	CERDELGA .....56
<i>bethanechol chloride</i> .....75	CALQUENCE (ACALABRUTINIB MAL) .....19	<i>cetirizine</i> .....71
<i>bexarotene</i>.....18	<i>camila</i> .....65	<i>cevimeline</i>.....51
BEXSERO .....61	<i>camrese lo</i>.....66	CHEMET .....51
<i>bicalutamide</i>.....18	<i>candesartan</i> .....41	<i>chlorhexidine gluconate</i> .....52
BICILLIN L-A.....16	<i>candesartan-</i> <i>hydrochlorothiazid</i>.....41	<i>chloroquine phosphate</i> .....13
BIKTARVY .....9	CAPLYTA.....35	<i>chlorpromazine</i>.....35
<i>bisoprolol fumarate</i> .....41	CAPRELSA.....19	<i>chlorthalidone</i>.....41
<i>bisoprolol-hydrochlorothiazide</i>.....41	<i>captopril</i>.....41	<i>cholestyramine (with sugar)</i> .45
<i>blisovi 24 fe</i> .....66	<i>carbamazepine</i> .....26	<i>cholestyramine light</i> .....45
<i>blisovi fe 1.5/30 (28)</i>.....66	<i>carbidopa</i>.....29	<i>cholestyramine-aspartame</i> ...45
BOOSTRIX TDAP.....61	<i>carbidopa-levodopa</i> .....29	<i>ciclopirox</i> .....48
<i>bosentan</i> .....72	<i>carbidopa-levodopa-</i> <i>entacapone</i> .....29	<i>cilostazol</i> .....44
BOSULIF .....18	<i>carglumic acid</i>.....51	CILOXAN.....69
BRAFTOVI .....18	<i>carteolol</i>.....69	CIMDUO .....9
BREO ELLIPTA .....72	<i>cartia xt</i>.....41	<i>cimetidine</i> .....60
<i>briellyn</i> .....66	<i>carvedilol</i>.....41	<i>cinacalcet</i> .....56, 57
BRILINTA.....44	<i>casprofungin</i> .....8	CIPRO .....17
<i>brimonidine</i> .....71	CAYSTON .....13	<i>ciprofloxacin hcl</i> .....17, 69
<i>brimonidine-timolol</i>.....70	<i>cefaclor</i> .....11, 12	<i>ciprofloxacin in 5 % dextrose</i>.....17
BRIVIACT.....26	<i>cefadroxil</i>.....12	<i>ciprofloxacin-dexamethasone</i>.....52
<i>bromfenac</i> .....70	<i>cefazolin</i>.....12	<i>citalopram</i>.....35
<i>bromocriptine</i> .....29	<i>cefazolin in dextrose (iso-os)</i> 12	CITALOPRAM .....35
BROMSITE .....70		<i>claravis</i>.....48
BRUKINSA .....18		<i>clarithromycin</i>.....13

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

<i>clindamycin hcl</i>.....14	<i>cyclobenzaprine</i> 31	<i>dexamethasone sodium</i>
<i>clindamycin in 5 % dextrose</i> .14	<i>cyclophosphamide</i> 19	<i>phosphate</i> .....71
<i>clindamycin palmitate hcl</i>....14	<i>cyclosporine</i> 19	<i>dexmethylphenidate</i> .....35
<i>clindamycin pediatric</i>.....14	<i>cyclosporine modified</i> 19	<i>dextroamphetamine-</i>
<i>clindamycin phosphate</i> .. 14, 48,	CYLTEZO(CF) 63	<i>amphetamine</i> 35, 36
66	CYLTEZO(CF) PEN 63	<i>dextrose 10 % and 0.2 % nacl</i>
CLINIMIX 5%/D15W	CYLTEZO(CF) PEN	.....51
SULFITE FREE .....77	CROHN'S-UC-HS 63	<i>dextrose 10 % in water (d10w)</i>
CLINIMIX 4.25%/D10W	CYLTEZO(CF) PEN	.....51
SULF FREE.....77	PSORIASIS STRT 63	<i>dextrose 5 % in water (d5w)</i> .51
CLINIMIX 4.25%/D5W	<i>cyproheptadine</i> 71	<i>dextrose 5%-0.2 % sod</i>
SULFIT FREE.....51	<i>cyred eq</i> 66	<i>chloride</i> .....51
CLINIMIX 5%-	CYSTAGON 75	DIACOMIT .....26
D20W(SULFITE-FREE) ..77	CYSTARAN 69	<i>diazepam</i> 26, 36
CLINISOL SF 15 %77	D	<i>diazepam intensol</i> .....36
<i>clobazam</i> .....26	<i>d10 %-0.45 % sodium chloride</i>	<i>diazoxide</i> .....53
<i>clobetasol</i> .....49	..... 51	<i>diclofenac potassium</i> .....33
<i>clomipramine</i> .....35	<i>d2.5 %-0.45 % sodium</i>	<i>diclofenac sodium</i> 33, 70
<i>clonazepam</i> .....26	<i>chloride</i> 51	<i>dicloxacillin</i> .....16
<i>clonidine</i>.....42	<i>d5 % and 0.9 % sodium</i>	<i>dicyclomine</i> .....58
<i>clonidine hcl</i>.....42	<i>chloride</i> 51	DIFICID .....13
<i>clopidogrel</i>.....44	<i>d5 %-0.45 % sodium chloride</i>	<i>diflunisal</i>.....33
<i>clorazepate dipotassium</i>.....35	..... 51	<i>difluprednate</i>.....71
<i>clotrimazole</i> 8, 48, 49	<i>dalfampridine</i> 30	<i>digoxin</i> 45, 46
<i>clotrimazole-betamethasone</i> .49	DALIRESP 72	<i>dihydroergotamine</i> .....29
<i>clozapine</i> .....35	<i>danazol</i> 57	DILANTIN 30 MG .....26
CLOZAPINE .....35	<i>dantrolene</i> 31	<i>diltiazem hcl</i>.....42
COARTEM .....14	<i>dapsone</i> 14	<i>dilt-xr</i> .....42
<i>colchicine (gout)</i>.....62	DAPTACEL (DTAP	<i>dimethyl fumarate</i> .....30
<i>colesevelam</i>.....45	PEDIATRIC) (PF) 61	<i>diphenoxylate-atropine</i> .....58
<i>colestipol</i> .....45	<i>daptomycin</i> 14	<i>disopyramide phosphate</i> .....41
<i>colistin (colistimethate na)</i> ...14	DAPTOMYCIN 14	<i>disulfiram</i> .....51
COMBIVENT RESPIMAT ..72	<i>darunavir ethanolate</i> 9	<i>divalproex</i> .....26
COMETRIQ.....19	DAURISMO..... 19	<i>dofetilide</i>.....41
COMPLERA .....9	<i>deblitane</i> 65	<i>donepezil</i> .....30
<i>compro</i>.....58	<i>deferasirox</i> 51	<i>dorzolamide</i> .....70
<i>constulose</i>.....58	DELESTROGEN 65	<i>dorzolamide-timolol</i> .....70
COPAXONE.....30	DELSTRIGO..... 9	DOVATO .....9
COPIKTRA .....19	DESCOVY 9	<i>doxazosin</i>.....42
CORLANOR .....45	<i>desipramine</i> 35	<i>doxepin</i> 36
COTELLIC .....19	<i>desmopressin</i> 57	<i>doxy-100</i>.....17
CREON .....58	<i>desog-e.estradiol/e.estradiol</i> 66	<i>doxycycline hyclate</i>.....17
CRESEMBA .....8	<i>desonide</i> 49	<i>doxycycline monohydrate</i>.....17
<i>cromolyn</i> 58, 69, 72	<i>desvenlafaxine succinate</i> 35	DRIZALMA SPRINKLE .....36
<i>cryselle (28)</i> .....66	<i>dexamethasone</i> 52	<i>dronabinol</i>.....58

