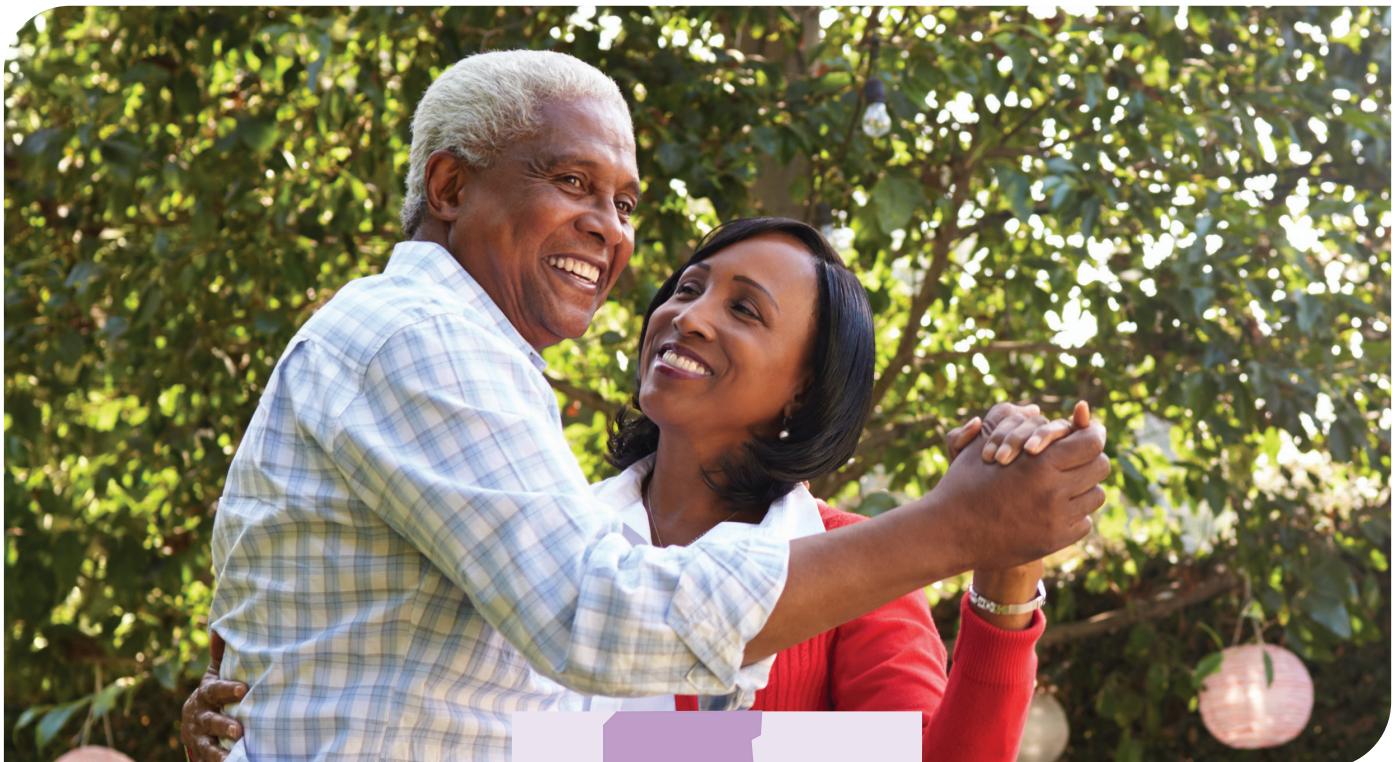
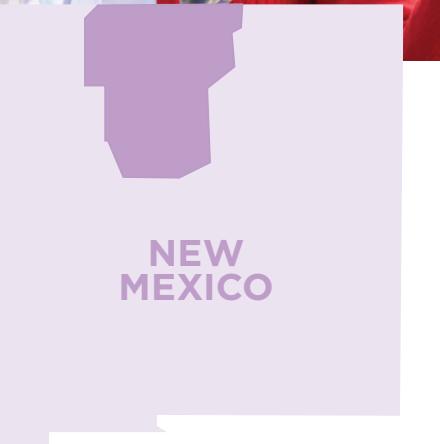


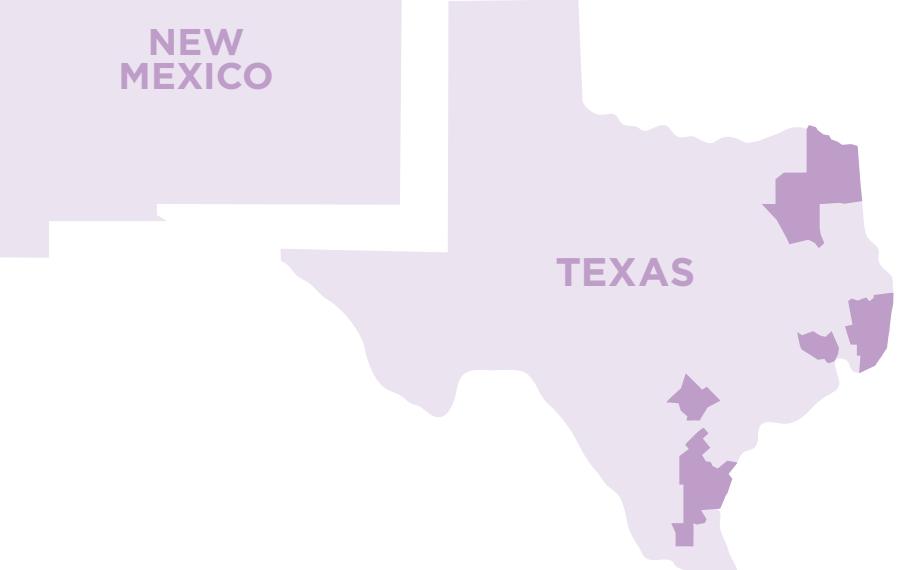
2024 Formulary



**CHRISTUS Health
Medicare Complete
(HMO) and CHRISTUS
Health Medicare
Plus (HMO) cover
members in select
counties of Texas
and New Mexico.**



NEW
MEXICO

A map of the state of New Mexico with purple shading indicating coverage areas. The word "NEW MEXICO" is printed in purple capital letters in the center of the state.

TEXAS

A map of the state of Texas with purple shading indicating coverage areas. The word "TEXAS" is printed in purple capital letters in the center of the state.



METHOD	MEMBER SERVICES – CONTACT INFORMATION
CALL	844.282.3026 - Calls to this number are free. The CHRISTUS Health Plan Member Services department is available to assist you seven days a week, 8 a.m. to 8 p.m. (CST), from Oct. 1 – Mar. 31, and Mon. - Fri., 8 a.m. to 8 p.m. (CST), from Apr. 1 – Sept. 30. A voice response system is available after hours. Messages left will be responded to within one business day. Member Services also has free language interpreter services available for non-English speakers.
TTY	711 Relay New Mexico and Texas This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. The CHRISTUS Health Plan Member Services department is Available to assist you seven days a week, 8 a.m. to 8 p.m. (CST), from Oct. 1 – Mar. 31, and Mon. - Fri., 8 a.m. to 8 p.m. (CST), from Apr. 1 – Sept. 30.
FAX	469.282.3013
WRITE	CHRISTUS Health Advantage, Attention: Member Services P.O. Box 169001 Irving TX 75016
WEBSITE	CHRISTUShealthplan.org

TEXAS HEALTH AND HUMAN SERVICES & THE NEW MEXICO AGING AND LONG-TERM SERVICES DEPARTMENT

These organizations are state programs that get money from the federal government to give free local health insurance counseling to people with Medicare.

METHOD	CONTACT INFORMATION	
CALL	Texas: 800.252.9240 New Mexico: 866.451.2901 Calls to these number are free.	
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking.	
WRITE	Texas Health and Human Services P.O. Box 149104 Austin TX 78714	New Mexico Aging and Long-Term Dept. P.O. Box 27118 Santa Fe NM 87502-7118
WEBSITE	tdi.texas.gov/consumer/hicap/	nmaging.state.nm.us

844.282.3026 | TTY 711

Oct. 1 – Mar. 31, 7 days a week, 8 a.m. – 8 p.m. (CST)

Apr. 1 – Sept. 30, Mon. – Fri., 8 a.m. – 8 p.m. (CST)

CHRISTUShealthplan.org

CHRISTUS Health Medicare Complete (HMO)

CHRISTUS Health Medicare Plus (HMO)

2024 Formulary

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

HPMS Approved Formulary File Submission ID 24261, Version Number 18

This formulary was updated on 12/01/2024. For more recent information or other questions, please contact CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) Member Services, at 1-844-282-3026 or, for TTY users, 711, 8 a.m. – 8 p.m. (local time), seven days a week, from October 1 – March 31, and 8 a.m. – 8 p.m. (local time), Monday – Friday, from April 1- September 30, or visit christushealthplan.org.

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

Important Message About What You Pay for Insulin - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter the cost-sharing tier.

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 CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO). When it refers to “plan” or “our plan,” it means CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO).

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

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

What is the CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) Formulary?

A formulary is a list of covered drugs selected by CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) 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.

CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO), please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

Can the Formulary (drug list) change?

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

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include

information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO)’s Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. We may add a generic drug that is not new to the 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 31-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 CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO)’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 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 12/01/2024. To get updated information about the drugs covered by CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) please contact us. Our contact information appears on the front and back cover pages.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Antihypertensive Therapy. If you know what your drug is used

for, look for the category name in the list that begins on 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 91. 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?

CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) 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:** CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) requires you [or your physician] to get prior authorization for certain drugs. This means that you will need to get approval from CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) before you fill your prescriptions. If you don't get approval, CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) may not cover the drug.
- **Quantity Limits:** For certain drugs, CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) limits the amount of the drug that CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) will cover. For example, CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) provides 31 tablets per prescription for AFINITOR. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO), 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, CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization restriction. 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 CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) formulary?” on page vi for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO)’s does not cover your drug, you have two options:

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

How do I request an exception to the CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO)’s Formulary?

You can ask CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing level. You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) 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, CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) 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 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-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 34-day emergency supply of that drug while you pursue a formulary exception.

Enrollees whose transition window has expired and are either being admitted to a LTC setting or being discharged from a long-term care setting are provided an additional transition fill due to that level of care change. While the claim will initially reject as the member is no longer transition eligible according to plan enrollment dates, the pharmacist is instructed to enter an override code to allow the transition supply to process accordingly. Early refill edits are not applied in a long-term care setting.

For more information

For more detailed information about your CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO), please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO). If you have trouble finding your drug in the list, turn to the Index that begins on page 91.

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

The information in the Requirements/Limits column tells you if CHRISTUS Health Medicare Complete (HMO) / CHRISTUS Health Medicare Plus (HMO) has any special requirements for coverage of your drug.

Tier Number	Tier Name	Copay for a one-month supply filled at a network pharmacy with standard cost-sharing
1	Preferred Generic	\$4
2	Non-Preferred Generic	\$10
2	Preferred Brand	\$47
4	Non-Preferred Brand	\$100
5	Specialty Drug Tier	33% of the total cost

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

30D: This drug is not available for an extended day supply. You may only obtain a 30 day supply.

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL	5	PA; 30D
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine</i>	5	MO; 30D
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>micafungin</i>	5	MO; 30D
<i>nystatin oral</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; 30D; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO; 30D
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO; 30D
<i>voriconazole oral tablet</i>	4	PA; MO
ANTIVIRALS		
<i>abacavir</i>	3	MO
<i>abacavir-lamivudine</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	4	MO
<i>amantadine hcl oral capsule</i>	3	MO
<i>amantadine hcl oral solution</i>	3	MO
<i>APTIVUS</i>	5	MO; 30D
<i>atazanavir</i>	4	MO
BARACLUDE ORAL SOLUTION	5	MO; 30D

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 11/18/2024.

Drug Name	Drug Tier	Requirements /Limits
BIKTARVY	5	MO; 30D
CABENUVA	5	MO; 30D
<i>cidofovir</i>	5	B/D PA; MO; 30D
CIMDUO	5	MO; 30D
COMPLERA	5	MO; 30D
<i>darunavir</i>	5	MO; 30D
DELSTRIGO	5	MO; 30D
DESCOVY	5	MO; 30D
DOVATO	5	MO; 30D
EDURANT	5	MO; 30D
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabine-tenofovir</i>	5	MO; 30D
<i>efavirenz-lamivu-tenofovir disop</i>	5	MO; 30D
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofovir (tdf)</i>	4	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; 30D; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; 30D; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; 30D; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; 30D; QL (28 per 28 days)
<i>etravirine</i>	5	MO; 30D
EVOTAZ	5	MO; 30D
<i>famciclovir</i>	3	MO
<i>fosamprenavir</i>	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO; 30D
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA	5	MO; 30D
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; 30D; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; 30D; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; 30D; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; 30D; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO; 30D
ISENTRESS ORAL POWDER IN PACKET	5	MO; 30D

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 11/18/2024.

Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET	5	MO; 30D
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; 30D
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO; 30D
LAGEVRIO (EUA)	6	QL (40 per 30 days)
<i>lamivudine</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO; 30D
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO; 30D
<i>oseltamivir</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	6	QL (20 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	6	QL (30 per 30 days)
PIFELTRO	5	MO; 30D
PREVYMIS INTRAVENOUS	5	PA; 30D
PREVYMIS ORAL	5	PA; MO; 30D; QL (30 per 30 days)
PREZCOBIX	5	MO; 30D
PREZISTA ORAL SUSPENSION	5	MO; 30D
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; 30D
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO; 30D
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	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 11/18/2024.

