



# Clear Spring Health

## **Clear Spring Health Value 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 00023303, Version Number 19

This formulary was updated on 08/22/2023. 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](http://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 P244\_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 Value Rx (PDP).

This document includes list of the drugs (formulary) for our plan which is current as of 08/22/2023. 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 Value 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 08/22/2023. 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 74. 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 74.

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.

**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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA
<i>amphotericin b</i>	2	B/D PA; MO
<i>caspofungin intravenous recon soln 50 mg</i>	5	
<i>caspofungin intravenous recon soln 70 mg</i>	4	
<i>clotrimazole mucous membrane</i>	4	MO
CRESEMBA ORAL	5	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 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>	2	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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 suspension</i>	4	MO
<i>nystatin oral tablet</i>	2	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)
<b>ANTIVIRALS</b>		
<i>abacavir oral solution</i>	4	MO; QL (960 per 30 days)
<i>abacavir oral tablet</i>	4	MO; QL (60 per 30 days)
<i>abacavir-lamivudine</i>	4	MO; QL (30 per 30 days)
<i>acyclovir oral capsule</i>	2	MO

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

This drug list was last updated on 08/22/2023.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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)
<i>efavirenz-lamivu-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>	4	MO; QL (30 per 30 days)
<b>EMTRIVA ORAL SOLUTION</b>	4	MO; QL (680 per 28 days)
<b>entecavir</b>	4	MO; QL (30 per 30 days)
<b>EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG</b>	5	PA; MO; QL (28 per 28 days)
<b>EPCLUSA ORAL PELLETS IN PACKET 200-50 MG</b>	5	PA; MO; QL (56 per 28 days)
<b>EPCLUSA ORAL TABLET 200-50 MG</b>	5	PA; MO; QL (56 per 28 days)
<b>EPCLUSA ORAL TABLET 400-100 MG</b>	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)
<b>EVOTAZ</b>	5	MO; QL (30 per 30 days)
<i>famciclovir</i>	3	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fosamprenavir</i>	5	MO; QL (120 per 30 days)
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; QL (60 per 30 days)
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,CHEWAB LE 100 MG	5	MO; QL (180 per 30 days)
ISENTRESS ORAL TABLET,CHEWAB LE 25 MG	4	MO; QL (180 per 30 days)
JULUCA	5	MO; QL (30 per 30 days)
<i>lamivudine oral solution</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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)
<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)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ODEFSEY	5	MO
<i>oseltamivir oral capsule 30 mg</i>	4	MO
<i>oseltamivir oral capsule 45 mg</i>	3	MO
<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 75 MG	4	MO; QL (420 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>	2	MO
<i>ribavirin oral tablet 200 mg</i>	4	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO; QL (360 per 30 days)
RUKOBIA	5	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SELZENTRY ORAL SOLUTION	3	MO; QL (1800 per 30 days)
SELZENTRY ORAL TABLET 25 MG	3	MO; QL (120 per 30 days)
SELZENTRY ORAL TABLET 75 MG	5	MO; QL (60 per 30 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
<i>valganciclovir oral tablet</i>	3	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VEMLIDY	5	PA; MO	<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	MO
VIRACEPT ORAL TABLET 250 MG	5	MO; QL (270 per 30 days)	<i>cefadroxil oral tablet</i>	4	MO
VIRACEPT ORAL TABLET 625 MG	5	MO; QL (120 per 30 days)	<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml</i>	4	MO
VIREAD ORAL POWDER	3	MO; QL (225 per 30 days)	<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO; QL (30 per 30 days)	<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
VOSEVI	5	PA; MO; QL (28 per 28 days)	<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>zidovudine oral capsule</i>	4	MO; QL (180 per 30 days)	<i>cefdinir</i>	4	MO
<i>zidovudine oral syrup</i>	4	MO; QL (1680 per 28 days)	<i>cefpeme in dextrose, iso-osm</i>	4	
<i>zidovudine oral tablet</i>	2	MO; QL (60 per 30 days)	<i>cefpeme injection</i>	4	MO
<b>CEPHALOSPORINS</b>					
<i>cefaclor oral capsule</i>	4	MO	<i>cefixime oral capsule</i>	4	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	4	MO	<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	4		<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO	<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefadroxil oral capsule</i>	2	MO	<i>cefpodoxime</i>	4	MO
			<i>cefprozil oral suspension for reconstitution</i>	4	MO
			<i>cefprozil oral tablet</i>	3	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO	<i>azithromycin oral suspension for reconstitution</i>	3	MO	
<i>ceftazidime injection recon soln 6 gram</i>	4	PA	<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2		
<i>ceftriaxone in dextrose,iso-os</i>	4	MO	<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO	
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO	<i>clarithromycin</i>	4	MO	
<i>ceftriaxone injection recon soln 10 gram</i>	4		<i>diflucan oral tablet</i>	4	MO; QL (20 per 10 days)	
<i>ceftriaxone intravenous</i>	4	MO	<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO	
<i>cefuroxime axetil oral tablet</i>	4	MO	<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO	
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO	<b>ERYTHROGIN INTRAVENOUS RECON SOLN 500 MG</b>	4	PA; MO	
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO	<i>erythromycin ethylsuccinate oral tablet</i>	4	MO	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO	<i>erythromycin oral</i>	4	MO	
<i>cephalexin oral suspension for reconstitution</i>	4	MO	<b>MISCELLANEOUS ANTIINFECTIVES</b>			
<b>TEFLARO</b>	5	PA; MO	<i>albendazole</i>	4	MO	
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>						
<i>azithromycin intravenous</i>	4	PA; MO	<i>amikacin injection solution 500 mg/2 ml</i>	4	PA; MO	
<i>azithromycin oral packet</i>	4	MO	<b>ARIKAYCE</b>	4	PA; LA; QL (235.2 per 28 days)	
			<i>atovaquone</i>	5	MO	

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam injection recon soln 1 gram</i>	4	PA; MO
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	2	MO
<i>clindamycin hcl oral capsule 75 mg</i>	4	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin palmitate hcl</i>	4	
<i>clindamycin pediatric</i>	4	MO
<i>clindamycin phosphate injection</i>	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
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>	4	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)
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	PA; MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>linezolid oral tablet</i>	4	PA; MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; 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
<b>PASER</b>	4	MO
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<b>PRIFTIN</b>	4	MO
<b>PRIMAQUINE</b>	4	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	4	PA; MO; QL (42 per 7 days)
<i>rifabutin</i>	4	MO
<i>rifampin</i>	4	MO
<b>SIRTURO ORAL TABLET 100 MG</b>	5	PA; LA
<b>SIVEXTRO INTRAVENOUS</b>	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>SIVEXTRO ORAL</b>	5	MO
<i>tigecycline</i>	5	PA; MO
<b>TOBI PODHALER</b>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA
<i>tobramycin sulfate injection solution</i>	4	PA; MO
<b>TRECATOR</b>	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)
<b>XIFAXAN ORAL TABLET 200 MG</b>	4	MO; QL (9 per 30 days)
<b>XIFAXAN ORAL TABLET 550 MG</b>	4	MO; QL (90 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>PENICILLINS</b>					
<i>amoxicillin oral capsule</i>	2	MO	<i>ampicillin sodium intravenous recon soln 1 gram</i>	4	PA
<i>amoxicillin oral suspension for reconstitution</i>	2	MO	<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>amoxicillin oral tablet</i>	2	MO	<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>amoxicillin oral tablet, chewable 125 mg</i>	4	MO	<i>ampicillin-sulbactam intravenous</i>	4	PA
<i>amoxicillin oral tablet, chewable 250 mg</i>	2	MO	AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTIO N 125-31.25 MG/5 ML	4	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	4	MO	BICILLIN L-A	4	PA; MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	4	MO	<i>dicloxacillin</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO	<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO	<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	4	MO	<i>nafcillin injection recon soln 10 gram</i>	4	PA
<i>ampicillin oral capsule 500 mg</i>	2	MO	<i>nafcillin intravenous recon soln 2 gram</i>	4	PA
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg</i>	4	PA; MO	<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
			<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA	<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>penicillin g potassium</i>	4	PA; MO	<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>penicillin g procaine intramuscular syringe 1.2 million unit/2 ml</i>	4	PA; MO	<i>levofloxacin intravenous</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO	<i>levofloxacin oral solution</i>	4	MO
<i>penicillin v potassium</i>	2	MO	<i>levofloxacin oral tablet</i>	2	MO
<i>piperacillin- tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4		<i>moxifloxacin oral</i>	4	MO
<i>piperacillin- tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO	<b>SULFA'S / RELATED AGENTS</b>		
<b>QUINOLONES</b>			<i>sulfadiazine</i>	4	MO
CIPRO ORAL SUSPENSION,MIC ROCAPSULE RECON 500 MG/5 ML	4		<i>sulfamethoxazole- trimethoprim oral suspension</i>	4	MO
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	MO	<i>sulfamethoxazole- trimethoprim oral tablet</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO	<b>TETRACYCLINES</b>		
			<i>doxy-100</i>	4	PA; MO
			<i>doxycycline hyclate intravenous</i>	4	PA
			<i>doxycycline hyclate oral capsule</i>	3	MO
			<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	3	MO
			<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	4	MO
<i>minocycline oral capsule</i>	2	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
<i>MESNEX ORAL</i>	5	MO
<i>XGEVA</i>	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)
---------------------------------------	---	---------------------------------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>ALECENSA</i>	5	PA; MO; QL (240 per 30 days)
<i>ALUNBRIG ORAL TABLET 180 MG, 90 MG</i>	5	PA; QL (30 per 30 days)
<i>ALUNBRIG ORAL TABLET 30 MG</i>	5	PA; QL (60 per 30 days)
<i>ALUNBRIG ORAL TABLETS,DOSE PACK</i>	5	PA; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
<i>AYVAKIT</i>	5	PA; LA; QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>BALVERSA ORAL TABLET 3 MG</i>	5	PA; LA; QL (90 per 30 days)
<i>BALVERSA ORAL TABLET 4 MG</i>	5	PA; LA; QL (60 per 30 days)
<i>BALVERSA ORAL TABLET 5 MG</i>	5	PA; LA; QL (30 per 30 days)
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
<i>BOSULIF ORAL TABLET 100 MG</i>	5	PA; MO; QL (90 per 30 days)
<i>BOSULIF ORAL TABLET 400 MG, 500 MG</i>	5	PA; MO; QL (30 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)	cyclophosphamide oral capsule	3	B/D PA; MO
BRUKINSA	5	PA; LA; QL (120 per 30 days)	cyclosporine modified oral capsule	4	B/D PA; MO
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)	cyclosporine modified oral solution	4	B/D PA
CALQUENCE	5	PA; LA; QL (60 per 30 days)	cyclosporine oral capsule	4	B/D PA; MO
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)	DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)	DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)	DROXIA	3	MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)	ELIGARD	4	PA; MO
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)	ELIGARD (3 MONTH)	4	PA; MO
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)	ELIGARD (4 MONTH)	4	PA; MO
COPIKTRA	5	PA; LA; QL (60 per 30 days)	ELIGARD (6 MONTH)	4	PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)	EMCYT	4	MO
			ENVARSUS 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)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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
<i>everolimus (immunosuppressive ) oral tablet 1 mg</i>	5	B/D PA; MO; QL (60 per 30 days)
<i>exemestane</i>	4	MO
<b>EXKIVITY</b>	5	PA; LA; QL (120 per 30 days)
<b>FOTIVDA</b>	5	PA; LA; QL (21 per 28 days)
<b>GAVRETO</b>	5	PA; MO; LA; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>genograf</i>	4	B/D PA; MO
<b>GILOTrif</b>	5	PA; MO; QL (30 per 30 days)
<b>GLEOSTINE</b>	4	MO
<i>hydroxyurea</i>	2	MO
<b>IBRANCE</b>	5	PA; MO; QL (21 per 28 days)
<b>ICLUSIG</b>	5	PA; QL (30 per 30 days)
<b>IDHIFA</b>	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)
<b>IMBRUVICA ORAL CAPSULE 140 MG</b>	5	PA; QL (120 per 30 days)
<b>IMBRUVICA ORAL CAPSULE 70 MG</b>	5	PA; QL (30 per 30 days)
<b>IMBRUVICA ORAL SUSPENSION</b>	5	PA; QL (324 per 30 days)
<b>IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG</b>	5	PA; QL (30 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)	KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)	KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
INQOVI	5	PA; MO; QL (5 per 28 days)	KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)	KRAZATI	5	PA; QL (180 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)	<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
JAKAFI	5	PA; MO; QL (60 per 30 days)	<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)	LENVIMA	5	PA; MO
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)	<i>letrozole</i>	2	MO
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)	LEUKERAN	4	MO
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)	<i>leuprolide subcutaneous kit</i>	3	PA; MO
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)	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

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR KIT 7.5 MG (PED)	5	PA; MO
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LYNPARZA	5	PA; MO; LA; QL (120 per 30 days)
LYSODREN	3	
LYTGOBI	5	PA; LA
MATULANE	5	
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)	4	PA; MO
megestrol oral tablet	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; LA; QL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
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)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 500 mcg/ml</i>	4	PA; MO	RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
<i>octreotide acetate injection solution 50 mcg/ml</i>	3	PA; MO	REVLIMID ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	5	PA; MO; LA; QL (28 per 28 days)
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)	REZLIDHIA	5	PA; QL (60 per 30 days)
ONUREG	5	PA; MO; QL (14 per 14 days)	ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ORGOVYX	5	PA; LA; QL (30 per 28 days)	ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)	RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)	RUXIENCE	5	PA; MO
PEMAZYRE	5	PA; LA; QL (14 per 21 days)	RYDAPT	5	PA; MO; QL (240 per 30 days)
PIQRAY	5	PA; MO	SANDIMMUNE ORAL SOLUTION	4	B/D PA; MO
POMALYST	5	PA; MO; LA; QL (21 per 28 days)	SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days)
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO	SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days)
PURIXAN	5		SIGNIFOR	5	PA; LA; QL (60 per 30 days)
QINLOCK	5	PA; LA; QL (90 per 30 days)	<i>sirolimus oral solution</i>	5	B/D PA; MO
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)	<i>sirolimus oral tablet</i>	4	B/D PA; MO
			SOLTAMOX	4	PA; MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
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; MO; QL (840 per 28 days)
TAGRISSO	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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>tamoxifen</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA; 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)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	4	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	3	PA; LA; QL (42 per 30 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
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)
YONSA	5	PA; MO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ZELBORAF	5	PA; MO; QL (240 per 30 days)
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 10 MG, 100 MG, 25 MG, 50 MG	5	MO; QL (60 per 30 days)
BRIVIACT ORAL TABLET 75 MG	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	4	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	4	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