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 09/19/2023.

<i>drospirenone-e.estradiol-lm.fa</i>	<i>enoxaparin</i>	<i>everolimus (antineoplastic)</i> . 19,
.....66	<i>enpresse</i>	20
<i>drospirenone-ethinyl estradiol</i>	<i>enskyce</i>	<i>everolimus</i>
.....66	<i>entacapone</i>	(immunosuppressive).....20
DROXIA.....	<i>entecavir</i>	EVOTAZ.....
19	9	9
<i>droxidopa</i>	ENTRESTO.....	<i>exemestane</i>
51	46	20
DULERA.....	<i>enulose</i>	EXKIVITY.....
72	58	20
<i>duloxetine</i>	EPCLUSA.....	EYLEA.....
36	9	69
DUPIXENT PEN.....	EPIDIOLEX.....	<i>ezetimibe</i>
47	26	45
DUPIXENT SYRINGE.....	<i>epinephrine</i>	<i>ezetimibe-simvastatin</i>
47	71	45
<i>dutasteride</i>	EPINEPHRINE.....	F
75	71	<i>falmina (28)</i>
<i>dutasteride-tamsulosin</i>	<i>epitol</i>	67
75	26	<i>famciclovir</i>
E	<i>eplerenone</i>	9
<i>ec-naproxen</i>	EPRONTIA.....	<i>famotidine</i>
33	26	60
EDURANT.....	<i>ergotamine-caffeine</i>	FANAPT.....
9	29	36
<i>efavirenz</i>	ERIVEDGE.....	FARXIGA.....
9	19	53
<i>efavirenz-emtricitabin-tenofov</i>	ERLEADA.....	FASENRA.....
9	19	72
<i>efavirenz-lamivu-tenofov disop</i>	<i>erlotinib</i>	FASENRA PEN.....
.....9	19	72
<i>eletriptan</i>	<i>errin</i>	<i>febuxostat</i>
29	65	62
ELIQUIS.....	<i>ertapenem</i>	<i>felbamate</i>
44	14	26
ELIQUIS DVT-PE TREAT	<i>ery pads</i>	<i>felodipine</i>
30D START.....	13	42
44	<i>ery-tab</i>	<i>fenofibrate</i>
ELMIRON.....	13	45
75	ERYTHROCIN.....	<i>fenofibrate micronized</i>
<i>eluryng</i>	13	45
66	<i>erythrocin (as stearate)</i>	<i>fenofibrate nanocrystallized</i>
EMCYT.....	13, 69	45
19	<i>erythromycin</i>	<i>fentanyl</i>
EMEND.....	13, 69	32
58	<i>erythromycin ethylsuccinate</i>	<i>fentanyl citrate</i>
EMGALITY PEN.....	13	32
29	<i>erythromycin with ethanol</i>	75
EMGALITY SYRINGE.....	48	FETZIMA.....
29	<i>erythromycin-benzoyl peroxide</i>	36
EMSAM.....	.....	FIASP FLEXTOUCH U-100
36	48	INSULIN.....
<i>emtricitabine</i>	ESBRIET.....	53
9	72	FIASP PENFILL U-100
<i>emtricitabine-tenofovir (tdf)</i> ...9	<i>escitalopram oxalate</i>	INSULIN.....
9	36	53
EMTRIVA.....	<i>esomeprazole magnesium</i>	FIASP U-100 INSULIN.....
9	60	53
EMVERM.....	<i>estarylla</i>	<i>finasteride</i>
14	66	75
<i>enalapril maleate</i>	<i>estradiol</i>	<i>fingolimod</i>
42	65	30
<i>enalapril-hydrochlorothiazide</i>	<i>estradiol valerate</i>	FINTEPLA.....
.....42	65	26
ENBREL.....	<i>eszopiclone</i>	<i>flac otic oil</i>
63	36	52
ENBREL MINI.....	<i>ethambutol</i>	<i>flecainide</i>
63	14	41
ENBREL SURECLICK.....	<i>ethosuximide</i>	FLOVENT DISKUS.....
63	26	72
ENDARI.....	<i>ethynodiol diac-eth estradiol</i>	FLOVENT HFA.....
51	67	73
<i>endocet</i>	<i>etodolac</i>	<i>fluconazole</i>
32	33	8
ENGERIX-B (PF).....	<i>etonogestrel-ethinyl estradiol</i>	<i>fluconazole in nacl (iso-osm)</i> ..8
61	.....	<i>flucytosine</i>
ENGERIX-B PEDIATRIC	66	8
(PF).....	<i>etravirine</i>	<i>fludrocortisone</i>
61	9	52
	<i>euthyrox</i>	<i>flunisolide</i>
	57	73

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 09/19/2023.