Drug Name	Drug Tier	Requirements /Limits
STRIBILD	5	MO; 30D
SUNLENCA	5	30D
SYMTUZA	5	MO; 30D
SYNAGIS	5	MO; LA; 30D
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO; 30D
TIVICAY PD	5	MO; 30D
TRIUMEQ	5	MO; 30D
TRIUMEQ PD	5	MO; 30D
TROGARZO	5	MO; LA; 30D
<i>valacyclovir oral tablet 1 gram</i>	3	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	3	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO; 30D
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY	5	30D
VEMLIDY	5	MO; 30D
VIRACEPT ORAL TABLET	5	MO; 30D
VIREAD ORAL POWDER	5	MO; 30D
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
VOSEVI	5	PA; MO; 30D; QL (28 per 28 days)
<i>zidovudine oral capsule</i>	4	MO
<i>zidovudine oral syrup</i>	4	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	3	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	4	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose,iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefodoxime</i>	4	MO
<i>cefprozil</i>	3	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose,iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefuroxime axetil oral tablet</i>	3	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection</i>	4	PA; MO
<i>tazicef intravenous</i>	4	PA
TEFLARO	5	PA; MO; 30D
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clarithromycin oral suspension for reconstitution</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO
DIFICID ORAL TABLET	5	MO; 30D; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO; 30D
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
<i>ARIKAYCE</i>	5	PA; LA; 30D
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>bacitracin intramuscular</i>	4	
CAYSTON	5	PA; MO; LA; 30D; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	4	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin phosphate injection</i>	4	PA; MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	4	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO; 30D
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO; 30D
EMVERM	5	MO; 30D
<i>ertapenem</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	4	PA; MO
<i>isoniazid injection</i>	4	
<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>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO; 30D
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; 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>	5	MO; 30D
<i>paromomycin</i>	4	
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
<i>PRIFTIN</i>	3	MO
<i>PRIMAQUINE</i>	4	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO; 30D
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
<i>SIRTURO</i>	5	PA; LA; 30D
<i>STREPTOMYCIN</i>	5	PA; MO; 30D; QL (60 per 30 days)
<i>tigecycline</i>	5	PA; MO; 30D

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Drug Name	Drug Tier	Requirements /Limits
<i>tinidazole</i>	3	MO
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; 30D; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; 30D; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECATOR	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; 30D; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	4	PA; MO
<i>ampicillin sodium intravenous</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN C-R	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	4	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	4	PA
dicloxacillin	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA; 30D
<i>oxacillin in dextrose(iso-osm)</i>	4	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO
pizerpen-g	4	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	PA; MO
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>minocycline oral tablet</i>	4	MO
<i>monodoxine nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	3	MO
<i>methenamine mandelate</i>	2	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>dexrazoxane hcl</i>	5	B/D PA; MO; 30D
<i>ELITEK</i>	5	MO; 30D
<i>KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG</i>	5	30D
<i>KHAPZORY INTRAVENOUS RECON SOLN 175 MG</i>	5	B/D PA; 30D
<i>leucovorin calcium oral</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO; 30D
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA; 30D
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO; 30D
VISTOGARD	5	PA; 30D
XGEVA	5	B/D PA; MO; 30D
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; 30D; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; 30D; QL (60 per 30 days)
ABRAXANE	5	B/D PA; MO; 30D
ADCETRIS	5	B/D PA; MO; 30D
ADSTILADRIN	5	PA; 30D
AKEEGA	5	PA; LA; 30D; QL (60 per 30 days)
ALECensa	5	PA; MO; 30D; QL (240 per 30 days)
ALIQOPA	5	B/D PA; LA; 30D
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; 30D; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLET 30 MG	5	PA; 30D; QL (60 per 30 days)	BESPONSA	5	B/D PA; MO; LA; 30D
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; 30D; QL (30 per 180 days)	<i>bexarotene</i>	5	PA; MO; 30D
<i>anastrozole</i>	2	MO	<i>bicalutamide</i>	2	MO
ANKTIVA	5	PA; MO; 30D	<i>bleomycin</i>	2	B/D PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA; 30D	BLINCYTO INTRAVENOUS KIT	5	B/D PA; 30D
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO; 30D	BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA; 30D
ASPARLAS	5	PA; 30D	<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO; 30D
AUGTYRO ORAL CAPSULE 40 MG	5	PA; MO; 30D; QL (240 per 30 days)	BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; 30D; QL (90 per 30 days)
AYVAKIT	5	PA; LA; 30D; QL (30 per 30 days)	BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; 30D; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO; 30D	BOSULIF ORAL TABLET 100 MG	5	PA; MO; 30D; QL (90 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO	BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; 30D; QL (30 per 30 days)
<i>azathioprine sodium</i>	2	B/D PA; MO	BRAFTOVI	5	PA; MO; LA; 30D; QL (180 per 30 days)
BALVERSA	5	PA; LA; 30D	BRUKINSA	5	PA; LA; 30D; QL (120 per 30 days)
BAVENCIO	5	B/D PA; LA; 30D	<i>busulfan</i>	5	B/D PA; 30D
BELEODAQ	5	B/D PA; 30D	CABOMETYX	5	PA; MO; LA; 30D; QL (30 per 30 days)
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO; 30D			
BENDEKA	5	B/D PA; MO; 30D			

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Drug Name	Drug Tier	Requirements /Limits
CALQUENCE	5	PA; LA; 30D; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; 30D; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; 30D; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; 30D; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO; 30D
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO; 30D
<i>clofarabine</i>	5	B/D PA; 30D
COLUMVI	5	PA; MO; 30D
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; 30D; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; 30D; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; 30D; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
COPIKTRA	5	PA; LA; 30D; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; 30D; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 25 MG	3	B/D PA
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	3	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	4	B/D PA; MO
<i>cyclosporine modified oral solution</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA; MO
CYRAMZA	5	B/D PA; MO; 30D
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA; MO
DANYELZA	5	PA; 30D
DARZALEX	5	B/D PA; MO; LA; 30D
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; MO; 30D; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg, 70 mg</i>	5	PA; MO; 30D; QL (60 per 30 days)
<i>daunorubicin</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; 30D; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; 30D; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO; 30D
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; 30D
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO; 30D

Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO; 30D
DROXIA	3	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
ELREXFIO	5	PA; 30D
ELZONRIS	5	PA; LA; 30D
EMPLICITI	5	B/D PA; MO; 30D
ENVARSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY	5	PA; 30D
ERBITUX	5	B/D PA; MO; 30D

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Drug Name	Drug Tier	Requirements /Limits
<i>eribulin</i>	5	B/D PA; 30D
ERIVEDGE	5	PA; MO; 30D; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; 30D; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; 30D; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; 30D; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; 30D; QL (60 per 30 days)
ERWINASE	5	B/D PA; 30D
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; 30D; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; 30D; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; 30D; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; 30D; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO; 30D
<i>exemestane</i>	4	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO; 30D
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>flouxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOLOTYN	5	B/D PA; MO; 30D

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Drug Name	Drug Tier	Requirements /Limits
FOTIVDA	5	PA; LA; 30D; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; 30D; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; 30D; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO; 30D
FYARRO	5	PA; 30D
GAVRETO	5	PA; LA; 30D; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO; 30D
<i>gefitinib</i>	5	PA; MO; 30D; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>genograf</i>	4	B/D PA; MO
GILOTRIF	5	PA; MO; 30D; QL (30 per 30 days)
GLEOSTINE	5	MO; 30D
HALAVEN	5	B/D PA; MO; 30D
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; 30D; QL (21 per 28 days)
ICLUSIG	5	PA; 30D; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; 30D; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; 30D; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; 30D; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; 30D; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
IMBRUICA ORAL CAPSULE 70 MG	5	PA; 30D; QL (30 per 30 days)
IMBRUICA ORAL SUSPENSION	5	PA; 30D; QL (324 per 30 days)
IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; 30D; QL (30 per 30 days)
IMDELLTRA	5	PA; 30D
IMFINZI	5	B/D PA; MO; LA; 30D
IMJUDO	5	PA; MO; 30D
INLYTA ORAL TABLET 1 MG	5	PA; MO; 30D; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; 30D; QL (120 per 30 days)
INQOVI	5	PA; MO; 30D; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; 30D; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA; 30D
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO; 30D

Drug Name	Drug Tier	Requirements /Limits
ISTODAX	5	B/D PA; MO; 30D
IWILFIN	5	PA; LA; 30D; QL (240 per 30 days)
IXEMPRA	5	B/D PA; MO; 30D
JAKAFI	5	PA; MO; 30D; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; 30D; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; 30D; QL (30 per 30 days)
JEMPERLI	5	PA; MO; 30D
JEVTANA	5	B/D PA; MO; 30D
JYLAMVO	4	B/D PA; MO
KADCYLA	5	PA; MO; 30D
KEYTRUDA	5	PA; 30D
KIMMTRAK	5	PA; 30D
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; 30D; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; 30D; QL (70 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; 30D; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; 30D; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; 30D; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; 30D; QL (63 per 28 days)
KOSELUGO	5	PA; 30D
KRAZATI	5	PA; 30D; QL (180 per 30 days)
KYPROLIS	5	B/D PA; 30D
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; MO; 30D
<i>lapatinib</i>	5	PA; MO; 30D; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; 30D; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; 30D; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; 30D; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; 30D; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; 30D; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; 30D; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; 30D; QL (60 per 30 days)
<i>letrozole</i>	2	MO
LEUKERAN	5	MO; 30D
<i>leuprolide subcutaneous kit</i>	5	PA; MO; 30D
LIBTAYO	5	PA; LA; 30D
LONSURF	5	PA; MO; 30D
LOQTORZI	5	PA; 30D
LORBRENA ORAL TABLET 100 MG	5	PA; MO; 30D; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; 30D; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG, 320 MG	5	PA; MO; 30D

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Drug Name	Drug Tier	Requirements /Limits
LUNSUMIO	5	PA; MO; 30D
LUPRON DEPOT	5	PA; MO; 30D
LYNPARZA	5	PA; MO; 30D; QL (120 per 30 days)
LYSODREN	5	30D
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	5	PA; LA; 30D
MARGENZA	5	PA; 30D
MATULANE	5	30D
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; 30D; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; 30D; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; 30D; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; 30D; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>melphalan hcl</i>	5	B/D PA; 30D
<i>mercaptopurine</i>	3	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO; 30D
<i>mitoxantrone</i>	2	B/D PA; MO
MONJUVI	5	PA; LA; 30D
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO; 30D
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYHIBBIN	5	B/D PA; 30D
MYLOTARG	5	B/D PA; MO; LA; 30D
<i>nelarabine</i>	5	B/D PA; MO; 30D

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Drug Name	Drug Tier	Requirements /Limits
NERLYNX	5	PA; MO; LA; 30D
<i>nilutamide</i>	5	PA; MO; 30D
NINLARO	5	PA; MO; 30D; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; 30D; QL (120 per 30 days)
NULOJIX	5	B/D PA; MO; 30D
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO; 30D
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO; 30D
<i>octreotide,microspheres</i>	5	PA; 30D
ODOMZO	5	PA; MO; LA; 30D; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; 30D; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; 30D; QL (180 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; 30D; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; 30D; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; 30D; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; 30D; QL (24 per 28 days)
OJJAARA	5	PA; 30D; QL (30 per 30 days)
ONCASPAR	5	B/D PA; 30D
ONIVYDE	5	B/D PA; 30D
ONUREG	5	PA; MO; 30D; QL (14 per 28 days)
OPDIVO	5	PA; MO; 30D
OPDUALAG	5	PA; MO; 30D
ORGOVYX	5	PA; LA; 30D; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; 30D; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; 30D; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO
<i>PADCEV</i>	5	PA; MO; 30D
<i>paraplatin</i>	2	B/D PA
<i>pazopanib</i>	5	PA; MO; 30D; QL (120 per 30 days)
<i>PEMAZYRE</i>	5	PA; LA; 30D; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO; 30D
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA; 30D
<i>PERJETA</i>	5	B/D PA; MO; 30D

Drug Name	Drug Tier	Requirements /Limits
<i>PIQRAY</i>	5	PA; MO; 30D
<i>POLIVY</i>	5	PA; MO; 30D
<i>POMALYST</i>	5	PA; MO; LA; 30D
<i>PORTRAZZA</i>	5	B/D PA; MO; 30D
<i>POTELIGEO</i>	5	PA; 30D
<i>PRALATREXATE</i>	5	B/D PA; MO; 30D
<i>PROGRAF INTRAVENOUS</i>	3	B/D PA; MO
<i>PROGRAF ORAL GRANULES IN PACKET</i>	4	B/D PA; MO
<i>PURIXAN</i>	5	30D
<i>QINLOCK</i>	5	PA; LA; 30D; QL (90 per 30 days)
<i>RETEVMO ORAL CAPSULE 40 MG</i>	5	PA; MO; LA; 30D; QL (180 per 30 days)
<i>RETEVMO ORAL CAPSULE 80 MG</i>	5	PA; MO; LA; 30D; QL (120 per 30 days)
<i>RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG</i>	5	PA; MO; LA; 30D; QL (60 per 30 days)
<i>RETEVMO ORAL TABLET 40 MG</i>	5	PA; MO; LA; 30D; QL (90 per 30 days)
<i>REVLIMID</i>	5	PA; MO; LA; 30D; QL (28 per 28 days)
<i>REZLIDHIA</i>	5	PA; 30D; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
REZUROCK	5	PA; LA; 30D; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	5	B/D PA; 30D
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; 30D; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; 30D; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MO; 30D; QL (336 per 28 days)
RUBRACA	5	PA; MO; LA; 30D; QL (120 per 30 days)
RUXIENCE	5	PA; MO; 30D
RYBREVANT	5	PA; MO; 30D
RYDAPT	5	PA; MO; 30D; QL (224 per 28 days)
RYLAZE	5	PA; 30D
RYTELO	5	PA; 30D
SANDOSTATIN LAR DEPOT INTRAMUSCULA R SUSPENSION,EXT ENDED REL RECON	5	PA; MO; 30D
SARCLISA	5	PA; LA; 30D
SCEMBLIX ORAL TABLET 100 MG	5	PA; 30D; QL (120 per 30 days)