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>divalproex oral tablet extended release 24 hr</i>	4	MO	<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>divalproex oral tablet,delayed release (dr/ec)</i>	3	MO	LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
EPIDIOLEX	4	PA; MO; LA	LACOSAMIDE ORAL TABLET 50 MG	4	MO; QL (120 per 30 days)
<i>epitol</i>	3	MO	<i>lamotrigine oral tablet</i>	2	MO
EPRONTIA	4	PA; ST; MO	<i>lamotrigine oral tablet disintegrating, dose pk 25 mg(14)-50 mg (14)-100 mg (7)</i>	2	MO
<i>ethosuximide</i>	2	MO	<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>felbamate oral suspension</i>	5	MO	<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>felbamate oral tablet</i>	4	MO	<i>levetiracetam intravenous</i>	2	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)	<i>levetiracetam oral solution 100 mg/ml</i>	4	MO
FYCOMPA ORAL SUSPENSION	4	ST; MO; QL (720 per 30 days)	<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	4	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	ST; MO; QL (30 per 30 days)	<i>levetiracetam oral tablet</i>	3	MO
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	ST; MO; QL (60 per 30 days)	<i>levetiracetam oral tablet extended release 24 hr</i>	4	MO
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)	<i>methylsuximide</i>	4	MO
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)	NAYZILAM	5	PA; MO; QL (10 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	4	MO; QL (2160 per 30 days)			
<i>gabapentin oral tablet 600 mg</i>	3	MO; QL (180 per 30 days)			
<i>gabapentin oral tablet 800 mg</i>	3	MO; QL (120 per 30 days)			

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	4	PA; MO
<i>phenobarbital oral tablet 30 mg</i>	2	PA
<i>phenytoin oral suspension 125 mg/5 ml</i>	4	MO
<i>phenytoin oral tablet, chewable</i>	4	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>	4	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	4	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	4	MO; QL (900 per 30 days)
<b>PRIMIDONE ORAL TABLET 125 MG</b>	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>	4	PA; MO; QL (240 per 30 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG</b>	4	MO; QL (90 per 30 days)
<b>SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG</b>	4	MO; QL (120 per 30 days)
<i>subvenite</i>	2	MO
<b>SYMPAZAN ORAL FILM 10 MG, 20 MG</b>	5	PA; MO; QL (60 per 30 days)
<b>SYMPAZAN ORAL FILM 5 MG</b>	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
<b>VALTOCO</b>	4	PA; MO; QL (10 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>vigabatrin</i>	5	PA; MO; LA; QL (180 per 30 days)
<i>vigadron oral powder in packet</i>	5	PA; LA; QL (180 per 30 days)
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>	2	PA; MO
ZTALMY	5	PA; LA; QL (1080 per 30 days)

#### **ANTIPARKINSONISM AGENTS**

APOMORPHINE	5	PA; QL (90 per 30 days)
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>carbidopa-levodopa oral tablet</i>	3	MO
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	4	MO
<i>carbidopa-levodopa- entacapone</i>	4	MO
<i>entacapone</i>	4	MO
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>pramipexole oral tablet extended release 24 hr 3.75 mg</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	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**

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)
<i>ergotamine-caffeine</i>	2	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>naratriptan</i>	4	MO; QL (18 per 28 days)	COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; QL (30 per 30 days)
NURTEC ODT	3	PA; QL (16 per 30 days)	COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>rizatriptan</i>	3	MO; QL (36 per 28 days)	<i>dalfampridine</i>	4	PA; MO; QL (60 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)	<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	3	PA; MO; QL (14 per 30 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)	<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	3	PA; MO; QL (120 per 30 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)	<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)	<i>donepezil oral tablet 10 mg, 5 mg</i>	2	MO
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)	<i>donepezil oral tablet 23 mg</i>	4	MO
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)	<i>donepezil oral tablet,disintegrating</i>	4	MO
UBRELVY	3	PA; QL (20 per 30 days)	<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days)
<i>zolmitriptan oral</i>	4	MO; QL (18 per 28 days)	FIRDAPSE	5	PA; LA; QL (240 per 30 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>					
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; LA; QL (120 per 30 days)	<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	4	MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; LA; QL (60 per 30 days)			

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
galantamine oral solution	4	MO; QL (200 per 30 days)
galantamine oral tablet	4	MO; QL (60 per 30 days)
memantine oral capsule,sprinkle,er 24hr	4	PA; MO
memantine oral solution	4	PA; MO; QL (300 per 30 days)
memantine oral tablet	3	PA; MO
MEMANTINE ORAL TABLETS,DOSE PACK	3	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	3	PA; MO
OCREVUS	5	PA; MO
rivastigmine	4	MO
rivastigmine tartrate	4	MO; QL (60 per 30 days)
TEGSEDI	5	PA; MO; LA; QL (6 per 28 days)
teriflunomide	5	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	5	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	5	PA; MO; QL (120 per 30 days)
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
baclofen oral tablet 10 mg, 20 mg	3	MO
BACLOFEN ORAL TABLET 5 MG	3	MO
cyclobenzaprine oral tablet 10 mg, 5 mg	2	PA; MO; QL (90 per 30 days)
methocarbamol oral tablet 500 mg, 750 mg	3	MO
pyridostigmine bromide oral syrup	4	MO
pyridostigmine bromide oral tablet 60 mg	3	MO
pyridostigmine bromide oral tablet extended release	4	MO
tizanidine oral tablet	3	MO
<b>NARCOTIC ANALGESICS</b>		
acetaminophen-codeine oral solution 120-12 mg/5 ml	3	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	3	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	3	MO; QL (180 per 30 days)
buprenorphine hcl sublingual	2	MO
butalbital-acetaminophen oral tablet 50-325 mg	4	MO; QL (360 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>butalbital-acetaminophen-caff oral tablet</i>	4	MO; QL (180 per 30 days)	<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO; QL (240 per 30 days)
<i>butalbital-aspirin-caffeine oral capsule</i>	4	MO; QL (180 per 30 days)	<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>endocet oral tablet 10-325 mg, 7.5-325 mg</i>	4	MO; QL (360 per 30 days)	<i>hydromorphone oral tablet 2 mg, 4 mg</i>	3	MO; QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	3	MO; QL (360 per 30 days)	<i>hydromorphone oral tablet 8 mg</i>	4	MO; QL (180 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>methadone oral tablet 10 mg</i>	3	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>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 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>morphine concentrate oral solution</i>	4	MO; QL (900 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days)	<i>morphine oral solution</i>	4	MO; QL (900 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>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)	<i>morphine oral tablet extended release</i>	4	PA; MO; QL (120 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml)</i>	4	QL (240 per 30 days)	<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
			<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
			<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
			<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
			<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>oxycodone-acetaminophen oral solution 5-325 mg/5 ml</i>	3	QL (1860 per 30 days)	<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	3	MO
<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)	<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg</i>	2	MO
<b>NON-NARCOTIC ANALGESICS</b>					
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)	<i>diclofenac sodium topical gel 1 %</i>	4	MO; QL (1000 per 28 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)	<i>diflunisal</i>	4	MO
<b>BUPRENORPHINE -NALOXONE SUBLINGUAL FILM 4-1 MG</b>	3	MO; QL (90 per 30 days)	<i>ec-naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	2	
<i>buprenorphine-naloxone sublingual film 8-2 mg</i>	3	MO; QL (90 per 30 days)	<i>ec-naproxen oral tablet,delayed release (dr/ec) 500 mg</i>	2	MO
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)	<i>etodolac oral capsule</i>	3	MO
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)	<i>etodolac oral tablet</i>	3	MO
<i>celecoxib</i>	4	MO	<i>etodolac oral tablet extended release 24 hr</i>	4	MO
<i>diclofenac potassium oral tablet 50 mg</i>	4	MO	<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</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>meloxicam oral tablet 15 mg</i>	1	MO
			<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>nabumetone</i>	2	MO	ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET WITH SENSOR AND STRIP 15 MG, 2 MG, 20 MG, 5 MG	5	ST; QL (30 per 30 days)
<i>naloxone injection solution</i>	2	MO	ABILIFY MYCITE STARTER KIT ORAL TABLET WITH SENSOR, STRIP, POD 10 MG	5	ST; QL (30 per 30 days)
<i>naloxone injection syringe</i>	2	MO	<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>naltrexone</i>	2	MO	<i>alprazolam oral tablet 2 mg</i>	2	MO; QL (150 per 30 days)
<i>naproxen oral suspension</i>	4	MO	<i>amitriptyline</i>	2	MO
<i>naproxen oral tablet</i>	1	MO	<i>amoxapine</i>	4	MO
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	MO	<i>aripiprazole oral solution</i>	4	MO; QL (750 per 30 days)
<i>naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2		<i>aripiprazole oral tablet</i>	4	MO; QL (30 per 30 days)
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	4	MO	<i>aripiprazole oral tablet,disintegrating</i>	5	MO; QL (60 per 30 days)
<b>NARCAN</b>	3	MO	<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>oxaprozin</i>	4	MO	<i>armodafinil oral tablet 50 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>piroxicam</i>	4	MO	<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>sulindac</i>	2	MO	<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<b>TRAMADOL ORAL TABLET 100 MG</b>	3	MO; QL (120 per 30 days)			
<i>tramadol oral tablet 50 mg</i>	3	MO; QL (240 per 30 days)			
<i>tramadol-acetaminophen</i>	3	MO; QL (240 per 30 days)			
<b>VIVITROL</b>	5	MO			
<b>PSYCHOTHERAPEUTIC DRUGS</b>					
<b>ABILIFY MAINTENA</b>	4	MO; QL (1 per 28 days)			

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>	3	MO; QL (180 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	3	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	3	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	3	MO; QL (60 per 30 days)
buspirone	2	MO
CAPLYTA	4	ST; 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>	4	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
clomipramine	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; MO; QL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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)
desipramine	4	MO
<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)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	2	MO; QL (180 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	2	MO; QL (120 per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	2	MO; QL (360 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)
<i>diazepam oral concentrate</i>	4	PA; QL (240 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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)
<i>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG</i>	4	MO; QL (60 per 30 days)
<i>DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG</i>	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	3	MO; QL (60 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	3	MO; QL (90 per 30 days)
<i>EMSAM</i>	5	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>	3	MO; QL (30 per 30 days)
<i>FANAPT ORAL TABLET</i>	4	ST; MO; QL (60 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
FANAPT ORAL TABLETS,DOSE PACK	4	ST; MO; QL (8 per 28 days)	<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	4	MO; QL (28 per 28 days)	<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QL (30 per 30 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	4	MO; QL (30 per 30 days)	<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	2	MO; QL (30 per 30 days)	<i>guanfacine oral tablet extended release 24 hr</i>	4	MO
<i>fluoxetine oral capsule 20 mg</i>	2	MO; QL (90 per 30 days)	<i>haloperidol decanoate intramuscular solution 100 mg/ml</i>	4	MO
<i>fluoxetine oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)	<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	4	
<i>fluoxetine oral solution</i>	2	MO	<i>haloperidol decanoate intramuscular solution 50 mg/ml</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	3	MO; QL (240 per 30 days)	<i>haloperidol decanoate intramuscular solution 50 mg/ml(1ml)</i>	2	
<i>fluoxetine oral tablet 20 mg</i>	3	MO; QL (120 per 30 days)	<i>haloperidol lactate injection</i>	4	MO
<i>fluphenazine decanoate</i>	4	MO	<i>haloperidol lactate oral</i>	4	MO
<i>fluphenazine hcl injection</i>	4	MO	<i>haloperidol oral tablet 0.5 mg</i>	2	MO
<i>fluphenazine hcl oral concentrate</i>	4	MO	<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	3	MO
<i>fluphenazine hcl oral elixir</i>	4	MO	<i>haloperidol oral tablet 5 mg</i>	4	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg</i>	4	MO			
<i>fluphenazine hcl oral tablet 5 mg</i>	2	MO			

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>imipramine hcl</i>	4	MO	INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	4	MO; QL (1.32 per 90 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	4	MO; QL (1.75 per 90 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)	INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	4	MO; QL (2.63 per 90 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	4	MO; QL (0.75 per 28 days)	LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	4	MO; QL (30 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	4	MO; QL (1 per 28 days)	LATUDA ORAL TABLET 80 MG	4	MO; QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	4	MO; QL (1.5 per 28 days)	<i>lithium carbonate oral capsule</i>	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	4	MO; QL (0.25 per 28 days)	<i>lithium carbonate oral tablet</i>	2	MO
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	4	MO; QL (0.5 per 28 days)	<i>lithium carbonate oral tablet extended release</i>	4	MO
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	4	MO; QL (0.88 per 90 days)	<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)
			<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
			<i>loxapine succinate</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 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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)
<i>MARPLAN</i>	4	MO; QL (180 per 30 days)
<i>methylphenidate hcl oral solution 10 mg/5 ml</i>	4	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral solution 5 mg/5 ml</i>	4	MO; QL (1800 per 30 days)
<i>methylphenidate hcl oral tablet</i>	4	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>	2	MO; QL (45 per 30 days)
<i>mirtazapine oral tablet,disintegrating</i>	4	MO; QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>molindone</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>NUPLAZID</i>	5	PA; MO; LA; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO; QL (60 per 30 days)
<i>olanzapine oral</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
<i>PERSERIS</i>	4	MO; QL (1 per 30 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	4	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	4	MO; QL (60 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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)
<b>REXULTI</b>	4	ST; MO; QL (30 per 30 days)
<b>RISPERDAL CONSTA</b>	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, 1 mg, 2 mg, 3 mg</i>	2	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)
<b>SECUADO</b>	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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>SODIUM OXYBATE</b>	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>	2	MO
<i>trazodone oral tablet 300 mg</i>	4	MO
<i>trifluoperazine</i>	4	MO
<i>trimipramine</i>	4	MO
<b>TRINTELLIX</b>	4	MO; QL (30 per 30 days)
<b>VENLAFAKINE BESYLATE</b>	4	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
<b>VERSACLOZ</b>	5	ST; QL (540 per 30 days)
<b>VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)</b>	4	MO; QL (30 per 30 days)
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
<b>VRAYLAR ORAL CAPSULE</b>	4	ST; MO; QL (30 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VRAYLAR ORAL CAPSULE,DOSE PACK	4	ST; MO; QL (7 per 30 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