<i>fluocinolone</i>	49	<i>gentamicin in nacl (iso-osm)</i> 14	HUMIRA PEN CROHNS-UC-
<i>fluocinolone acetone oil</i>	52	GENVOYA	HS START.....
<i>fluocinolone and shower cap</i>	49	GILOTRIF	63
<i>fluocinonide</i>	50	<i>glatiramer</i>	HUMIRA PEN PSOR-
<i>fluocinonide-e</i>	50	<i>glatopa</i>	UVEITS-ADOL HS
<i>fluocinonide-emollient</i>	50	GLEOSTINE.....	64
<i>fluoride (sodium)</i>	77	<i>glimepiride</i>	HUMIRA(CF).....
<i>fluorometholone</i>	71	<i>glipizide</i>	64
<i>fluorouracil</i>	47	<i>glipizide-metformin</i>	HUMIRA(CF) PEDI
<i>fluoxetine</i>	36	GLUCAGEN HYPOKIT.....	CROHNS STARTER.....
<i>fluphenazine decanoate</i>	36	GLUCAGON EMERGENCY	HUMIRA(CF) PEN.....
<i>fluphenazine hcl</i>	36	KIT (HUMAN)	64
<i>flurbiprofen</i>	33	<i>glyburide</i>	HUMIRA(CF) PEN
<i>flurbiprofen sodium</i>	70	<i>glyburide micronized</i>	PEDIATRIC UC.....
<i>fluticasone propionate</i>	50, 73	<i>glyburide-metformin</i>	64
<i>flvoxamine</i>	36, 37	<i>glycopyrrolate</i>	HUMIRA(CF) PEN PSOR-
<i>fondaparinux</i>	44	GLYXAMBI	UV-ADOL HS.....
<i>fosamprenavir</i>	9	<i>granisetron hcl</i>	64
<i>fosinopril</i>	42	<i>griseofulvin microsize</i>	HUMULIN R U-500 (CONC)
<i>fosinopril-hydrochlorothiazide</i>	42	<i>griseofulvin ultramicrosize</i>	INSULIN.....
.....	42	<i>guanfacine</i>	54
FOTIVDA	20	GVOKE	HUMULIN R U-500 (CONC)
<i>furosemide</i>	42	GVOKE HYPOPEN 1-PACK	KWIKPEN.....
FUZEON	9	.....	54
<i>fyavolv</i>	65	GVOKE HYPOPEN 2-PACK	<i>hydralazine</i>
FYCOMPA	26, 27	.....	42
G		GVOKE PFS 1-PACK	<i>hydrochlorothiazide</i>
<i>gabapentin</i>	27	SYRINGE.....	42
<i>galantamine</i>	30	GVOKE PFS 2-PACK	<i>hydrocodone bitartrate</i>
GARDASIL 9 (PF).....	61	SYRINGE.....	32
<i>gatifloxacin</i>	69	H	<i>hydrocodone-acetaminophen</i> 32
GATTEX 30-VIAL.....	58	HAEGARDA	<i>hydrocodone-ibuprofen</i>
GATTEX ONE-VIAL.....	58	<i>hailey 24 fe</i>	32
GAUZE PAD	62	<i>halobetasol propionate</i>	<i>hydrocortisone</i>
<i>gavilyte-c</i>	58	<i>haloperidol</i>	50, 52, 58
<i>gavilyte-g</i>	58	<i>haloperidol decanoate</i>	<i>hydrocortisone butyrate</i>
GAVRETO	20	<i>haloperidol lactate</i>	50
<i>gefitinib</i>	20	HARVONI.....	<i>hydromorphone</i>
<i>gemfibrozil</i>	45	HAVRIX (PF)	32
<i>generlac</i>	58	<i>heparin (porcine)</i>	<i>hydromorphone (pf)</i>
<i>engraf</i>	20	HEPLISAV-B (PF)	32
GENOTROPIN.....	60	HIBERIX (PF)	<i>hydroxychloroquine</i>
GENOTROPIN MINIQUICK	60, 61	HUMIRA	14
.....	60, 61	HUMIRA PEN	<i>hydroxyurea</i>
<i>gentamicin</i>	14, 48, 69		20
			<i>hydroxyzine hcl</i>
			71
			<i>hydroxyzine pamoate</i>
			71
			HYRIMOZ PEN CROHN'S-
			UC STARTER.....
			64
			HYRIMOZ PEN PSORIASIS
			STARTER.....
			64
			HYRIMOZ(CF)
			64
			HYRIMOZ(CF) PEDI
			CROHN STARTER
			64
			HYRIMOZ(CF) PEN
			64
			I
			<i>ibandronate</i>
			63
			IBRANCE
			20
			<i>ibu</i>
			33

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 09/19/2023.

