



Clear Spring Health

Clear Spring Health Premier Rx (PDP)

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 00023306, Version Number 16

This formulary was updated on 07/24/2023. 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, even if you haven't paid your deductible. 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, even if you haven't paid your deductible.

Y0145_RX P245_091422_C

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 Premier Rx (PDP).

This document includes list of the drugs (formulary) for our plan which is current as of 07/24/2023. 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 Premier Rx (PDP) 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 Gold Plus Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to 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 Gold Plus 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 07/24/2023. 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 7. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Miscellaneous Cardiovascular Agents”. If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 75. 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 7. 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?" below 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 page 4 for information about how to request an exception.

How do I request an exception to the Clear Spring Health Gold Plus 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 day 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 the next page 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 75.

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.

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>	2	MO
CRESEMBA ORAL	5	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<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
<i>griseofulvin microsize</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<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	PA; MO
<i>ketoconazole oral</i>	2	MO
NOXAFIL ORAL SUSPENSION	5	PA; MO; QL (630 per 30 days)
<i>nystatin oral</i>	4	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	4	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO; QL (120 per 30 days)
ANTIVIRALS		
<i>abacavir oral solution</i>	3	MO; QL (960 per 30 days)
<i>abacavir oral tablet</i>	3	MO; QL (60 per 30 days)
<i>abacavir-lamivudine</i>	3	MO; QL (30 per 30 days)
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 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 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
<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</i>	2	MO
APTIVUS	5	MO; QL (120 per 30 days)
<i>atazanavir oral capsule 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	4	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO; QL (30 per 30 days)
CIMDUO	5	MO; QL (30 per 30 days)
COMPLERA	5	MO; QL (30 per 30 days)
DELSTRIGO	5	MO; QL (30 per 30 days)
DESCOVY	5	MO
DOVATO	5	MO; QL (30 per 30 days)
EDURANT	5	MO; QL (30 per 30 days)
<i>efavirenz oral capsule 200 mg</i>	4	MO; QL (120 per 30 days)
<i>efavirenz oral capsule 50 mg</i>	4	MO; QL (180 per 30 days)
<i>efavirenz oral tablet</i>	4	MO; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir</i>	5	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>efavirenz-lamivudine-tenofovir disop</i>	5	MO; QL (30 per 30 days)
<i>emtricitabine</i>	2	MO; QL (30 per 30 days)
<i>emtricitabine-tenofovir (tdf)</i>	5	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO; QL (680 per 28 days)
<i>entecavir</i>	4	MO; QL (30 per 30 days)
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 oral tablet 100 mg</i>	5	MO; QL (120 per 30 days)
<i>etravirine oral tablet 200 mg</i>	5	MO; QL (60 per 30 days)
EVOTAZ	5	MO; QL (30 per 30 days)
<i>famciclovir</i>	3	MO
<i>fosamprenavir</i>	5	MO; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QL (60 per 30 days)

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This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
GENVOYA	5	MO; QL (30 per 30 days)
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	4	MO; QL (120 per 30 days)
ISENTRESS HD	5	MO; QL (60 per 30 days)
ISENTRESS ORAL POWDER IN PACKET	5	MO; QL (60 per 30 days)
ISENTRESS ORAL TABLET	5	MO; QL (120 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	4	MO; QL (180 per 30 days)
JULUCA	5	MO; QL (30 per 30 days)
<i>lamivudine oral solution</i>	4	MO
<i>lamivudine oral tablet 100 mg</i>	3	MO
<i>lamivudine oral tablet 150 mg</i>	4	MO; QL (60 per 30 days)
<i>lamivudine oral tablet 300 mg</i>	4	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine-zidovudine</i>	4	MO; QL (60 per 30 days)
LEXIVA ORAL SUSPENSION	4	MO; QL (1575 per 28 days)
<i>lopinavir-ritonavir oral solution</i>	4	MO; QL (400 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	3	MO
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	3	MO; QL (150 per 30 days)
MARAVIROC ORAL TABLET 150 MG	5	MO; QL (60 per 30 days)
MARAVIROC ORAL TABLET 300 MG	5	MO; QL (120 per 30 days)
<i>nevirapine oral suspension</i>	4	QL (1200 per 30 days)
<i>nevirapine oral tablet</i>	2	MO; QL (60 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	4	MO; QL (90 per 30 days)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO; QL (30 per 30 days)
NORVIR ORAL POWDER IN PACKET	4	MO; QL (360 per 30 days)
ODEFSEY	5	MO
<i>oseltamivir oral capsule 30 mg</i>	4	MO
<i>oseltamivir oral capsule 45 mg</i>	3	MO

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This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>oseltamivir oral capsule 75 mg</i>	4	MO; QL (84 per 365 days)
<i>oseltamivir oral suspension for reconstitution</i>	3	MO
PIFELTRO	5	MO; QL (30 per 30 days)
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO; QL (30 per 30 days)
PREZISTA ORAL SUSPENSION	5	MO; QL (360 per 30 days)
PREZISTA ORAL TABLET 150 MG	4	MO; QL (240 per 30 days)
PREZISTA ORAL TABLET 600 MG	5	MO; QL (60 per 30 days)
PREZISTA ORAL TABLET 75 MG	4	MO; QL (420 per 30 days)
PREZISTA ORAL TABLET 800 MG	5	MO; QL (30 per 30 days)
RELENZA DISKHALER	3	MO; QL (60 per 180 days)
REYATAZ ORAL POWDER IN PACKET	5	MO; QL (180 per 30 days)
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO; QL (360 per 30 days)
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO; QL (1800 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	MO; QL (60 per 30 days)
SOVALDI ORAL TABLET 400 MG	5	PA; MO; QL (28 per 28 days)
STRIBILD	5	MO; QL (30 per 30 days)
SUNLENCA ORAL	5	
SYMTUZA	5	MO; QL (30 per 30 days)
<i>tenofovir disoproxil fumarate</i>	4	MO; QL (30 per 30 days)
TIVICAY ORAL TABLET 10 MG	4	MO; QL (60 per 30 days)
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; QL (60 per 30 days)
TIVICAY PD	5	MO
TRIUMEQ	5	MO; QL (30 per 30 days)
TRIUMEQ PD	5	MO
<i>trizivir</i>	5	MO; QL (60 per 30 days)
TYBOST	3	MO; QL (30 per 30 days)
<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>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	PA; MO
VIRACEPT ORAL TABLET 250 MG	5	MO; QL (270 per 30 days)
VIRACEPT ORAL TABLET 625 MG	5	MO; QL (120 per 30 days)
VIREAD ORAL POWDER	3	MO; QL (225 per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO; QL (30 per 30 days)
VOSEVI	5	PA; MO; QL (28 per 28 days)
<i>zidovudine oral capsule</i>	4	MO; QL (180 per 30 days)
<i>zidovudine oral syrup</i>	4	MO; QL (1680 per 28 days)
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	3	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	4	MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefadroxil oral tablet</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime oral capsule</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	4	MO
<i>cefprozil</i>	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 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose,iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	3	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	3	MO
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO
<i>dificid oral tablet</i>	4	MO; QL (20 per 10 days)
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG	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	

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This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	MO
<i>amikacin injection solution 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA; QL (235.2 per 28 days)
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam injection recon soln 1 gram</i>	3	PA; MO
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)
<i>chloroquine phosphate</i>	4	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin pediatric</i>	4	MO
<i>clindamycin phosphate injection</i>	4	PA; MO
<i>clindamycin phosphate intravenous</i>	4	PA; MO
COARTEM	4	MO; QL (24 per 30 days)
<i>colistin (colistimethate na)</i>	4	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	4	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>	4	MO
FIRVANQ ORAL RECON SOLN 25 MG/ML	4	QL (450 per 10 days)
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	PA; MO
<i>imipenem-cilastatin</i>	4	PA; MO
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral</i>	3	PA; MO; QL (20 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	PA; MO
<i>linezolid oral tablet</i>	4	PA; 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>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	4	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
PRIFTIN	4	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	4	PA; MO; QL (42 per 7 days)
<i>rifabutin</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>rifampin</i>	4	MO
SIRTURO ORAL TABLET 100 MG	5	PA; LA
<i>tigecycline</i>	5	PA; MO
TOBI PODHALER	5	PA; MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 56 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA
<i>tobramycin sulfate injection solution</i>	4	PA; MO
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)
<i>vancomycin oral recon soln 50 mg/ml</i>	4	MO; QL (450 per 10 days)
XIFAXAN ORAL TABLET 200 MG	4	MO; QL (9 per 30 days)

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This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
XIFAXAN ORAL TABLET 550 MG	4	MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule 250 mg</i>	2	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet 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>	2	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

Drug Name	Drug Tier	Requirements /Limits
<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
<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>	4	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>	4	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

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This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet 250 mg</i>	3	MO
<i>penicillin v potassium oral tablet 500 mg</i>	2	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

Drug Name	Drug Tier	Requirements /Limits
CIPRO ORAL SUSPENSION, MIC ROCAPSULE 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>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	4	MO

SULFA'S / RELATED AGENTS

<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	MO

TETRACYCLINES

<i>doxy-100</i>	4	PA; MO
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Drug Name	Drug Tier	Requirements /Limits
<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</i>	4	MO
<i>minocycline oral capsule</i>	3	MO
<i>minocycline oral tablet</i>	4	MO
<i>tetracycline</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	MO
<i>nitrofurantoin</i>	4	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
MESNEX ORAL	5	MO
XGEVA	5	PA; MO; QL (1.7 per 28 days)
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>	3	MO
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	5	PA; LA; QL (90 per 30 days)
BALVERSA ORAL TABLET 4 MG	5	PA; LA; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BALVERSA ORAL TABLET 5 MG	5	PA; LA; QL (30 per 30 days)
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	3	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; QL (120 per 30 days)
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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
<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
ELIGARD	4	PA; MO
ELIGARD (3 MONTH)	4	PA; MO
ELIGARD (4 MONTH)	4	PA; MO
ELIGARD (6 MONTH)	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
EMCYT	4	MO
ENVARUSUS XR	4	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; LA; 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)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (immunosuppressive) oral tablet 1 mg</i>	5	B/D PA; MO; QL (60 per 30 days)
<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>	3	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)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL TABLET 560 MG	5	PA; MO; 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)

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)
LENVIMA	5	PA; MO

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This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
<i>letrozole</i>	3	MO
LEUKERAN	4	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
LYNPARZA	5	PA; MO; LA; QL (120 per 30 days)
LYSODREN	3	
LYTGOBI	5	PA; LA
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 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; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; LA; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL TABLET 2 MG	5	PA; MO; LA; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>mercaptopurine</i>	4	MO
<i>methotrexate sodium (pf) injection solution</i>	4	B/D PA; MO
<i>methotrexate sodium injection</i>	4	B/D PA; MO
<i>methotrexate sodium oral</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
NERLYNX	5	PA; MO; LA; QL (180 per 30 days)
<i>nilutamide</i>	5	PA; MO; QL (60 per 30 days)
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection solution 50 mcg/ml</i>	3	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)
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)