<i>amiodarone oral tablet 100 mg</i>	4	MO
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>propafenone oral capsule,extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af oral tablet 120 mg</i>	2	
<i>sotalol oral</i>	2	MO
SOTYLIZE	4	MO

### ANTIHYPERTENSIVE THERAPY

<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	3	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 5-40 mg</i>	2	MO; QL (30 per 30 days)
<i>amlodipine-benazepril oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg</i>	2	MO; QL (45 per 30 days)
<i>amlodipine-olmesartan</i>	3	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>amlodipine-valsartan</i>	2	MO	<i>diltiazem hcl oral capsule,extended release 12 hr</i>	4	MO
<i>amlodipine-valsartan-hcthiazid</i>	3	MO; QL (30 per 30 days)	<i>diltiazem hcl oral capsule,extended release 24 hr</i>	3	MO
<i>atenolol</i>	1	MO	<i>diltiazem hcl oral capsule,extended release 24hr</i>	3	MO
<i>atenolol-chlorthalidone</i>	2	MO	<i>diltiazem hcl oral tablet</i>	2	MO
<i>benazepril</i>	1	MO	<i>diltiazem hcl oral tablet extended release 24 hr 120 mg</i>	3	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO	<i>diltiazem hcl oral tablet extended release 24 hr 420 mg</i>	3	
<i>bisoprolol fumarate</i>	2	MO	<i>dilt-xr</i>	3	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO	<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>bumetanide injection</i>	4	MO	<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>bumetanide oral</i>	2	MO	<i>enalapril maleate oral tablet</i>	1	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	3	MO; QL (60 per 30 days)	<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>candesartan oral tablet 32 mg</i>	3	MO; QL (30 per 30 days)	<i>eplerenone</i>	4	MO
<i>candesartan-hydrochlorothiazid</i>	4	MO; QL (30 per 30 days)	<i>felodipine</i>	2	MO
<i>captopril</i>	2	MO	<i>fosinopril</i>	1	MO
<i>cartia xt</i>	3	MO	<i>fosinopril-hydrochlorothiazide</i>	2	MO
<i>carvedilol</i>	1	MO	<i>furosemide injection solution</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO	<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	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>	3	MO			

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>furosemide oral tablet</i>	1	MO	<i>nifedipine oral tablet extended release 24hr</i>	3	MO
<i>hydralazine oral</i>	2	MO	<i>nimodipine</i>	4	MO
<i>hydrochlorothiazide</i>	1	MO	<i>olmesartan</i>	2	MO
<i>indapamide</i>	2	MO	<i>olmesartan-amlodipin-hcthiazid</i>	3	MO; QL (30 per 30 days)
<i>irbesartan</i>	1	MO; QL (30 per 30 days)	<i>olmesartan-hydrochlorothiazide</i>	4	MO
<i>irbesartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)	<i>perindopril erbumine</i>	2	MO
<i>isradipine</i>	4	MO	<i>pindolol</i>	4	MO
<b>KERENDIA</b>	4	PA; QL (30 per 30 days)	<i>prazosin</i>	2	MO
<i>labetalol oral</i>	2	MO	<i>propranolol oral capsule,extended release 24 hr</i>	4	MO
<i>lisinopril</i>	1	MO	<i>propranolol oral solution</i>	2	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO	<i>propranolol oral tablet</i>	2	MO
<i>losartan</i>	1	MO	<i>quinapril</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO	<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>metolazone</i>	3	MO	<i>ramipril</i>	1	MO
<i>metoprolol succinate</i>	2	MO	<i>spironolactone oral tablet 100 mg, 50 mg</i>	2	MO
<i>metoprolol tartrate oral</i>	3	MO	<i>spironolactone oral tablet 25 mg</i>	1	MO
<i>metoprolol tartrate oral</i>	1	MO	<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>metyrosine</i>	5	PA; MO	<i>taztia xt</i>	4	MO
<i>minoxidil oral</i>	2	MO	<i>telmisartan</i>	2	MO; QL (30 per 30 days)
<i>moexipril</i>	2	MO	<i>telmisartan-hydrochlorothiazid</i>	4	MO; QL (30 per 30 days)
<i>nadolol</i>	4	MO			
<i>nicardipine oral</i>	4	MO			
<i>nifedipine oral tablet extended release</i>	3	MO			

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)	<i>valsartan-hydrochlorothiazide</i>	2	MO; QL (30 per 30 days)	
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)	<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO	
<i>tiadylt er</i>	4	MO	<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO	
<i>timolol maleate oral</i>	3	MO	<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	MO	
<i>torsemide oral</i>	2	MO	<i>verapamil oral tablet</i>	1	MO	
<i>trandolapril</i>	1	MO	<i>verapamil oral tablet extended release</i>	2	MO	
<i>triamterene-hydrochlorothiazide</i>	1	MO	<b>COAGULATION THERAPY</b>			
UPTRAVI ORAL TABLET 1,000 MCG	5	PA; MO; LA; QL (90 per 30 days)	<i>aminocaproic acid intravenous</i>	2	MO	
UPTRAVI ORAL TABLET 1,200 MCG, 1,400 MCG, 1,600 MCG	5	PA; MO; LA; QL (60 per 30 days)	<i>aspirin-dipyridamole</i>	4	MO	
UPTRAVI ORAL TABLET 200 MCG	5	PA; MO; LA; QL (240 per 30 days)	<i>BRILINTA</i>	3	MO; QL (60 per 30 days)	
UPTRAVI ORAL TABLET 400 MCG	5	PA; MO; LA; QL (320 per 30 days)	CABLIVI INJECTION KIT	5	PA; LA; QL (32 per 30 days)	
UPTRAVI ORAL TABLET 600 MCG	5	PA; MO; LA; QL (150 per 30 days)	<i>cilostazol</i>	2	MO	
UPTRAVI ORAL TABLET 800 MCG	5	PA; MO; LA; QL (120 per 30 days)	<i>clopidogrel oral tablet 300 mg</i>	2	MO	
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; QL (200 per 30 days)	<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)	
<i>valsartan oral tablet 160 mg, 320 mg</i>	2	MO; QL (30 per 30 days)	<i>dabigatran etexilate</i>	4	MO	
<i>valsartan oral tablet 40 mg, 80 mg</i>	2	MO; QL (90 per 30 days)	<i>ELIQUIS</i>	3	MO	
			ELIQUIS DVT-PE TREAT 30D START	3	MO	

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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
<i>heparin (porcine) injection solution</i>	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	3	MO
<b>PROMACTA ORAL POWDER IN PACKET 12.5 MG</b>	5	PA; MO; LA; QL (180 per 30 days)
<b>PROMACTA ORAL TABLET</b>	5	PA; MO; LA; QL (30 per 30 days)
<i>warfarin</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>XARELTO</b>	3	MO
<b>XARELTO DVT-PE TREAT 30D START</b>	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	4	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	4	MO
<i>cholestyramine light</i>	4	
<i>cholestyramine-aspartame</i>	4	
<i>colestipol</i>	4	MO
<i>ezetimibe</i>	3	MO
<i>ezetimibe-simvastatin</i>	4	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 67 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 200 mg</i>	3	MO; QL (30 per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg</i>	4	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)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	4	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>	4	MO
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevalite</i>	4	MO
<b>REPATHA</b>	4	PA; QL (3 per 28 days)
<b>REPATHA PUSHTRONEX</b>	3	PA; QL (3.5 per 28 days)
<b>REPATHA SURECLICK</b>	3	PA; QL (3 per 28 days)
<i>rosuvastatin</i>	2	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)
<b>VASCEPA</b>	4	MO
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<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>	4	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 62.5 mcg (0.0625 mg)</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>digoxin oral tablet 250 mcg (0.25 mg)</i>	3	MO
<b>ENTRESTO</b>	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)
<b>VYNDAMAX</b>	5	PA; MO
<b>NITRATES</b>		
<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>	2	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	4	PA; MO
<i>calcipotriene scalp</i>	4	MO; QL (120 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>selenium sulfide topical lotion</i>	2	MO	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; MO; QL (1.34 per 28 days)
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)	DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)	<i>fluorouracil topical cream 5 %</i>	4	MO
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)	<i>fluorouracil topical solution 2 %</i>	2	MO
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)	<i>fluorouracil topical solution 5 %</i>	4	MO
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)	<i>imiquimod topical cream in packet 5 %</i>	4	MO
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)	<i>lidocaine hcl laryngotracheal</i>	2	MO
<b>MISCELLANEOUS DERMATOLOGICALS</b>			<i>lidocaine hcl mucous membrane solution 2 %</i>	2	
ammonium lactate	3	MO	<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	2	MO
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)	<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)	<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
			<i>lidocaine viscous</i>	2	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR	5	PA; MO; QL (60 per 14 days)
<b>THERAPY FOR ACNE</b>		
<i>amnesteem</i>	4	
<i>claravis oral capsule 20 mg, 30 mg, 40 mg</i>	4	
<i>clindamycin phosphate topical gel</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	4	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	4	MO; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>	3	MO
<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
<b>TAZORAC TOPICAL CREAM 0.05 %</b>	4	PA; MO
<b>TAZORAC TOPICAL GEL</b>	4	PA; MO
<i>tretinooin topical cream</i>	3	PA; MO
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	2	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
<b>TOPICAL ANTIFUNGALS</b>		

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ciclopirox topical cream	4	MO; QL (90 per 28 days)
ciclopirox topical gel	4	MO; QL (45 per 28 days)
ciclopirox topical shampoo	4	MO; QL (120 per 28 days)
ciclopirox topical solution	4	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	4	MO; QL (60 per 28 days)
clotrimazole topical cream	3	MO; QL (45 per 28 days)
clotrimazole topical solution	3	MO; QL (30 per 28 days)
clotrimazole- betamethasone topical cream	3	MO; QL (45 per 28 days)
clotrimazole- betamethasone topical lotion	4	MO; QL (60 per 28 days)
econazole	4	MO; QL (85 per 28 days)
ketoconazole topical cream	2	MO; QL (60 per 28 days)
ketoconazole topical shampoo	2	MO; QL (120 per 28 days)
nyamyc	3	MO; QL (180 per 30 days)
nystatin topical cream	2	MO; QL (30 per 28 days)
nystatin topical ointment	2	MO; QL (30 per 28 days)
nystatin topical powder	3	QL (180 per 30 days)
nystatin- triamcinolone	4	MO; QL (60 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
nystop	3	MO; QL (180 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
alclometasone	3	MO
betamethasone dipropionate	4	MO
betamethasone valerate topical cream	3	MO
betamethasone valerate topical lotion	3	MO
betamethasone valerate topical ointment	3	MO
betamethasone, augmented	4	MO
clobetasol topical cream	4	MO; QL (120 per 28 days)
desonide topical cream	4	MO
desonide topical lotion	4	MO
desonide topical ointment	4	MO
fluocinolone topical cream	4	MO
fluocinolone topical ointment	4	MO
fluocinolone topical solution	4	MO
fluocinonide topical gel	4	MO; QL (120 per 30 days)
fluocinonide topical ointment	4	MO; QL (120 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	4	QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	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>mometasone topical</i>	2	MO
<i>prednicarbate topical ointment</i>	4	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprostate</i>	4	MO
<i>anagrelide</i>	3	MO
<i>AURYXIA</i>	3	PA; MO
<i>carglumic acid</i>	5	PA; LA
<i>CHEMET</i>	4	PA
<i>CLINIMIX 4.25%/D5W SULFIT FREE</i>	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

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible</i>	5	PA; MO
<i>deferiprone</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>	2	MO
<i>droxidopa</i>	5	PA; MO
<b>ENDARI</b>	5	PA; MO; LA; QL (180 per 30 days)
<b>FERRIPROX ORAL SOLUTION</b>	5	PA
<b>INCRELEX</b>	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
<b>LOKELMA</b>	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>ORFADIN ORAL CAPSULE 20 MG</b>	5	PA; LA
<b>ORFADIN ORAL SUSPENSION</b>	5	PA; LA
<i>pilocarpine hcl oral</i>	4	MO
<b>PROLASTIN-C INTRAVENOUS RECON SOLN</b>	5	PA; LA
<b>RAVICTI</b>	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	
<b>TIGLUTIK</b>	5	PA; QL (600 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>trientine</i>	5	PA; 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>	3	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>	4	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>triamcinolone acetonide dental</i>	4	MO