<i>ibuprofen</i>	33	<i>isoniazid</i>	14	<i>klor-con 8</i>	76
<i>icatibant</i>	73	<i>isosorbide dinitrate</i>	46	<i>klor-con m10</i>	76
ICLUSIG.....	20	<i>isosorbide mononitrate</i>	46	<i>klor-con m15</i>	76
<i>icosapent ethyl</i>	45	<i>isotretinoin</i>	48	<i>klor-con m20</i>	76
IDHIFA.....	20	<i>isradipine</i>	42	KORLYM.....	57
ILEVRO.....	70	<i>itraconazole</i>	8	K-PHOS ORIGINAL.....	75
<i>imatinib</i>	20	<i>ivermectin</i>	14	KRAZATI.....	21
IMBRUVICA.....	20	IXIARO (PF).....	61	<i>kurvelo (28)</i>	67
<i>imipenem-cilastatin</i>	14	J		L	
<i>imipramine hcl</i>	37	JAKAFI.....	20	<i>l norgest/e.estradiol-e.estradiol</i>	67
<i>imiquimod</i>	47	<i>jantoven</i>	44	<i>labetalol</i>	42
IMOVAX RABIES VACCINE		JANUMET.....	54	LACOSAMIDE.....	27
(PF).....	61	JANUMET XR.....	54	<i>lactulose</i>	58
<i>incassia</i>	66	JANUVIA.....	54	<i>lamivudine</i>	10
INCRELEX.....	51	JARDIANCE.....	54	<i>lamivudine-zidovudine</i>	10
INCRUSE ELLIPTA.....	73	<i>jasmiel (28)</i>	67	<i>lamotrigine</i>	27
<i>indapamide</i>	42	JAYPIRCA.....	20, 21	<i>lansoprazole</i>	60
INFANRIX (DTAP) (PF).....	61	JENTADUETO.....	54	LANTUS SOLOSTAR U-100	
INFLECTRA.....	58	JENTADUETO XR.....	55	INSULIN.....	55
INLYTA.....	20	<i>jinteli</i>	66	LANTUS U-100 INSULIN.....	55
INQOVI.....	20	<i>juleber</i>	67	<i>lapatinib</i>	21
INREBIC.....	20	JULUCA.....	10	<i>larin 1.5/30 (21)</i>	67
INSULIN PEN NEEDLE.....	62	<i>junel 1.5/30 (21)</i>	67	<i>larin 1/20 (21)</i>	67
INSULIN SYRINGE (DISP)		<i>junel 1/20 (21)</i>	67	<i>larin fe 1.5/30 (28)</i>	67
U-100.....	62	<i>junel fe 1.5/30 (28)</i>	67	<i>larin fe 1/20 (28)</i>	67
INTELENCE.....	10	<i>junel fe 1/20 (28)</i>	67	<i>latanoprost</i>	70
<i>intralipid</i>	77	<i>junel fe 24</i>	67	LATUDA.....	38
INTRALIPID.....	77	JUXTAPID.....	45	<i>layolis fe</i>	67
<i>introvale</i>	67	JYNNEOS (PF)(STOCKPILE)		<i>leena 28</i>	67
INVEGA HAFYERA.....	37	.....	61	<i>leflunomide</i>	64
INVEGA SUSTENNA.....	37	K		<i>lenalidomide</i>	21
INVEGA TRINZA.....	37, 38	<i>kaitlib fe</i>	67	LENVIMA.....	21
IPOL.....	61	KALYDECO.....	73	<i>lessina</i>	67
<i>ipratropium bromide</i>	52, 73	<i>kariva (28)</i>	67	<i>letrozole</i>	21
<i>ipratropium-albuterol</i>	73	<i>kelnor 1/35 (28)</i>	67	<i>leucovorin calcium</i>	18
<i>irbesartan</i>	42	<i>kelnor 1-50 (28)</i>	67	LEUKERAN.....	21
<i>irbesartan-hydrochlorothiazide</i>		KERENDIA.....	42	<i>leuprolide</i>	21
.....	42	<i>ketoconazole</i>	8, 49	<i>levalbuterol hcl</i>	73
IRESSA.....	20	<i>ketorolac</i>	70	LEVEMIR FLEXPEN.....	55
ISENTRESS.....	10	KINRIX (PF).....	61	LEVEMIR U-100 INSULIN.....	55
ISENTRESS HD.....	10	KISQALI.....	21	<i>levetiracetam</i>	27
<i>isibloom</i>	67	KISQALI FEMARA CO-		<i>levobunolol</i>	69
ISOLYTE S PH 7.4.....	77	PACK.....	21	<i>levocarnitine</i>	51
ISOLYTE-P IN 5 %		<i>klor-con</i>	75	<i>levocarnitine (with sugar)</i>	51
DEXTROSE.....	77	<i>klor-con 10</i>	76	<i>levocetirizine</i>	71

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

This drug list was last updated on 09/19/2023.

<i>levofloxacin</i>.....17	LUPRON DEPOT (4	<i>methocarbamol</i>.....31
<i>levofloxacin in d5w</i>.....17	MONTH) 21	<i>methotrexate sodium</i> .....22
<i>levonest (28)</i>.....67	LUPRON DEPOT (6	<i>methotrexate sodium (pf)</i> .....22
<i>levonorgestrel-ethinyl estrad</i> 67	MONTH) 21	<i>methsuximide</i> .....27
<i>levonorg-eth estrad triphasic</i> 67	LUPRON DEPOT-PED 21	<i>methylphenidate hcl</i>.....38
<i>levora-28</i>.....67	LUPRON DEPOT-PED (3	<i>methylprednisolone</i> .....52
<i>levo-t</i>.....57	MONTH) 21	<i>metoclopramide hcl</i> .....59
<i>levothyroxine</i>.....57	<i>lurasidone</i> 38	<i>metolazone</i> .....42
<i>levoxyl</i>.....57	<i>lutra (28)</i> 67	<i>metoprolol succinate</i> .....42
LEXIVA.....10	LYNPARZA..... 22	<i>metoprolol ta-hydrochlorothiaz</i>
<i>lidocaine</i>.....47	LYSODREN..... 22	.....42
<i>lidocaine hcl</i>.....47	LYTGOBI..... 22	<i>metoprolol tartrate</i> .....42
<i>lidocaine viscous</i>.....47	<i>lyza</i> 66	<i>metro i.v.</i> .....14
<i>lidocaine-prilocaine</i> .....47	M	<i>metronidazole</i> 14, 48, 66
<i>linezolid</i> .....14	<i>magnesium sulfate</i> 76	<i>metronidazole in nacl (iso-os)</i>
<i>linezolid in dextrose 5%</i>.....14	<i>malathion</i> 50	.....14
<i>linezolid-0.9% sodium chloride</i>	<i>maraviroc</i> 10	<i>metyrosine</i> .....42
.....14	<i>marlissa (28)</i> 67	<i>micafungin</i>.....8
LINZESS.....58	MARPLAN 38	<i>microgestin 1.5/30 (21)</i>.....67
<i>liothyronine</i> .....57	MATULANE 22	<i>microgestin 1/20 (21)</i> .....68
<i>lisinopril</i> .....42	MAVYRET 10	<i>microgestin fe 1.5/30 (28)</i>....68
<i>lisinopril-hydrochlorothiazide</i>	<i>meclizine</i> 58	<i>microgestin fe 1/20 (28)</i> .....68
.....42	<i>medroxyprogesterone</i> 66	<i>midodrine</i> .....51
<i>lithium carbonate</i>.....38	<i>mefloquine</i> 14	<i>miglustat</i>.....57
LOKELMA .....51	<i>megestrol</i> 22	<i>mili</i>.....68
LONSURF .....21	MEKINIST 22	<i>minocycline</i> .....17
<i>loperamide</i> .....58	MEKTOVI..... 22	<i>minoxidil</i>.....43
<i>lopinavir-ritonavir</i>.....10	<i>meloxicam</i> 34	<i>mirtazapine</i> .....38
<i>lorazepam</i>.....38	<i>memantine</i> 31	<i>misoprostol</i>.....60
<i>lorazepam intensol</i> .....38	MEMANTINE 31	MITIGARE.....62
LORBRENA.....21	MENACTRA (PF) 61	M-M-R II (PF) .....62
<i>loryna (28)</i> .....67	MENQUADFI (PF) 61	<i>moexipril</i> .....43
<i>losartan</i> .....42	MENVEO A-C-Y-W-135-DIP	<i>molindone</i>.....38
<i>losartan-hydrochlorothiazide</i>	(PF) 62	<i>mometasone</i> 50, 73
.....42	<i>mercaptopurine</i> 22	<i>montelukast</i> .....73
<i>loteprednol etabonate</i>.....71	<i>meropenem</i> 14	<i>morphine</i> .....32
<i>lovastatin</i>.....45	<i>mesalamine</i> 59	<i>morphine concentrate</i>.....32
<i>low-ogestrel (28)</i>.....67	<i>mesalamine with cleansing</i>	MOVANTIK.....59
<i>loxapine succinate</i> .....38	<i>wipe</i> 59	<i>moxifloxacin</i> 17, 69
LUBIPROSTONE .....58	MESNEX..... 18	<i>mupirocin</i> .....48
LUMAKRAS .....21	<i>metformin</i> 55	<i>mycophenolate mofetil</i> .....22
LUMIGAN.....70	<i>methadone</i> 32	<i>mycophenolate sodium</i> .....22
LUPRON DEPOT .....21	<i>methazolamide</i> 70	MYRBETRIQ.....75
LUPRON DEPOT (3	<i>methenamine hippurate</i> 18	N
MONTH).....21	<i>methimazole</i> 53	<i>nabumetone</i> .....34