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

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Drug Name	Drug Tier	Requirements /Limits
TAFINLAR ORAL CAPSULE	5	PA; MO; 30D; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; 30D; QL (840 per 28 days)
TAGRISSO	5	PA; MO; LA; 30D; QL (30 per 30 days)
TALVEY	5	PA; 30D
TALZENNA	5	PA; MO; 30D; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; 30D; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; 30D; QL (120 per 30 days)
TAZVERIK	5	PA; LA; 30D
TECENTRIQ	5	B/D PA; MO; LA; 30D
TECENTRIQ HYBREZA	5	B/D PA; LA; 30D
TECVAYLI	5	PA; 30D
TEMODAR INTRAVENOUS	5	B/D PA; MO; 30D
<i>temsirolimus</i>	5	B/D PA; MO; 30D
TEPMETKO	5	PA; LA; 30D
TEVIMBRA	5	PA; 30D
THALOMID ORAL CAPSULE 100 MG	5	PA; MO; 30D; QL (112 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; 30D; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; MO; 30D; QL (28 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA; 30D
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO; 30D
TIBSOVO	5	PA; 30D
TIVDAK	5	PA; MO; 30D
<i>topotecan</i>	5	B/D PA; MO; 30D
<i>toremifene</i>	5	MO; 30D
<i>torpenz</i>	5	PA; 30D; QL (30 per 30 days)
TRAZIMERA	5	B/D PA; MO; 30D
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO; 30D
TRODELVY	5	PA; LA; 30D
TRUQAP	5	PA; 30D; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; 30D; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
TUKYSA ORAL TABLET 50 MG	5	PA; LA; 30D; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; 30D; QL (120 per 30 days)
UNITUXIN	5	B/D PA; 30D
<i>valrubicin</i>	5	B/D PA; MO; 30D
VANFLYTA	5	PA; 30D; QL (56 per 28 days)
VECTIBIX	5	B/D PA; MO; 30D
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; 30D; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; 30D; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; 30D; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; 30D; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; 30D; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; 30D; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; 30D; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; 30D; QL (30 per 30 days)
VONJO	5	PA; 30D; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; 30D; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; 30D; QL (30 per 30 days)
VOTRIENT	5	PA; MO; 30D; QL (120 per 30 days)
VYXEOS	5	B/D PA; 30D
WELIREG	5	PA; LA; 30D
XALKORI ORAL CAPSULE	5	PA; MO; 30D; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA; MO; 30D; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; MO; 30D; QL (120 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; LA; 30D; QL (84 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
XOSPATA	5	PA; LA; 30D; QL (90 per 30 days)
XPOVIO	5	PA; LA; 30D
XTANDI ORAL CAPSULE	5	PA; MO; 30D; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; 30D; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; 30D; QL (60 per 30 days)
YERVOY	5	B/D PA; MO; 30D
YONDELIS	5	B/D PA; 30D
ZALTRAP	5	B/D PA; MO; 30D
ZANOSAR	4	B/D PA; MO
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; 30D; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; 30D; QL (30 per 30 days)
ZELBORAF	5	PA; MO; 30D; QL (240 per 30 days)
ZEPZELCA	5	PA; 30D
ZIRABEV	5	B/D PA; MO; 30D
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO; 30D; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZYDELIG	5	PA; MO; 30D; QL (60 per 30 days)
ZYKADIA	5	PA; MO; 30D; QL (90 per 30 days)
ZYNLONTA	5	PA; LA; 30D
ZYNYZ	5	PA; 30D
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
APTIOM ORAL TABLET 200 MG	5	MO; 30D; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	MO; 30D; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; 30D; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; 30D; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; 30D; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	4	
<i>carbamazepine oral tablet</i>	3	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	3	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)
<i>DIACOMIT</i>	5	PA; LA; 30D
<i>diazepam rectal</i>	4	MO
<i>DILANTIN 30 MG</i>	4	MO
<i>divalproex</i>	2	MO
<i>EPIDIOLEX</i>	5	PA; MO; LA; 30D
<i>epitol</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>EPRONTIA</i>	4	PA; MO
<i>ethosuximide</i>	3	MO
<i>felbamate oral suspension</i>	5	MO; 30D
<i>felbamate oral tablet</i>	4	MO
<i>FINTEPLA</i>	5	PA; LA; 30D; QL (360 per 30 days)
<i>fosphenytoin</i>	2	MO
<i>FYCOMPA ORAL SUSPENSION</i>	5	MO; 30D; QL (720 per 30 days)
<i>FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG</i>	5	MO; 30D; QL (30 per 30 days)
<i>FYCOMPA ORAL TABLET 2 MG</i>	4	MO; QL (60 per 30 days)
<i>FYCOMPA ORAL TABLET 4 MG, 6 MG</i>	5	MO; 30D; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet,disintegrating</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>LIBERVANT</i>	5	PA; 30D; QL (10 per 30 days)
<i>methsuximide</i>	4	MO
<i>NAYZILAM</i>	5	PA; MO; 30D; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet,chewable</i>	3	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO; 30D
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO; 30D
SPRITAM	4	MO
<i>subvenite oral tablet 100 mg, 200 mg, 25 mg</i>	1	MO
<i>subvenite oral tablet 150 mg</i>	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; 30D; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	5	PA; MO; 30D; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA; 30D
<i>vigadron</i>	5	PA; LA; 30D
<i>vigpoder</i>	5	PA; LA; 30D
XCOPRI MAINTENANCE PACK	5	MO; 30D; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	5	MO; 30D; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; 30D; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 25 MG	5	MO; 30D; QL (30 per 30 days)
XCOPRI ORAL TABLET 50 MG	5	MO; 30D; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; 30D; QL (28 per 180 days)
ZONISADE	5	PA; MO; 30D
<i>zonisamide</i>	2	PA; MO
ZTALMY	5	PA; LA; 30D; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; 30D; QL (90 per 30 days)
<i>apomorphine</i>	5	PA; 30D; QL (90 per 30 days)
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	4	
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; 30D; QL (300 per 30 days)
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>selegiline hcl</i>	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
<i>dihydroergotamine injection</i>	5	30D
<i>dihydroergotamine nasal</i>	5	30D; QL (8 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)

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

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Drug Name	Drug Tier	Requirements /Limits
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; 30D; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; 30D; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; 30D; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; 30D; QL (12 per 28 days)
KESIMPTA PEN	5	PA; MO; 30D; QL (1.6 per 28 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	4	PA; MO
<i>memantine oral tablet</i>	3	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	3	PA; MO
NUEDEXTA	5	PA; MO; 30D
RADICAVA ORS	5	PA; MO; 30D
RADICAVA ORS STARTER KIT SUSP	5	PA; MO; 30D
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>teriflunomide</i>	5	PA; MO; 30D; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; 30D; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; 30D; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO
NARCOTIC ANALGESICS		

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	3	QL (4500 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>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QL (4500 per 30 days)	<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	3	QL (5550 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	MO; QL (360 per 30 days)	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QL (180 per 30 days)	<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2		<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine hcl sublingual</i>	2	MO	<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	QL (360 per 30 days)	<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	4	
<i>endocet oral tablet 5-325 mg</i>	3	MO; QL (360 per 30 days)	<i>hydromorphone injection solution 2 mg/ml</i>	4	MO
<i>fentanyl citrate (pf) injection solution</i>	2		<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2		<i>hydromorphone injection syringe 2 mg/ml</i>	4	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 600 mcg</i>	5	PA; MO; 30D; QL (120 per 30 days)			
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
hydromorphone oral liquid	4	MO; QL (2400 per 30 days)
hydromorphone oral tablet	3	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	4	PA; MO; QL (60 per 30 days)
methadone injection solution	3	
methadone intensol	3	PA; MO; QL (90 per 30 days)
methadone oral concentrate	3	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	3	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	3	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	3	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	3	PA; MO; QL (240 per 30 days)
methadose oral concentrate	3	PA; MO; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	4	
morphine (pf) injection solution 1 mg/ml	4	MO

Drug Name	Drug Tier	Requirements /Limits
morphine concentrate oral solution	3	MO; QL (900 per 30 days)
morphine injection syringe 4 mg/ml	4	MO
morphine intravenous solution 10 mg/ml, 4 mg/ml	4	MO
morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml	4	MO
morphine oral solution	3	MO; QL (900 per 30 days)
morphine oral tablet	3	MO; QL (180 per 30 days)
morphine oral tablet extended release	3	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	3	MO; QL (360 per 30 days)
oxycodone oral concentrate	4	MO; QL (180 per 30 days)
oxycodone oral solution	3	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	3	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	3	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QL (360 per 30 days)

NON-NARCOTIC ANALGESICS

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Drug Name	Drug Tier	Requirements /Limits
buprenorphine-naloxone sublingual film 12-3 mg	3	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	3	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	3	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	2	MO; QL (90 per 30 days)
butorphanol injection	2	MO
butorphanol nasal	4	MO; QL (10 per 28 days)
celecoxib	3	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	2	
diclofenac potassium oral tablet 50 mg	2	MO
diclofenac sodium oral	2	MO
diclofenac sodium topical gel 1 %	3	MO; QL (1000 per 28 days)
diflunisal	3	MO
ec-naproxen	2	
etodolac oral capsule	3	MO
etodolac oral tablet	3	MO
flurbiprofen oral tablet 100 mg	2	MO

Drug Name	Drug Tier	Requirements /Limits
ibu	1	MO
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
meloxicam oral tablet	1	MO; QL (30 per 30 days)
nabumetone	2	MO
nalbuphine	2	
naloxone injection solution	2	MO
naloxone injection syringe 0.4 mg/ml (prefilled syringe)	2	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	2	MO
naloxone nasal	2	MO
naltrexone	2	MO
naproxen oral tablet	1	MO
naproxen oral tablet, delayed release (dr/ec)	2	MO
oxaprozin oral tablet	4	MO
piroxicam	3	MO
salsalate	1	MO
sulindac	2	MO
tramadol oral tablet 50 mg	2	MO; QL (240 per 30 days)
tramadol-acetaminophen	2	MO; QL (240 per 30 days)
VIVITROL	5	MO; 30D
PSYCHOTHERAPEUTIC DRUGS		

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Drug Name	Drug Tier	Requirements /Limits
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 720 MG/2.4 ML	5	MO; 30D; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 960 MG/3.2 ML	5	MO; 30D; QL (3.2 per 56 days)
ABILIFY MAINTENA	5	MO; 30D; QL (1 per 28 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	3	MO
<i>ariPIPRAZOLE oral solution</i>	4	MO
<i>ariPIPRAZOLE oral tablet</i>	3	MO; QL (30 per 30 days)
<i>ariPIPRAZOLE oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO	5	MO; 30D; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 1,064 MG/3.9 ML	5	MO; 30D; QL (3.9 per 56 days)

Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 441 MG/1.6 ML	5	MO; 30D; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 662 MG/2.4 ML	5	MO; 30D; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXT ENDED REL SYRING 882 MG/3.2 ML	5	MO; 30D; QL (3.2 per 28 days)
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY	5	ST; 30D; QL (60 per 30 days)
BELSOMRA	3	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements /Limits
bupropion hcl oral tablet extended release 24 hr 150 mg	2	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	2	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	2	MO; QL (60 per 30 days)
buspirone	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)
chlorpromazine injection	2	MO
chlorpromazine oral	4	MO
citalopram oral solution	3	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	4	MO
clonidine hcl oral tablet extended release 12 hr	4	MO
clorazepate dipotassium oral tablet 15 mg	4	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	4	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	4	PA; MO; QL (360 per 30 days)
clozapine oral tablet	3	
clozapine oral tablet,disintegrating	4	