#### **MISCELLANEOUS OTIC PREPARATIONS**

<i>acetic acid otic (ear)</i>	2	MO
-------------------------------	---	----

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>	3	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>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>prednisolone oral solution</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	MO	FIASP U-100 INSULIN	3	MO
<i>prednisone intensol</i>	4	MO	<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>prednisone oral solution</i>	4	MO	<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>prednisone oral tablet</i>	2	MO	<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>prednisone oral tablets,dose pack</i>	2	MO	<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<b>ANTITHYROID AGENTS</b>					
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO	<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>propylthiouracil</i>	4	MO	<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<b>DIABETES THERAPY</b>					
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)	<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)	<i>glipizide-metformin oral tablet 2.5-250 mg</i>	2	MO; QL (240 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)	<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	2	MO; QL (120 per 30 days)
<i>alcohol pads</i>	3	MO	<i>glyburide</i>	2	MO
<i>diazoxide</i>	3	MO	<i>glyburide</i>	4	MO
<i>FARXIGA ORAL TABLET 10 MG</i>	3	MO; QL (30 per 30 days)	<i>GVOKE HYPOOPEN 1-PACK</i>	3	MO
<i>FARXIGA ORAL TABLET 5 MG</i>	3	MO; QL (60 per 30 days)	<i>GVOKE HYPOOPEN 2-PACK</i>	3	MO
<i>FIASP FLEXTOUCH U-100 INSULIN</i>	3	MO	<i>GVOKE PFS 1-PACK SYRINGE</i>	3	MO
<i>FIASP PENFILL U-100 INSULIN</i>	3	MO			

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
GVOKE PFS 2-PACK SYRINGE	3	MO	<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
HUMULIN R U-500 (CONC) INSULIN	5	MO	<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	5	MO	<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)	<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)	<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 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)	<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)	<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)	NOVOLIN 70/30 U-100 INSULIN	3	MO
JENTADUETO	3	MO; QL (60 per 30 days)	NOVOLIN 70-30 FLEXPEN U-100	3	MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)	NOVOLIN N NPH U-100 INSULIN	3	MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)	NOVOLIN R REGULAR U100 INSULIN	3	MO
LANTUS SOLOSTAR U-100 INSULIN	3	MO	NOVOLOG FLEXPEN U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO	NOVOLOG MIX 70-30 U-100 INSULIN	3	MO
			NOVOLOG MIX 70-30FLEXPEN U-100	3	MO
			NOVOLOG PENFILL U-100 INSULIN	3	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
NOVOLOG U-100 INSULIN ASPART	3	MO	TOUJEO MAX U-300 SOLOSTAR	3	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML)	3	PA; MO; QL (3 per 28 days)	TOUJEO SOLOSTAR U-300 INSULIN	3	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 2 MG/DOSE (8 MG/3 ML)	3	MO; QL (3 per 28 days)	TRADJENTA	3	MO; QL (30 per 30 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)	TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 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)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)	TRULICITY	3	PA; MO; QL (2 per 28 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)	XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	3	MO; QL (60 per 30 days)
SOLIQUA 100/33	3	MO; QL (90 per 30 days)	XULTOPHY 100/3.6	3	MO; QL (15 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)	<b>MISCELLANEOUS HORMONES</b>		
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)	<i>cabergoline</i>	4	MO
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)	<i>calcitonin (salmon) nasal</i>	3	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>calcitriol oral capsule</i>	2	MO	<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	4	PA; MO
<i>calcitriol oral solution</i>	4		<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	4	PA
<i>cinacalcet oral tablet 30 mg</i>	3	PA; MO; QL (60 per 30 days)	<i>testosterone enanthate</i>	4	PA; MO
<i>cinacalcet oral tablet 60 mg</i>	5	PA; MO; QL (60 per 30 days)	<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	PA; MO; QL (120 per 30 days)	<b>TESTOSTERONE TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)</b>	3	PA; MO; QL (300 per 30 days)
<i>danazol</i>	4	MO	<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>desmopressin nasal spray with pump</i>	4	MO	<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4		<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>desmopressin oral</i>	3	MO	<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<b>GALAFOLD</b>	5	PA; MO; LA; QL (15 per 30 days)	<i>tolvaptan</i>	5	PA; MO
<b>KORLYM</b>	5	PA			
<b>NATPARA</b>	5	PA; LA			
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO			
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO			
<i>paricalcitol oral</i>	4	MO			
<i>sapropterin</i>	5	PA; MO			
<b>SOMAVERT</b>	5	PA; MO; QL (30 per 30 days)			
<b>SYNAREL</b>	5	PA; MO			

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	MO	<i>alosetron</i>	5	PA; MO; QL (60 per 30 days)
<b>THYROID HORMONES</b>					
<i>euthyrox</i>	3	MO	<i>aprepitant oral capsule</i>	4	B/D PA; MO; QL (30 per 30 days)
<i>levothyroxine oral tablet</i>	1		<i>aprepitant oral capsule,dose pack</i>	4	B/D PA; MO; QL (12 per 30 days)
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	2	MO	<i>balsalazide</i>	4	MO
<i>liothyronine oral</i>	3	MO	<i>BETAINE</i>	4	MO
<i>unithroid</i>	3	MO	<i>budesonide oral capsule,delayed,extended.release</i>	4	MO
<b>GASTROENTEROLOGY</b>					
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>					
<i>dicyclomine oral capsule</i>	2	MO	<i>budesonide oral tablet,delayed and ext.release</i>	5	MO
<i>dicyclomine oral solution</i>	4	MO	<i>compro</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO	<i>constulose</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	4	MO	<i>cromolyn oral</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO	<i>dronabinol</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO	<i>EMEND ORAL SUSPENSION FOR RECONSTITUTION</i>	4	B/D PA
<i>loperamide oral capsule</i>	2	MO	<i>enulose</i>	2	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>					
You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.					

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>granisetron hcl oral</i>	4	B/D PA; MO; QL (60 per 30 days)	OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>hydrocortisone rectal</i>	4	MO	<i>ondansetron</i>	2	B/D PA; MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO	<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
INFLECTRA	5	PA; MO; QL (20 per 14 days)	<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO	<i>peg 3350-electrolytes</i>	2	MO
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO	<i>peg-electrolyte</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO	PENTASA	4	MO
<i>mesalamine oral capsule, extended release</i>	5		<i>prochlorperazine</i>	4	MO
<i>mesalamine oral capsule,extended release 24hr</i>	4	MO; QL (120 per 30 days)	<i>prochlorperazine maleate oral</i>	2	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	4	MO	<i>procto-med hc</i>	4	MO
<i>mesalamine rectal</i>	4	MO	<i>proctosol hc topical</i>	3	MO
<i>mesalamine with cleansing wipe</i>	4	MO	<i>protozone-hc</i>	4	MO
<i>metoclopramide hcl oral solution</i>	2	MO	RECTIV	4	MO
<i>metoclopramide hcl oral tablet</i>	1	MO	<i>scopolamine base</i>	4	MO
MOVANTIK	4	MO; QL (30 per 30 days)	SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
			SUCRAID	5	PA
			<i>sulfasalazine</i>	2	MO
			TRULANCE	3	MO
			UCERIS RECTAL	4	MO
			<i>ursodiol oral capsule 300 mg</i>	4	MO
			<i>ursodiol oral tablet 250 mg</i>	3	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ursodiol oral tablet 500 mg</i>	4	MO	<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<b>VIOKACE</b>	4	MO	<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<b>ZENPEP ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT</b>	3	MO	<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<b>ULCER THERAPY</b>			<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	4	MO; QL (30 per 30 days)	<i>sucralfate oral suspension</i>	4	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	4	MO	<i>sucralfate oral tablet</i>	2	MO
<i>famotidine oral suspension</i>	1	MO	<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO	<b>BIOTECHNOLOGY DRUGS</b>		
<i>misoprostol</i>	3	MO	<b>ACTIMMUNE</b>	5	PA; MO; LA
<i>nizatidine oral capsule</i>	3	MO	<b>ARCALYST</b>	5	PA
			<b>BESREMI</b>	5	PA; LA
			<b>BETASERON SUBCUTANEOUS KIT</b>	5	PA; MO; QL (14 per 28 days)
			<b>LEUKINE INJECTION RECON SOLN</b>	5	PA; MO
			<b>NEUPOGEN</b>	5	PA; MO
			<b>NORDITROPIN FLEXPRO</b>	5	PA; MO
			<b>PEGASYS SUBCUTANEOUS SOLUTION</b>	5	PA; MO; QL (4 per 28 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	4	PA; MO; QL (12 per 30 days)
ZIEXTENZO	5	PA; MO
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
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	
INFANRIX (DTAP) (PF)	3	MO
INTRAMUSCULA R SYRINGE		
IPOL	3	
IXIARO (PF)	3	
JYNNEOS (PF)(STOCKPILE)	3	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 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
KINRIX (PF)	3	MO
INTRAMUSCULAR SYRINGE		
MENACTRA (PF)	3	MO
INTRAMUSCULAR SOLUTION		
MENQUADFI (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
INTRAMUSCULAR KIT		
M-M-R II (PF)	3	MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	
PENTACEL (PF)	3	
INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML		
PREHEVBRIOS (PF)	3	B/D PA; MO
PRIORIX (PF)	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RECOMBIVAX HB (PF)	3	B/D PA; MO
ROTARIX	3	
ROTAQUE VACCINE	3	MO
SHINGRIX (PF)	3	MO
TDVAX	3	MO
TENIVAC (PF)	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
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	
<b>MISCELLANEOUS SUPPLIES</b>		
<b>MISCELLANEOUS SUPPLIES</b>		
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
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
allopurinol oral tablet 100 mg, 300 mg	1	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>colchicine (gout oral tablet</i>	4	MO
<i>febuxostat</i>	3	MO
<i>probencid</i>	3	MO
<i>probencid-colchicine</i>	3	MO
<b>OSTEOPOROSIS THERAPY</b>		
<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)
<b>PROLIA</b>	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)
<b>TERIPARATIDE</b>	5	PA; MO; QL (2.48 per 28 days)
<b>OTHER RHEUMATOLOGICALS</b>		
<b>ACTEMRA ACTPEN</b>	5	PA; MO; QL (3.6 per 28 days)
<b>ACTEMRA SUBCUTANEOUS</b>	5	PA; MO; QL (3.6 per 28 days)
<b>BENLYSTA SUBCUTANEOUS</b>	5	PA; MO

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

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)	HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 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)	HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; MO; QL (2.4 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)	HYRIMOZ PEN PSORIASIS STARTER	5	PA; MO; QL (1.6 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)	HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; MO; QL (4 per 180 days)	HYRIMOZ(CF) PEN	5	PA; MO; QL (1.6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)	HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)	HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)	HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 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)	<i>leflunomide</i>	3	MO; QL (30 per 30 days)
			OTEZLA	5	PA; MO; QL (60 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 28 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)
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)

<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
<i>camila</i>	4	MO
<i>deblitane</i>	4	MO
DUAVEE	4	MO
<i>errin</i>	4	MO
<i>estradiol oral</i>	2	PA; MO
<i>estradiol transdermal patch semiweekly</i>	4	PA; MO; QL (8 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr</i>	4	PA; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.05 mg/24 hr, 0.1 mg/24 hr</i>	4	PA; MO; 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 VAGINAL INSERT 4 MCG	4	MO
<i>jinteli</i>	4	PA; MO
<i>lyza</i>	4	
<i>medroxyprogesterone intramuscular</i>	4	MO
<i>medroxyprogesterone oral</i>	2	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

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>sharobel</i>	4	MO
<i>yuvafem</i>	4	MO
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal</i>	4	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal</i>	4	MO
<b>OSPHENA</b>	4	PA; MO
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	4	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<i>altavera (28)</i>	4	MO
<i>apri</i>	4	MO
<i>aranelle (28)</i>	4	MO
<i>aubra eq</i>	4	MO
<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.estradio l</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	4	
<i>enpresse</i>	4	MO
<i>enskyce</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>estarrylla</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
<i>l norgest/e.estradiol-e.estrad 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

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	4	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	4	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	4	MO
<i>levonorg-eth estrad 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
<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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>pimtrea (28)</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-estarrylla</i>	4	MO
<i>tri-legest fe</i>	4	MO
<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>	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 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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	
<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)
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	4	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops</i>	4	MO
<i>azelastine ophthalmic (eye)</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>	2	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)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	4	MO
<i>sulfacetamide-prednisolone</i>	2	MO

#### **NON-STEROIDAL ANTI-INFLAMMATORY AGENTS**

<i>bromfenac</i>	4	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<b>ILEVRO</b>	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO

#### **ORAL DRUGS FOR GLAUCOMA**

<i>acetazolamide oral capsule, extended release</i>	4	MO
<i>acetazolamide oral tablet</i>	3	MO
<i>methazolamide</i>	4	MO

#### **OTHER GLAUCOMA DRUGS**

<i>brimonidine-timolol</i>	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	4	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	4	MO
<i>latanoprost</i>	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %</i>	4	MO
<b>SIMBRINZA</b>	4	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)
<b>ZYLET</b>	4	MO; QL (10 per 14 days)

#### **STEROIDS**

<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	4	MO
<i>fluorometholone</i>	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>	3	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>cetirizine oral solution 1 mg/ml</i>	2	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>	2	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>hydroxyzine pamoate</i>	3	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine oral</i>	4	PA; MO
<b>ANOTHERS</b>		
<i>acetylcysteine</i>	4	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)
<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>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)
<i>bosentan</i>	5	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)	FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 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)	FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)	FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
CINRYZE	5	PA; MO	flunisolide	4	MO; QL (50 per 30 days)
COMBIVENT RESPIMAT	4	MO; QL (8 per 30 days)	<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO	FLUTICASONE PROPION- SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED	3	MO; QL (1 per 30 days)
DALIRESP ORAL TABLET 250 MCG	4	PA; MO; QL (30 per 30 days)	ICATIBANT	5	PA; MO
DULERA	3	MO; QL (13 per 30 days)	<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)	<i>ipratropium-albuterol</i>	2	B/D PA; MO
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)	KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 50 MG, 75 MG	5	PA; MO; QL (56 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)	KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)	LEVALBUTEROL TARTRATE	3	MO; QL (30 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>montelukast oral granules in packet</i>	4	MO; QL (30 per 30 days)
<i>montelukast oral tablet</i>	2	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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>roflumilast</i>	4	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)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
<i>symbicort</i>	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; LA; QL (56 per 28 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>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRACLEER ORAL TABLET FOR SUSPENSION	5	PA; MO; LA; QL (120 per 30 days)
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)	MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D)/150 MG (N)	5	PA; MO; LA; QL (84 per 28 days)	<i>oxybutynin chloride oral syrup</i>	3	MO
TRIKAFTA ORAL TABLETS, SEQUENTIAL 50-25-37.5 MG (D)/75 MG (N)	5	PA; MO; QL (84 per 28 days)	<i>oxybutynin chloride oral tablet 5 mg</i>	3	MO
VENTOLIN HFA	3	MO; QL (36 per 30 days)	<i>oxybutynin chloride oral tablet extended release 24hr</i>	3	MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)	<i>tolterodine</i>	4	MO
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)	<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)	<i>alfuzosin</i>	2	MO
<i>zafirlukast</i>	4	MO; QL (60 per 30 days)	<i>dutasteride</i>	2	MO
<b>UROLOGICALS</b>					
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>					
<i>darifenacin</i>	4	MO	<i>finasteride oral tablet 5 mg</i>	2	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	3		<i>tamsulosin</i>	3	MO
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>					
<b>ELECTROLYTES</b>					
<i>calcium acetate(phosphat bind)</i>	3	MO; QL (360 per 30 days)			