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 09/19/2023.

<i>nadolol</i>	43	<i>nitro-bid</i>	46	NUCALA.....	73
<i>nafcillin</i>	16	NITRO-DUR.....	46	NUDEXTA.....	31
<i>nafcillin in dextrose iso-osm</i> .	16	<i>nitrofurantoin</i>	18	NUPLAZID	38
<i>naftifine</i>	49	<i>nitrofurantoin macrocrystal</i> .	18	NURTEC ODT	29
<i>naloxone</i>	34	<i>nitrofurantoin monohyd/m-</i>		<i>nyamyc</i>	49
<i>naltrexone</i>	34	<i>cryst</i>	18	<i>nystatin</i>	8, 49
NAMZARIC	31	<i>nitroglycerin</i>	46	<i>nystop</i>	49
<i>naproxen</i>	34	<i>nizatidine</i>	60	O	
<i>naproxen sodium</i>	34	<i>nora-be</i>	66	OICALIVA.....	59
<i>naratriptan</i>	29	<i>noreth-ethinyl estradiol-iron</i> 68		<i>ocella</i>	68
NARCAN.....	34	<i>norethindrone (contraceptive)</i>		OCREVUS.....	31
NATACYN	69	.....	66	<i>octreotide acetate</i>	22
<i>nateglinide</i>	55	<i>norethindrone acetate</i>	66	ODEFSEY.....	10
NATPARA.....	57	<i>norethindrone ac-eth estradiol</i>		ODOMZO	22
NAYZILAM.....	27	.....	66, 68	OFEV	73
<i>nebivolol</i>	43	<i>norethindrone-e.estradiol-iron</i>		<i>ofloxacin</i>	52, 69
<i>necon 0.5/35 (28)</i>	68	.....	68	<i>olanzapine</i>	38, 39
NEEDLES, INSULIN		<i>norgestimate-ethinyl estradiol</i>		<i>olmesartan</i>	43
DISP.,SAFETY	62	.....	68	<i>olmesartan-amlodipin-</i>	
<i>nefazodone</i>	38	<i>nortrel 0.5/35 (28)</i>	68	<i>hcthiazyd</i>	43
<i>neomycin</i>	15	<i>nortrel 1/35 (21)</i>	68	<i>olmesartan-</i>	
<i>neomycin-bacitracin-poly-hc</i> 70		<i>nortrel 1/35 (28)</i>	68	<i>hydrochlorothiazide</i>	43
<i>neomycin-bacitracin-</i>		<i>nortrel 7/7/7 (28)</i>	68	<i>olopatadine</i>	70
<i>polymyxin</i>	69	<i>nortriptyline</i>	38	<i>omega-3 acid ethyl esters</i>	45
<i>neomycin-polymyxin b-</i>		NORVIR.....	10	<i>omeprazole</i>	60
<i>dexameth</i>	70	NOVOLIN 70/30 U-100		<i>ondansetron</i>	59
<i>neomycin-polymyxin-</i>		INSULIN	55	<i>ondansetron hcl</i>	59
<i>gramicidin</i>	69	NOVOLIN N FLEXPEN	55	ONUREG	22
<i>neomycin-polymyxin-hc.</i> 52, 70		NOVOLIN N NPH U-100		OPSUMIT	73
NERLYNX	22	INSULIN	55	ORENCIA.....	65
NEULASTA	61	NOVOLIN R FLEXPEN.....	55	ORENCIA CLICKJECT.....	65
NEUPRO.....	29	NOVOLIN R REGULAR		ORFADIN.....	51
<i>nevirapine</i>	10	U100 INSULIN.....	55	ORGOVYX	22
<i>niacin</i>	45	NOVOLOG FLEXPEN U-100		ORKAMBI.....	73, 74
NIACIN.....	45	INSULIN	55	ORSERDU	22
<i>nicardipine</i>	43	NOVOLOG MIX 70-30 U-100		<i>oseltamivir</i>	10
NICOTROL	52	INSULN	55	OSPHENA	66
NICOTROL NS.....	52	NOVOLOG MIX 70-		OTEZLA	65
<i>nifedipine</i>	43	30FLEXPEN U-100.....	55	OTEZLA STARTER.....	65
<i>nikki (28)</i>	68	NOVOLOG PENFILL U-100		<i>oxacillin</i>	16
<i>nilutamide</i>	22	INSULIN	55	<i>oxcarbazepine</i>	27
<i>nimodipine</i>	43	NOVOLOG U-100 INSULIN		OXERVATE.....	70
NINLARO.....	22	ASPART.....	55	<i>oxybutynin chloride</i>	75
NITAZOXANIDE.....	15	NOXAFIL.....	8	<i>oxycodone</i>	33
<i>nitisinone</i>	51	NUBEQA	22	<i>oxycodone-acetaminophen</i>	33

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 09/19/2023.