Drug Name	Drug Tier	Requirements /Limits
COBENFY	5	30D; QL (60 per 30 days)
COBENFY STARTER PACK	5	30D; QL (56 per 180 days)
desipramine	4	MO
desvenlafaxine succinate	4	MO; QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	4	MO
dextroamphetamine-amphetamine oral tablet	3	MO
diazepam injection	2	PA
diazepam intensol	2	PA; MO; QL (240 per 30 days)
diazepam oral concentrate	2	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	2	PA; MO; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	2	PA; QL (1200 per 30 days)
diazepam oral tablet	2	PA; MO; QL (120 per 30 days)
doxepin oral capsule	4	MO
doxepin oral concentrate	4	MO
doxepin oral tablet	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO; 30D
<i>escitalopram oxalate oral solution</i>	4	MO
<i>escitalopram oxalate oral tablet</i>	2	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	4	QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral tablet 100 mg</i>	3	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	3	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	3	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; 30D; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; 30D; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; 30D; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; 30D; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; 30D; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; 30D; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; 30D; QL (0.88 per 90 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; 30D; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; 30D; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; 30D; QL (2.63 per 90 days)
<i>lithium carbonate</i>	2	MO
<i>lithium citrate</i>	2	
<i>lorazepam injection</i>	2	PA; MO
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	5	MO; 30D; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	5	MO; 30D; QL (60 per 30 days)
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule, er biphasic 50-50</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>methylphenidate hcl oral solution</i>	4	MO	<i>olanzapine oral tablet,disintegrating</i>	4	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet</i>	3	MO	<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>methylphenidate hcl oral tablet extended release</i>	4	MO	<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>methylphenidate hcl oral tablet, chewable</i>	4	MO	<i>paroxetine hcl oral suspension</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO	<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>mirtazapine oral tablet,disintegrating</i>	3	MO	<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)	<i>pentobarbital sodium injection solution</i>	4	
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)	<i>perphenazine</i>	4	MO
<i>molindone oral tablet 10 mg, 25 mg</i>	4		<i>PERSERIS</i>	5	MO; 30D; QL (1 per 30 days)
<i>molindone oral tablet 5 mg</i>	4	MO	<i>phenelzine</i>	3	MO
<i>nefazodone</i>	4	MO	<i>pimozide</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO	<i>protriptyline</i>	4	MO
<i>nortriptyline oral solution</i>	4	MO	<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>NUPLAZID</i>	4	PA; MO; QL (30 per 30 days)	<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>olanzapine intramuscular</i>	4	MO	<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	MO; QL (30 per 30 days)
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	MO; QL (60 per 30 days)
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; 30D; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	MO; 30D; QL (2 per 28 days)
<i>risperidone oral solution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	MO; 30D; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE	5	PA; LA; 30D; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; MO; 30D
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	4	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>trimipramine</i>	4	MO
TRINTELLIX	3	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	5	MO; 30D; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	5	MO; 30D; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	5	MO; 30D; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	5	MO; 30D; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	5	MO; 30D; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	5	MO; 30D; QL (0.14 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	5	MO; 30D; QL (0.21 per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	30D
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<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)
ZURZUVAE	5	PA; MO; 30D
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; 30D; QL (2 per 28 days)

ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; 30D; QL (1 per 28 days)
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CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

adenosine	2	
amiodarone <i>intravenous solution</i>	2	B/D PA; MO
amiodarone <i>intravenous syringe</i>	2	B/D PA
amiodarone oral tablet 100 mg	4	MO
amiodarone oral tablet 200 mg	2	MO
amiodarone oral tablet 400 mg	4	
dofetilide	4	MO
flecainide	3	MO
ibutilide fumarate	2	
lidocaine (pf) <i>intravenous</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine</i>	3	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	3	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg</i>	2	
<i>sorine oral tablet 160 mg</i>	2	MO
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	6	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	6	MO
<i>benazepril-hydrochlorothiazide</i>	6	MO
<i>betaxolol oral</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazide</i>	2	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	2	MO
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	2	
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine transdermal patch</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral</i>	2	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	6	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	6	MO
<i>eplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynat e sodium</i>	5	30D
<i>felodipine</i>	2	MO
<i>fosinopril</i>	6	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	6	MO
<i>irbesartan-hydrochlorothiazide</i>	6	MO
KERENDIA	3	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	6	MO
<i>lisinopril-hydrochlorothiazide</i>	6	MO
<i>losartan</i>	6	MO
<i>losartan-hydrochlorothiazide</i>	6	MO
<i>mannitol 20 %</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>metolazone</i>	3	MO
<i>metoprolol succinate</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol tar-hydrochlorothiazide</i>	2	MO
<i>metoprolol tartrate intravenous</i>	2	
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	5	PA; MO; 30D
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	
<i>nadolol</i>	4	MO
<i>nebivolol</i>	2	MO
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	4	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	2	
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	6	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	6	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartanamlodipine</i>	2	MO
<i>telmisartanhydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	4	MO
<i>torsemide oral</i>	2	MO
<i>trandolapril</i>	6	MO
<i>treprostинil sodium</i>	5	PA; MO; LA; 30D
<i>triamterene-hydrochlorothiazid</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>UPTRAVI ORAL</i>	5	PA; MO; LA; 30D
<i>valsartan oral tablet</i>	6	MO
<i>valsartan-hydrochlorothiazide</i>	6	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO; 30D
<i>aspirin-dipyridamole</i>	4	MO
<i>BRILINTA</i>	3	MO
<i>CABLIVI INJECTION KIT</i>	5	PA; LA; 30D
<i>CEPROTIN (BLUE BAR)</i>	3	PA; MO
<i>CEPROTIN (GREEN BAR)</i>	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	4	MO
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	4	MO
<i>DOPTELET (10 TAB PACK)</i>	5	PA; MO; LA; 30D
<i>DOPTELET (15 TAB PACK)</i>	5	PA; MO; LA; 30D
<i>DOPTELET (30 TAB PACK)</i>	5	PA; MO; LA; 30D
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO; 30D
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
HEPARIN(PORCIN E) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	3	MO
PROMACTA	5	PA; MO; LA; 30D
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO	3	MO

Drug Name	Drug Tier	Requirements /Limits
XARELTO DVT-PE TREAT 30D START	3	MO
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	6	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light</i>	3	
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-40 mg, 10-80 mg</i>	2	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i>	2	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	3	MO
JUXTAPID	5	PA; MO; LA; 30D
<i>lovastatin oral tablet 10 mg</i>	6	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	6	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pitavastatin calcium</i>	6	MO; QL (30 per 30 days)
<i>pravastatin</i>	6	MO; QL (30 per 30 days)
<i>prevalite</i>	3	MO
REPATHA	3	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (7 per 28 days)
REPATHA SURECLICK	3	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	6	MO; QL (30 per 30 days)
<i>simvastatin</i>	6	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	QL (60 per 30 days)
ENTRESTO SPRINKLE	3	QL (240 per 30 days)
ivabradine	3	MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA
<i>norepinephrine bitartrate</i>	2	
ranolazine	4	MO
sodium nitroprusside	2	B/D PA
VECAMYL	5	30D
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO; 30D
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nitro-bid</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; 30D; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; 30D; QL (2 per 28 days)
STELARA INTRAVENOUS	5	PA; MO; 30D; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; 30D; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; 30D; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; 30D; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; 30D; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; 30D; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; 30D; QL (3 per 180 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	5	PA; MO; 30D; QL (0.25 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	5	PA; MO; 30D; QL (0.5 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
TALTZ SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; MO; 30D; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
<i>chloroprocaine (pf)</i>	2	
<i>dermacinrx lidocan</i>	4	PA; QL (90 per 30 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; 30D; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; 30D; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; 30D; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; 30D; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; 30D; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
<i>lidocan v</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO; 30D
<i>PANRETIN</i>	5	PA; MO; 30D
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>REGRANEX</i>	5	MO; 30D; QL (15 per 30 days)
<i>SANTYL</i>	3	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)
<i>tridacaine ii</i>	4	PA; QL (90 per 30 days)
<i>VALCHLOR</i>	5	PA; MO; 30D
THERAPY FOR ACNE		
<i>accutane</i>	4	
<i>amnesteem</i>	4	
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	4	
<i>ivermectin topical cream</i>	2	MO; QL (90 per 30 days)
<i>metronidazole topical</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	4	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium (acne)</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta</i>	3	MO; QL (180 per 30 days)
<i>naftifine topical gel</i>	4	MO; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
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	MO; QL (180 per 30 days)
nystatin-triamcinolone	3	MO; QL (60 per 28 days)
nystop	3	MO; QL (180 per 30 days)

TOPICAL ANTIVIRALS

acyclovir topical ointment	4	PA; MO; QL (30 per 30 days)
penciclovir	4	MO; QL (5 per 30 days)

TOPICAL CORTICOSTEROIDS

ala-cort topical cream 1 %	2	MO
ala-cort topical cream 2.5 %	2	
alclometasone	3	MO
betamethasone dipropionate	3	MO
betamethasone valerate topical cream	3	MO
betamethasone valerate topical lotion	3	MO
betamethasone valerate topical ointment	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	2	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan</i>	4	MO; QL (236 per 28 days)
<i>desonide</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate topical ointment</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	

Drug Name	Drug Tier	Requirements /Limits
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	MO
MISCELLANEOUS AGENTS		
<i>acamprostate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA; MO; 30D
<i>CHEMET</i>	3	PA
<i>CLINIMIX 4.25%/D5W SULFIT FREE</i>	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<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 tablet 180 mg, 360 mg</i>	5	PA; MO; 30D
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferiprone</i>	5	PA; MO; 30D
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w)</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram oral tablet 250 mg</i>	3	MO
<i>disulfiram oral tablet 500 mg</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>droxidopa</i>	5	PA; MO; 30D
<i>ENDARI</i>	5	PA; MO; 30D
<i>glutamine (sickle cell)</i>	5	PA; MO; 30D
<i>INCRELEX</i>	5	MO; LA; 30D
<i>kionex (with sorbitol)</i>	3	
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
<i>LOKELMA</i>	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO; 30D
<i>pilocarpine hcl oral</i>	4	MO
<i>PROLASTIN-C INTRAVENOUS SOLUTION</i>	5	PA; MO; LA; 30D
<i>REVCovi</i>	5	PA; LA; 30D
<i>REZDIFRA</i>	5	PA; MO; 30D; QL (30 per 30 days)
<i>riluzole</i>	3	PA; MO
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet</i>	5	30D
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
sodium phenylbutyrate oral powder	5	PA; MO; 30D
sodium phenylbutyrate oral tablet	5	PA; 30D
sodium polystyrene sulfonate oral powder	3	MO
sps (with sorbitol) oral	3	MO
sps (with sorbitol) rectal	3	
trientine oral capsule 250 mg	5	PA; MO; 30D
water for irrigation, sterile	4	MO
XIAFLEX	5	PA; 30D
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	2	MO
NICOTROL	4	
NICOTROL NS	4	MO
varenicline oral tablet 0.5 mg, 1 mg	4	MO
varenicline oral tablet 1 mg (56 pack)	4	
varenicline oral tablets,dose pack	4	MO

Drug Name	Drug Tier	Requirements /Limits
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	3	MO; QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	3	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	2	MO
denta 5000 plus	2	MO
dentagel	2	MO
fluoride (sodium) dental cream	2	
fluoride (sodium) dental gel	2	
fluoride (sodium) dental paste	2	MO
fraiche 5000	2	
ipratropium bromide nasal	2	MO; QL (30 per 30 days)
kourzeq	2	
oralone	2	
periogard	2	
sf	2	MO
sf 5000 plus	2	MO
sodium fluoride 5000 dry mouth	2	MO
sodium fluoride 5000 plus	2	
sodium fluoride-pot nitrate	2	MO

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements /Limits
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*triamcinolone
acetonide dental* 2 MO

MISCELLANEOUS OTIC PREPARATIONS

acetic acid otic (ear) 2 MO

*ciprofloxacin hcl
otic (ear)* 4 MO

flac otic oil 4

*fluocinolone
acetonide oil* 4 MO

*hydrocortisone-
acetic acid* 4 MO

ofloxacin otic (ear) 3 MO

OTIC STEROID / ANTIBIOTIC

*ciprofloxacin-
dexamethasone* 3 MO; QL (7.5 per 7 days)

*neomycin-
polymyxin-hc otic
(ear)* 3 MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

cortisone 4

*dexamethasone
intensol* 2 MO

*dexamethasone oral
elixir* 2 MO

*dexamethasone oral
solution* 2 MO

*dexamethasone oral
tablet* 2 MO

*dexamethasone
sodium phos (pf)
injection solution 10
mg/ml* 2 MO

Drug Name	Drug Tier	Requirements /Limits
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*dexamethasone
sodium phosphate
injection* 2 MO

fludrocortisone 2 MO

hydrocortisone oral 2 MO

*methylprednisolone
acetate* 3 MO

*methylprednisolone
oral tablet* 2 B/D PA; MO

*methylprednisolone
oral tablets,dose
pack* 2 MO

*methylprednisolone
sodium succ
injection recon soln
125 mg, 40 mg* 3 MO

*methylprednisolone
sodium succ
intravenous* 3 MO

*prednisolone oral
solution* 3 MO

*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)* 3 MO

*prednisolone sodium
phosphate oral
solution 15 mg/5 ml
(5 ml)* 3 MO

prednisone 2 MO

prednisone intensol 4 MO

*triamcinolone
acetonide injection
suspension 40 mg/ml* 2 MO

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements /Limits
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads</i>	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	4	MO
DROPSAFE ALCOHOL PREP PADS	3	
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
FREESTYLE INSULINX STRIP	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>FREESTYLE INSULINX TEST STRIPS</i>	3	MO
<i>FREESTYLE LITE STRIPS</i>	3	MO
<i>FREESTYLE PRECISION NEO STRIPS</i>	3	MO
<i>FREESTYLE TEST</i>	3	MO
<i>glimepiride oral tablet 1 mg</i>	6	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	MO; QL (120 per 30 days)
GVOKE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
GVOKE HYPOEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO
HUMULIN R REGULAR U-100 INSULIN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LANTUS SOLOSTAR U-100 INSULIN	3	MO	PRECISION XTRA TEST	3	MO
LANTUS U-100 INSULIN	3	MO	<i>repaglinide oral</i> <i>tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	3	MO	<i>repaglinide oral</i> <i>tablet 1 mg</i>	2	MO; QL (480 per 30 days)
LYUMJEV KWIKPEN U-200 INSULIN	3	MO	<i>repaglinide oral</i> <i>tablet 2 mg</i>	2	MO; QL (240 per 30 days)
LYUMJEV U-100 INSULIN	3	MO	<i>saxagliptin</i>	3	MO; QL (30 per 30 days)
<i>metformin oral</i> <i>tablet 1,000 mg</i>	6	MO; QL (75 per 30 days)	<i>saxagliptin-</i> <i>metformin oral</i> <i>tablet, er multiphase</i> <i>24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)
<i>metformin oral</i> <i>tablet 500 mg</i>	6	MO; QL (150 per 30 days)	<i>saxagliptin-</i> <i>metformin oral</i> <i>tablet, er multiphase</i> <i>24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
<i>metformin oral</i> <i>tablet 850 mg</i>	6	MO; QL (90 per 30 days)	SOLIQUA 100/33	3	MO; QL (90 per 30 days)
<i>metformin oral</i> <i>tablet extended</i> <i>release 24 hr 500 mg</i>	6	MO; QL (120 per 30 days)	SYNJARDY	3	MO; QL (60 per 30 days)
<i>metformin oral</i> <i>tablet extended</i> <i>release 24 hr 750 mg</i>	6	MO; QL (60 per 30 days)	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
<i>nateglinide oral</i> <i>tablet 120 mg</i>	2	MO; QL (90 per 30 days)	SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
<i>nateglinide oral</i> <i>tablet 60 mg</i>	2	MO; QL (180 per 30 days)	TOUJEO MAX U-300 SOLOSTAR	3	MO
ONETOUCH ULTRA TEST	3	MO			
ONETOUCH VERIO TEST STRIPS	3	MO			
<i>pioglitazone</i>	6	MO; QL (30 per 30 days)			