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

This drug list was last updated on 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>klor-con 10</i>	2	MO	<i>potassium chloride oral tablet extended release 20 meq</i>	3	
<i>klor-con 8</i>	2	MO	<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	3	MO
<i>klor-con m10</i>	2	MO	<i>potassium chloride oral tablet,er particles/crystals 20 meq</i>	3	
<i>klor-con m15</i>	3	MO	<i>potassium chloride-0.45 % nacl</i>	4	
<i>klor-con m20</i>	2	MO	<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO	<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>magnesium sulfate injection syringe</i>	4		<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4		<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4		<i>sodium chloride 0.45 % intravenous</i>	4	MO
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	4		<i>sodium chloride 3 % hypertonic</i>	4	
<i>potassium chloride in water intravenous piggyback 20 meq/100 ml</i>	4		<i>sodium chloride 5 % hypertonic</i>	4	MO
<i>potassium chloride intravenous</i>	4		TPN ELECTROLYTES	4	
<i>potassium chloride oral capsule, extended release</i>	3	MO	<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
<i>potassium chloride oral liquid</i>	4	MO	<i>CLINIMIX 5%/D15W SULFITE FREE</i>	4	B/D PA
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	3	MO	<i>CLINIMIX 4.25%/D10W SULF FREE</i>	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 08/22/2023.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
<i>intralipid</i> <i>intravenous</i> <i>emulsion 20 %</i>	4	B/D PA
INTRALIPID INTRAVENOUS EMULSION 30 %	4	B/D PA
ISOLYTE S PH 7.4	4	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ISOLYTE-P IN 5 % DEXTROSE	4	
PLASMA-LYTE 148	4	
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 08/22/2023.

# Index

<b>A</b>	
abacavir.....	7
abacavir-lamivudine.....	7
ABELCET.....	7
ABILIFY MAINTENA.....	33
ABILIFY MYCITE MAINTENANCE KIT.....	33
ABILIFY MYCITE STARTER KIT.....	33
abiraterone.....	17
acamprosate.....	49
acarbose .....	52
acebutolol.....	40
acetaminophen-codeine.....	30
acetazolamide .....	67
acetic acid .....	51
acetylcysteine .....	68
acitretin .....	45
ACTEMRA .....	61
ACTEMRA ACTPEN.....	61
ACTHIB (PF) .....	59
ACTIMMUNE.....	58
acyclovir.....	7, 8
acyclovir sodium.....	8
ADACEL(TDAP ADOLESN/ADULT)(PF).....	59
adefovir .....	8
ADEMPAS .....	68
ADVAIR DISKUS .....	68
ADVAIR HFA.....	68
AJOVY AUTOINJECTOR ..	28
AJOVY SYRINGE.....	28
albendazole .....	12
albuterol sulfate .....	68
alclometasone .....	48
alcohol pads.....	52
ALECENSA.....	17
alendronate .....	61
alfuzosin .....	71
aliskiren.....	40
allopurinol.....	60
alosetron.....	56
ALPHAGAN P .....	68
alprazolam.....	33
altavera (28).....	64
ALUNBRIG .....	17
amantadine hcl .....	8
AMBISOME .....	7
ambrisentan.....	68
amikacin.....	12
amiloride.....	40
amiloride-hydrochlorothiazide .....	40
aminocaproic acid .....	43
amiodarone.....	40
amitriptyline .....	33
amlodipine .....	40
amlodipine-atorvastatin.....	44
amlodipine-benazepril .....	40
amlodipine-olmesartan .....	40
amlodipine-valsartan.....	41
amlodipine-valsartan-hctiazid .....	41
ammonium lactate .....	46
amnesteem .....	47
amoxapine.....	33
amoxicillin .....	15
amoxicillin-pot clavulanate ..	15
amphotericin b .....	7
ampicillin .....	15
ampicillin sodium .....	15
ampicillin-sulbactam .....	15
anagrelide .....	49
anastrozole .....	17
ANORO ELLIPTA .....	68
APOMORPHINE.....	28
apraclonidine .....	68
aprepitant .....	56
apri.....	64
APTIOM.....	25
APTIVUS .....	8
aranelle (28).....	64
ARCALYST.....	58
arformoterol .....	68
ARIKAYCE .....	12
ariPIPrazole .....	33
armodafinil.....	33
ARNUITY ELLIPTA .....	68
asenapine maleate .....	33
aspirin-dipyridamole .....	43
atazanavir .....	8
atenolol.....	41
atenolol-chlorthalidone.....	41
atomoxetine .....	33, 34
atorvastatin .....	44
atovaquone .....	12
atovaquone-proguanil .....	13
atropine .....	66
ATROVENT HFA .....	68
aubra eq .....	64
AUGMENTIN .....	15
AURYXIA .....	49
AUSTEDO .....	29
AUVELITY .....	34
aviane .....	64
AYVAKIT .....	17
azathioprine .....	17
azelastine.....	51, 66
azithromycin.....	12
aztreonam.....	13
<b>B</b>	
bacitracin .....	65
bacitracin-polymyxin b.....	66
baclofen.....	30
BACLOFEN .....	30
balsalazide .....	56
BALVERSA .....	17
balziva (28) .....	64
BARACLUDE .....	8
BCG VACCINE, LIVE (PF) ..	59
benazepril .....	41
benazepril-hydrochlorothiazide .....	41
BENLYSTA.....	61
benztropine.....	28
BESIVANCE .....	66
BESREMI .....	58
BETAINE .....	56
betamethasone dipropionate	48

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

This drug list was last updated on 08/22/2023.

<i>betamethasone valerate</i>	48	<i>calcipotriene</i>	45	<i>celecoxib</i>	32
<i>betamethasone, augmented</i>	48	<i>calcitonin (salmon)</i>	54	<b>CELONTIN</b>	25
<b>BETASERON</b>	58	<i>calcitriol</i>	55	<i>cephalexin</i>	12
<i>betaxolol</i>	66	<i>calcium acetate(phosphat bind)</i>	71	<i>cetirizine</i>	68
<i>bethanechol chloride</i>	71	<b>CALQUENCE</b>	18	<b>CHEMET</b>	49
<i>bexarotene</i>	17	<b>CALQUENCE</b>		<i>chlordiazepoxide hcl</i>	34
<b>BEXSERO</b>	59	(ACALABRUTINIB MAL)		<i>chlorhexidine gluconate</i>	51
<i>bicalutamide</i>	17		18	<i>chloroquine phosphate</i>	13
<b>BICILLIN L-A</b>	15	<i>camila</i>	63	<i>chlorpromazine</i>	34
<b>BIKTARVY</b>	8	<i>candesartan</i>	41	<i>chlorthalidone</i>	41
<i>bisoprolol fumarate</i>	41	<i>candesartan-</i>		<i>cholestyramine (with sugar)</i>	44
<i>bisoprolol-hydrochlorothiazide</i>	41	<i>hydrochlorothiazid</i>	41	<i>cholestyramine light</i>	44
<b>BOOSTRIX TDAP</b>	59	<b>CAPLYTA</b>	34	<i>cholestyramine-aspartame</i>	44
<i>bosentan</i>	68	<b>CAPRELSA</b>	18	<i>ciclopirox</i>	48
<b>BOSULIF</b>	17	<i>captopril</i>	41	<i>cilostazol</i>	43
<b>BOTOX</b>	59	<i>carbamazepine</i>	25	<b>CIMDUO</b>	8
<b>BRAFTOVI</b>	18	<i>carbidopa</i>	28	<i>cinacalcet</i>	55
<b>BREO ELLIPTA</b>	68	<i>carbidopa-levodopa</i>	28	<b>CINRYZE</b>	69
<b>BREZTRI AEROSPHERE</b>	69	<i>carbidopa-levodopa-</i>		<b>CIPRO</b>	16
<i>briellyn</i>	64	<i>entacapone</i>	28	<i>ciprofloxacin hcl</i>	16, 51, 66
<b>BRILINTA</b>	43	<i>carglumic acid</i>	49	<i>ciprofloxacin in 5 % dextrose</i>	16
<i>brimonidine</i>	68	<i>carteolol</i>	66	<i>ciprofloxacin-dexamethasone</i>	51
<i>brimonidine-timolol</i>	67	<i>cartia xt</i>	41	<b>CIPROFLOXACIN-</b>	
<b>BRIVIACT</b>	25	<i>carvedilol</i>	41	<b>FLUOCINOLONE</b>	51
<i>bromfenac</i>	67	<i>caspofungin</i>	7	<i>citalopram</i>	34
<i>bromocriptine</i>	28	<b>CAYSTON</b>	13	<b>CITALOPRAM</b>	34
<b>BRUKINSA</b>	18	<i>cefaclor</i>	11	<i>claravis</i>	47
<i>budesonide</i>	56, 69	<i>cefadroxil</i>	11	<i>clarithromycin</i>	12
<i>bumetanide</i>	41	<i>cefazolin</i>	11	<i>clindamycin hcl</i>	13
<i>buprenorphine hcl</i>	30	<i>cefazolin in dextrose (iso-os)</i>	11	<i>clindamycin in 5 % dextrose</i>	13
<i>buprenorphine-naloxone</i>	32	<i>cefdinir</i>	11	<i>clindamycin palmitate hcl</i>	13
<b>BUPRENORPHINE-</b>		<i>cefepime</i>	11	<i>clindamycin pediatric</i>	13
<i>NALOXONE</i>	32	<i>cefepime in dextrose, iso-osm</i>	11	<i>clindamycin phosphate..</i>	13, 47,
<i>bupropion hcl</i>	34	<i>cefixime</i>	11	64	
<i>bupropion hcl (smoking deter)</i>	51	<i>cefoxitin</i>	11	<i>clindamycin-benzoyl peroxide</i>	47
<i>buspirone</i>	34	<i>cefoxitin in dextrose, iso-osm</i>	11		
<i>butalbital-acetaminophen</i>	30	<i>cefpodoxime</i>	11	<b>CLINIMIX 5%/D15W</b>	
<i>butalbital-acetaminophen-caff</i>	31	<i>cefprozil</i>	11	<b>SULFITE FREE</b>	72
<i>butalbital-aspirin-caffeine</i>	31	<i>ceftazidime</i>	12	<b>CLINIMIX 4.25%/D10W</b>	
<b>C</b>		<i>ceftriaxone</i>	12	<b>SULF FREE</b>	72
<i>cabergoline</i>	54	<i>ceftriaxone in dextrose, iso-os</i>	12	<b>CLINIMIX 4.25%/D5W</b>	
<b>CABLIVI</b>	43	<i>cefuroxime axetil</i>	12	<b>SULFIT FREE</b>	49
<b>CABOMETYX</b>	18	<i>cefuroxime sodium</i>	12	<b>CLINIMIX 5%-D20W(SULFITE-FREE)</b>	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 08/22/2023.

<i>clobazam</i>	25	<i>d5 % and 0.9 % sodium chloride</i>	49	<i>diclofenac sodium</i>	32, 67
<i>clobetasol</i>	48			<i>dicloxacillin</i>	15
<i>clomipramine</i>	34			<i>dicyclomine</i>	56
<i>clonazepam</i>	25			<i>diflunisal</i>	12
<i>clonidine</i>	41			<i>digoxin</i>	45
<i>clonidine hcl</i>	41			<i>dihydroergotamine</i>	28
<i>clopidogrel</i>	43			<i>DILANTIN 30 MG</i>	25
<i>clorazepate dipotassium</i>	34			<i>diltiazem hcl</i>	41
<i>clotrimazole</i>	7, 48			<i>dilt-xr</i>	41
<i>clotrimazole-betamethasone</i>	48			<i>dimethyl fumarate</i>	29
<i>clozapine</i>	34			<i>diphenoxylate-atropine</i>	56
<b>CLOZAPINE</b>	34			<i>disulfiram</i>	50
<b>COARTEM</b>	13			<i>divalproex</i>	25, 26
<i>colchicine (gout)</i>	61			<i>dofetilide</i>	40
<i>colestipol</i>	44			<i>donepezil</i>	29
<i>colistin (colistimethate na)</i>	13			<i>dorzolamide</i>	67
<b>COMBIVENT RESPIMAT</b>	69			<i>dorzolamide-timolol</i>	67
<b>COMETRIQ</b>	18			<i>dorzolamide-timolol (pf)</i>	67
<b>COMPLERA</b>	8			<b>DOVATO</b>	8
<i>compro</i>	56			<i>doxazosin</i>	41
<i>constulose</i>	56			<i>doxepin</i>	35
<b>COPAXONE</b>	29			<i>doxy-100</i>	16
<b>COPIKTRA</b>	18			<i>doxycycline hyclate</i>	16
<i>corlanor</i>	45			<i>doxycycline monohydrate</i>	16,
<b>COTELLIC</b>	18			17	
<b>CRESEMBIA</b>	7			<b>DRIZALMA SPRINKLE</b>	35
<i>cromolyn</i>	56, 66, 69			<i>dronabinol</i>	56
<i>cryselle (28)</i>	64			<i>drospirenone-ethinyl estradiol</i>	
<i>cyclobenzaprine</i>	30				64
<i>cyclophosphamide</i>	18			<b>DROXIA</b>	18
<i>cyclosporine</i>	18			<i>droxidopa</i>	50
<i>cyclosporine modified</i>	18			<b>DUAVEE</b>	63
<b>CYLTEZO(CF)</b>	61			<b>DULERA</b>	69
<b>CYLTEZO(CF) PEN</b>	61			<i>duloxetine</i>	35
<b>CYLTEZO(CF) PEN</b>				<b>DUPIXENT PEN</b>	46
CROHN'S-UC-HS	61			<b>DUPIXENT SYRINGE</b>	46
<b>CYLTEZO(CF) PEN</b>				<i>dutasteride</i>	71
PSORIASIS STRT	61			<b>E</b>	
<i>cyred eq</i>	64			<i>ec-naproxen</i>	32
<b>CYSTAGON</b>	71			<i>econazole</i>	48
<b>CYSTARAN</b>	66			<b>EDURANT</b>	8
<b>D</b>				<i>efavirenz</i>	8
<i>d10 %-0.45 % sodium chloride</i>				<i>efavirenz-emtricitabin-tenofov8</i>	
	49			<i>efavirenz-lamivu-tenofov disop</i>	
<i>d2.5 %-0.45 % sodium chloride</i>					8
	49				
<i>diclofenac potassium</i>					
	32				

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

This drug list was last updated on 08/22/2023.