Drug Name	Drug Tier	Requirements /Limits
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; QL (240 per 30 days)
SANDIMMUNE ORAL SOLUTION	4	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; LA; QL (60 per 30 days)
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
SOMATULINE DEPOT	5	PA; MO; QL (1 per 28 days)
<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
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	4	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; QL (840 per 28 days)
TAGRISSEO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG, 1 MG	5	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>tamoxifen</i>	3	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; QL (240 per 30 days)
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; LA; QL (60 per 30 days)
<i>toremifene</i>	5	PA; MO; QL (30 per 30 days)
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)

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This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
TURALIO	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	4	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	3	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)
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

Drug Name	Drug Tier	Requirements /Limits
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; QL (90 per 30 days)
XOSPATA	5	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	4	ST; MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	ST; MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	ST; MO; QL (60 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	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

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

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Drug Name	Drug Tier	Requirements /Limits
<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	4	ST; MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	ST; MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	ST; 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>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>lacosamide oral solution</i>	4	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)

Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet</i>	2	MO
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	3	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	4	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	4	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	4	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

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Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	4	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>	2	MO
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO; QL (2760 per 30 days)
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO; QL (480 per 30 days)
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	MO; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	MO; QL (120 per 30 days)
<i>subvenite</i>	2	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	4	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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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; ST; MO
<i>zonisamide</i>	3	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>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-250 mg</i>	3	MO
<i>carbidopa-levodopa oral tablet 25-100 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet, disintegrating</i>	4	MO
<i>carbidopa-levodopa-entacapone</i>	3	MO
<i>entacapone</i>	4	MO
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 137 MG	5	PA; QL (60 per 30 days)
GOCOVRI ORAL CAPSULE, EXTENDED RELEASE 24HR 68.5 MG	5	PA; QL (30 per 30 days)
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	4	MO
<i>pramipexole oral tablet extended release 24 hr 3.75 mg</i>	4	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	3	MO
<i>selegiline hcl</i>	3	MO
<i>trihexyphenidyl oral elixir</i>	4	MO
<i>trihexyphenidyl oral tablet</i>	2	MO

MIGRAINE / CLUSTER HEADACHE THERAPY

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Drug Name	Drug Tier	Requirements /Limits
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML	4	PA; MO
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	QL (8 per 28 days)
EMGALITY PEN	4	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	4	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	4	MO; QL (20 per 28 days)
<i>naratriptan</i>	4	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>	3	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	3	MO; QL (18 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<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)

MISCELLANEOUS NEUROLOGICAL THERAPY

AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; LA; QL (60 per 30 days)
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)

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Drug Name	Drug Tier	Requirements /Limits
<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>	1	MO
<i>donepezil oral tablet 23 mg</i>	3	MO
<i>donepezil oral tablet 5 mg</i>	2	MO
<i>donepezil oral tablet, disintegrating 10 mg</i>	3	MO
<i>donepezil oral tablet, disintegrating 5 mg</i>	4	MO
<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days)
FIRDAPSE	5	PA; LA; QL (240 per 30 days)
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	4	MO; QL (30 per 30 days)
<i>galantamine oral solution</i>	4	MO; QL (200 per 30 days)
<i>galantamine oral tablet</i>	4	MO; QL (60 per 30 days)
MAYZENT ORAL TABLET 0.25 MG	5	PA; MO; QL (120 per 30 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; MO; QL (30 per 30 days)
MAYZENT STARTER(FOR 1MG MAINT)	4	PA; MO; QL (7 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
MAYZENT STARTER(FOR 2MG MAINT)	5	PA; MO; QL (12 per 180 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	4	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet</i>	2	PA; MO
MEMANTINE ORAL TABLETS, DOSE PACK	2	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	4	MO; QL (60 per 30 days)
TEGSEDI	5	PA; MO; LA; QL (6 per 28 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)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
VUMERITY	5	PA; MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 20 mg</i>	2	MO
BACLOFEN ORAL TABLET 5 MG	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3	MO
<i>pyridostigmine bromide oral syrup</i>	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	4	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	MO
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	4	MO; QL (360 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>butalbital-acetaminophen-caff oral tablet</i>	4	MO; QL (180 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	4	MO; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</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-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, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml)</i>	4	QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO; QL (240 per 30 days)
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>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)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	3	QL (1860 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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 tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>celecoxib oral capsule 100 mg, 400 mg, 50 mg</i>	3	MO
<i>celecoxib oral capsule 200 mg</i>	2	MO
<i>diclofenac potassium oral tablet 50 mg</i>	4	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical drops</i>	4	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diflunisal</i>	4	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	MO
<i>etodolac oral capsule</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>etodolac oral tablet</i>	3	MO
<i>flurbiprofen oral tablet 100 mg</i>	3	MO
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension</i>	1	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule</i>	4	MO
<i>ketorolac oral</i>	4	QL (20 per 30 days)
<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>	3	MO
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe 0.4 mg/ml</i>	2	MO
<i>naloxone injection syringe 1 mg/ml</i>	3	MO
<i>naltrexone</i>	3	MO
<i>naproxen oral suspension</i>	4	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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>oxaprozin</i>	4	MO
<i>piroxicam</i>	4	MO
<i>sulindac</i>	4	MO
TRAMADOL ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
<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	4	MO; QL (1 per 28 days)
<i>alprazolam oral tablet</i>	2	MO
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	4	ST; MO
<i>aripiprazole oral solution</i>	4	MO; QL (750 per 30 days)
<i>aripiprazole oral tablet</i>	3	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet, disintegrating</i>	4	MO; QL (60 per 30 days)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>armodafinil oral tablet 50 mg</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; QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>bupirone</i>	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlordiazepoxide hcl</i>	2	MO; QL (120 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	ST; MO

Drug Name	Drug Tier	Requirements /Limits
<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	ST; QL (180 per 30 days)
<i>clozapine oral tablet 200 mg</i>	4	ST; QL (120 per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	3	
<i>clozapine oral tablet, disintegrating 100 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet, disintegrating 12.5 mg</i>	4	ST; QL (120 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 150 MG	4	ST; QL (180 per 30 days)
CLOZAPINE ORAL TABLET, DISINTEGRATING 200 MG	4	ST; QL (120 per 30 days)
<i>clozapine oral tablet, disintegrating 25 mg</i>	4	ST; QL (90 per 30 days)
<i>desipramine</i>	4	MO
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 100 MG	4	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
DESVENLAFAXIN E ORAL TABLET EXTENDED RELEASE 24 HR 50 MG	4	MO; QL (30 per 30 days)
<i>desvenlafaxine succinate</i>	4	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</i>	3	MO; QL (90 per 30 days)
<i>dexmethylphenidate oral tablet 5 mg</i>	3	MO; QL (120 per 30 days)
<i>dextroamphetamine sulfate oral solution</i>	4	MO
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	4	MO; QL (180 per 30 days)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	4	MO; QL (150 per 30 days)
<i>dextroamphetamine- amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	4	MO
<i>dextroamphetamine- amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	3	MO; QL (90 per 30 days)
<i>dextroamphetamine- amphetamine oral tablet 30 mg</i>	3	MO; QL (60 per 30 days)
<i>diazepam intensol</i>	4	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral concentrate</i>	4	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	4	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>	4	MO
<i>doxepin oral concentrate</i>	4	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	MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO; QL (90 per 30 days)
EMSAM	5	ST; MO; QL (30 per 30 days)
<i>escitalopram oxalate oral solution</i>	4	MO; QL (600 per 30 days)
<i>escitalopram oxalate oral tablet</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	ST; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	2	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>	4	MO
<i>fluoxetine oral tablet 10 mg</i>	3	MO; QL (240 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl injection</i>	3	MO
<i>fluphenazine hcl oral concentrate</i>	4	MO
<i>fluphenazine hcl oral elixir</i>	3	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fluphenazine hcl oral tablet 5 mg</i>	3	MO
<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr</i>	4	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	4	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	4	
<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>	4	MO
<i>haloperidol lactate oral</i>	4	MO
<i>haloperidol oral tablet 0.5 mg</i>	2	MO
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol oral tablet 20 mg</i>	4	MO
<i>imipramine hcl</i>	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	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	4	MO; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	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>	2	MO
<i>lithium carbonate oral tablet</i>	2	MO
<i>lithium carbonate oral tablet extended release</i>	4	MO
<i>lorazepam intensol</i>	4	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	4	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)

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Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	4	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
MARPLAN	4	ST; 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>	2	MO
<i>mirtazapine oral tablet 7.5 mg</i>	3	MO; QL (45 per 30 days)
<i>mirtazapine oral tablet, disintegrating</i>	3	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	5	PA; MO; LA; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	3	MO; QL (60 per 30 days)
<i>olanzapine oral tablet</i>	3	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	3	MO; QL (900 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>perphenazine</i>	4	MO
<i>perphenazine-amitriptyline</i>	4	MO
PERSERIS	4	MO; QL (1 per 30 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 200 mg</i>	3	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	3	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	MO; QL (60 per 30 days)
REXULTI	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA	4	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	4	MO; QL (480 per 30 days)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)
<i>risperidone oral tablet 1 mg</i>	3	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	2	MO; QL (120 per 30 days)
<i>risperidone oral tablet, disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet, disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SECUADO	5	ST; MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	5	PA; LA; QL (540 per 30 days)
<i>thioridazine</i>	4	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>trazodone oral tablet 300 mg</i>	4	MO
<i>trifluoperazine</i>	4	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	4	ST; 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>	3	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule, extended release 24hr 75 mg</i>	3	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VERSACLOZ	5	ST; QL (540 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	4	MO; QL (30 per 180 days)
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 180 days)
XYREM	5	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	3	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	3	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	4	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	ST; MO; QL (2 per 28 days)

**CARDIOVASCULAR,
HYPERTENSION / LIPIDS**

ANTIARRHYTHMIC AGENTS

Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone oral tablet 100 mg, 400 mg</i>	4	
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	3	MO
<i>mexiletine</i>	4	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	3	MO
<i>propafenone oral capsule,extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	3	MO
<i>quinidine sulfate oral tablet</i>	3	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	3	MO
<i>sorine oral tablet 240 mg</i>	3	
<i>sotalol af oral tablet 120 mg</i>	3	
<i>sotalol oral</i>	3	MO
SOTYLIZE	4	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	1	MO; QL (30 per 30 days)
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	1	MO; QL (45 per 30 days)
<i>amlodipine-olmesartan</i>	2	MO; QL (30 per 30 days)
<i>amlodipine-valsartan oral tablet 10-160 mg</i>	1	MO
<i>amlodipine-valsartan oral tablet 10-320 mg, 5-160 mg, 5-320 mg</i>	2	MO
<i>amlodipine-valsartan-hcthiazyd</i>	2	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>	2	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	2	MO; QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	2	MO; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>captopril</i>	2	MO
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorthalidone oral tablet 25 mg</i>	3	MO
<i>chlorthalidone oral tablet 50 mg</i>	2	MO
<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>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 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)