OZEMPIC	55	PIRFENIDONE.....	74	PRIFTIN.....	15
P		<i>piroxicam</i>	34	PRIMAQUINE	15
<i>pacerone</i>	41	PLASMA-LYTE 148.....	77	<i>primidone</i>	28
<i>paliperidone</i>	39	PLASMA-LYTE A.....	77	PRIMIDONE	28
PANRETIN.....	47	<i>plenamine</i>	77	PRIORIX (PF)	62
<i>pantoprazole</i>	60	<i>podofilox</i>	47	PRIVIGEN.....	62
<i>paricalcitol</i>	57	<i>polymyxin b sulf-trimethoprim</i>		<i>probenecid</i>	62
<i>paromomycin</i>	15	.....	69	<i>probenecid-colchicine</i>	63
<i>paroxetine hcl</i>	39	POMALYST	23	<i>prochlorperazine</i>	59
PASER	15	<i>portia 28</i>	68	<i>prochlorperazine maleate oral</i>	
PEDIARIX (PF)	62	<i>posaconazole</i>	8	.....	59
PEDVAX HIB (PF).....	62	<i>potassium chlorid-d5-</i>		PROCRIT.....	61
<i>peg 3350-electrolytes</i>	59	<i>0.45%nacl</i>	76	<i>procto-med hc</i>	59
PEGASYS.....	61	<i>potassium chloride</i>	76	<i>proctosol hc</i>	59
<i>peg-electrolyte</i>	59	<i>potassium chloride in</i>		<i>proctozone-hc</i>	59
PEMAZYRE.....	23	<i>0.9%nacl</i>	76	PROGRAF	23
<i>penicillamine</i>	65	<i>potassium chloride in 5 % dex</i>		PROLASTIN-C	51
PENICILLIN G POT IN		.....	76	PROLENSA.....	70
DEXTROSE	16	<i>potassium chloride in water</i> .	76	PROLIA	63
<i>penicillin g potassium</i>	16	<i>potassium chloride-0.45 %</i>		PROMACTA	44
<i>penicillin g sodium</i>	17	<i>nacl</i>	76	<i>promethazine</i>	71
<i>penicillin v potassium</i>	17	<i>potassium chloride-d5-</i>		<i>propafenone</i>	41
PENTACEL (PF).....	62	<i>0.2%nacl</i>	76	<i>propranolol</i>	43
<i>pentamidine</i>	15	<i>potassium chloride-d5-</i>		<i>propylthiouracil</i>	53
PENTASA.....	59	<i>0.9%nacl</i>	76	PROQUAD (PF).....	62
<i>pentoxifylline</i>	44	<i>potassium citrate</i>	75	PROSOL 20 %	77
<i>perindopril erbumine</i>	43	<i>pramipexole</i>	29	<i>protriptyline</i>	39
<i>permethrin</i>	50	<i>prasugrel</i>	44	PULMICORT FLEXHALER	
<i>perphenazine</i>	39	<i>pravastatin</i>	45	.....	74
PERSERIS	39	<i>praziquantel</i>	15	PULMOZYME	74
<i>phenelzine</i>	39	<i>prazosin</i>	43	PURIXAN	23
<i>phenobarbital</i>	27	<i>prednisolone</i>	52	<i>pyrazinamide</i>	15
<i>phenytoin</i>	27	<i>prednisolone acetate</i>	71	<i>pyridostigmine bromide</i>	31
<i>phenytoin sodium extended</i> ...27		<i>prednisolone sodium</i>		Q	
PIFELTRO	10	<i>phosphate</i>	53, 71	QINLOCK.....	23
<i>pilocarpine hcl</i>	51, 70	<i>prednisone</i>	53	QUADRACEL (PF)	62
<i>pimozide</i>	39	<i>prednisone intensol</i>	53	<i>quetiapine</i>	39
<i>pimtree (28)</i>	68	<i>pregabalin</i>	28	<i>quinapril</i>	43
<i>pindolol</i>	43	PREHEVBRIO (PF)	62	<i>quinapril-hydrochlorothiazide</i>	
<i>pioglitazone</i>	55	<i>premasol 10 %</i>	77	.....	43
<i>pioglitazone-glimepiride</i>	55	<i>prenatal vitamin oral tablet</i> ..	77	<i>quinidine sulfate</i>	41
<i>pioglitazone-metformin</i>	55	<i>prevalite</i>	45	<i>quinine sulfate</i>	15
<i>piperacillin-tazobactam</i>	17	PREVYMIS.....	10	R	
PIQRAY	23	PREZCOBIX.....	10	RABAVERT (PF)	62
<i>pirfenidone</i>	74	PREZISTA	10	<i>rabeprazole</i>	60

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 09/19/2023.