ELIGARD	18	<i>errin</i>	63	FIASP FLEXTOUCH U-100	
ELIGARD (3 MONTH)	18	<i>ertapenem</i>	13	INSULIN	52
ELIGARD (4 MONTH)	18	<i>ery-tab</i>	12	FIASP PENFILL U-100	
ELIGARD (6 MONTH)	18	ERYTHROCIN	12	INSULIN	52
ELIQUIS	43	<i>erythrocin (as stearate)</i>	12	FIASP U-100 INSULIN	52
ELIQUIS DVT-PE TREAT 30D START	43	<i>erythromycin</i>	12, 66	<i>finasteride</i>	71
ELMIRON	71	<i>erythromycin ethylsuccinate</i>	12	<i>fingolimod</i>	29
<i>eluryng</i>	64	<i>erythromycin with ethanol</i>	47	FINTEPLA	26
EMCYT	18	ESBRIET	69	FIRDAPSE	29
EMEND	56	<i>escitalopram oxalate</i>	35	FIRVANQ	13
EMSAM	35	<i>esomeprazole magnesium</i>	58	<i>flac otic oil</i>	51
<i>emtricitabine</i>	8	<i>estarrylla</i>	64	<i>flecainide</i>	40
<i>emtricitabine-tenofovir (tdf)</i>	8	<i>estradiol</i>	63	FLOVENT DISKUS	69
EMTRIVA	8	<i>ethambutol</i>	13	FLOVENT HFA	69
EMVERM	13	<i>ethosuximide</i>	26	<i>fluconazole</i>	7
<i>enalapril maleate</i>	41	<i>ethynodiol diac-eth estradiol</i>	64	<i>fluconazole in nacl (iso-osm)</i>	7
<i>enalapril-hydrochlorothiazide</i>	41	<i>etodolac</i>	32	<i>flucytosine</i>	7
ENBREL	61	<i>etonogestrel-ethinyl estradiol</i>	64	<i>fludrocortisone</i>	51
ENBREL MINI	61	<i>etravirine</i>	8	<i>flunisolide</i>	69
ENBREL SURECLICK	61	<i>euthyrox</i>	56	<i>fluocinolone</i>	48
ENDARI	50	<i>everolimus (antineoplastic)</i>	19	<i>fluocinolone acetonide oil</i>	51
<i>endocet</i>	31	<i>everolimus</i>		<i>fluocinonide</i>	48, 49
ENGERIX-B (PF)	59	<i>(immunosuppressive)</i>	19	<i>fluocinonide-e</i>	49
ENGERIX-B PEDIATRIC (PF)	59	EVOTAZ	8	<i>fluocinonide-emollient</i>	49
<i>enoxaparin</i>	44	<i>exemestane</i>	19	<i>fluorometholone</i>	67
<i>enpresse</i>	64	EXKIVITY	19	<i>fluorouracil</i>	46
<i>enskyce</i>	64	EYLEA	66	<i>fluoxetine</i>	36
<i>entacapone</i>	28	<i>ezetimibe</i>	44	<i>fluphenazine decanoate</i>	36
<i>entecavir</i>	8	<i>ezetimibe-simvastatin</i>	44	<i>fluphenazine hcl</i>	36
ENTRESTO	45	<b>F</b>		<i>flurbiprofen</i>	32
<i>enulose</i>	56	<i>falmina (28)</i>	64	<i>flurbiprofen sodium</i>	67
ENVARSUS XR	18	<i>famciclovir</i>	8	<i>fluticasone propionate</i>	49, 69
EPCLUSA	8	<i>famotidine</i>	58	FLUTICASONE PROPION- SALMETEROL	69
EPIDIOLEX	26	FANAPT	35, 36	<i>fluvoxamine</i>	36
<i>epinephrine</i>	68	FARXIGA	52	<i>fondaparinux</i>	44
EPINEPHRINE	68	<i>febuxostat</i>	61	<i>fosamprenavir</i>	9
<i>epitol</i>	26	<i>felbamate</i>	26	<i>fosinopril</i>	41
<i>eplerenone</i>	41	<i>felodipine</i>	41	<i>fosinopril-hydrochlorothiazide</i>	41
EPRONTIA	26	<i>fenofibrate</i>	44	FOTIVDA	19
<i>ergotamine-caffeine</i>	28	<i>fenofibrate micronized</i>	44	<i>furosemide</i>	41, 42
ERIVEDGE	18	<i>fenofibrate nanocrystallized</i>	44	FUZEON	9
ERLEADA	18	<i>fentanyl</i>	31	<i>fyavolv</i>	63
<i>erlotinib</i>	19	<i>fentanyl citrate</i>	31	FYCOMPA	26
		FERRIPROX	50		
		FETZIMA	36		

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

This drug list was last updated on 08/22/2023.

<b>G</b>	
<i>gabapentin</i> .....	26
GALAFOLD .....	55
<i>galantamine</i> .....	29, 30
GARDASIL 9 (PF).....	59
<i>gatifloxacin</i> .....	66
GATTEX 30-VIAL .....	56
GATTEX ONE-VIAL.....	56
GAUZE PAD .....	60
<i>gavilyte-c</i> .....	56
<i>gavilyte-g</i> .....	56
GAVRETO .....	19
<i>gefitinib</i> .....	19
<i>gemfibrozil</i> .....	45
<i>generlac</i> .....	56
<i>gengraf</i> .....	19
<i>gentamicin</i> .....	13, 47, 66
<i>gentamicin in nacl (iso-osm)</i> .....	13
GENVOYA .....	9
GILOTTRIF .....	19
GLEOSTINE .....	19
<i>glimepiride</i> .....	52
<i>glipizide</i> .....	52
<i>glipizide-metformin</i> .....	52
<i>glyburide</i> .....	52
<i>glyburide micronized</i> .....	52
<i>glycopyrrrolate</i> .....	56
<i>granisetron hcl</i> .....	57
<i>griseofulvin microsize</i> .....	7
<i>griseofulvin ultramicrosize</i> .....	7
<i>guanfacine</i> .....	36
GVOKE HYPOPEN 1-PACK .....	52
GVOKE HYPOPEN 2-PACK .....	52
GVOKE PFS 1-PACK SYRINGE .....	52
GVOKE PFS 2-PACK SYRINGE .....	53
<b>H</b>	
<i>hailey 24 fe</i> .....	64
<i>halobetasol propionate</i> .....	49
<i>haloperidol</i> .....	36
<i>haloperidol decanoate</i> .....	36
<i>haloperidol lactate</i> .....	36
HARVONI .....	9
HAVRIX (PF) .....	59
<i>heparin (porcine)</i> .....	44
HEPLISAV-B (PF) .....	59
HIBERIX (PF) .....	59
HUMIRA .....	62
HUMIRA PEN .....	61
HUMIRA PEN CROHNS-UC-HS START .....	61
HUMIRA PEN PSOR-UVEITS-ADOL HS.....	61
HUMIRA(CF) .....	62
HUMIRA(CF) PEDI CROHNS STARTER .....	62
HUMIRA(CF) PEN PEDIATRIC UC .....	62
HUMIRA(CF) PEN PSOR-UV-ADOL HS .....	62
HUMULIN R U-500 (CONC) INSULIN .....	53
HUMULIN R U-500 (CONC) KWIKPEN .....	53
<i>hydralazine</i> .....	42
<i>hydrochlorothiazide</i> .....	42
<i>hydrocodone-acetaminophen</i> .....	31
<i>hydrocodone-ibuprofen</i> .....	31
<i>hydrocortisone</i> .....	49, 51, 57
<i>hydromorphone</i> .....	31
<i>hydromorphone (pf)</i> .....	31
<i>hydroxychloroquine</i> .....	13
<i>hydroxyurea</i> .....	19
<i>hydroxyzine hcl</i> .....	68
<i>hydroxyzine pamoate</i> .....	68
HYRIMOZ PEN CROHN'S-UC STARTER .....	62
HYRIMOZ PEN PSORIASIS STARTER .....	62
HYRIMOZ(CF) .....	62
HYRIMOZ(CF) PEDI CROHN STARTER.....	62
HYRIMOZ(CF) PEN .....	62
<b>I</b>	
<i>ibandronate</i> .....	61
IBRANCE.....	19
<i>ibu</i> .....	32
<i>ibuprofen</i> .....	32
ICATIBANT .....	69
ICLUSIG .....	19
<i>icosapent ethyl</i> .....	45
IDHIFA .....	19
ILEVRO .....	67
<i>imatinib</i> .....	19
IMBRUVICA .....	19
<i>imipenem-cilastatin</i> .....	13
<i>imipramine hcl</i> .....	37
<i>imiquimod</i> .....	46
IMOVAX RABIES VACCINE (PF) .....	59
IMVEXXY MAINTENANCE PACK .....	63
INCRELEX .....	50
<i>indapamide</i> .....	42
INFANRIX (DTAP) (PF) .....	59
INFLECTRA .....	57
INLYTA .....	20
INQOVI .....	20
INREBIC .....	20
INSULIN PEN NEEDLE .....	60
INSULIN SYRINGE (DISP) U-100.....	60
INTELENCE .....	9
<i>intralipid</i> .....	73
INTRALIPID .....	73
<i>introvale</i> .....	64
INVEGA HAFYERA .....	37
INVEGA SUSTENNA .....	37
INVEGA TRINZA .....	37
IPOL .....	59
<i>ipratropium bromide</i> .....	51, 69
<i>ipratropium-albuterol</i> .....	69
<i>irbesartan</i> .....	42
<i>irbesartan-hydrochlorothiazide</i> .....	42
IRESSA .....	20
ISENTRESS .....	9
ISENTRESS HD .....	9
<i>isibloom</i> .....	64
ISOLYTE S PH 7.4 .....	73
ISOLYTE-P IN 5 % DEXTROSE .....	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 08/22/2023.

<i>isoniazid</i> .....	13	K-PHOS ORIGINAL.....	71	<i>levoxyl</i> .....	56
<i>isosorbide dinitrate</i> .....	45	KRAZATI.....	20	LEXIVA .....	9
<i>isosorbide mononitrate</i> .....	45	<i>kurvelo</i> (28) .....	64	<i>lidocaine</i> .....	46
<i>isotretinoin</i> .....	47	<b>L</b>		<i>lidocaine hcl</i> .....	46
<i>isradipine</i> .....	42	<i>l norgest/e.estradiol-e.estrad</i> 64		<i>lidocaine viscous</i> .....	46
<i>itraconazole</i> .....	7	<i>labetalol</i> .....	42	<i>lidocaine-prilocaine</i> .....	47
<i>ivermectin</i> .....	13	<i>lacosamide</i> .....	26	<i>linezolid</i> .....	13, 14
IXIARO (PF) .....	59	<b>LACOSAMIDE</b> .....	26	<i>linezolid in dextrose 5%</i> .....	13
<b>J</b>		<i>lactulose</i> .....	57	<i>linezolid-0.9% sodium chloride</i> .....	14
JAKAFI .....	20	<i>lamivudine</i> .....	9	<i>liothyronine</i> .....	56
<i>jantoven</i> .....	44	<i>lamivudine-zidovudine</i> .....	9	<i>lisinopril</i> .....	42
JANUMET .....	53	<i>lamotrigine</i> .....	26	<i>lisinopril-hydrochlorothiazide</i> .....	42
JANUMET XR .....	53	<b>LANTUS SOLOSTAR U-100</b>		<i>lithium carbonate</i> .....	37
JANUVIA .....	53	<b>INSULIN</b> .....	53	LOKELMA .....	50
JARDIANC E.....	53	<b>LANTUS U-100 INSULIN</b> ..53		LONSURF .....	20
<i>jasmiel</i> (28) .....	64	<i>lapatinib</i> .....	20	<i>loperamide</i> .....	56
JAYPIRCA .....	20	<i>larin 1.5/30 (21)</i> .....	64	<i>lopinavir-ritonavir</i> .....	9
JENTADUETO .....	53	<i>larin 1/20 (21)</i> .....	64	<i>lorazepam</i> .....	37
JENTADUETO XR.....	53	<i>larin fe 1.5/30 (28)</i> .....	64	<i>lorazepam intensol</i> .....	37
<i>jinteli</i> .....	63	<i>larin fe 1/20 (28)</i> .....	64	LORBRENA .....	20
<i>juleber</i> .....	64	<i>latanoprost</i> .....	67	<i>loryna</i> (28) .....	65
JULUCA .....	9	<b>LATUDA</b> .....	37	<i>losartan</i> .....	42
<i>junel 1.5/30 (21)</i> .....	64	<i>leena 28</i> .....	64	<i>losartan-hydrochlorothiazide</i> .....	42
<i>junel 1/20 (21)</i> .....	64	<i>leflunomide</i> .....	62	<i>loteprednol etabonate</i> .....	67
<i>junel fe 1.5/30 (28)</i> .....	64	<i>lenalidomide</i> .....	20	<i>lovastatin</i> .....	45
<i>junel fe 1/20 (28)</i> .....	64	<b>LENVIMA</b> .....	20	<i>low-ogestrel (28)</i> .....	65
JYNNEOS (PF)(STOCKPILE) .....	59	<i>lessina</i> .....	64	<i>loxapine succinate</i> .....	37
<b>K</b>		<i>letrozole</i> .....	20	LUMAKRAS .....	20
KALYDECO .....	69	<i>leucovorin calcium</i> .....	17	LUMIGAN .....	67
<i>kariva</i> (28).....	64	<b>LEUKERAN</b> .....	20	LUPRON DEPOT .....	20
<i>kelnor 1/35 (28)</i> .....	64	<b>LEUKINE</b> .....	58	LUPRON DEPOT (3	
<i>kelnor 1-50 (28)</i> .....	64	<i>leuprolide</i> .....	20	MONTH).....	20
KERENDIA .....	42	<b>LEVALBUTEROL</b>		LUPRON DEPOT (4	
<i>ketoconazole</i> .....	7, 48	<b>TARTRATE</b> .....	69	MONTH).....	21
<i>ketorolac</i> .....	67	<i>levetiracetam</i> .....	26	LUPRON DEPOT (6	
KINRIX (PF) .....	60	<i>levobunolol</i> .....	66	MONTH).....	21
KISQALI.....	20	<i>levocarnitine</i> .....	50	LUPRON DEPOT-PED .....	21
KISQALI FEMARA CO- PACK .....	20	<i>levocarnitine (with sugar)</i> ..50		LUPRON DEPOT-PED (3	
<i>klor-con 10</i> .....	72	<i>levocetirizine</i> .....	68	MONTH).....	21
<i>klor-con 8</i> .....	72	<i>levofloxacin</i> .....	16	<i>lurasidone</i> .....	38
<i>klor-con m10</i> .....	72	<i>levofloxacin in d5w</i> .....	16	<i>lutera</i> (28) .....	65
<i>klor-con m15</i> .....	72	<i>levonest</i> (28) .....	64	LYNPARZA .....	21
<i>klor-con m20</i> .....	72	<i>levonorgestrel-ethinyl estrad</i> 65		LYSODREN .....	21
KORLYM .....	55	<i>levonorg-eth estrad triphasic</i> 65			
		<i>levora-28</i> .....	65		
		<i>levothyroxine</i> .....	56		