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Drug Name	Drug Tier	Requirements /Limits
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	4	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>furosemide injection solution</i>	3	MO
<i>furosemide oral solution 10 mg/ml</i>	3	MO
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet</i>	1	MO
<i>guanfacine oral tablet</i>	2	MO
<i>hydralazine oral</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	3	MO
<i>irbesartan</i>	1	MO; QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)
<i>isradipine</i>	4	MO
KERENDIA	4	PA; QL (30 per 30 days)
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	2	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	3	MO
<i>moexipril</i>	2	MO
<i>nadolol</i>	4	MO
<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>	2	MO
<i>olmesartan-amlodipin-hcthiazyd</i>	2	MO; QL (30 per 30 days)
<i>olmesartan-hydrochlorothiazide</i>	2	MO
<i>perindopril erbumine</i>	2	MO
<i>pindolol</i>	4	MO
<i>prazosin</i>	2	MO
<i>propranolol oral capsule, extended release 24 hr</i>	3	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	3	MO
<i>taztia xt</i>	2	MO
<i>telmisartan</i>	3	MO; QL (30 per 30 days)
<i>telmisartan-hydrochlorothiazid</i>	3	MO; QL (30 per 30 days)
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	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>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET 1,000 MCG	5	PA; MO; LA; QL (90 per 30 days)
UPTRAVI ORAL TABLET 1,200 MCG, 1,400 MCG, 1,600 MCG	5	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; MO; LA; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
UPTRAVI ORAL TABLET 400 MCG	5	PA; MO; LA; QL (320 per 30 days)
UPTRAVI ORAL TABLET 600 MCG	5	PA; MO; LA; QL (150 per 30 days)
UPTRAVI ORAL TABLET 800 MCG	5	PA; MO; LA; QL (120 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; QL (200 per 30 days)
<i>valsartan oral tablet 160 mg, 320 mg</i>	3	MO; QL (30 per 30 days)
<i>valsartan oral tablet 40 mg, 80 mg</i>	3	MO; QL (90 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	3	MO; QL (30 per 30 days)
<i>verapamil oral capsule, 24 hr er pellet ct</i>	4	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	4	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	3	MO
COAGULATION THERAPY		
<i>aminocaproic acid oral tablet</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA ORAL TABLET 60 MG	3	MO; QL (90 per 30 days)
BRILINTA ORAL TABLET 90 MG	3	MO; QL (60 per 30 days)

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This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
CABLIVI INJECTION KIT	5	PA; LA; QL (32 per 30 days)
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	4	MO
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 7.5 mg/0.6 ml</i>	4	MO; QL (14 per 28 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QL (17.5 per 35 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) injection solution</i>	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	4	MO
PRADAXA ORAL CAPSULE 75 MG	4	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	5	PA; MO; LA; QL (30 per 30 days)
<i>warfarin</i>	1	MO
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-40 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-40 mg, 5-80 mg</i>	3	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>	4	
<i>cholestyramine-aspartame</i>	4	
<i>colesevelam oral powder in packet</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<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>fenofibrate micronized oral capsule 134 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 200 mg, 67 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 48 mg</i>	2	MO; QL (60 per 30 days)
<i>fenofibrate oral tablet 160 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate oral tablet 54 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	3	MO
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
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		
<i>corlanor oral solution</i>	3	QL (450 per 30 days)
<i>corlanor oral tablet</i>	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
ENTRESTO	3	MO; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	4	MO; QL (60 per 30 days)
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	4	MO; QL (120 per 30 days)
VYNDAMAX	5	PA; MO
NITRATES		

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Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	3	MO
<i>isosorbide dinitrate oral tablet 40 mg</i>	4	MO
<i>isosorbide mononitrate</i>	3	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin sublingual</i>	3	MO
<i>nitroglycerin transdermal patch 24 hour</i>	3	MO
<i>nitroglycerin translingual</i>	4	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin</i>	4	PA; MO
<i>calcipotriene scalp</i>	4	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)

Drug Name	Drug Tier	Requirements /Limits
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 SYRINGE	5	PA; MO; QL (1 per 28 days)

MISCELLANEOUS DERMATOLOGICALS

<i>ammonium lactate</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)

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

Drug Name	Drug Tier	Requirements /Limits
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO; QL (60 per 14 days)
THERAPY FOR ACNE		
<i>amnesteem</i>	4	
<i>claravis oral capsule 20 mg, 30 mg, 40 mg</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>clindamycin-benzoyl peroxide topical gel 1-5 %</i>	4	MO
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %</i>	4	MO
<i>erythromycin with ethanol topical gel</i>	4	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>erythromycin-benzoyl peroxide</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	MO
<i>tazarotene topical cream</i>	3	PA; MO
<i>tretinoin topical cream</i>	3	PA; MO

TOPICAL ANTIBACTERIALS

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

TOPICAL ANTIFUNGALS

<i>ciclopirox topical cream</i>	4	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	4	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo</i>	4	MO; QL (120 per 28 days)
<i>ciclopirox topical suspension</i>	4	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	3	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>nyamyc</i>	3	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	2	QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	4	MO; QL (60 per 28 days)
<i>nystop</i>	3	MO; QL (180 per 30 days)

TOPICAL CORTICOSTEROIDS

<i>alclometasone</i>	2	MO
<i>betamethasone dipropionate</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</i>	4	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>desoximetasone topical cream</i>	4	MO
<i>desoximetasone topical gel</i>	4	MO
<i>desoximetasone topical ointment</i>	4	MO
<i>fluocinolone topical cream</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone propionate topical cream</i>	2	MO
<i>fluticasone propionate topical ointment</i>	2	MO
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone valerate</i>	4	MO
<i>mometasone topical</i>	3	MO
<i>prednicarbate topical ointment</i>	4	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	3	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.5 %</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.1 %</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>triderm topical cream 0.1 %</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>	3	MO
AURYXIA	3	PA; MO
<i>carglumic acid</i>	5	PA; LA
CHEMET	4	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	MO
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO
<i>deferasirox oral tablet 90 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
DEFERIPRONE ORAL TABLET 1,000 MG	4	PA; MO
<i>deferiprone oral tablet 500 mg</i>	5	PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>disulfiram oral tablet 250 mg</i>	4	MO
DROXIDOPA	5	PA; MO
ENDARI	5	PA; MO; LA; QL (180 per 30 days)
FERRIPROX ORAL SOLUTION	5	PA
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 oral tablet 10 mg</i>	4	MO
<i>midodrine oral tablet 2.5 mg, 5 mg</i>	3	MO
<i>nitisinone</i>	5	PA; MO
ORFADIN ORAL CAPSULE 20 MG	5	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
ORFADIN ORAL SUSPENSION	5	PA; LA
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
RAVICTI	5	PA; MO
<i>riluzole</i>	4	PA; MO
<i>sevelamer carbonate oral powder in packet 0.8 gram</i>	4	MO; QL (180 per 30 days)
<i>sevelamer carbonate oral powder in packet 2.4 gram</i>	4	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>	4	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	4	MO
<i>sps (with sorbitol) oral</i>	4	MO
<i>sps (with sorbitol) rectal</i>	4	
TIGLUTIK	5	PA; QL (600 per 30 days)
<i>trientine</i>	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
VELTASSA	3	MO
XURIDEN	5	PA; QL (120 per 30 days)
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO

SMOKING DETERRENTS

<i>bupropion hcl (smoking deter)</i>	2	MO
NICOTROL	4	MO
<i>varenicline oral tablet 0.5 mg</i>	3	MO
VARENICLINE ORAL TABLET 1 MG	3	MO
VARENICLINE ORAL TABLETS,DOSE PACK	3	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal</i>	3	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>ipratropium bromide nasal</i>	3	MO; QL (30 per 30 days)
<i>triamcinolone acetonide dental</i>	4	MO

MISCELLANEOUS OTIC PREPARATIONS

<i>acetic acid otic (ear)</i>	2	MO
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Drug Name	Drug Tier	Requirements /Limits
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	2	MO
<i>fluocinolone acetonide oil</i>	4	MO
<i>ofloxacin otic (ear)</i>	4	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	4	MO
CIPROFLOXACIN-FLUOCINOLONE	4	MO; QL (14 per 28 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>dexamethasone oral elixir</i>	4	MO
<i>dexamethasone oral solution</i>	4	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>fludrocortisone</i>	3	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg</i>	2	B/D PA; MO
<i>methylprednisolone oral tablet 4 mg, 8 mg</i>	3	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>prednisolone oral solution</i>	2	MO

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>	3	MO
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	3	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	3	MO
<i>propylthiouracil</i>	4	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads</i>	3	MO
BYDUREON BCISE	3	MO; QL (4 per 28 days)
<i>diazoxide</i>	4	MO
FIASP FLEXTOUCH U-100 INSULIN	3	MO; SSM

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Drug Name	Drug Tier	Requirements /Limits
FIASP PENFILL U-100 INSULIN	3	MO
FIASP U-100 INSULIN	3	MO; SSM
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<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>	4	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	4	MO; QL (120 per 30 days)
GLUCAGEN HYPOKIT	3	MO
GLUCAGON EMERGENCY KIT (HUMAN)	3	MO
<i>glyburide</i>	3	MO
<i>glyburide micronized</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
GLYXAMBI	3	MO; QL (30 per 30 days)
HUMULIN R U-500 (CONC) INSULIN	5	MO
HUMULIN R U-500 (CONC) KWIKPEN	5	MO
INVOKAMET	3	MO; QL (60 per 30 days)
INVOKAMET XR	3	MO; QL (60 per 30 days)
INVOKANA	3	MO; QL (30 per 30 days)
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)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)

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This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
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>	3	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	3	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	MO
NOVOLIN 70-30 FLEXPEN U-100	3	MO
NOVOLIN N FLEXPEN	3	MO; SSM
NOVOLIN N NPH U-100 INSULIN	3	MO; SSM
NOVOLIN R FLEXPEN	3	MO; SSM