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Drug Name	Drug Tier	Requirements /Limits
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO; 30D
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO; 30D
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet</i>	4	PA; MO
<i>clomid</i>	2	PA; MO
<i>clomiphene citrate</i>	2	PA
CRYSVITA	5	PA; MO; LA; 30D
<i>danazol</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	MO
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO; 30D
FABRAZYME	5	PA; MO; 30D
KANUMA	5	PA; MO; 30D
KORLYM	5	PA; 30D
LUMIZYME	5	PA; MO; 30D
MEPSEVII	5	PA; MO; 30D
<i>mifepristone oral tablet 300 mg</i>	5	PA; MO; 30D
MYALEPT	5	PA; MO; LA; 30D
NAGLAZYME	5	PA; MO; LA; 30D
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO; 30D
SOMAVERT	5	PA; MO; 30D

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	4	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO; 30D
<i>VIMIZIM</i>	5	PA; MO; LA; 30D
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>atropine injection solution 0.4 mg/ml</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>atropine injection syringe 0.1 mg/ml</i>	2	
<i>atropine intravenous solution 0.4 mg/ml</i>	2	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	2	
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO; 30D
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	4	MO
<i>betaine</i>	5	MO; 30D
<i>budesonide oral capsule,delayed,extended.release</i>	4	MO
<i>budesonide oral tablet,delayed and ext.release</i>	5	MO; 30D
CHENODAL	5	PA; LA; 30D
CHOLBAM ORAL CAPSULE 250 MG	5	PA; 30D
CHOLBAM ORAL CAPSULE 50 MG	5	PA; 30D; QL (120 per 30 days)
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol oral capsule 10 mg</i>	4	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA
<i>droperidol injection solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO	5	PA; MO; 30D; QL (2 per 28 days)
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO; 30D
GATTEX ONE-VIAL	5	PA; MO; 30D
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	
<i>gransetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>gransetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>gransetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>gransetron hcl oral</i>	4	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
INFLECTRA	5	PA; MO; 30D; QL (20 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
LINZESS	4	ST; MO; QL (30 per 30 days)
<i>lubiprostone</i>	4	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release</i>	5	30D
<i>mesalamine oral capsule,extended release 24hr</i>	4	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
MOVANTIK	3	MO; QL (30 per 30 days)
<i>nitroglycerin rectal</i>	3	MO
OCALIVA	5	PA; MO; LA; 30D; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes</i>	2	
<i>peg3350-sod sulf-nacl-kcl-asb-c</i>	4	MO
<i>peg-electrolyte</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO
<i>prochlorperazine</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; 30D; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; 30D; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; 30D; QL (12 per 30 days)
<i>scopolamine base</i>	4	MO
SKYRIZI INTRAVENOUS	5	PA; MO; 30D; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; 30D; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; 30D; QL (2.4 per 56 days)

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Drug Name	Drug Tier	Requirements /Limits
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram	4	MO
sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	4	
SUCRAID	5	PA; 30D
sulfasalazine	2	MO
TRULANCE	3	QL (30 per 30 days)
ursodiol oral capsule 300 mg	3	MO
ursodiol oral tablet	3	MO
VARUBI	3	B/D PA
VIOKACE	3	MO
ZYMFENTRA	5	PA; MO; 30D; QL (2 per 28 days)
ULCER THERAPY		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	3	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	3	MO; QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	2	MO
famotidine (pf)	2	MO
famotidine (pf)-nacl (iso-os)	2	MO

Drug Name	Drug Tier	Requirements /Limits
famotidine intravenous	2	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	3	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	3	MO; QL (60 per 30 days)
misoprostol	3	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
pantoprazole intravenous	2	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension	4	MO
sucralfate oral tablet	2	MO
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	B/D PA; MO; 30D

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This drug list was last updated on 11/18/2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ARCALYST	5	PA; 30D	PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; 30D; QL (1 per 28 days)	PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO; 30D
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; 30D; QL (1 per 28 days)	RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
BESREMI	5	PA; LA; 30D	RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; 30D
BETASERON SUBCUTANEOUS KIT	5	PA; MO; 30D; QL (14 per 28 days)	VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ILARIS (PF)	5	PA; MO; LA; 30D; QL (2 per 28 days)	ABRYSVO (PF)	6	V
LEUKINE INJECTION RECON SOLN	5	PA; MO; 30D	ACTHIB (PF)	3	
MOZOBIL	5	B/D PA; MO; 30D	ADACEL(TDAP ADOLESN/ADULT)(PF)	6	V
NIVESTYM	5	PA; MO; 30D	AREXVY (PF)	6	V
NYVEPRIA	5	PA; MO; 30D	BCG VACCINE, LIVE (PF)	6	V
OMNITROPE	5	PA; MO; 30D	BEXSERO	6	V
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; 30D; QL (4 per 28 days)	BOOSTRIX TDAP	6	V
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; 30D; QL (2 per 28 days)			
plerixafor	5	B/D PA; MO; 30D			

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DAPTACEL (DTAP PEDIATRIC) (PF)	3		JYNNEOS (PF)	6	B/D PA; V
DENGVAXIA (PF)	3		KINRIX (PF)	3	
ENGERIX-B (PF)	6	B/D PA; V	MENACTRA (PF) INTRAMUSCULAR SOLUTION	6	V
ENGERIX-B PEDIATRIC (PF)	6	B/D PA; V	MENQUADFI (PF)	6	V
fomepizole	2		MENVEO A-C-Y-W-135-DIP (PF)	6	V
GAMASTAN	3	MO	M-M-R II (PF)	6	V
GARDASIL 9 (PF)	6	V	MRESVIA (PF)	6	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	6	V	PEDIARIX (PF)	3	
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3		PEDVAX HIB (PF)	3	
HEPLISAV-B (PF)	6	B/D PA; V	PENBRAYA (PF)	6	V
HIBERIX (PF)	3		PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
HIZENTRA	5	B/D PA; MO; 30D	PREHEVBRIOS (PF)	6	B/D PA; V
HYPHERHEP B INTRAMUSCULAR SOLUTION	3		PRIORIX (PF)	6	V
HYPHERHEP B NEONATAL	3		PRIVIGEN	5	PA; MO; 30D
IMOVA RABIES VACCINE (PF)	6	V	PROQUAD (PF)	3	
INFANRIX (DTAP) (PF)	3		QUADRACEL (PF)	3	
IPOP	6	V	RABAVERT (PF)	6	V
IXCHIQ (PF)	6	V	RECOMBIVAX HB (PF)	6	B/D PA; V
IXIARO (PF)	6	V	ROTARIX	3	
			ROTATEQ VACCINE	3	
			SHINGRIX (PF)	6	V; QL (2 per 720 days)
			TDVAX	6	V
			TENIVAC (PF)	6	V

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Drug Name	Drug Tier	Requirements /Limits
TETANUS,DIPHTH ERIA TOX PED(PF)	3	
TICE BCG	3	B/D PA
TICOVAC INTRAMUSCULA R SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULA R SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	6	V
TWINRIX (PF)	6	V
TYPHIM VI	6	V
VAQTA (PF) INTRAMUSCULA R SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULA R SUSPENSION 50 UNIT/ML	6	V
VAQTA (PF) INTRAMUSCULA R SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULA R SYRINGE 50 UNIT/ML	6	V
VARIVAX (PF)	6	V
VARIZIG	3	
VAXCHORA VACCINE	6	V
YF-VAX (PF)	6	V

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	3	MO
BD PEN NEEDLE	3	MO
BD PEN NEEDLE	3	
CEQUR SIMPLICITY	3	MO
CEQUR SIMPLICITY INSERTER	3	MO
DEXCOM G6 RECEIVER	3	MO
DEXCOM G6 SENSOR	3	MO
DEXCOM G6 TRANSMITTER	3	MO
DEXCOM G7 RECEIVER	3	MO
DEXCOM G7 SENSOR	3	MO
FREESTYLE FREEDOM LITE	3	MO

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Drug Name	Drug Tier	Requirements /Limits
FREESTYLE INSULINX	3	
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR	3	
FREESTYLE LIBRE 2 READER	3	MO
FREESTYLE LIBRE 2 SENSOR	3	
FREESTYLE LIBRE 3 PLUS SENSOR	3	MO
FREESTYLE LIBRE 3 READER	3	MO
FREESTYLE LIBRE 3 SENSOR	3	
FREESTYLE LITE METER	3	MO
GAUZE PADS 2 X 2	3	MO
INSULIN SYRINGE- NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE	3	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	MO
OMNIPOD CLASSIC PODS (GEN 3)	3	

Drug Name	Drug Tier	Requirements /Limits
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	MO
OMNIPOD GO PODS	3	
OMNIPOD GO PODS 10 UNITS/DAY	3	
OMNIPOD GO PODS 15 UNITS/DAY	3	
OMNIPOD GO PODS 20 UNITS/DAY	3	
OMNIPOD GO PODS 25 UNITS/DAY	3	
OMNIPOD GO PODS 30 UNITS/DAY	3	
OMNIPOD GO PODS 40 UNITS/DAY	3	
ONETOUCH ULTRA2 METER	3	MO
ONETOUCH VERIO FLEX METER	3	MO
ONETOUCH VERIO REFLECT METER	3	

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Drug Name	Drug Tier	Requirements /Limits
PEN NEEDLES (NON-PREFERRED BRANDS) NEEDLE 29 GAUGE X 1/2"	3	MO
PRECISION XTRA MONITOR	3	MO
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	3	MO
<i>febuxostat</i>	3	MO
<i>probencid</i>	3	MO
<i>probencid-colchicine</i>	3	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	3	PA
<i>ibandronate intravenous syringe</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ibandronate oral</i>	3	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	3	MO

TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	5	PA; MO; 30D; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	5	PA; MO; 30D; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; 30D; QL (3.6 per 28 days)
ADALIMUMAB-ADAZ	5	PA; MO; 30D; QL (1.6 per 28 days)
ADALIMUMAB-ADBM (ONLY NDCS STARTING WITH 00597) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; 30D; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB- ADBM (ONLY NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; 30D; QL (2 per 28 days)
ADALIMUMAB- ADBM (ONLY NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; 30D; QL (4 per 28 days)
ADALIMUMAB- ADBM (ONLY NDCS STARTING WITH 00597) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; 30D; QL (4 per 28 days)
ADALIMUMAB- ADBM(CF) PEN CROHNS (ONLY NDCS STARTING WITH 00597)	5	PA; 30D; QL (6 per 180 days)
ADALIMUMAB- ADBM(CF) PEN PS-UV (ONLY NDCS STARTING WITH 00597)	5	PA; 30D; QL (4 per 180 days)
BENLYSTA	5	PA; MO; 30D
CYLTEZO(CF) PEN	5	PA; MO; 30D; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC- HS	5	PA; 30D; QL (6 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
CYLTEZO(CF) PEN PSORIASIS- UV	5	PA; 30D; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; 30D; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; 30D; QL (4 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; 30D; QL (4 per 28 days)
ENBREL MINI	5	PA; MO; 30D; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; 30D; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; 30D; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; 30D; QL (8 per 28 days)
HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; 30D; QL (4 per 28 days)
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	5	PA; MO; 30D; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; 30D; QL (2 per 28 days)
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; 30D; QL (4 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; 30D; QL (4 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; 30D; QL (2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	5	PA; MO; 30D; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	5	PA; 30D; QL (4 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	5	PA; MO; 30D; QL (3 per 180 days)
HYRIMOZ PEN CROHN'S-UC STARTER (PREFERRED NDCS STARTING WITH 61314)	5	PA; MO; 30D; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER (PREFERRED NDCS STARTING WITH 61314)	5	PA; MO; 30D; QL (1.6 per 180 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; 30D; QL (0.2 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; 30D; QL (0.4 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; 30D; QL (1.6 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; 30D; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; 30D; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; 30D; QL (1.6 per 28 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; MO; 30D; QL (1.6 per 28 days)
<i>leflunomide</i>	3	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE)	5	PA; MO; 30D; QL (12 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ORENCIA CLICKJECT	5	PA; MO; 30D; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; 30D; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; 30D; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; 30D; QL (2.8 per 28 days)
OTEZLA	5	PA; MO; 30D; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; 30D; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO; 30D
RIDAURA	5	MO; 30D
RINVOQ LQ	5	PA; MO; 30D; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; 30D; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; 30D; QL (84 per 180 days)
SIMLANDI(CF) AUTOINJECTOR	5	PA; MO; 30D; QL (6 per 28 days)
TYENNE AUTOINJECTOR	5	PA; MO; 30D; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	5	PA; MO; 30D; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	5	PA; MO; 30D; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; MO; 30D; QL (480 per 24 days)
XELJANZ ORAL TABLET	5	PA; MO; 30D; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; 30D; QL (30 per 30 days)

OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
camila	2	MO
deblitane	2	MO
DEPO-SUBQ PROVERA 104	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	PA; MO; QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.05 mg/24 hr</i>	3	PA; QL (8 per 28 days)
<i>emzahh</i>	2	
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	PA; MO
<i>fyavolv</i>	4	PA; MO
<i>gallifrey</i>	2	MO
<i>heather</i>	2	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	PA; MO
<i>lyleq</i>	2	MO
<i>lyllana</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
MENEST	3	PA; MO
mimvey	3	PA; MO
nora-be	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
progesterone	2	MO
<i>progesterone micronized</i>	3	MO
sharobel	2	MO
yuvafem	4	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	4	MO
eluryng	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	LA
MYFEMBREE	5	PA; MO; 30D
<i>norelgestromin-ethin.estradiol</i>	3	
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
xulane	4	
zafemy	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>desog-e.estradiol/e.estradio l</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarrylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>falmina</i> (28)	2	MO
<i>introvale</i>	2	
<i>isibloom</i>	2	MO
<i>jasmiel</i> (28)	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i> (28)	2	
<i>kelnor 1/35</i> (28)	2	MO
<i>kelnor 1/50</i> (28)	2	MO
<i>kurvelo</i> (28)	2	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30</i> (21)	2	MO
<i>larin 1/20</i> (21)	2	MO
<i>larin fe 1.5/30</i> (28)	2	MO
<i>larin fe 1/20</i> (28)	2	MO
<i>lessina</i>	2	MO
<i>levonest</i> (28)	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>loryna</i> (28)	2	MO
<i>low-ogestrel</i> (28)	2	MO
<i>lo-zumandimine</i> (28)	2	MO
<i>lulera</i> (28)	2	MO
<i>marlissa</i> (28)	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki</i> (28)	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO
<i>norethindrone- e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>portia 28</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	4	MO
<i>tri-estarrylla</i>	2	MO
<i>tri-legest fe</i>	4	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarrylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>turqoz (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO
OXYTOCICS		
<i>methylergonovine oral</i>	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
<i>bacitracin ophthalmic (eye)</i>	3	
<i>bacitracin-polymyxin b</i>	2	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO; QL (3.5 per 14 days)
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye)</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
<i>NATACYN</i>	4	
<i>neomycin-bacitracin-polymyxin</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>neo-polycin</i>	3	
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	3	MO
<i>ZIRGAN</i>	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	3	MO
<i>bss</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>CIMERLI</i>	5	PA; MO; 30D
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
<i>CYSTARAN</i>	5	PA; 30D
<i>epinastine</i>	3	MO
<i>EYLEA</i>	5	PA; MO; 30D
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	MO
<i>OXERVATE</i>	5	PA; MO; 30D
<i>PHOSPHOLINE IODIDE</i>	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sulfacetamide-prednisolone</i>	2	MO
<i>XDEMVY</i>	5	PA; 30D; QL (10 per 42 days)
<i>XiIDRA</i>	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ketorolac ophthalmic (eye)</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>dorzolamide</i>	2	
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	1	MO
<i>miostat</i>	2	
<i>tafluprost (pf)</i>	3	MO
<i>travoprost</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>neo-polycin hc</i>	3	
<i>tobramycin-dexamethasone</i>	3	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	3	MO
<i>loteprednol etabonate</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>OZURDEX</i>	5	MO; 30D
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA

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Drug Name	Drug Tier	Requirements /Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (4 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
<i>ADEMPAS</i>	5	PA; MO; LA; 30D
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>alyq</i>	5	PA; 30D; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA; 30D
<i>arformoterol</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION</i>	3	MO; QL (13 per 30 days)
<i>ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION</i>	3	QL (13 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
<i>bosentan</i>	5	PA; MO; LA; 30D
<i>breyna</i>	3	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	3	QL (10.2 per 30 days)
CINRYZE	5	PA; MO; 30D
COMBIVENT RESPIMAT	3	QL (8 per 30 days)
<i>cromolyn inhalation</i>	4	B/D PA; MO
DULERA	3	MO; QL (13 per 30 days)
<i>flunisolide</i>	3	MO; QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	4	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	4	ST; MO; QL (10.6 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO; 30D
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO	5	PA; MO; 30D; QL (56 per 28 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	2	MO
<i>montelukast oral tablet, chewable</i>	2	MO
OFEV	5	PA; MO; 30D; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA; 30D
OPSYNVI	5	PA; MO; 30D; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; 30D; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; 30D; QL (112 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>pirfenidone oral capsule</i>	5	PA; MO; 30D; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; 30D; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; 30D; QL (90 per 30 days)
PULMOZYME	5	B/D PA; MO; 30D
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
roflumilast	4	PA; MO; QL (30 per 30 days)
sajazir	5	PA; MO; 30D
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; 30D
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMDEKO	5	PA; MO; 30D; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; 30D; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO
THEO-24	3	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>tiotropium bromide</i>	3	QL (90 per 90 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; 30D; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; 30D; QL (84 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
TYVASO	5	B/D PA; MO; 30D
TYVASO INSTITUTIONAL START KIT	5	B/D PA; 30D
TYVASO REFILL KIT	5	B/D PA; MO; 30D
TYVASO STARTER KIT	5	B/D PA; MO; 30D
<i>wixela inh</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; 30D; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; 30D; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; 30D; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; 30D; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; 30D; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		

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Drug Name	Drug Tier	Requirements /Limits
<i>mirabegron</i>	3	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>tolterodine</i>	4	MO
<i>trospium oral tablet</i>	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>tamsulosin</i>	2	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	3	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO

Drug Name	Drug Tier	Requirements /Limits
K-PHOS ORIGINAL	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	4	
<i>alburx (human) 25 %</i>	4	
<i>alburx (human) 5 %</i>	4	
<i>albutein 25 %</i>	4	
<i>albutein 5 %</i>	4	
ELECTROLYTES		
<i>calcium acetate(phosphat bind)</i>	3	MO; QL (360 per 30 days)
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con oral packet 20</i>	4	MO
<i>klor-con/ef</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>lactated ringers intravenous</i>	4	MO	<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>magnesium chloride injection</i>	4		<i>potassium chloride intravenous</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3		<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>magnesium sulfate in water</i>	4		<i>potassium chloride oral liquid</i>	4	MO
<i>magnesium sulfate injection solution</i>	4	MO	<i>potassium chloride oral packet</i>	4	
<i>magnesium sulfate injection syringe</i>	4		<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium acetate</i>	4		<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chlorid-d5-0.45%nacl</i>	4		<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4		<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4		<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4				

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Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4		CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
<i>potassium chloride-d5-0.9%nacl</i>	4		CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4		CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
<i>ringer's intravenous</i>	4		<i>electrolyte-148</i>	3	
<i>sodium acetate</i>	4		<i>electrolyte-48 in d5w</i>	4	
<i>sodium bicarbonate intravenous</i>	4		<i>electrolyte-a</i>	3	
<i>sodium chloride 0.45 % intravenous</i>	4	MO	<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
<i>sodium chloride 3 % hypertonic</i>	4		ISOLYTE S PH 7.4	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO	ISOLYTE-P IN 5 % DEXTROSE	4	
<i>sodium chloride intravenous</i>	4		ISOLYTE-S	4	
<i>sodium phosphate</i>	4	MO	PLASMA-LYTE A	3	
MISCELLANEOUS NUTRITION PRODUCTS			PLENAMINE	4	B/D PA
<i>CLINIMIX 5%/D15W SULFITE FREE</i>	4	B/D PA	<i>premasol 10 %</i>	4	B/D PA
<i>CLINIMIX 4.25%/D10W SULF FREE</i>	4	B/D PA	<i>travasol 10 %</i>	4	B/D PA
<i>CLINIMIX 5%-D20W(SULFITE-FREE)</i>	4	B/D PA	TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS					
			<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
			<i>prenatal vitamin oral tablet</i>	2	MO
			<i>wescap-pn dha</i>	2	MO

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<i>AKEEGA</i>	12
<i>ala-cort</i>	54
<i>albendazole</i>	7
<i>albumin, human 25 %</i>	86
<i>alburx (human) 25 %</i>	86
<i>alburx (human) 5 %</i>	86
<i>albutein 25 %</i>	86
<i>albutein 5 %</i>	86
<i>albuterol sulfate</i>	82
<i>alclometasone</i>	54
<i>alcohol pads</i>	59
<i>ALDURAZYME</i>	62
<i>ALECENSA</i>	12
<i>alendronate</i>	72
<i>alfuzosin</i>	86
<i>ALIQOPA</i>	12
<i>aliskiren</i>	43
<i>allopurinol</i>	72
<i>allopurinol sodium</i>	72
<i>aloprim</i>	72
<i>alosetron</i>	64
<i>altavera (28)</i>	77
<i>ALUNBRIG</i>	12, 13
<i>alyacen 1/35 (28)</i>	77
<i>alyacen 7/7/7 (28)</i>	77
<i>alyq</i>	82
<i>amantadine hcl</i>	2
<i>ambrisentan</i>	82
<i>amikacin</i>	7
<i>amiloride</i>	43
<i>amiloride-hydrochlorothiazide</i>	
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<i>aminocaproic acid</i>	46
<i>amiodarone</i>	43
<i>amitriptyline</i>	36
<i>amlodipine</i>	43
<i>amlodipine-benazepril</i>	43
<i>amlodipine-olmesartan</i>	44
<i>amlodipine-valsartan</i>	44

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aviane	77	bisoprolol fumarate	44	calcium gluconate	86
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azithromycin	6	BORTEZOMIB	13	candesartan-	
aztreonam	7	bosentan.....	83	hydrochlorothiazid	44
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BAVENCIO	13	bromocriptine	30	carbidopa-levodopa-	
BCG VACCINE, LIVE (PF)	68	BRUKINSA.....	13	entacapone	30
BD INSULIN SYRINGE	70	bss	80	carboplatin	14
BD PEN NEEDLE	70	budesonide.....	64, 83	carglumic acid	55
BELEODAQ	13	budesonide-formoterol	83	carmustine	14
BELSOMRA	36	bumetanide	44	carteolol.....	80
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<i>cefpodoxime</i>	6	<i>cladribine</i>	14
<i>cefprozil</i>	6	<i>claravis</i>	52
<i>ceftazidime</i>	6	<i>clarithromycin</i>	7
<i>ceftriaxone</i>	6	<i>clindamycin hcl</i>	7
<i>ceftriaxone in dextrose, iso-os.</i>	6	<i>clindamycin in 5 % dextrose</i>	7
<i>cefuroxime axetil</i>	6	<i>clindamycin phosphate</i>	7, 52, 53, 77
<i>cefuroxime sodium</i>	6	CLINIMIX 5%/D15W	
<i>celecoxib</i>	35	SULFITE FREE	88
<i>cephalexin</i>	6	CLINIMIX 4.25%/D10W	
CEPROTIN (BLUE BAR)	46	SULF FREE	88
CEPROTIN (GREEN BAR)	46	CLINIMIX 4.25%/D5W	
CEQUR SIMPLICITY	70	SULFIT FREE	55
CEQUR SIMPLICITY INSERTER	70	CLINIMIX 5%-D20W(SULFITE-FREE)	..88
<i>cetirizine</i>	81	CLINIMIX 6%-D5W (SULFITE-FREE)	88
CHEMET	55	CLINIMIX 8%-D10W(SULFITE-FREE)	..88
CHENODAL	64	CLINIMIX 8%-D14W(SULFITE-FREE)	..88
<i>chloramphenicol sod succinate</i>	7	<i>clobazam</i>	27
<i>chlorhexidine gluconate</i>	57	<i>clobetasol</i>	54
<i>chloroprocaaine (pf)</i>	51	<i>clobetasol-emollient</i>	54
<i>chloroquine phosphate</i>	7	<i>clodan</i>	54
<i>chlorothiazide sodium</i>	44	<i>clofarabine</i>	14
<i>chlorpromazine</i>	37	<i>clomid</i>	62
<i>chlorthalidone</i>	44	<i>clomiphene citrate</i>	62
CHOLBAM	64	<i>clomipramine</i>	37
<i>cholestyramine (with sugar)</i>	48	<i>clonazepam</i>	27
<i>cholestyramine light</i>	48	<i>clonidine (pf)</i>	35, 44
<i>ciclodan</i>	53	<i>clonidine hcl</i>	37, 44
<i>ciclopirox</i>	53	<i>clonidine transdermal patch</i>	44
<i>cidofovir</i>	3	<i>clopidogrel</i>	46, 47
<i>cilostazol</i>	46	<i>clorazepate dipotassium</i>	37
CIMDUO	3	<i>clotrimazole</i>	2, 53
CIMERLI	80	<i>clotrimazole-betamethasone</i>	53
<i>cinacalcet</i>	62	<i>clozapine</i>	37
CINRYZE	83	COARTEM	7
CINVANTI	64	COBENFY	37
<i>ciprofloxacin</i>	11	COBENFY STARTER PACK	
<i>ciprofloxacin hcl</i>	11, 58, 79		37
<i>ciprofloxacin in 5 % dextrose</i>	11	<i>colchicine</i>	72
<i>ciprofloxacin-dexamethasone</i>	58	<i>colesevelam</i>	48
<i>cisplatin</i>	14	<i>colestipol</i>	48
<i>citalopram</i>	37		