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

This drug list was last updated on 08/22/2023.

LYTGOBI .....	21
lyza.....	63
<b>M</b>	
<i>magnesium sulfate</i> .....	72
<i>malathion</i> .....	49
MARAVIROC.....	9
<i>marlissa (28)</i> .....	65
MARPLAN .....	38
MATULANE.....	21
<i>meclizine</i> .....	57
<i>medroxyprogesterone</i> .....	63
<i>mefloquine</i> .....	14
<i>megestrol</i> .....	21
MEKINIST .....	21
MEKTOVI .....	21
<i>meloxicam</i> .....	32
<i>memantine</i> .....	30
MEMANTINE.....	30
MENACTRA (PF) .....	60
MENQUADFI (PF).....	60
MENVEO A-C-Y-W-135-DIP (PF).....	60
<i>mercaptopurine</i> .....	21
<i>meropenem</i> .....	14
<i>mesalamine</i> .....	57
<i>mesalamine with cleansing       wipe</i> .....	57
MESNEX .....	17
<i>metformin</i> .....	53
<i>methadone</i> .....	31
<i>methazolamide</i> .....	67
<i>methenamine hippurate</i> .....	17
<i>methimazole</i> .....	52
<i>methocarbamol</i> .....	30
<i>methotrexate sodium</i> .....	21
<i>methotrexate sodium (pf)</i> .....	21
<i>methsuximide</i> .....	26
<i>methylphenidate hcl</i> .....	38
<i>methylprednisolone</i> .....	51
<i>metoclopramide hcl</i> .....	57
<i>metolazone</i> .....	42
<i>metoprolol succinate</i> .....	42
<i>metoprolol ta-hydrochlorothiaz</i> .....	42
<i>metoprolol tartrate</i> .....	42
<i>metro i.v.</i> .....	14

<i>metronidazole</i> .....	14, 47, 64
<i>metronidazole in nacl (iso-os)</i> .....	14
<i>metyrosine</i> .....	42
<i>mexiletine</i> .....	40
<i>microgestin 1.5/30 (21)</i> .....	65
<i>microgestin 1/20 (21)</i> .....	65
<i>microgestin fe 1.5/30 (28)</i> .....	65
<i>microgestin fe 1/20 (28)</i> .....	65
<i>midodrine</i> .....	50
<i>mili</i> .....	65
<i>minocycline</i> .....	17
<i>minoxidil</i> .....	42
<i>mirtazapine</i> .....	38
<i>misoprostol</i> .....	58
M-M-R II (PF).....	60
<i>modafinil</i> .....	38
<i>moexipril</i> .....	42
<i>molindone</i> .....	38
<i>mometasone</i> .....	49
<i>montelukast</i> .....	70
<i>morphine</i> .....	31
<i>morphine concentrate</i> .....	31
MOVANTIK .....	57
<i>moxifloxacin</i> .....	16, 66
<i>mupirocin</i> .....	47
<i>mycophenolate mofetil</i> .....	21
<i>mycophenolate sodium</i> .....	21
MYRBETRIQ .....	71
<b>N</b>	
<i>nabumetone</i> .....	33
<i>nadolol</i> .....	42
<i>nafcillin</i> .....	15
<i>nafcillin in dextrose iso-osm</i> .....	15
<i>naloxone</i> .....	33
<i>naltrexone</i> .....	33
NAMZARIC.....	30
<i>naproxen</i> .....	33
<i>naproxen sodium</i> .....	33
<i>naratriptan</i> .....	29
NARCAN .....	33
NATACYN .....	66
<i>nateglinide</i> .....	53
NATPARA .....	55
NAYZILAM.....	26
<i>necon 0.5/35 (28)</i> .....	65

<b>NEEDLES, INSULIN</b>	
DISP.,SAFETY .....	60
<i>nefazodone</i> .....	38
<i>neomycin</i> .....	14
<i>neomycin-bacitracin-poly-hc</i> .....	67
<i>neomycin-bacitracin-</i> <i>polymyxin</i> .....	66
<i>neomycin-polymyxin b-</i> <i>dexameth</i> .....	67
<i>neomycin-polymyxin-</i> <i>gramicidin</i> .....	66
<i>neomycin-polymyxin-hc..</i> .....	51, 67
NERLYNX .....	21
NEUPOGEN .....	58
NEUPRO .....	28
<i>nevirapine</i> .....	9
<i>niacin</i> .....	45
<i>nicardipine</i> .....	42
NICOTROL .....	51
<i>nifedipine</i> .....	42
<i>nikki (28)</i> .....	65
<i>nilutamide</i> .....	21
<i>nimodipine</i> .....	42
NINLARO .....	21
<i>nitazoxanide</i> .....	14
<i>nitisinone</i> .....	50
<i>nitro-bid</i> .....	45
<i>nitrofurantoin</i> .....	17
<i>nitrofurantoin macrocrystal.</i> .....	17
<i>nitrofurantoin monohyd/m-</i> <i>cryst</i> .....	17
<i>nitroglycerin</i> .....	45
<i>nizatidine</i> .....	58
<i>nora-be</i> .....	63
NORDITROPIN FLEXPRO .....	58
<i>norethindrone (contraceptive)</i> .....	63
<i>norethindrone acetate</i> .....	63
<i>norethindrone ac-eth estradiol</i> .....	63
<i>norgestimate-ethinyl estradiol</i> .....	65
<i>nortrel 0.5/35 (28)</i> .....	65
<i>nortrel 1/35 (21)</i> .....	65
<i>nortrel 1/35 (28)</i> .....	65
<i>nortrel 7/7/7 (28)</i> .....	65

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

This drug list was last updated on 08/22/2023.

<i>nortriptyline</i>	38	<i>omeprazole</i>	58	PENTASA	57
NORVIR	9	<i>ondansetron</i>	57	<i>pentoxifylline</i>	44
NOVOLIN 70/30 U-100 INSULIN	53	<i>ondansetron hcl</i>	57	<i>perindopril erbumine</i>	42
NOVOLIN 70-30 FLEXPEN U-100	53	ONUREG	22	<i>permethrin</i>	49
NOVOLIN N NPH U-100 INSULIN	53	OPSUMIT	70	<i>perphenazine</i>	38
NOVOLIN R REGULAR U100 INSULIN	53	ORFADIN	50	<i>perphenazine-amitriptyline</i>	38
NOVOLOG FLEXPEN U-100 INSULIN	53	ORGOVYX	22	PERSERIS	38
NOVOLOG MIX 70-30 U-100 INSULIN	53	ORKAMBI	70	<i>phenelzine</i>	38
NOVOLOG MIX 70- 30FLEXPEN U-100	53	ORSERDU	22	<i>phenobarbital</i>	27
NOVOLOG PENFILL U-100 INSULIN	53	<i>oseltamivir</i>	10	<i>phenytoin</i>	27
NOVOLOG U-100 INSULIN ASPART	54	OSPHENA	64	<i>phenytoin sodium extended</i>	27
NOXAFL	7	OTEZLA	62	PIFELTRO	10
NUBEQA	21	OTEZLA STARTER	63	<i>pilocarpine hcl</i>	50, 66
NUEDEXTA	30	<i>oxacillin</i>	15	<i>pimecrolimus</i>	47
NUPLAZID	38	<i>oxandrolone</i>	55	<i>pimozide</i>	38
NURTEC ODT	29	<i>oxaprozin</i>	33	<i>pimtre (28)</i>	65
<i>nyamyc</i>	48	<i>oxcarbazepine</i>	27	<i>pindolol</i>	42
<i>nystatin</i>	7, 48	OXERVATE	66	<i>pioglitazone</i>	54
<i>nystatin-triamcinolone</i>	48	<i>oxybutynin chloride</i>	71	<i>piperacillin-tazobactam</i>	16
<i>nystop</i>	48	<i>oxycodone</i>	31	PIQRAY	22
<b>O</b>		<i>oxycodone-acetaminophen</i>	32	<i>piroxicam</i>	33
OCALIVA	57	OZEMPIC	54	PLASMA-LYTE 148	73
<i>ocella</i>	65	<b>P</b>		PLASMA-LYTE A	73
OCREVUS	30	<i>pacerone</i>	40	<i>podofilox</i>	47
<i>octreotide acetate</i>	22	<i>paliperidone</i>	38	<i>polymyxin b sulf-trimethoprim</i>	
ODEFSEY	10	PANRETIN	47		66
ODOMZO	22	<i>pantoprazole</i>	58	POMALYST	22
OFEV	70	<i>paricalcitol</i>	55	<i>portia 28</i>	65
<i>ofloxacin</i>	51, 66	<i>paromomycin</i>	14	<i>posaconazole</i>	7
<i>olanzapine</i>	38	<i>paroxetine hcl</i>	38	<i>potassium chlorid-d5-</i>	
<i>olmesartan</i>	42	PASER	14	<i>0.45%nacl</i>	72
<i>olmesartan-amlodipin-</i> <i>hcthiazid</i>	42	PEDIARIX (PF)	60	<i>potassium chloride</i>	72
<i>olmesartan-</i> <i>hydrochlorothiazide</i>	42	PEDVAX HIB (PF)	60	<i>potassium chloride in</i>	
<i>olopatadine</i>	66	<i>peg 3350-electrolytes</i>	57	<i>0.9%nacl</i>	72
<i>omega-3 acid ethyl esters</i>	45	PEGASYS	58, 59	<i>potassium chloride in 5 % dex</i>	
		<i>peg-electrolyte</i>	57		72
		PEMAZYRE	22	<i>potassium chloride in water</i>	72
		<i>penicillamine</i>	63	<i>potassium chloride-0.45 %</i>	
		PENICILLIN G POT IN DEXTROSE	16	<i>nacl</i>	72
		<i>penicillin g potassium</i>	16	<i>potassium chloride-d5-</i>	
		<i>penicillin g procaine</i>	16	<i>0.2%nacl</i>	72
		<i>penicillin g sodium</i>	16	<i>potassium chloride-d5-</i>	
		<i>penicillin v potassium</i>	16	<i>0.9%nacl</i>	72
		PENTACEL (PF)	60	<i>potassium citrate</i>	71
		<i>pentamidine</i>	14	<i>pramipexole</i>	28
				<i>prasugrel</i>	44

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

This drug list was last updated on 08/22/2023.