Drug Name	Drug Tier	Requirements /Limits
NOVOLIN R REGULAR U100 INSULIN	3	MO; SSM
NOVOLOG FLEXPEN U-100 INSULIN	3	MO
NOVOLOG MIX 70-30 U-100 INSULIN	3	MO
NOVOLOG MIX 70-30 FLEXPEN U-100	3	MO
NOVOLOG PENFILL U-100 INSULIN	3	MO
NOVOLOG U-100 INSULIN ASPART	3	MO
ONGLYZA	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	MO; QL (3 per 28 days)
<i>pioglitazone</i>	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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
TRESIBA FLEXTOUCH U-100	3	MO
TRESIBA FLEXTOUCH U-200	3	MO
TRESIBA U-100 INSULIN	3	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
TRULICITY	3	MO; QL (2 per 28 days)
VICTOZA 2-PAK	3	MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	MO; QL (9 per 30 days)
XULTOPHY 100/3.6	3	MO; QL (15 per 30 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	4	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol oral capsule</i>	3	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet oral tablet 30 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 60 mg</i>	5	PA; MO; QL (60 per 30 days)
<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
GALAFOLD	5	PA; MO; LA; QL (15 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
KORLYM	5	PA
NATPARA	5	PA; LA
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO; QL (30 per 30 days)
SYNAREL	5	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	4	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	4	PA
<i>testosterone enanthate</i>	4	PA; MO
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>tolvaptan</i>	5	PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	MO
THYROID HORMONES		
<i>euthyrox</i>	2	MO
<i>levothyroxine oral tablet</i>	1	
<i>levoxyl oral tablet 100 mcg</i>	3	MO
<i>levoxyl oral tablet 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
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine oral capsule</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	1	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>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron</i>	5	PA; MO; QL (60 per 30 days)
<i>aprepitant oral capsule 125 mg, 80 mg</i>	4	B/D PA; MO; QL (30 per 30 days)
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA; MO; QL (12 per 30 days)
<i>balsalazide</i>	4	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
<i>cromolyn oral</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
<i>enulose</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	1	MO
<i>generlac</i>	3	MO
<i>granisetron hcl oral</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
INFLECTRA	5	PA; MO; QL (40 per 28 days)
<i>lactulose oral solution 10 gram/15 ml</i>	3	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml)</i>	3	
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>	4	MO
<i>mesalamine oral capsule, extended release</i>	5	
<i>mesalamine oral capsule, extended release 24hr</i>	3	MO; QL (120 per 30 days)
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl oral solution</i>	3	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK	4	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>	2	B/D PA; MO
<i>peg 3350-electrolytes</i>	3	MO
<i>peg-electrolyte</i>	3	MO
PENTASA	4	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine maleate oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>procto-med hc</i>	4	MO
<i>procto-pak</i>	4	
<i>proctosol hc topical</i>	3	MO
<i>proctozone-hc</i>	4	MO
RECTIV	4	MO
<i>scopolamine base</i>	4	MO
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
SUCRAID	5	PA
<i>sulfasalazine</i>	3	MO
SUPREP BOWEL PREP KIT	4	MO
SUTAB	4	MO
TRULANCE	3	MO
<i>ursodiol oral capsule 300 mg</i>	4	MO
<i>ursodiol oral tablet 250 mg</i>	3	MO
<i>ursodiol oral tablet 500 mg</i>	4	MO
VIOKACE	4	MO

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Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT	3	MO

ULCER THERAPY

<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO
<i>famotidine oral suspension</i>	3	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule, delayed release(dr/ec) 15 mg</i>	3	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule, delayed release(dr/ec) 30 mg</i>	3	MO
<i>misoprostol</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nizatidine oral capsule</i>	3	MO
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	1	MO
<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>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	3	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; MO; LA
ARCALYST	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
LEUKINE INJECTION RECON SOLN	5	PA; MO
NEUPOGEN	5	PA; MO
NORDITROPIN FLEXPRO	5	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, 4,000 UNIT/ML	4	PA; MO; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 2,000 UNIT/ML	4	PA; MO; QL (23 per 30 days)
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO; QL (12 per 28 days)
PROCRIT INJECTION SOLUTION 3,000 UNIT/ML	4	PA; MO; QL (16 per 30 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; QL (12 per 30 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
RETACRIT INJECTION SOLUTION 2,000 UNIT/ML	4	PA; MO; QL (23 per 30 days)
RETACRIT INJECTION SOLUTION 3,000 UNIT/ML	4	PA; MO; QL (16 per 30 days)
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO; QL (12 per 30 days)
ZIEXTENZO	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ACTHIB (PF)	3	MO
ADACEL(TDAP ADOLESN/ADULT)(PF)	3	MO
BCG VACCINE, LIVE (PF)	3	MO
BEXSERO	3	MO
BOOSTRIX TDAP	3	MO
BOTOX	3	PA; 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	

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Drug Name	Drug Tier	Requirements /Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL	3	
IXIARO (PF)	3	
JYNNEOS (PF)(STOCKPILE)	3	B/D PA
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI (PF)	3	MO
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

Drug Name	Drug Tier	Requirements /Limits
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TICOVAC	3	MO
TRUMENBA	3	MO
TWINRIX (PF)	3	MO
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

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Drug Name	Drug Tier	Requirements /Limits
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine (gout) oral tablet</i>	3	MO
<i>febuxostat</i>	3	ST; MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO
OSTEOPOROSIS THERAPY		
<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; QL (30 per 30 days)
<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)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
OTHER RHEUMATOLOGICALS		

Drug Name	Drug Tier	Requirements /Limits
ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
BENLYSTA SUBCUTANEOUS	5	PA; MO
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)
HUMIRA PEN PSOR-UVEITS- 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)

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Drug Name	Drug Tier	Requirements /Limits
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)
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)
<i>leflunomide</i>	3	MO; QL (30 per 30 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
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>	4	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)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 180 days)

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This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	4	MO
<i>deblitane</i>	4	MO
<i>errin</i>	4	MO
<i>estradiol oral</i>	2	PA; MO
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	3	MO
<i>estradiol vaginal tablet</i>	4	MO
<i>fyavolv</i>	4	PA; MO
IMVEXXY MAINTENANCE PACK	4	MO
IMVEXXY STARTER PACK	4	MO
<i>jinteli</i>	4	PA; MO
<i>lyza</i>	4	
<i>medroxyprogesterone intramuscular</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>medroxyprogesterone oral</i>	1	MO
<i>nora-be</i>	4	MO
<i>norethindrone (contraceptive)</i>	4	
<i>norethindrone acetate</i>	3	MO
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	4	PA; MO
PREMARIN VAGINAL	3	MO
<i>progesterone micronized</i>	3	MO
<i>sharobel</i>	4	MO
<i>yuvafem</i>	4	MO

MISCELLANEOUS OB/GYN

<i>clindamycin phosphate vaginal</i>	4	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal</i>	4	MO
OSPHENA	4	PA; MO
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	4	MO

ORAL CONTRACEPTIVES / RELATED AGENTS

<i>altavera (28)</i>	4	MO
<i>apri</i>	4	MO
<i>aranelle (28)</i>	4	MO
<i>aubra eq</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>aviane</i>	4	MO
<i>balziva (28)</i>	4	MO
<i>briellyn</i>	4	MO
<i>cryselle (28)</i>	4	MO
<i>cyred eq</i>	4	MO
<i>desog-e.estradiol/e.estradiol</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	4	
<i>enpresse</i>	4	MO
<i>enskyce</i>	4	MO
<i>estarylla</i>	4	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg</i>	4	
<i>falmina (28)</i>	4	MO
<i>hailey 24 fe</i>	4	MO
<i>introvale</i>	4	MO
<i>isibloom</i>	4	MO
<i>jasmiel (28)</i>	4	MO
<i>juleber</i>	4	MO
<i>junel 1.5/30 (21)</i>	4	MO
<i>junel 1/20 (21)</i>	4	MO
<i>junel fe 1.5/30 (28)</i>	4	MO
<i>junel fe 1/20 (28)</i>	4	MO
<i>kariva (28)</i>	4	MO
<i>kelnor 1/35 (28)</i>	4	MO
<i>kelnor 1-50 (28)</i>	4	MO
<i>kurvelo (28)</i>	4	MO

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>	4	MO
<i>larin 1.5/30 (21)</i>	4	MO
<i>larin 1/20 (21)</i>	4	MO
<i>larin fe 1.5/30 (28)</i>	4	MO
<i>larin fe 1/20 (28)</i>	4	MO
<i>leena 28</i>	4	MO
<i>lessina</i>	4	MO
<i>levonest (28)</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	4	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	4	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	4	MO
<i>levonorg-eth estradiol triphasic</i>	4	
<i>levora-28</i>	4	MO
<i>loryna (28)</i>	4	MO
<i>low-ogestrel (28)</i>	4	MO
<i>lutera (28)</i>	4	MO
<i>marlissa (28)</i>	4	MO
<i>microgestin 1.5/30 (21)</i>	4	MO
<i>microgestin 1/20 (21)</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>microgestin fe 1.5/30 (28)</i>	4	MO
<i>microgestin fe 1/20 (28)</i>	4	MO
<i>mili</i>	4	MO
<i>necon 0.5/35 (28)</i>	4	MO
<i>nikki (28)</i>	4	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	4	MO
<i>norgestimate-ethinyl estradiol oral tablet 0.25-35 mg-mcg</i>	4	
<i>nortrel 0.5/35 (28)</i>	4	MO
<i>nortrel 1/35 (21)</i>	4	MO
<i>nortrel 1/35 (28)</i>	4	MO
<i>nortrel 7/7/7 (28)</i>	4	MO
<i>ocella</i>	4	MO
<i>pimtrex (28)</i>	4	MO
<i>pirmella oral tablet 1-35 mg-mcg</i>	4	MO
<i>portia 28</i>	4	MO
<i>reclipsen (28)</i>	4	MO
<i>setlakin</i>	4	MO
<i>sprintec (28)</i>	4	MO
<i>sronyx</i>	4	MO
<i>syeda</i>	4	MO
<i>tarina 24 fe</i>	4	MO
<i>tarina fe 1-20 eq (28)</i>	4	MO
<i>tri-estarylla</i>	4	MO
<i>tri-legest fe</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>tri-mili</i>	4	MO
<i>tri-sprintec (28)</i>	4	MO
<i>trivora (28)</i>	4	MO
<i>tri-vylibra</i>	4	MO
<i>velivet triphasic regimen (28)</i>	4	MO
<i>vienna</i>	4	MO
<i>vyfemla (28)</i>	4	MO
<i>vylibra</i>	4	MO
<i>zovia 1-35 (28)</i>	4	MO

OPHTHALMOLOGY

ANTIBIOTICS

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

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Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-bacitracin-polymyxin</i>	4	MO
<i>neomycin-polymyxin-gramicidin</i>	4	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<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>	4	MO
<i>carteolol</i>	3	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>azelastine ophthalmic (eye)</i>	3	MO
<i>bepotastine besilate</i>	4	MO
<i>cromolyn ophthalmic (eye)</i>	2	MO
CYSTARAN	5	PA
EYLEA	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	3	MO
OXERVATE	5	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %</i>	3	MO
<i>pilocarpine hcl ophthalmic (eye) drops 2 %, 4 %</i>	4	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO
<i>sulfacetamide-prednisolone</i>	2	MO
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	3	MO
ILEVRO	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	3	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	MO
PROLENSA	4	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	3	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>latanoprost</i>	2	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>travoprost</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	4	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>tobramycin-dexamethasone</i>	4	MO; QL (10 per 14 days)

Drug Name	Drug Tier	Requirements /Limits
ZYLET	4	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	4	MO
<i>difluprednate</i>	3	MO
<i>fluorometholone</i>	4	MO
LOTEMAX OPTHALMIC (EYE) OINTMENT	4	MO
LOTEMAX SM	4	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	4	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	4	MO
<i>brimonidine ophthalmic (eye)</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		

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Drug Name	Drug Tier	Requirements /Limits
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>cyproheptadine oral tablet</i>	4	MO
<i>desloratadine oral tablet</i>	2	MO; QL (30 per 30 days)
EPINEPHRINE INJECTION AUTO-INJECTOR 0.15 MG/0.15 ML	2	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	2	QL (2 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	MO
<i>hydroxyzine hcl oral tablet</i>	3	PA; MO
<i>hydroxyzine pamoate</i>	3	MO
<i>levocetirizine oral tablet</i>	3	MO; QL (30 per 30 days)
<i>promethazine oral tablet</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)