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<i>dacarbazine</i>	15
<i>dactinomycin</i>	15
<i>dalfampridine</i>	31
<i>danazol</i>	62
<i>dantrolene</i>	32
DANYELZA	15
<i>dapsone</i>	7
DAPTACEL (DTAP PEDIATRIC) (PF)	69
<i>daptomycin</i>	7
DAPTO MYCIN	7
<i>darunavir</i>	3
DARZALEX	15
<i>dasatinib</i>	15
<i>dasetta 1/35 (28)</i>	77
<i>dasetta 7/7/7 (28)</i>	77
<i>daunorubicin</i>	15
DAURISMO	15
<i>deblitane</i>	76
<i>decitabine</i>	15
<i>deferasirox</i>	56
<i>deferiprone</i>	56
<i>deferoxamine</i>	56
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<i>denta 5000 plus</i>	57
<i>dentagel</i>	57
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<i>dermacinrx lidocan</i>	51
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<i>desipramine</i>	37
<i>desmopressin</i>	62
<i>desog-e.estriadiol/e.estriadiol</i>	77
<i>desogestrel-ethinyl estradiol</i>	77
<i>desonide</i>	54
<i>desvenlafaxine succinate</i>	37
<i>dexamethasone</i>	58
<i>dexamethasone intensol</i>	58
<i>dexamethasone sodium phos (pf)</i>	58
<i>dexamethasone sodium phosphate</i>	58, 81
DEXCOM G6 RECEIVER	70
DEXCOM G6 SENSOR	70
DEXCOM G6	
TRANSMITTER	70
DEXCOM G7 RECEIVER	70
DEXCOM G7 SENSOR	70
<i>dexrazoxane hcl</i>	12
<i>dextroamphetamine-</i> <i>amphetamine</i>	37
<i>dextrose 10 % and 0.2 % nacl</i>	56
<i>dextrose 10 % in water (d10w)</i>	56
<i>dextrose 25 % in water (d25w)</i>	56
<i>dextrose 5 % in water (d5w)</i>	56
<i>dextrose 5 %-lactated ringers</i>	56
<i>dextrose 5%-0.2 % sod</i> <i>chloride</i>	56
<i>dextrose 5%-0.3 %</i> <i>sod.chloride</i>	56
<i>dextrose 50 % in water (d50w)</i>	56
<i>dextrose 70 % in water (d70w)</i>	56
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<i>diazepam</i>	27, 37
<i>diazepam intensol</i>	37
<i>diazoxide</i>	59
<i>diclofenac potassium</i>	35
<i>diclofenac sodium</i>	35, 80
<i>dicloxacillin</i>	10
<i>dicyclomine</i>	64
DIFICID	7
<i>diflunisal</i>	35
<i>digoxin</i>	49
<i>dihydroergotamine</i>	30
DILANTIN 30 MG	27
<i>diltiazem hcl</i>	44
<i>dilt-xr</i>	44
<i>dimenhydrinate</i>	64
<i>dimethyl fumarate</i>	31
<i>diphenhydramine hcl</i>	81
<i>diphenoxylate-atropine</i>	64
<i>dipyridamole</i>	47
<i>disulfiram</i>	56
divalproex	27
<i>dobutamine</i>	49
<i>dobutamine in d5w</i>	49
<i>docetaxel</i>	15
<i>dofetilide</i>	43
<i>donepezil</i>	31
<i>dopamine</i>	50
<i>dopamine in 5 % dextrose</i>	49
DOPTELET (10 TAB PACK)	
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DOPTELET (15 TAB PACK)	
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DOPTELET (30 TAB PACK)	
	47
<i>dorzolamide</i>	81
<i>dorzolamide-timolol</i>	81
<i>dotti</i>	76
DOVATO	3
<i>doxazosin</i>	44
<i>doxepin</i>	37
<i>doxercalciferol</i>	62
<i>doxorubicin</i>	15
<i>doxorubicin, peg-liposomal</i>	15
<i>doxy-100</i>	11
<i>doxycycline hyclate</i>	11
<i>doxycycline monohydrate</i>	11
DRIZALMA SPRINKLE	38
<i>dronabinol</i>	64
<i>droperidol</i>	64
DROPSAFE ALCOHOL PREP PADS	59
<i>drospirenone-ethinyl estradiol</i>	77
DROXIA	15
<i>droxidopa</i>	56
DULERA	83
<i>duloxetine</i>	38
DUPIXENT PEN	51
DUPIXENT SYRINGE	51
<i>dutasteride</i>	86
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<i>e.e.s. 400</i>	7
<i>ec-naproxen</i>	35
<i>econazole</i>	53
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<i>efavirenz</i>	3	<i>enpresso</i>	77	<i>etodolac</i>	35
<i>efavirenz-emtricitabin-tenofov3</i>		<i>enskyce</i>	77	<i>etonogestrel-ethinyl estradiol</i>	
<i>efavirenz-lamivu-tenofov disop</i>	3	<i>entacapone</i>	30		77
		<i>entecavir</i>	3	ETOPOPHOS	16
<i>effer-k</i>	86	ENTRESTO	50	<i>etoposide</i>	16
ELAPRASE	62	ENTRESTO SPRINKLE	50	<i>etravirine</i>	3
<i>electrolyte-148</i>	88	ENTYVIO	65	<i>euthyrox</i>	63
<i>electrolyte-48 in d5w</i>	88	<i>enulose</i>	65	<i>everolimus (antineoplastic)</i>	16
<i>electrolyte-a</i>	88	ENVARSUS XR	15	<i>everolimus</i>	
ELIGARD	15	EPCLUSA	3		(immunosuppressive) 16
ELIGARD (3 MONTH)	15	EPIDIOLEX	27	EVOTAZ	3
ELIGARD (4 MONTH)	15	<i>epinastine</i>	80	<i>exemestane</i>	16
ELIGARD (6 MONTH)	15	<i>epinephrine</i>	82	EYLEA	80
<i>elinest</i>	77	<i>epirubicin</i>	15	<i>ezetimibe</i>	48
ELIQUIS	47	<i>epitol</i>	27	<i>ezetimibe-simvastatin</i>	48
ELIQUIS DVT-PE TREAT		EPKINLY	15		
30D START	47	<i>eplerenone</i>	44	FABRAZYME	62
ELITEK	12	EPRONTIA	27	<i>falmina (28)</i>	78
ELMIRON	86	ERBITUX	15	<i>famciclovir</i>	3
ELREXFIO	15	<i>ergotamine-caffeine</i>	30	<i>famotidine</i>	67
<i>eluryng</i>	77	<i>eribulin</i>	16	<i>famotidine (pf)</i>	67
ELZONRIS	15	ERIVEDGE	16	<i>famotidine (pf)-nacl (iso-os)</i>	67
EMEND	65	ERLEADA	16	FANAPT	38
EMGALITY PEN	30	<i>erlotinib</i>	16	FARXIGA	59
EMGALITY SYRINGE	30	<i>errin</i>	76	<i>febuxostat</i>	72
EMPLICITI	15	ERWINASE	16	<i>felbamate</i>	27
EMSAM	38	<i>ery pads</i>	53	<i>felodipine</i>	44
<i>emtricitabine</i>	3	<i>ery-tab</i>	7	<i>fenofibrate</i>	48
<i>emtricitabine-tenofovir (tdf)</i>	3	<i>erythrocin (as stearate)</i>	7	<i>fenofibrate micronized</i>	48
EMTRIVA	3	<i>erythromycin</i>	7, 79	<i>fenofibrate nanocrystallized</i>	48
EMVERM	7	<i>erythromycin ethylsuccinate</i>	7	<i>fenofibric acid</i>	48
<i>emzahh</i>	76	<i>erythromycin with ethanol</i>	53	<i>fenofibric acid (choline)</i>	48
<i>enalapril maleate</i>	44	<i>escitalopram oxalate</i>	38	<i>fentanyl</i>	33
<i>enalaprilat</i>	44	<i>esmolol</i>	44	<i>fentanyl citrate</i>	33
<i>enalapril-hydrochlorothiazide</i>		<i>esomeprazole magnesium</i>	67	<i>fentanyl citrate (pf)</i>	33
	44	<i>esomeprazole sodium</i>	67	FETZIMA	38
ENBREL	73	<i>estarrylla</i>	77	<i>finasteride</i>	86
ENBREL MINI	73	<i>estradiol</i>	76	<i> fingolimod</i>	31
ENBREL SURECLICK	73	<i>estradiol valerate</i>	76	FINTEPLA	27
ENDARI	56	<i>estradiol-norethindrone acet</i>	76	FIRDAPSE	31
<i>endocet</i>	33	<i>ethacrynat e sodium</i>	44	FIRMAGON KIT W	
ENGERIX-B (PF)	69	<i>ethambutol</i>	7	DILUENT SYRINGE	16
ENGERIX-B PEDIATRIC		<i>ethosuximide</i>	27	<i>flac otic oil</i>	58
(PF)	69	<i>ethynodiol diac-eth estradiol</i>	77	<i>flecainide</i>	43
<i>enoxaparin</i>	47			<i>flouxuridine</i>	16