<i>pravastatin</i>	45	<i>pyrazinamide</i>	14	<i>rivastigmine</i>	30
<i>prazosin</i>	42	<i>pyridostigmine bromide</i>	30	<i>rivastigmine tartrate</i>	30
<i>prednicarbate</i>	49	<b>Q</b>		<i>rizatriptan</i>	29
<i>prednisolone</i>	51	<i>QINLOCK</i>	22	<i>roflumilast</i>	70
<i>prednisolone acetate</i>	67	<i>QUADRACEL (PF)</i>	60	<i>ropinirole</i>	28
<i>prednisolone sodium phosphate</i>	52, 67	<i>quetiapine</i>	38, 39	<i>rosuvastatin</i>	45
<i>prednisone</i>	52	<i>quinapril</i>	42	<i>ROTARIX</i>	60
<i>prednisone intensol</i>	52	<i>quinapril-hydrochlorothiazide</i>	42	<i>ROTATEQ VACCINE</i>	60
<i>pregabalin</i>	27	<i>quinidine sulfate</i>	40	<i>roweepra</i>	27
<i>PREHEVBRIOP (PF)</i>	60	<i>quinine sulfate</i>	14	<i>ROZLYTREK</i>	22
<i>PREMARIN</i>	63	<i>QVAR REDIHALER</i>	70	<i>RUBRACA</i>	22
<i>premasol 10 %</i>	73	<b>R</b>		<i>RUCONEST</i>	70
<i>prevalite</i>	45	<i>RABAVERT (PF)</i>	60	<i>rufinamide</i>	27
<i>PREVYMIS</i>	10	<i>raloxifene</i>	61	<i>RUKOBIA</i>	10
<i>PREZCOBIX</i>	10	<i>ramipril</i>	42	<i>RUXIENCE</i>	22
<i>PREZISTA</i>	10	<i>ranolazine</i>	45	<i>RYBELSUS</i>	54
<i>PRIFTIN</i>	14	<i>rasagiline</i>	28	<i>RYDAPT</i>	22
<i>PRIMAQUINE</i>	14	<i>RAVICTI</i>	50	<b>S</b>	
<i>primidone</i>	27	<i>reclipsen (28)</i>	65	<i>SANDIMMUNE</i>	22
<i>PRIMIDONE</i>	27	<i>RECOMBIVAX HB (PF)</i>	60	<i>SANTYL</i>	47
<i>PRIORIX (PF)</i>	60	<i>RECTIV</i>	57	<i>sapropterin</i>	55
<i>PRIVIGEN</i>	60	<i>REGRANEX</i>	47	<i>SCEMBLIX</i>	22
<i>probenecid</i>	61	<i>RELENZA DISKHALER</i>	10	<i>scopolamine base</i>	57
<i>probenecid-colchicine</i>	61	<i>repaglinide</i>	54	<i>SECUADO</i>	39
<i>prochlorperazine</i>	57	<i>REPATHA</i>	45	<i>selegiline hcl</i>	28
<i>prochlorperazine maleate oral</i>	57	<i>REPATHA PUSHTRONEX</i>	45	<i>selenium sulfide</i>	46
<i>PROCRIT</i>	59	<i>REPATHA SURECLICK</i>	45	<i>SELZENTRY</i>	10
<i>procto-med hc</i>	57	<i>RESTASIS</i>	66	<i>SEREVENT DISKUS</i>	70
<i>proctosol hc</i>	57	<i>RESTASIS MULTIDOSE</i>	66	<i>sertraline</i>	39
<i>protozone-hc</i>	57	<i>RETACRIT</i>	59	<i>setlakin</i>	65
<i>progesterone micronized</i>	63	<i>RETEVMO</i>	22	<i>sevelamer carbonate</i>	50
<i>PROGRAF</i>	22	<i>REVLIMID</i>	22	<i>sharobel</i>	64
<i>PROLASTIN-C</i>	50	<i>REXULTI</i>	39	<i>SHINGRIX (PF)</i>	60
<i>PROLIA</i>	61	<i>REYATAZ</i>	10	<i>SIGNIFOR</i>	22
<i>PROMACTA</i>	44	<i>REZLIDHIA</i>	22	<i>sildenafil (pulmonary arterial hypertension)</i>	70
<i>promethazine</i>	68	<i>ribavirin</i>	10	<i>silver sulfadiazine</i>	47
<i>propafenone</i>	40	<i>rifabutin</i>	14	<i>SIMBRINZA</i>	67
<i>propranolol</i>	42	<i>rifampin</i>	14	<i>simvastatin</i>	45
<i>propylthiouracil</i>	52	<i>riluzole</i>	50	<i>sirolimus</i>	22
<i>PROQUAD (PF)</i>	60	<i>rimantadine</i>	10	<i>SIRTURO</i>	14
<i>PROSOL 20 %</i>	73	<i>RINVOQ</i>	63	<i>SIVEXTRO</i>	14
<i>protriptyline</i>	38	<i>risedronate</i>	61	<i>SKYRIZI</i>	46, 57
<i>PULMOZYME</i>	70	<i>RISPERDAL CONSTA</i>	39	<i>sodium chloride</i>	50
<i>PURIXAN</i>	22	<i>risperidone</i>	39	<i>sodium chloride 0.45 %</i>	72
		<i>ritonavir</i>	10	<i>sodium chloride 0.9 %</i>	50

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

This drug list was last updated on 08/22/2023.

<i>sodium chloride 3 %</i>		SUNLENCA.....	10	<i>testosterone cypionate</i> .....	55
<i>hypertonic</i> .....	72	syeda .....	65	<i>testosterone enanthate</i> .....	55
<i>sodium chloride 5 %</i>		symbicort .....	70	TETANUS,DIPHTHERIA	
<i>hypertonic</i> .....	72	SYMDEKO .....	70	TOX PED(PF) .....	60
SODIUM OXYBATE .....	39	SYMPAZAN .....	27	tetrabenazine.....	30
<i>sodium phenylbutyrate</i> .....	50	SYMTUZA.....	10	tetracycline.....	17
<i>sodium polystyrene sulfonate</i>	50	SYNAREL.....	55	THALOMID .....	23
SOLIQUA 100/33 .....	54	SYNJARDY .....	54	<i>theophylline</i> .....	70
SOLTAMOX .....	22	SYNJARDY XR .....	54	<i>thioridazine</i> .....	39
SOMATULINE DEPOT .....	23	SYNRIBO.....	23	<i>thiothixene</i> .....	39
SOMAVERT .....	55	<b>T</b>		<i>tiadylt er</i> .....	43
<i>sorafenib</i> .....	23	TABLOID.....	23	<i>tiagabine</i> .....	27
<i>sorine</i> .....	40	TABRECTA.....	23	TIBSOVO .....	23
<i>sotalol</i> .....	40	<i>tacrolimus</i> .....	23, 47	TICOVAC .....	60
<i>sotalol af</i> .....	40	TAFINLAR .....	23	<i>tigecycline</i> .....	14
SOTYLIZE .....	40	TAGRISSO .....	23	TIGLUTIK .....	50
SPIRIVA RESPIMAT .....	70	TALTZ AUTOINJECTOR .....	46	<i>timolol maleate</i> .....	43, 66
SPIRIVA WITH HANDIHALER .....	70	TALTZ SYRINGE.....	46	TIVICAY .....	10
<i>spironolactone</i> .....	42	TALZENNA.....	23	TIVICAY PD .....	10
<i>spironolacton-</i> <i>hydrochlorothiaz</i> .....	42	<i>tamoxifen</i> .....	23	<i>tizanidine</i> .....	30
<i>sprintec</i> (28).....	65	<i>tamsulosin</i> .....	71	TOBI PODHALER .....	14
SPRITAM .....	27	<i>tarina 24 fe</i> .....	65	<i>tobramycin</i> .....	66
SPRYCEL .....	23	<i>tarina fe 1-20 eq</i> (28).....	65	<i>tobramycin in 0.225 % nacl</i> .....	14
<i>sps (with sorbitol)</i> .....	50	TASIGNA.....	23	<i>tobramycin sulfate</i> .....	14
<i>sronyx</i> .....	65	<i>tazarotene</i> .....	47	<i>tobramycin-dexamethasone</i> .....	67
<i>ssd</i> .....	47	TAZORAC .....	47	<i>tolterodine</i> .....	71
STELARA.....	46	<i>taztia xt</i> .....	42	<i>tolvaptan</i> .....	55
STIOLTO RESPIMAT .....	70	TAZVERIK .....	23	<i>topiramate</i> .....	27
STIVARGA .....	23	TDVAX .....	60	<i>toremifene</i> .....	23
STRIBILD.....	10	TEFLARO .....	12	<i>torsemide</i> .....	43
<i>subvenite</i> .....	27	TEGSEDI .....	30	TOUJEO MAX U-300 SOLOSTAR.....	54
SUCRAID .....	57	<i>telmisartan</i> .....	42	TOUJEO SOLOSTAR U-300 INSULIN.....	54
<i>sucralfate</i> .....	58	<i>telmisartan-hydrochlorothiazid</i> .....	42	TPN ELECTROLYTES.....	72
<i>sulfacetamide sodium</i> .....	67	TENIVAC (PF) .....	60	TRACLEER .....	70
<i>sulfacetamide sodium (acne)</i>	47	<i>tenofovir disoproxil fumarate</i> .....	10	TRADJENTA .....	54
<i>sulfacetamide-prednisolone</i> .....	67	TEPMETKO.....	23	<i>tramadol</i> .....	33
<i>sulfadiazine</i> .....	16	<i>terazosin</i> .....	43	TRAMADOL .....	33
<i>sulfamethoxazole-trimethoprim</i> .....	16	<i>terbinafine hcl</i> .....	7	<i>tramadol-acetaminophen</i> .....	33
<i>sulfasalazine</i> .....	57	<i>terbutaline</i> .....	70	<i>trandolapril</i> .....	43
<i>sulindac</i> .....	33	<i>terconazole</i> .....	64	<i>tranexamic acid</i> .....	64
<i>sumatriptan</i> .....	29	<i>teriflunomide</i> .....	30	<i>tranylcypromine</i> .....	39
<i>sumatriptan succinate</i> .....	29	TERIPARATIDE .....	61	<i>travasol 10 %</i> .....	73
<i>sunitinib malate</i> .....	23	<i>testosterone</i> .....	55	<i>travoprost</i> .....	67
		TESTOSTERONE .....	55	<i>trazodone</i> .....	39

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

This drug list was last updated on 08/22/2023.

TRECATOR .....	14
TRELEGY ELLIPTA .....	70
TRELSTAR .....	23
<i>tretinoin (antineoplastic)</i> .....	23
<i>tretinoin topical</i> .....	47
<i>triamicinolone acetonide</i> . 49, 51	
<i>triamterene-hydrochlorothiazid</i> .....	43
<i>triderm</i> .....	49
<i>trientine</i> .....	51
<i>tri-estarrylla</i> .....	65
<i>trifluoperazine</i> .....	39
<i>trifluridine</i> .....	66
<i>trihexyphenidyl</i> .....	28
TRIJARDY XR .....	54
TRIKAFTA.....	71
<i>tri-legest fe</i> .....	65
<i>trimethoprim</i> .....	17
<i>tri-mili</i> .....	65
<i>trimipramine</i> .....	39
TRINTELLIX .....	39
<i>tri-sprintec (28)</i> .....	65
TRIUMEQ .....	10
TRIUMEQ PD .....	10
<i>trivora (28)</i> .....	65
<i>tri-vylibra</i> .....	65
<i>trizivir</i> .....	10
TROPHAMINE 10 % .....	73
TRULANCE .....	57
TRULICITY .....	54
TRUMENBA .....	60
TUKYSA .....	23
TURALIO .....	24
TWINRIX (PF).....	60
TYBOST .....	10
TYPHIM VI.....	60
<b>U</b>	
UBRELVY .....	29
UCERIS .....	57
<i>unithroid</i> .....	56
UPTRAVI .....	43
<i>ursodiol</i> .....	57, 58
<b>V</b>	
<i>valacyclovir</i> .....	10
VALCHLOR.....	47
<i>valganciclovir</i> .....	10
<i>valproic acid</i> .....	27
<i>valproic acid (as sodium salt)</i> .....	27
<i>valsartan</i> .....	43
<i>valsartan-hydrochlorothiazide</i> .....	43
VALTOCO .....	27
<i>vancomycin</i> .....	14
<i>vandazole</i> .....	64
VAQTA (PF) .....	60
<i>varenicline</i> .....	51
VARENICLINE .....	51
VARIVAX (PF) .....	60
VASCEPA .....	45
<i>velivet triphasic regimen (28)</i> .....	65
VEMLIDY .....	11
VENCLEXTA .....	24
VENCLEXTA STARTING PACK.....	24
<i>venlafaxine</i> .....	39
VENLAFAKINE BESYLATE .....	39
VENTOLIN HFA .....	71
<i>verapamil</i> .....	43
VERSACLOZ .....	39
VERZENIO .....	24
<i>vienna</i> .....	65
<i>vigabatrin</i> .....	28
<i>vigadron</i> .....	28
VIIBRYD .....	39
<i>vilazodone</i> .....	39
VIOKACE .....	58
VIRACEPT .....	11
VIREAD .....	11
VITRAKVI .....	24
VIVITROL .....	33
VIZIMPRO .....	24
VONJO .....	24
<i>voriconazole</i> .....	7
VOSEVI .....	11
VOTRIENT .....	24
VRAYLAR .....	39, 40
<i>vyfemla (28)</i> .....	65
<i>vylibra</i> .....	65
VYNDAMAX .....	45
<b>W</b>	
<i>warfarin</i> .....	44
WELIREG .....	24
<b>X</b>	
XALKORI.....	24
XARELTO .....	44
XARELTO DVT-PE TREAT 30D START .....	44
XATMEP .....	24
XCOPRI .....	28
XCOPRI MAINTENANCE PACK .....	28
XCOPRI TITRATION PACK .....	28
<b>XELJANZ</b> .....	63
XELJANZ XR .....	63
XERMELO .....	24
XGEVA .....	17
XIFAXAN .....	14
XIGDUO XR .....	54
XOLAIR .....	71
XOSPATA .....	24
XPOVIO .....	24
XTANDI .....	24
XULTOPHY 100/3.6 .....	54
XURIDEN .....	51
XYREM .....	40
<b>Y</b>	
YF-VAX (PF) .....	60
YONSA .....	24
<i>yuvafem</i> .....	64
<b>Z</b>	
<i>zafirlukast</i> .....	71
<i>zaleplon</i> .....	40
ZEJULA .....	24
ZELBORAF .....	25
ZENPEP .....	58
<i>zidovudine</i> .....	11
ZIEXTENZO .....	59
<i>ziprasidone hcl</i> .....	40
<i>ziprasidone mesylate</i> .....	40
ZIRGAN .....	66
<i>zoledronic acid-mannitol-water</i> .....	51, 56
ZOLINZA .....	25
<i>zolmitriptan</i> .....	29

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

This drug list was last updated on 08/22/2023.

<i>zolpidem</i> .....	40	<i>zovia 1-35 (28)</i> .....	65	ZYKADIA .....	25
ZONISADE .....	28	ZTALMY .....	28	ZYLET .....	67
<i>zonisamide</i> .....	28	ZYDELIG .....	25	ZYPREXA RELPREVV.....	40

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

This drug list was last updated on 08/22/2023.