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>alyq</i>	5	PA; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
<i>arformoterol</i>	4	B/D PA; MO
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan</i>	5	PA; MO; LA; QL (60 per 30 days)
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)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO
DALIRESPI ORAL TABLET 250 MCG	3	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)
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 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)
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)

Drug Name	Drug Tier	Requirements /Limits
<i>flunisolide</i>	4	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (1 per 30 days)
ICATIBANT	5	PA; MO
<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)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
LEVALBUTEROL TARTRATE	3	MO; QL (30 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO; QL (30 per 30 days)
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO; QL (30 per 30 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG	5	PA; MO; LA; QL (56 per 28 days)
ORKAMBI ORAL GRANULES IN PACKET 75-94 MG	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; LA; QL (112 per 28 days)
PULMOZYME	5	PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
<i>roflumilast</i>	3	PA; MO; QL (30 per 30 days)
RUCONEST	5	PA; MO
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)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; LA; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	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>	3	MO
<i>theophylline oral tablet extended release 24 hr</i>	3	MO
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MO; LA; QL (120 per 30 days)
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N)	5	PA; MO; LA; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	5	PA; MO; QL (84 per 28 days)
VENTOLIN HFA	3	MO; QL (36 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO; QL (60 per 30 days)

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>darifenacin</i>	4	MO
<i>fesoterodine</i>	3	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>tolterodine</i>	4	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	3	MO
<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
<i>potassium citrate oral tablet extended release</i>	4	MO

VITAMINS, HEMATINICS / ELECTROLYTES

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	MO; QL (360 per 30 days)
<i>klor-con 10</i>	3	MO
<i>klor-con 8</i>	3	MO
<i>klor-con m10</i>	3	MO
<i>klor-con m15</i>	3	MO
<i>klor-con m20</i>	3	MO
<i>magnesium sulfat injection solution</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	MO
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO
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
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA

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

This drug list was last updated on 07/24/2023.

Drug Name	Drug Tier	Requirements /Limits
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
NUTRILIPID	4	B/D PA
PLASMA-LYTE 148	4	

Drug Name	Drug Tier	Requirements /Limits
PLASMA-LYTE A	4	
<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

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 07/24/2023.

Index

A	ALUNBRIG	17	ARNUITY ELLIPTA	69
abacavir	alyq.....	69	asenapine maleate	34
abacavir-lamivudine	amantadine hcl	8	aspirin-dipyridamole	43
ABELCET.....	AMBISOME	7	atazanavir	8
ABILIFY MAINTENA.....	ambrisentan	69	atenolol.....	41
abiraterone.....	amikacin.....	13	atenolol-chlorthalidone	41
acamprosate	amiloride.....	40	atomoxetine.....	34
acarbose.....	amiloride-hydrochlorothiazide	40	atorvastatin.....	44
acebutolol.....	.....	40	atovaquone	13
acetaminophen-codeine.....	aminocaproic acid	43	atovaquone-proguanil.....	13
acetazolamide	amiodarone	40	atropine.....	67
acetic acid.....	amitriptyline	33	ATROVENT HFA	69
acetylcysteine.....	amlodipine.....	40	aubra eq.....	64
acitretin.....	amlodipine-atorvastatin	44	AUGMENTIN	15
ACTEMRA	amlodipine-benazepril	41	AURYXIA	50
ACTEMRA ACTPEN.....	amlodipine-olmesartan	41	AUSTEDO	29
ACTHIB (PF)	amlodipine-valsartan.....	41	AUVELITY	34
ACTIMMUNE.....	amlodipine-valsartan-hcthiazid	41	aviane	65
acyclovir.....	.....	41	AVONEX.....	59
acyclovir sodium.....	ammonium lactate.....	46	AYVAKIT	17
ADACEL(TDAP	amnesteem	47	azathioprine.....	17
ADOLESN/ADULT)(PF).60	amoxapine.....	33	azelastine.....	51, 67
adefovir	amoxicillin.....	15	azithromycin	12
ADEMPAS	amoxicillin-pot clavulanate ..	15	aztreonam.....	13
ADVAIR DISKUS	amphotericin b.....	7	B	
ADVAIR HFA.....	ampicillin	15	bacitracin.....	66
AIMOVIG AUTOINJECTOR	ampicillin sodium.....	15	bacitracin-polymyxin b	66
.....	ampicillin-sulbactam.....	15	baclofen.....	31
AJOVY AUTOINJECTOR ..	anagrelide	50	BACLOFEN	31
AJOVY SYRINGE.....	anastrozole.....	17	balsalazide.....	57
albendazole	ANORO ELLIPTA	69	BALVERSA	17, 18
albuterol sulfate	APOMORPHINE.....	28	balziva (28).....	65
alclometasone	apraclonidine	68	BARACLUDGE.....	8
alcohol pads	aprepitant	57	BCG VACCINE, LIVE (PF) 60	
ALECENSA.....	apri	64	benazepril.....	41
alendronate.....	APTIOM.....	25	benazepril-hydrochlorothiazide	
alfuzosin	APTIVUS	8	.....	41
aliskiren	aranelle (28).....	64	BENLYSTA.....	62
allopurinol.....	ARCALYST.....	59	benztropine.....	28
alosetron	arformoterol.....	69	bepotastine besilate.....	67
ALPHAGAN P	ARIKAYCE	13	BESIVANCE	66
alprazolam.....	aripiprazole.....	33	BESREMI	59
altavera (28).....	armodafinil	33, 34	BETAINE	57

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 07/24/2023.

betamethasone dipropionate	48	calcipotriene	46	cefuroxime sodium	12
betamethasone valerate	48	calcitonin (salmon)	55	celecoxib	32
betamethasone, augmented	48	calcitriol	55	CELONTIN	25
BETASERON	59	calcium acetate(phosphat bind)	72	cephalexin	12
betaxolol	67			cetirizine	69
bethanechol chloride	72	CALQUENCE	18	CHEMET	50
BEVESPI AEROSPHERE	69	CALQUENCE		chlordiazepoxide hcl	34
bexarotene	18	(ACALABRUTINIB MAL)		chlorhexidine gluconate	51
BEXSERO	60		18	chloroquine phosphate	13
bicalutamide	18	camila	64	chlorpromazine	34
BICILLIN L-A	15	candesartan	41	chlorthalidone	41
BIKTARVY	8	candesartan-hydrochlorothiazid	41	cholestyramine (with sugar)	44
bisoprolol fumarate	41		41	cholestyramine light	44
bisoprolol-hydrochlorothiazide	41	CAPLYTA	34	cholestyramine-aspartame	44
BOOSTRIX TDAP	60	CAPRELSA	18	ciclopirox	48
bosentan	69	captropril	41	cilostazol	44
BOSULIF	18	carbamazepine	25	CIMDUO	8
BOTOX	60	carbidopa	28	cinacalcet	55
BRAFTOVI	18	carbidopa-levodopa	28	CINRYZE	70
BREO ELLIPTA	69	carbidopa-levodopa-		CIPRO	16
BREZTRI AEROSPHERE	69	entacapone	28	ciprofloxacin hcl	16, 52, 66
brillyln	65	carglumic acid	50	ciprofloxacin in 5 % dextrose	16
BRILINTA	43	carteolol	67		16
brimonidine	68	cartia xt	41	ciprofloxacin-dexamethasone	52
brimonidine-timolol	68	carvedilol	41		
BRIVIACT	25	casprofungin	7	CIPROFLOXACIN-	
bromocriptine	28	CAYSTON	13	FLUOCINOLONE	52
BRUKINSA	18	cefaclor	11	citalopram	34
budesonide	57, 69	cefadroxil	11	CITALOPRAM	34
bumetanide	41	cefazolin	11	claravis	47
buprenorphine hcl	31	cefazolin in dextrose (iso-os)	11	clarithromycin	12
buprenorphine-naloxone	32	cefdinir	11	clindamycin hcl	13
bupropion hcl	34	cefepime	11	clindamycin in 5 % dextrose	13
bupropion hcl (smoking deter)	51	cefepime in dextrose,iso-osm	11	clindamycin pediatric	13
				clindamycin phosphate	13, 47, 64
buspiron	34	cefixime	11	clindamycin-benzoyl peroxide	47
butalbital-acetaminophen	31	cefoxitin	11		
butalbital-acetaminophen-caff	31	cefoxitin in dextrose, iso-osm	11	CLINIMIX 5%/D15W	
butalbital-aspirin-caffeine	31			SULFITE FREE	73
BYDUREON BCISE	52	cefpodoxime	11	CLINIMIX 4.25%/D10W	
C		cefprozil	11	SULF FREE	73
cabergoline	55	ceftazidime	12	CLINIMIX 4.25%/D5W	
CABLIVI	44	ceftriaxone	12	SULFIT FREE	50
CABOMETYX	18	ceftriaxone in dextrose,iso-os	12	CLINIMIX 5%-	
				D20W(SULFITE-FREE)	73
		cefuroxime axetil	12		

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

This drug list was last updated on 07/24/2023.

clobazam	25	d5 %-0.45 % sodium chloride	50	diclofenac sodium.....	32, 67
clobetasol	48, 49	.....	50	dicloxacillin	15
clobetasol-emollient	49	dabigatran etexilate	44	dicyclomine.....	56, 57
clomipramine	34	dalfampridine	29	dificid	12
clonazepam	25	DALIRESP	70	diflunisal.....	32
clonidine.....	41	danazol.....	55	difluprednate	68
clonidine hcl.....	41	dapsone	13	digoxin.....	45
clopidogrel	44	DAPTACEL (DTAP		dihydroergotamine.....	29
clorazepate dipotassium	34	PEDIATRIC) (PF)	60	DILANTIN 30 MG	25
clotrimazole	7, 48	daptomycin	13	diltiazem hcl.....	41
clotrimazole-betamethasone	48	DAPTOMYCIN	13	dilt-xr	41
clozapine	34	darifenacin.....	72	dimethyl fumarate.....	29, 30
CLOZAPINE	34	DAURISMO.....	18	diphenoxylate-atropine.....	57
COARTEM	13	deblitane.....	64	disulfiram	50
colchicine (gout).....	62	deferasirox	50	divalproex	25
colesevelam.....	44	deferiprone.....	50	dofetilide	40
colestipol	45	DEFERIPRONE.....	50	donepezil	30
colistin (colistimethate na).....	13	DELSTRIGO.....	8	dorzolamide	68
COMBIGAN.....	68	DESCOVY	8	dorzolamide-timolol.....	68
COMBIVENT RESPIMAT	70	desipramine	34	dorzolamide-timolol (pf).....	68
COMETRIQ.....	18	desloratadine.....	69	DOVATO	8
COMPLERA	8	desmopressin	55	doxazosin	41
compro.....	57	desog-e.estradiol/e.estradiol	65	doxepin.....	35
constulose.....	57	desonide	49	doxy-100	16
COPAXONE.....	29	desoximetasone	49	doxycycline hyclate.....	17
COPIKTRA	18	DESVENLAFAXINE.....	34, 35	doxycycline monohydrate.....	17
corlanor	45	desvenlafaxine succinate	35	DRIZALMA SPRINKLE	35
COTELLIC	18	dexamethasone	52	dronabinol	57
CRESEMBA	7	dexamethasone sodium		drosiprenone-ethinyl estradiol	
cromolyn	57, 67, 70	phosphate.....	68	.....	65
cryselle (28)	65	dexmethylphenidate	35	DROXIA	18
cyclobenzaprine	31	dextroamphetamine sulfate... ..	35	DROXIDOPA	50
cyclophosphamide	18	dextroamphetamine-		DULERA	70
cyclosporine	18	amphetamine	35	duloxetine.....	35
cyclosporine modified.....	18	dextrose 10 % and 0.2 % nacl		DUPIXENT PEN.....	46
cyproheptadine.....	69	.....	50	DUPIXENT SYRINGE	46
cyred eq.....	65	dextrose 10 % in water (d10w)		dutasteride	72
CYSTAGON.....	72	.....	50	E	
CYSTARAN.....	67	dextrose 5 % in water (d5w)	50	ec-naproxen.....	32
D		dextrose 5%-0.2 % sod		econazole.....	48
d10 %-0.45 % sodium chloride		chloride.....	50	EDURANT	8
.....	50	DIACOMIT	25	efavirenz.....	8
d2.5 %-0.45 % sodium		diazepam.....	25, 35	efavirenz-emtricitabin-tenofov	
chloride.....	50	diazepam intensol.....	35	.....	8
d5 % and 0.9 % sodium		diazoxide.....	52	efavirenz-lamivu-tenofov disop	
chloride.....	50	diclofenac potassium.....	32	.....	8