<i>raloxifene</i>	63	<i>rufinamide</i>	28	SOMAVERT	57
<i>ramipril</i>	43	RUKOBIA	11	<i>sorafenib</i>	23
<i>ranolazine</i>	46	RUXIENCE.....	23	<i>sorine</i>	41
<i>rasagiline</i>	29	RYBELSUS.....	56	<i>sotalol</i>	41
RAYALDEE.....	57	RYDAPT	23	<i>sotalol af</i>	41
<i>reclipsen (28)</i>	68	S		SOTYLIZE	41
RECOMBIVAX HB (PF)	62	SAMSCA.....	57	SOVALDI	11
RECTIV	59	SANDIMMUNE	23	SPIRIVA RESPIMAT	74
REGRANEX.....	47	SANTYL	47	SPIRIVA WITH	
RELENZA DISKHALER.....	10	<i>sapropterin</i>	57	HANDIHALER	74
RELISTOR	59	SCEMBLIX.....	23	<i>spironolactone</i>	43
<i>repaglinide</i>	55, 56	<i>scopolamine base</i>	59	<i>spironolacton-</i>	
REPATHA	45	SECUADO	39	<i>hydrochlorothiaz</i>	43
REPATHA PUSHTRONEX.....	45	<i>selegiline hcl</i>	29	<i>sprintec (28)</i>	68
REPATHA SURECLICK	45	<i>selenium sulfide</i>	46	SPRITAM	28
RESTASIS	70	SELZENTRY	11	SPRYCEL	23
RESTASIS MULTIDOSE	70	SEREVENT DISKUS	74	<i>sps (with sorbitol)</i>	52
RETEVMO	23	<i>sertraline</i>	40	<i>sronyx</i>	68
REVLIMID	23	<i>setlakin</i>	68	<i>ssd</i>	47
REXULTI	39	<i>sevelamer carbonate</i>	51	STELARA.....	46
REYATAZ.....	11	<i>sharobel</i>	66	STIOLTO RESPIMAT	74
REZLIDHIA	23	SHINGRIX (PF)	62	STIVARGA	23
RHOPRESSA	70	SIGNIFOR.....	23	STREPTOMYCIN	15
<i>ribavirin</i>	11	<i>sildenafil</i>	75	STRIBILD.....	11
<i>rifabutin</i>	15	<i>sildenafil (pulmonary arterial</i>		<i>subvenite</i>	28
<i>rifampin</i>	15	<i>hypertension)</i>	74	SUCRAID	59
<i>riluzole</i>	51	<i>silver sulfadiazine</i>	47	<i>sucralfate</i>	60
<i>rimantadine</i>	11	<i>simvastatin</i>	45	<i>sulfacetamide sodium</i>	70
RINVOQ	65	<i>sirolimus</i>	23	<i>sulfacetamide sodium (acne)</i>	48
<i>risedronate</i>	63	SIRTURO	15	<i>sulfacetamide-prednisolone</i>	70
RISPERDAL CONSTA	39	SIVEXTRO	15	<i>sulfadiazine</i>	17
<i>risperidone</i>	39	SKYRIZI	46, 59	<i>sulfamethoxazole-trimethoprim</i>	
<i>ritonavir</i>	11	<i>sodium chloride</i>	51	.....	17
<i>rivastigmine</i>	31	<i>sodium chloride 0.45 %</i>	76	SULFAMYLON	48
<i>rivastigmine tartrate</i>	31	<i>sodium chloride 0.9 %</i>	51	<i>sulfasalazine</i>	59
<i>rivelsa</i>	68	<i>sodium chloride 3 %</i>		<i>sulindac</i>	34
<i>rizatriptan</i>	29	<i>hypertonic</i>	76	<i>sumatriptan</i>	29
<i>roflumilast</i>	74	<i>sodium chloride 5 %</i>		<i>sumatriptan succinate</i>	30
<i>ropinirole</i>	29	<i>hypertonic</i>	76	<i>sunitinib malate</i>	23
<i>rosuvastatin</i>	45	SODIUM OXYBATE	40	SUNLENCA	11
ROTARIX.....	62	<i>sodium phenylbutyrate</i>	51, 52	SUPREP BOWEL PREP KIT	
ROTATEQ VACCINE	62	<i>sodium polystyrene sulfonate</i>	52	.....	59
<i>roweepra</i>	28	SOLQUA 100/33.....	56	<i>syeda</i>	68
ROZLYTREK.....	23	SOLTAMOX.....	23	SYMBICORT	74
RUBRACA	23	SOMATULINE DEPOT	23	SYMDEKO.....	74

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

This drug list was last updated on 09/19/2023.