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 07/24/2023.

ELIGARD	18	ERLEADA	19	FERRIPROX	50
ELIGARD (3 MONTH).....	18	erlotinib.....	19	fesoterodine.....	72
ELIGARD (4 MONTH).....	18	errin	64	FETZIMA	36
ELIGARD (6 MONTH).....	18	ertapenem	13	FIASP FLEXTOUCH U-100	
ELIQUIS	44	ery-tab	12	INSULIN.....	52
ELIQUIS DVT-PE TREAT		ERY-TAB.....	12	FIASP PENFILL U-100	
30D START	44	ERYTHROCIN	12	INSULIN.....	53
ELMIRON	72	erythrocin (as stearate).....	12	FIASP U-100 INSULIN.....	53
eluryng.....	64	erythromycin	13, 66	finasteride.....	72
EMCYT.....	19	erythromycin ethylsuccinate	12	fingolimod.....	30
EMEND.....	57	erythromycin with ethanol....	47	FINTEPLA.....	26
EMGALITY PEN.....	29	erythromycin-benzoyl peroxide		FIRDAPSE.....	30
EMGALITY SYRINGE	29	.....	47	FIRVANQ.....	13
EMSAM	35	ESBRIET	70	flac otic oil	52
emtricitabine	8	escitalopram oxalate	35	flecainide.....	40
emtricitabine-tenofovir (tdf) ...	8	esomeprazole magnesium.....	59	FLOVENT DISKUS	70
EMTRIVA	8	estarylla.....	65	FLOVENT HFA	70
EMVERM	13	estradiol	64	fluconazole.....	7
enalapril maleate.....	42	ethambutol.....	13	fluconazole in nacl (iso-osm)..	7
enalapril-hydrochlorothiazide		ethosuximide	26	flucytosine.....	7
.....	42	ethynodiol diac-eth estradiol	65	fludrocortisone.....	52
ENBREL	62	etodolac.....	32, 33	flunisolide	70
ENBREL MINI.....	62	etonogestrel-ethinyl estradiol	64	fluocinolone	49
ENBREL SURECLICK	62	etravirine.....	8	fluocinolone acetonide oil....	52
ENDARI.....	50	euthyrox	56	fluocinonide	49
endocet	31	everolimus (antineoplastic) ..	19	fluocinonide-e.....	49
ENGERIX-B (PF)	60	everolimus		fluocinonide-emollient.....	49
ENGERIX-B PEDIATRIC		(immunosuppressive).....	19	fluorometholone.....	68
(PF).....	60	EVOTAZ	8	fluorouracil.....	47
enoxaparin.....	44	exemestane	19	fluoxetine	36
enpresse.....	65	EXKIVITY	19	fluphenazine decanoate	36
enskyce.....	65	EYLEA	67	fluphenazine hcl.....	36
entacapone.....	28	ezetimibe.....	45	flurbiprofen	33
entecavir.....	8	F		flurbiprofen sodium.....	67
ENTRESTO	45	falmina (28).....	65	fluticasone propionate	49, 70
enulose.....	57	famciclovir.....	8	FLUTICASONE PROPION-	
ENVARUSUS XR	19	famotidine.....	59	SALMETEROL.....	70
EPCLUSA	8	FANAPT.....	36	fluvoxamine	36
EPIDIOLEX.....	25	febuxostat	62	fondaparinux	44
epinephrine.....	69	felbamate	26	fosamprenavir	8
EPINEPHRINE	69	felodipine.....	42	fosinopril	42
epitol.....	25	fenofibrate.....	45	fosinopril-hydrochlorothiazide	
eplerenone	42	fenofibrate micronized.....	45	.....	42
EPRONTIA.....	25	fenofibrate nanocrystallized	45	FOTIVDA	19
ergotamine-caffeine.....	29	fenofibrate nanocrystallized	45	furosemide.....	42
ERIVEDGE	19	fentanyl.....	31	FUZEON	8
		fentanyl citrate.....	31		

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

This drug list was last updated on 07/24/2023.

fyavolv.....	64	heparin (porcine).....	44	imipenem-cilastatin	13
FYCOMPA	26	HEPLISAV-B (PF)	60	imipramine hcl.....	37
G		HIBERIX (PF)	60	imiquimod.....	47
gabapentin	26	HUMIRA	62	IMOVAX RABIES VACCINE	
GALAFOLD.....	55	HUMIRA PEN	62	(PF).....	60
galantamine.....	30	HUMIRA PEN CROHNS-UC-		IMVEXXY MAINTENANCE	
GARDASIL 9 (PF).....	60	HS START	62	PACK	64
gatifloxacin	66	HUMIRA PEN PSOR-		IMVEXXY STARTER PACK	
GATTEX 30-VIAL	57	UVEITS-ADOL HS.....	62	.....	64
GATTEX ONE-VIAL.....	57	HUMIRA(CF)	63	INCRELEX.....	50
GAUZE PAD	61	HUMIRA(CF) PEDI		indapamide.....	42
gavilyte-c.....	57	CROHNS STARTER .62, 63		indomethacin.....	33
gavilyte-g	57	HUMIRA(CF) PEN	63	INFANRIX (DTAP) (PF)	61
GAVRETO	19	HUMIRA(CF) PEN		INFLECTRA	57
gefitinib	19	CROHNS-UC-HS	63	INLYTA	20
gemfibrozil.....	45	HUMIRA(CF) PEN		INQOVI.....	20
generlac	57	PEDIATRIC UC	63	INREBIC.....	20
gengraf.....	19	HUMIRA(CF) PEN PSOR-		INSULIN PEN NEEDLE.....	61
gentamicin.....	13, 48, 66	UV-ADOL HS	63	INSULIN SYRINGE (DISP)	
gentamicin in nacl (iso-osm).	13	HUMULIN R U-500 (CONC)		U-100.....	61
GENVOYA.....	9	INSULIN	53	INTELENCE	9
GILOTRIF	19	HUMULIN R U-500 (CONC)		intralipid	73
GLEOSTINE	19	KWIKPEN	53	INTRALIPID	73
glimepiride	53	hydralazine	42	introvale.....	65
glipizide.....	53	hydrochlorothiazide	42	INVEGA HAFYERA.....	37
glipizide-metformin.....	53	hydrocodone-acetaminophen	31	INVEGA SUSTENNA.....	37
GLUCAGEN HYPOKIT	53	hydrocodone-ibuprofen	31	INVEGA TRINZA	37
GLUCAGON EMERGENCY		hydrocortisone.....	49, 52, 57	INVOKAMET	53
KIT (HUMAN).....	53	hydrocortisone valerate.....	49	INVOKAMET XR	53
glyburide	53	hydromorphone	32	INVOKANA	53
glyburide micronized.....	53	hydromorphone (pf).....	31, 32	IPOL	61
glycopyrrolate.....	57	hydroxychloroquine	13	ipratropium bromide.....	51, 70
GLYXAMBI.....	53	hydroxyurea.....	19	ipratropium-albuterol	70
GOCOVRI	28	hydroxyzine hcl.....	69	irbesartan.....	42
granisetron hcl	57	hydroxyzine pamoate.....	69	irbesartan-hydrochlorothiazide	
griseofulvin microsize.....	7	I		.....	42
griseofulvin ultramicrosize	7	ibandronate	62	IRESSA	20
guanfacine	36, 42	IBRANCE.....	19	ISENTRESS.....	9
H		ibu	33	ISENTRESS HD	9
hailey 24 fe.....	65	ibuprofen.....	33	isibloom.....	65
halobetasol propionate	49	ICATIBANT	70	ISOLYTE S PH 7.4	74
haloperidol	36, 37	ICLUSIG	19	ISOLYTE-P IN 5 %	
haloperidol decanoate.....	36	IDHIFA.....	19	DEXTROSE	74
haloperidol lactate	36	ILEVRO.....	67	isoniazid	13
HARVONI.....	9	imatinib.....	19	isosorbide dinitrate	46
HAVRIX (PF).....	60	IMBRUVICA	20	isosorbide mononitrate	46

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

This drug list was last updated on 07/24/2023.

isotretinoin	48	labetalol	42	lidocaine	47
isradipine	42	lacosamide	26	lidocaine hcl.....	47
itraconazole.....	7	LACOSAMIDE.....	26	lidocaine viscous.....	47
ivermectin	13	lactulose.....	57	lidocaine-prilocaine.....	47
IXIARO (PF)	61	lamivudine.....	9	linezolid.....	14
J		lamivudine-zidovudine	9	linezolid in dextrose 5%.....	14
JAKAFI.....	20	lamotrigine.....	26	linezolid-0.9% sodium chloride	14
jantoven.....	44	lansoprazole.....	59	.....	14
JANUMET.....	53	LANTUS SOLOSTAR U-100		LINZESS.....	57
JANUMET XR	53	INSULIN	54	liothyronine.....	56
JANUVIA	53	LANTUS U-100 INSULIN ..	54	lisinopril	42
JARDIANCE	53	lapatinib.....	20	lisinopril-hydrochlorothiazide	
jasmiel (28)	65	larin 1.5/30 (21).....	65	.....	42
JAYPIRCA	20	larin 1/20 (21).....	65	lithium carbonate.....	37
jinteli.....	64	larin fe 1.5/30 (28)	65	LOKELMA	50
juleber.....	65	larin fe 1/20 (28)	65	LONSURF	21
JULUCA	9	latanoprost	68	loperamide.....	57
junel 1.5/30 (21)	65	LATUDA.....	37	lopinavir-ritonavir.....	9
junel 1/20 (21).....	65	leena 28.....	65	lorazepam.....	37, 38
junel fe 1.5/30 (28)	65	leflunomide.....	63	lorazepam intensol.....	37
junel fe 1/20 (28)	65	lenalidomide.....	20	LORBRENA.....	21
JYNNEOS (PF)(STOCKPILE)		LENVIMA.....	20	loryna (28).....	65
.....	61	lessina	65	losartan	42
K		letrozole	21	losartan-hydrochlorothiazide	42
KALYDECO	70	leucovorin calcium.....	17	LOTEMAX.....	68
kariva (28).....	65	LEUKERAN	21	LOTEMAX SM.....	68
kelnor 1/35 (28).....	65	LEUKINE.....	60	loteprednol etabonate	68
kelnor 1-50 (28).....	65	leuprolide.....	21	lovastatin	45
KERENDIA	42	LEVALBUTEROL		low-ogestrel (28).....	65
ketoconazole	7, 48	TARTRATE.....	70	loxapine succinate	38
ketorolac.....	33, 68	LEVEMIR FLEXPEN	54	LUBIPROSTONE	57
KINRIX (PF)	61	LEVEMIR U-100 INSULIN	54	LUMAKRAS	21
KISQALI.....	20	levetiracetam	26	LUMIGAN.....	68
KISQALI FEMARA CO-		levobunolol.....	67	LUPRON DEPOT	21
PACK	20	levocarnitine.....	50	LUPRON DEPOT (3	
klor-con 10.....	72	levocarnitine (with sugar)....	50	MONTH).....	21
klor-con 8.....	72	levocetirizine	69	LUPRON DEPOT (4	
klor-con m10.....	72	levofloxacin.....	16	MONTH).....	21
klor-con m15.....	72	levofloxacin in d5w	16	LUPRON DEPOT (6	
klor-con m20.....	72	levonest (28).....	65	MONTH).....	21
KOMBIGLYZE XR	53	levonorgestrel-ethinyl estrad	65	lurasidone.....	38
KORLYM	56	levonorg-eth estrad triphasic	65	lutra (28).....	65
KRAZATI	20	levora-28.....	65	LYNPARZA	21
kurvelo (28).....	65	levothyroxine.....	56	LYSODREN	21
L		levoxyl.....	56	LYTGOBI	21
l norgest/e.estradiol-e.estrad	65	LEXIVA	9	lyza	64

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 07/24/2023.

M		
magnesium sulfate.....	72, 73	
malathion.....	50	
MARAVIROC.....	9	
marlissa (28).....	65	
MARPLAN.....	38	
MATULANE.....	21	
MAYZENT.....	30	
MAYZENT STARTER(FOR 1MG MAINT).....	30	
MAYZENT STARTER(FOR 2MG MAINT).....	30	
meclizine.....	57	
medroxyprogesterone.....	64	
mefloquine.....	14	
megestrol.....	21	
MEKINIST.....	21	
MEKTOVI.....	21	
meloxicam.....	33	
memantine.....	30	
MEMANTINE.....	30	
MENACTRA (PF).....	61	
MENQUADFI (PF).....	61	
MENVEO A-C-Y-W-135-DIP (PF).....	61	
mercaptopurine.....	21	
meropenem.....	14	
mesalamine.....	58	
mesalamine with cleansing wipe.....	58	
MESNEX.....	17	
metformin.....	54	
methadone.....	32	
methazolamide.....	68	
methenamine hippurate.....	17	
methimazole.....	52	
methocarbamol.....	31	
methotrexate sodium.....	21	
methotrexate sodium (pf).....	21	
methsuximide.....	26	
methylphenidate hcl.....	38	
methylprednisolone.....	52	
metoclopramide hcl.....	58	
metolazone.....	42	
metoprolol succinate.....	42	
metoprolol ta-hydrochlorothiaz	42	
metoprolol tartrate.....	42	
metro i.v.....	14	
metronidazole.....	14, 48, 64	
metronidazole in nacl (iso-os)	14	
metyrosine.....	42	
mexiletine.....	40	
microgestin 1.5/30 (21).....	65	
microgestin 1/20 (21).....	65	
microgestin fe 1.5/30 (28)....	66	
microgestin fe 1/20 (28).....	66	
midodrine.....	50	
migergot.....	29	
mili.....	66	
minocycline.....	17	
minoxidil.....	42	
mirtazapine.....	38	
misoprostol.....	59	
M-M-R II (PF).....	61	
modafinil.....	38	
moexipril.....	42	
molindone.....	38	
mometasone.....	49	
montelukast.....	70	
morphine.....	32	
morphine concentrate.....	32	
MOVANTIK.....	58	
moxifloxacin.....	16, 66	
mupirocin.....	48	
mycophenolate mofetil.....	21	
mycophenolate sodium.....	21	
MYRBETRIQ.....	72	
N		
nabumetone.....	33	
nadolol.....	42	
nafcillin.....	15	
nafcillin in dextrose iso-osm	15	
naloxone.....	33	
naltrexone.....	33	
NAMZARIC.....	30	
naproxen.....	33	
naproxen sodium.....	33	
naratriptan.....	29	
NARCAN.....	33	
NATACYN.....	66	
nateglinide.....	54	
NATPARA.....	56	
NAYZILAM.....	26	
necon 0.5/35 (28).....	66	
NEEDLES, INSULIN DISP.,SAFETY.....	61	
nefazodone.....	38	
neomycin.....	14	
neomycin-bacitracin-poly-hc	68	
neomycin-bacitracin- polymyxin.....	67	
neomycin-polymyxin b- dexameth.....	68	
neomycin-polymyxin- gramicidin.....	67	
neomycin-polymyxin-hc	52, 68	
NERLYNX.....	21	
NEUPOGEN.....	60	
NEUPRO.....	28	
nevirapine.....	9	
niacin.....	45	
nicardipine.....	42	
NICOTROL.....	51	
nifedipine.....	42	
nikki (28).....	66	
nilutamide.....	21	
nimodipine.....	42	
NINLARO.....	21	
nitazoxanide.....	14	
nitisinone.....	50	
nitro-bid.....	46	
nitrofurantoin.....	17	
nitrofurantoin macrocrystal...17		
nitrofurantoin monohyd/m- cryst.....	17	
nitroglycerin.....	46	
nizatidine.....	59	
nora-be.....	64	
NORDITROPIN FLEXPRO.60		
norethindrone (contraceptive)	64	
norethindrone acetate.....	64	
norethindrone ac-eth estradiol	64	

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 07/24/2023.

norgestimate-ethinyl estradiol		
.....	66	
nortrel 0.5/35 (28).....	66	
nortrel 1/35 (21).....	66	
nortrel 1/35 (28).....	66	
nortrel 7/7/7 (28).....	66	
nortriptyline	38	
NORVIR	9	
NOVOLIN 70/30 U-100		
INSULIN.....	54	
NOVOLIN 70-30 FLEXPEN		
U-100.....	54	
NOVOLIN N FLEXPEN	54	
NOVOLIN N NPH U-100		
INSULIN.....	54	
NOVOLIN R FLEXPEN	54	
NOVOLIN R REGULAR		
U100 INSULIN	54	
NOVOLOG FLEXPEN U-100		
INSULIN.....	54	
NOVOLOG MIX 70-30 U-100		
INSULN	54	
NOVOLOG MIX 70-		
30FLEXPEN U-100	54	
NOVOLOG PENFILL U-100		
INSULIN.....	54	
NOVOLOG U-100 INSULIN		
ASPART	54	
NOXAFIL	7	
NUBEQA	21	
NUEDEXTA.....	30	
NUPLAZID	38	
NURTEC ODT	29	
NUTRILIPID	74	
nyamyc	48	
nystatin	7, 48	
nystatin-triamcinolone.....	48	
nystop	48	
O		
OICALIVA.....	58	
ocella	66	
OCREVUS.....	30	
octreotide acetate	22	
ODEFSEY.....	9	
ODOMZO	22	
OFEV	70	
ofloxacin.....	52, 67	
olanzapine.....	38	
olmesartan.....	42	
olmesartan-amlodipin-		
hcthiazyd	42	
olmesartan-		
hydrochlorothiazide	42	
olopatadine	67	
omega-3 acid ethyl esters	45	
omeprazole	59	
ondansetron	58	
ondansetron hcl	58	
ONGLYZA.....	54	
ONUREG	22	
OPSUMIT.....	70	
ORENCIA	63	
ORENCIA CLICKJECT	63	
ORFADIN	50, 51	
ORGOVYX	22	
ORKAMBI	71	
ORSERDU	22	
oseltamivir	9, 10	
OSPHERA.....	64	
OTEZLA.....	63	
OTEZLA STARTER	63	
oxacillin	15	
oxandrolone.....	56	
oxaprozin	33	
oxcarbazepine.....	26	
OXERVATE	67	
oxybutynin chloride	72	
oxycodone.....	32	
oxycodone-acetaminophen... 32		
OZEMPIC.....	54	
P		
pacerone.....	40	
paliperidone.....	38	
PANRETIN	47	
pantoprazole	59	
paricalcitol	56	
paramomycin.....	14	
paroxetine hcl	38	
PASER.....	14	
PEDIARIX (PF).....	61	
PEDVAX HIB (PF)	61	
peg 3350-electrolytes.....	58	
PEGASYS.....	60	
peg-electrolyte	58	
PEMAZYRE.....	22	
penicillamine.....	63	
PENICILLIN G POT IN		
DEXTROSE	16	
penicillin g potassium.....	16	
penicillin g procaine	16	
penicillin g sodium	16	
penicillin v potassium.....	16	
PENTACEL (PF).....	61	
pentamidine.....	14	
PENTASA.....	58	
pentoxifylline.....	44	
perindopril erbumine	42	
permethrin	50	
perphenazine	38	
perphenazine-amitriptyline ...38		
PERSERIS	38	
phenelzine	38	
phenobarbital	26, 27	
phenytoin.....	27	
phenytoin sodium extended ..27		
PIFELTRO	10	
pilocarpine hcl	51, 67	
pimecrolimus	47	
pimozide.....	38	
pimtreea (28).....	66	
pindolol	42	
pioglitazone.....	54	
piperacillin-tazobactam.....	16	
PIQRAY	22	
pirmella	66	
piroxicam	33	
PLASMA-LYTE 148	74	
PLASMA-LYTE A	74	
podofilox	47	
polymyxin b sulf-trimethoprim		
.....	67	
POMALYST	22	
portia 28	66	
posaconazole.....	7	
potassium chlorid-d5-		
0.45% nacl	73	
potassium chloride.....	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 07/24/2023.