SYMPAZAN	28	<i>testosterone</i>	57	<i>travasol 10 %</i>	77
SYMTUZA	11	TESTOSTERONE	57	<i>travoprost</i>	70
SYNAREL	57	<i>testosterone cypionate</i>	57	<i>trazodone</i>	40
SYNJARDY.....	56	<i>testosterone enanthate</i>	57	TRECTOR	15
SYNJARDY XR.....	56	TETANUS,DIPHThERIA		TRELEGY ELLIPTA	74
SYNRIBO	23	TOX PED(PF).....	62	TRELSTAR	24
SYNTHROID	57	<i>tetrabenazine</i>	31	TRESIBA FLEXTOUCH U-	
T		<i>tetracycline</i>	17	100.....	56
TABLOID	23	TEXACORT.....	50	TRESIBA FLEXTOUCH U-	
TABRECTA	24	THALOMID.....	24	200.....	56
<i>tacrolimus</i>	24, 47	THEO-24	74	TRESIBA U-100 INSULIN..	56
TAFINLAR.....	24	<i>theophylline</i>	74	<i>tretinoin (antineoplastic)</i>	24
TAGRISSO	24	<i>thioridazine</i>	40	<i>tretinoin topical</i>	48
TALTZ AUTOINJECTOR...46		<i>thiothixene</i>	40	<i>triamcinolone acetonide</i> . 50, 52	
TALTZ AUTOINJECTOR (2		<i>tiadylt er</i>	43	<i>triamterene-hydrochlorothiazid</i>	
PACK).....	46	<i>tiagabine</i>	28	.....	43
TALTZ AUTOINJECTOR (3		TIBSOVO.....	24	<i>trientine</i>	52
PACK).....	47	TICOVAC	62	<i>tri-estarylla</i>	68
TALTZ SYRINGE	47	<i>tigecycline</i>	15	<i>trifluoperazine</i>	40
TALZENNA	24	<i>timolol maleate</i>	43, 69	<i>trifluridine</i>	69
<i>tamoxifen</i>	24	TIVICAY.....	11	<i>trihexyphenidyl</i>	29
<i>tamsulosin</i>	75	TIVICAY PD	11	TRIKAFTA.....	74
<i>tarina 24 fe</i>	68	<i>tizanidine</i>	31	<i>tri-legest fe</i>	68
<i>tarina fe 1-20 eq (28)</i>	68	TOBRADEX	70	<i>tri-lo-estarylla</i>	68
TASIGNA	24	<i>tobramycin</i>	69	<i>tri-lo-sprintec</i>	68
<i>tazarotene</i>	48	<i>tobramycin in 0.225 % nacl</i> . 15		<i>trimethoprim</i>	18
<i>tazicef</i>	13	<i>tobramycin sulfate</i>	15	<i>tri-mili</i>	68
<i>taztia xt</i>	43	<i>tobramycin-dexamethasone</i> .. 70		<i>trimipramine</i>	40
TAZVERIK	24	<i>tolterodine</i>	75	TRINTELLIX	40
TDVAX.....	62	<i>tolvaptan</i>	57	<i>tri-sprintec (28)</i>	68
TEFLARO.....	13	<i>topiramate</i>	28	TRIUMEQ	11
<i>telmisartan</i>	43	<i>toremifene</i>	24	TRIUMEQ PD.....	11
<i>telmisartan-amlodipine</i>	43	<i>torse mide</i>	43	<i>trivora (28)</i>	68
<i>telmisartan-hydrochlorothiazid</i>		TOUJEO MAX U-300		<i>tri-vylibra</i>	68
.....	43	SOLOSTAR	56	<i>tri-vylibra lo</i>	68
TENIVAC (PF).....	62	TOUJEO SOLOSTAR U-300		<i>trizivir</i>	11
<i>tenofovir disoproxil fumarate</i>		INSULIN	56	TROPHAMINE 10 %	77
.....	11	TPN ELECTROLYTES	77	<i>trospium</i>	75
TEPMETKO	24	TRADJENTA.....	56	TRULANCE	59
<i>terazosin</i>	43	<i>tramadol</i>	34	TRULICITY	56
<i>terbinafine hcl</i>	8	<i>tramadol-acetaminophen</i>	34	TRUMENBA	62
<i>terbutaline</i>	74	<i>trandolapril</i>	43	TUKYSA	24
<i>terconazole</i>	66	<i>trandolapril-verapamil</i>	43	TURALIO	24
<i>teriflunomide</i>	31	<i>tranexamic acid</i>	66	TWINRIX (PF).....	62
TERIPARATIDE	63	<i>tranylcypromine</i>	40	TYBOST	11

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 09/19/2023.

<i>tydemy</i>	68	<i>vienna</i>	68	XOSPATA.....	25
TYPHIM VI.....	62	<i>vigabatrin</i>	28	XPOVIO.....	25
U		<i>vigadrone</i>	28	XTANDI.....	25
UBRELVY.....	30	VIIBRYD.....	40	<i>xulane</i>	66
<i>unithroid</i>	57	VILAZODONE.....	40	XULTOPHY 100/3.6.....	56
UPTRAVI.....	43	VIOKACE.....	60	XYREM.....	40
<i>ursodiol</i>	60	VIRACEPT.....	11	Y	
V		VIREAD.....	11	YF-VAX (PF).....	62
<i>valacyclovir</i>	11	VITRAKVI.....	24, 25	<i>yuvafem</i>	66
VALCHLOR.....	47	VIVITROL.....	34	Z	
<i>valganciclovir</i>	11	VIZIMPRO.....	25	<i>zafirlukast</i>	75
<i>valproic acid</i>	28	VONJO.....	25	<i>zaleplon</i>	40
<i>valproic acid (as sodium salt)</i>		<i>voriconazole</i>	8	ZARXIO.....	61
.....	28	VOSEVI.....	11	ZEJULA.....	25
<i>valsartan</i>	43	VOTRIENT.....	25	ZELBORAF.....	25
<i>valsartan-hydrochlorothiazide</i>		VRAYLAR.....	40	ZEMAIRA.....	52
.....	43	<i>vyfemla (28)</i>	68	<i>zenatane</i>	48
VALTOCO.....	28	<i>vylibra</i>	68	ZENPEP.....	60
<i>vancomycin</i>	15	VYNDAMAX.....	46	<i>zidovudine</i>	11
<i>vandazole</i>	66	W		ZIEXTENZO.....	61
VAQTA (PF).....	62	<i>warfarin</i>	44	<i>ziprasidone hcl</i>	40
VARENICLINE.....	52	WELIREG.....	25	<i>ziprasidone mesylate</i>	40
VARIVAX (PF).....	62	<i>wymzya fe</i>	68	ZIRGAN.....	69
VASCEPA.....	45	X		<i>zoledronic acid</i>	57
<i>velivet triphasic regimen (28)</i>		XALKORI.....	25	<i>zoledronic acid-mannitol-water</i>	
.....	68	XARELTO.....	44	.....	52, 57
VELTASSA.....	52	XARELTO DVT-PE TREAT		ZOLEDRONIC AC-	
VEMLIDY.....	11	30D START.....	44	MANNITOL-0.9NACL....	57
VENCLEXTA.....	24	XATMEP.....	25	ZOLINZA.....	25
VENCLEXTA STARTING		XCOPRI.....	28, 29	<i>zolmitriptan</i>	30
PACK.....	24	XCOPRI MAINTENANCE		<i>zolpidem</i>	40
<i>venlafaxine</i>	40	PACK.....	28	ZONISADE.....	29
VENLAFAXINE BESYLATE		XCOPRI TITRATION PACK		<i>zonisamide</i>	29
.....	40	.....	29	<i>zovia 1-35 (28)</i>	69
VENTAVIS.....	74	XELJANZ.....	65	ZTALMY.....	29
VENTOLIN HFA.....	74	XELJANZ XR.....	65	ZYDELIG.....	25
<i>verapamil</i>	43, 44	XERMELO.....	25	ZYKADIA.....	25
VERSACLOZ.....	40	XGEVA.....	18	ZYLET.....	70
VERZENIO.....	24	XIFAXAN.....	15	ZYPREXA RELPREVV.....	40
VICTOZA 2-PAK.....	56	XIGDUO XR.....	56		
VICTOZA 3-PAK.....	56	XOLAIR.....	74, 75		

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 09/19/2023.