potassium chloride in 0.9%nacl.....73	proctosol hc 58	RESTASIS MULTIDOSE ....67
potassium chloride in 5 % dex.....73	proctozone-hc..... 58	RETACRIT .....60
potassium chloride in water ..73	progesterone micronized..... 64	RETEVMO .....22
potassium chloride-0.45 % nacl.....73	PROGRAF..... 22	REVLIMID .....22
potassium chloride-d5- 0.2%nacl.....73	PROLASTIN-C..... 51	REXULTI .....39
potassium chloride-d5- 0.9%nacl.....73	PROLENSA 68	REYATAZ.....10
potassium citrate .....72	PROLIA 62	REZLIDHIA .....22
PRADAXA .....44	PROMACTA..... 44	ribavirin .....10
pramipexole .....28	promethazine 69	rifabutin .....14
prasugrel.....44	propafenone..... 40	rifampin .....14
pravastatin .....45	propranolol 42	riluzole.....51
prazosin .....42	propylthiouracil 52	rimantadine .....10
prednicarbate.....49	PROQUAD (PF) 61	RINVOQ .....63
prednisolone.....52	PROSOL 20 % 74	risedronate.....62
prednisolone acetate .....68	protriptyline 38	RISPERDAL CONSTA .....39
prednisolone sodium phosphate 52, 68	PULMOZYME 71	risperidone.....39
prednisone .....52	PURIXAN 22	ritonavir .....10
prednisone intensol.....52	pyrazinamide 14	rivastigmine .....30
pregabalin.....27	pyridostigmine bromide..... 31	rivastigmine tartrate.....30
PREHEVBRIO (PF).....61	Q	rizatriptan .....29
PREMARIN .....64	QINLOCK 22	roflumilast.....71
premasol 10 %74	QUADRACEL (PF)..... 61	ropinirole .....28
prevalite.....45	quetiapine 39	rosuvastatin .....45
PREVYMIS .....10	quinapril.....43	ROTARIX .....61
PREZCOBIX .....10	quinapril-hydrochlorothiazide 43	ROTATEQ VACCINE .....61
PREZISTA .....10	quinidine sulfate 40	roweepra.....27
PRIFTIN.....14	quinine sulfate 14	ROZLYTREK.....22
PRIMAQUINE .....14	QVAR REDIHALER 71	RUBRACA .....22
primidone .....27	R	RUCONEST .....71
PRIMIDONE .....27	RABAVERT (PF) 61	rufinamide .....27
PRIORIX (PF) .....61	raloxifene..... 62	RUKOBIA .....10
PRIVIGEN .....61	ramipril 43	RUXIENCE .....22
probenecid.....62	ranolazine 45	RYBELSUS .....54
probenecid-colchicine .....62	rasagiline.....28	RYDAPT .....22
prochlorperazine.....58	RAVICTI 51	S
prochlorperazine maleate oral.....58	reclipsen (28)..... 66	SANDIMMUNE.....22
PROCRIT.....60	RECOMBIVAX HB (PF)..... 61	SANTYL .....47
procto-med hc .....58	RECTIV 58	sapropterin.....56
procto-pak .....58	REGRANEX 47	SAVELLA .....63
	RELENZA DISKHALER ... 10	SCSEMBLIX .....22
	repaglinide 54	scopolamine base.....58
	REPATHA..... 45	SECUADO.....39
	REPATHA PUSHTRONEX 45	selegiline hcl .....28
	REPATHA SURECLICK ... 45	selenium sulfide.....46
	RESTASIS..... 67	SELZENTRY .....10
		SEREVENT DISKUS .....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 07/24/2023.

sertraline.....	39	STELARA	46	tarina 24 fe	66
setlakin	66	STIOLTO RESPIMAT.....	71	tarina fe 1-20 eq (28).....	66
sevelamer carbonate	51	STIVARGA	23	TASIGNA	23
sharobel	64	STRIBILD	10	tazarotene	48
SHINGRIX (PF).....	61	subvenite.....	27	taztia xt.....	43
SIGNIFOR	22	SUCRAID.....	58	TAZVERIK	23
sildenafil (pulmonary arterial hypertension)	71	sucralfate.....	59	TDVAX.....	61
silver sulfadiazine.....	47	sulfacetamide sodium	67	TEFLARO.....	12
simvastatin	45	sulfacetamide sodium (acne).....	48	TEGSEDI	30
sirolimus.....	22	sulfacetamide-prednisolone..	67	telmisartan.....	43
SIRTURO	14	sulfadiazine.....	16	telmisartan-hydrochlorothiazid	43
SKYRIZI.....	46, 58	sulfamethoxazole-trimethoprim	16	TENIVAC (PF).....	61
sodium chloride	51	sulfasalazine	58	tenofovir disoproxil fumarate	10
sodium chloride 0.45 %.....	73	sulindac.....	33	TEPMETKO	23
sodium chloride 0.9 %.....	51	sumatriptan	29	terazosin	43
sodium chloride 3 % hypertonic	73	sumatriptan succinate.....	29	terbinafine hcl.....	7
sodium chloride 5 % hypertonic	73	sunitinib malate	23	terbutaline	71
SODIUM OXYBATE.....	39	SUNLENCA.....	10	terconazole	64
sodium phenylbutyrate	51	SUPREP BOWEL PREP KIT	58	teriflunomide.....	30
sodium polystyrene sulfonate	51	SUTAB	58	TERIPARATIDE	62
SOLIQUA 100/33	55	syeda	66	testosterone	56
SOLTAMOX	22	SYMBICORT.....	71	TESTOSTERONE.....	56
SOMATULINE DEPOT	23	SYMDEKO	71	testosterone cypionate	56
SOMAVERT	56	SYMPAZAN	27	testosterone enanthate	56
sorafenib.....	23	SYMTUZA.....	10	TETANUS,DIPHThERIA TOX PED(PF)	61
sorine	40	SYNAREL.....	56	tetrabenazine	30
sotalol	40	SYNJARDY	55	tetracycline.....	17
sotalol af.....	40	SYNJARDY XR	55	THALOMID	23
SOTYLIZE	40	SYNRIBO.....	23	theophylline	71
SOVALDI	10	SYNTHROID.....	56	thioridazine	39
SPIRIVA RESPIMAT	71	T		thiothixene.....	39
SPIRIVA WITH HANDIHALER.....	71	TABLOID.....	23	tiadylt er	43
spironolactone.....	43	TABRECTA.....	23	tiagabine	27
spironolacton-hydrochlorothiaz	43	tacrolimus	23, 47	TIBSOVO	23
sprintec (28).....	66	tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	71	TICOVAC	61
SPRITAM	27	TAFINLAR	23	tigecycline.....	14
SPRYCEL	23	TAGRISO	23	TIGLUTIK.....	51
sps (with sorbitol).....	51	TALTZ AUTOINJECTOR ..	46	timolol maleate	43, 67
sronyx.....	66	TALTZ SYRINGE.....	46	TIVICAY	10
ssd.....	47	TALZENNA.....	23	TIVICAY PD.....	10
		tamoxifen.....	23	tizanidine.....	31
		tamsulosin.....	72	TOBI PODHALER	14
				tobramycin	67

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 07/24/2023.

tobramycin in 0.225 % nacl	14	tri-mili	66	VENCLEXTA STARTING	
tobramycin sulfate	14	trimipramine	39	PACK	24
tobramycin-dexamethasone	68	TRINTELLIX	39	venlafaxine	39
tolterodine	72	tri-sprintec (28)	66	VENLAFAXINE BESYLATE	
tolvaptan	56	TRIUMEQ	10		39
topiramate	27	TRIUMEQ PD	10	VENTOLIN HFA	72
toremifene	23	trivora (28)	66	verapamil	43
toremide	43	tri-vylibra	66	VERSACLOZ	40
TOUJEO MAX U-300		trizivir	10	VERZENIO	24
SOLOSTAR	55	TROPHAMINE 10 %	74	VICTOZA 2-PAK	55
TOUJEO SOLOSTAR U-300		TRULANCE	58	VICTOZA 3-PAK	55
INSULIN	55	TRULICITY	55	vienna	66
TPN ELECTROLYTES	73	TRUMENBA	61	vigabatrin	27
TRACLEER	71	TUKYSA	23	vigadrone	27
tramadol	33	TURALIO	24	VIIBRYD	40
TRAMADOL	33	TWINRIX (PF)	61	vilazodone	40
tramadol-acetaminophen	33	TYBOST	10	VIOKACE	58
trandolapril	43	TYPHIM VI	61	VIRACEPT	11
tranexamic acid	64	U		VIREAD	11
tranlycypromine	39	UBRELVY	29	VITRAKVI	24
travasol 10 %	74	unithroid	56	VIVITROL	33
travoprost	68	UPTRAVI	43	VIZIMPRO	24
trazodone	39	ursodiol	58	VONJO	24
TRECTOR	14	V		voriconazole	7
TRELEGY ELLIPTA	71	valacyclovir	10	VOSEVI	11
TRELSTAR	23	VALCHLOR	47	VOTRIENT	24
TRESIBA FLEXTOUCH U-		valganciclovir	10, 11	VRAYLAR	40
100	55	valproic acid	27	VUMERITY	30
TRESIBA FLEXTOUCH U-		valproic acid (as sodium salt)	27	vyfemla (28)	66
200	55		27	vylibra	66
TRESIBA U-100 INSULIN	55	valsartan	43	VYNDAMAX	45
tretinoin (antineoplastic)	23	valsartan-hydrochlorothiazide	43	W	
tretinoin topical	48	VALTOCO	27	warfarin	44
triamcinolone acetonide	49, 51	vancomycin	14	WELIREG	24
triamterene-hydrochlorothiazid		vandazole	64	X	
	43	VAQTA (PF)	61	XALKORI	24
triderm	50	varenicline	51	XARELTO	44
trientine	51	VARENICLINE	51	XARELTO DVT-PE TREAT	
tri-estarylla	66	VARIVAX (PF)	61	30D START	44
trifluoperazine	39	VASCEPA	45	XATMEP	24
trifluridine	67	velivet triphasic regimen (28)	66	XCOPRI	28
trihexyphenidyl	28		66	XCOPRI MAINTENANCE	
TRIJARDY XR	55	VELTASSA	51	PACK	28
TRIKAFTA	71, 72	VEMLIDY	11	XCOPRI TITRATION PACK	
tri-legest fe	66	VENCLEXTA	24		28
trimethoprim	17			XELJANZ	64

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 07/24/2023.

XELJANZ XR	64	yuvafem	64	zoledronic acid-mannitol-water	
XERMELO	24	Z		.....	51, 56
XGEVA	17	zafirlukast	72	ZOLINZA	25
XIFAXAN.....	14, 15	zaleplon.....	40	zolpidem.....	40
XOLAIR.....	72	ZEJULA.....	24	ZONISADE	28
XOSPATA	24	ZELBORAF	24	zonisamide	28
XPOVIO.....	24	ZENPEP.....	59	zovia 1-35 (28).....	66
XTANDI	24	zidovudine	11	ZTALMY	28
XULTOPHY 100/3.6	55	ZIEXTENZO.....	60	ZYDELIG	25
XURIDEN.....	51	ziprasidone hcl	40	ZYKADIA	25
XYREM	40	ziprasidone mesylate.....	40	ZYLET	68
Y		ZIRGAN	67	ZYPREXA RELPREVV.....	40
YF-VAX (PF)	61				

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 07/24/2023.