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<i>fluconazole</i>	2
<i>fluconazole in nacl (iso-osm)</i>	2
<i>flucytosine</i>	2
<i>fludarabine</i>	16
<i>fludrocortisone</i>	58
<i>flumazenil</i>	38
<i>flunisolide</i>	83
<i>fluocinolone</i>	54
<i>fluocinolone acetonide oil</i>	58
<i>fluocinolone and shower cap</i>	54
<i>fluocinonide</i>	54, 55
<i>fluocinonide-emollient</i>	55
<i>fluoride (sodium)</i>	57, 88
<i>fluorometholone</i>	81
<i>fluorouracil</i>	16, 51
<i>fluoxetine</i>	38
<i>fluphenazine decanoate</i>	38
<i>fluphenazine hcl</i>	38
<i>flurbiprofen</i>	35
<i>flurbiprofen sodium</i>	80
<i>fluticasone propionate</i>	84
FLUTICASONE	
PROPIONATE	83
<i>fluticasone propion-salmeterol</i>	84
<i>fluvastatin</i>	49
<i>fluvoxamine</i>	38
FOLOTYN	16
<i>fomepizole</i>	69
<i>fondaparinux</i>	47
<i>formoterol fumarate</i>	84
<i>fosamprenavir</i>	3
<i>fosaprepitant</i>	65
<i>fosinopril</i>	44
<i>fosinopril-hydrochlorothiazide</i>	44
<i>fosphenytoin</i>	27
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<i>fyavolv</i>	76
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<i>gabapentin</i>	27
<i>galantamine</i>	31
<i>gallifrey</i>	76
<i>GAMASTAN</i>	69
<i>ganciclovir sodium</i>	3
<i>GARDASIL 9 (PF)</i>	69
<i>GATTEX 30-VIAL</i>	65
<i>GATTEX ONE-VIAL</i>	65
<i>GAUZE PAD</i>	71
<i>gavilyte-c</i>	65
<i>gavilyte-g</i>	65
<i>gavilyte-n</i>	65
<i>GAVRETO</i>	17
<i>GAZYVA</i>	17
<i>gefitinib</i>	17
<i>gemcitabine</i>	17
<i>GEMCITABINE</i>	17
<i>gemfibrozil</i>	49
generlac	65
gengraf	17
<i>gentamicin</i>	8, 53, 79
<i>gentamicin in nacl (iso-osm)</i>	8
<i>gentamicin sulfate (ped) (pf)</i>	8
GENVOYA	3
GILOTRIF	17
<i>glatiramer</i>	32
<i>glatopa</i>	32
GLEOSTINE	17
<i>glimepiride</i>	59
<i>glipizide</i>	59
<i>glipizide-metformin</i>	59
<i>glutamine (sickle cell)</i>	56
<i>glycine urologic</i>	86
<i>glycine urologic solution</i>	86
<i>glycopyrrolate</i>	64
<i>glycopyrrolate (pf) in water</i>	64
<i>glydo</i>	51
<i>granisetron (pf)</i>	65
<i>granisetron hcl</i>	65
<i>griseofulvin microsize</i>	2
<i>griseofulvin ultramicrosize</i>	2
GVOKE	59
GVOKE HYPOEN 1-PACK	60
GVOKE HYPOEN 2-PACK	60
GVOKE PFS 1-PACK SYRINGE	60
GVOKE PFS 2-PACK SYRINGE	60
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<i>halobetasol propionate</i>	55
<i>haloperidol</i>	38
<i>haloperidol decanoate</i>	38
<i>haloperidol lactate</i>	38
HARVONI	3
HAVRIX (PF)	69
<i>heather</i>	76
<i>heparin (porcine)</i>	47
<i>heparin (porcine) in 5 % dex</i>	47
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<i>heparin(porcine) in 0.45% nacl</i>	48	STARTING WITH 61314)	75
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<i>irbesartan</i>	45	KALYDECO	84	<i>lansoprazole</i>	67
<i>irbesartan-hydrochlorothiazide</i>	45	KANUMA	62	LANTUS SOLOSTAR U-100	
		<i>kariva (28)</i>	78	INSULIN	61
<i>irinotecan</i>	18	<i>kelnor 1/35 (28)</i>	78	LANTUS U-100 INSULIN	61
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<i>isibloom</i>	78	KERENDIA	45	<i>larin 1/20 (21)</i>	78
ISOLYTE S PH 7.4	88	KESIMPTA PEN	32	<i>larin fe 1.5/30 (28)</i>	78
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<i>isoniazid</i>	8	KHAPZORY	12	<i>leflunomide</i>	75
<i>isosorbide dinitrate</i>	50	KIMMTRAK	18	<i>lenalidomide</i>	19
<i>isosorbide mononitrate</i>	50	KINRIX (PF)	69	LENVIMA	19
<i>isotretinoin</i>	53	<i>kionex (with sorbitol)</i>	56	<i>lessina</i>	78
ISTODAX	18	KISQALI	19	<i>letrozole</i>	19
<i>itraconazole</i>	2	KISQALI FEMARA CO-		<i>leucovorin calcium</i>	12
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<i>ivermectin</i>	8, 53	<i>klayesta</i>	53	LEUKINE	68
IWILFIN	18	<i>klor-con 10</i>	86	<i>leuprolide</i>	19
IXCHIQ (PF)	69	<i>klor-con 8</i>	86	<i>levetiracetam</i>	28
IXEMPRA	18	<i>klor-con m10</i>	86	<i>levetiracetam in nacl (iso-os)</i>	
IXIARO (PF)	69	<i>klor-con m15</i>	86		28
J		<i>klor-con m20</i>	86	<i>levobunolol</i>	80
JAKAFI	18	<i>klor-con oral packet 20</i>	86	<i>levocarnitine</i>	56
<i>jantoven</i>	48	<i>klor-con/ef</i>	86	<i>levocarnitine (with sugar)</i>	56
JANUMET	60	KORLYM	62	<i>levocetirizine</i>	82
JANUMET XR	60	KOSELUGO	19	<i>levofloxacin</i>	11, 79
JANUVIA	60	<i>kourzeq</i>	57	<i>levofloxacin in d5w</i>	11
JARDIANCE	60	K-PHOS NO 2	86	<i>levoleucovorin calcium</i>	12
<i>jasmiel (28)</i>	78	K-PHOS ORIGINAL	86	<i>levonest (28)</i>	78
JAYPIRCA	18	KRAZATI	19	<i>levonorgestrel-ethinyl estrad</i>	78
JEMPERLI	18	<i>kurvelo (28)</i>	78	<i>levonorg-eth estrad triphasic</i>	78
<i>jencycla</i>	76	KYPROLIS	19	<i>levora-28</i>	78
JEVTANA	18	L		<i>levo-t</i>	63
<i>jinteli</i>	76	<i>l norgest/e.estradiol-e.estrad</i>	78	<i>levothyroxine</i>	63
<i>jolessa</i>	78	<i>labetalol</i>	45	<i>levoxyl</i>	63
<i>juleber</i>	78	<i>lacosamide</i>	28	LIBERVANT	28
JULUCA	4	<i>lactated ringers</i>	55, 87	LIBTAYO	19

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<i>lidocaine hcl</i>	52	<i>lurasidone</i>	39	<i>meropenem</i>	8
<i>lidocaine in 5 % dextrose (pf)</i>	43	<i>lutera (28)</i>	78	<i>mesalamine</i>	65
<i>lidocaine viscous</i>	52	<i>lyleq</i>	76	<i>mesalamine with cleansing wipe</i>	65
<i>lidocaine-epinephrine</i>	52	<i>lyllana</i>	76	<i>mesna</i>	12
<i>lidocaine-epinephrine (pf)</i>	52	LYNPARZA	20	MESNEX	12
<i>lidocaine-prilocaine</i>	52	LYSODREN	20	<i>metformin</i>	61
<i>lidocan iii</i>	52	LYTGOBI	20	<i>methadone</i>	34
<i>lidocan iv</i>	52	LYUMJEV KWIKPEN U-100 INSULIN	61	<i>methadone intensol</i>	34
<i>lidocan v</i>	52	LYUMJEV KWIKPEN U-200 INSULIN	61	<i>methadose</i>	34
<i>lincomycin</i>	8	LYUMJEV U-100 INSULIN	61	<i>methazolamide</i>	81
<i>linezolid</i>	8	M		<i>methenamine hippurate</i>	12
<i>linezolid in dextrose 5%</i>	8	<i>magnesium chloride</i>	87	<i>methenamine mandelate</i>	12
<i>linezolid-0.9% sodium chloride</i>	8	<i>magnesium sulfate</i>	87	<i>methimazole</i>	59
		MAGNESIUM SULFATE IN D5W	87	<i>methotrexate sodium</i>	20
LINZESS	65	<i>magnesium sulfate in water</i>	87	<i>methotrexate sodium (pf)</i>	20
LIORESAL	32	<i>malathion</i>	55	<i>methoxsalen</i>	52
<i>liothyronine</i>	63	<i>mannitol 20 %</i>	45	<i>methylsuximide</i>	28
<i>lisinopril</i>	45	<i>mannitol 25 %</i>	45	<i>methylergonovine</i>	79
<i>lisinopril-hydrochlorothiazide</i>	45	<i>maraviroc</i>	4	<i>methylphenidate hcl</i>	39, 40
<i>lithium carbonate</i>	39	MARGENZA	20	<i>methylprednisolone</i>	58
<i>lithium citrate</i>	39	<i>marlissa (28)</i>	78	<i>methylprednisolone acetate</i>	58
LOKELMA	56	MARPLAN	39	<i>methylprednisolone sodium succ</i>	58
LONSURF	19	MATULANE	20	<i>metoclopramide hcl</i>	65
<i>loperamide</i>	64	<i>matzim la</i>	45	<i>metolazone</i>	45
<i>lopinavir-ritonavir</i>	4	<i>meclizine</i>	65	<i>metoprolol succinate</i>	45
LOQTORZI	19	<i>medroxyprogesterone</i>	76	<i>metoprolol ta-hydrochlorothiaz</i>	45
<i>lorazepam</i>	39	<i>mefloquine</i>	8	<i>metoprolol tartrate</i>	45
<i>lorazepam intensol</i>	39	<i>megestrol</i>	20	<i>metro i.v.</i>	8
LORBRENA	19	MEKINIST	20	<i>metronidazole</i>	8, 53, 77
<i>loryna (28)</i>	78	MEKTOVI	20	<i>metronidazole in nacl (iso-os)</i>	8
<i>losartan</i>	45	<i>meloxicam</i>	35	<i>metyrosine</i>	45
<i>losartan-hydrochlorothiazide</i>	45	<i>melphalan hcl</i>	20	<i>mexiletine</i>	43
<i>loteprednol etabonate</i>	81	<i>memantine</i>	32	<i>micafungin</i>	2
<i>lovastatin</i>	49	MENACTRA (PF)	69	<i>microgestin 1.5/30 (21)</i>	78
<i>low-ogestrel (28)</i>	78	MENEST	77	<i>microgestin 1/20 (21)</i>	78
<i>loxapine succinate</i>	39	MENQUADFI (PF)	69	<i>microgestin fe 1.5/30 (28)</i>	78
<i>lo-zumandimine (28)</i>	78	MENVEO A-C-Y-W-135-DIP (PF)	69	<i>microgestin fe 1/20 (28)</i>	78
<i>lubiprostone</i>	65			<i>midodrine</i>	56
LUMAKRAS	19			<i>mifepristone</i>	62, 77
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<i>milrinone</i>	50	<i>nalbuphine</i>	35	NIVESTYM	68
<i>milrinone in 5 % dextrose</i>	50	<i>naloxone</i>	35	<i>nora-be</i>	77
<i>mimvey</i>	77	<i>naltrexone</i>	35	<i>norelgestromin-ethin.estradiol</i>	
<i>minocycline</i>	11, 12	NAMZARIC	32		77
<i>minoxidil</i>	45	<i>naproxen</i>	35	<i>norepinephrine bitartrate</i>	50
<i>miostat</i>	81	<i>naratriptan</i>	31	<i>norethindrone (contraceptive)</i>	
<i>mirabegron</i>	86	NATACYN	79		77
<i>mirtazapine</i>	40	<i>nateglinide</i>	61	<i>norethindrone acetate</i>	77
<i>misoprostol</i>	67	NAYZILAM	28	<i>norethindrone ac-eth estradiol</i>	
<i>mitomycin</i>	20	<i>nebivolol</i>	45		77, 78
<i>mitoxantrone</i>	20	<i>nefazodone</i>	40	<i>norethindrone-e.estradiol-iron</i>	
M-M-R II (PF)	69	<i>nelarabine</i>	20		78
<i>modafinil</i>	40	<i>neomycin</i>	8	<i>norgestimate-ethinyl estradiol</i>	
<i>moexipril</i>	45	<i>neomycin-bacitracin-poly-hc</i>	81		78, 79
<i>molindone</i>	40	<i>neomycin-bacitracin-</i>		<i>nortrel 0.5/35 (28)</i>	79
<i>mometasone</i>	55	<i>polymyxin</i>	79	<i>nortrel 1/35 (21)</i>	79
<i>monodoxyne nl</i>	12	<i>neomycin-polymyxin b gu</i>	55	<i>nortrel 1/35 (28)</i>	79
MONJUVI	20	<i>neomycin-polymyxin b-</i>		<i>nortrel 7/7/7 (28)</i>	79
<i>mono-linyah</i>	78	<i>dexameth</i>	81	<i>nortriptyline</i>	40
<i>montelukast</i>	84	<i>neomycin-polymyxin-</i>		NORVIR	4
<i>morphine</i>	34	<i>gramicidin</i>	80	NUBEQA	21
<i>morphine (pf)</i>	34	<i>neomycin-polymyxin-hc</i>	58, 81	NUEDEXTA	32
<i>morphine concentrate</i>	34	<i>neo-polycin</i>	80	NULOJIX	21
MOVANTIK	66	<i>neo-polycin hc</i>	81	NUPLAZID	40
<i>moxifloxacin</i>	11, 79	NERLYNX	21	NURTEC ODT	31
<i>moxifloxacin-sod.chloride(iso)</i>	11	NEUPRO	30	<i>nyamyc</i>	54
MOZOBIL	68	<i>nevirapine</i>	4	<i>nystatin</i>	2, 54
MRESVIA (PF)	69	<i>niacin</i>	49	<i>nystatin-triamcinolone</i>	54
<i>mupirocin</i>	53	<i>nicardipine</i>	45	<i>nystop</i>	54
MYALEPT	62	NICOTROL	57	NYVEPRIA	68
<i>mycophenolate mofetil</i>	20	NICOTROL NS	57	O	
<i>mycophenolate mofetil (hcl)</i>	20	<i>nifedipine</i>	45	OCALIVA	66
<i>mycophenolate sodium</i>	20	<i>nikki (28)</i>	78	<i>octreotide acetate</i>	21
MYFEMBREE	77	<i>nilutamide</i>	21	<i>octreotide,microspheres</i>	21
MYHIBBIN	20	<i>nimodipine</i>	45	ODEFSEY	4
MYLOTARG	20	NINLARO	21	ODOMZO	21
MYRBETRIQ	86	<i>nitazoxanide</i>	8	OFEV	84
N		<i>nitisinone</i>	56	<i>ofloxacin</i>	58, 80
<i>nabumetone</i>	35	<i>nitro-bid</i>	50	OGSIVEO	21
<i>nadolol</i>	45	<i>nitrofurantoin macrocrystal</i>	12	OJEMDA	21
<i>nafcillin</i>	10	<i>nitrofurantoin monohyd/m-</i>		OJJAARA	21
<i>nafcillin in dextrose iso-osm</i>	10	<i>cryst</i>	12	<i>olanzapine</i>	40
<i>naftifine</i>	53	<i>nitroglycerin</i>	50, 66	<i>olmesartan</i>	45
NAGLAZYME	62	<i>nitroglycerin in 5 % dextrose</i>		<i>olmesartan-amlodipin-hctiazid</i>	45

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<i>oxacillin in dextrose(iso-osm)</i>	
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<i>oxaliplatin</i>	22
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<i>oxcarbazepine</i>	28
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<i>penicillin g sodium</i>	10
<i>penicillin v potassium</i>	10
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<i>pentamidine</i>	8
PENTASA	66
<i>pentobarbital sodium</i>	40
<i>pentoxifylline</i>	48
<i>perindopril erbumine</i>	45
<i>periogard</i>	57
PERJETA	22
<i>permethrin</i>	55
<i>perphenazine</i>	40
PERSERIS	40
<i>pfizerpen-g</i>	10
<i>phenelzine</i>	40
<i>phenobarbital</i>	28
<i>phenobarbital sodium</i>	28
<i>phentolamine</i>	45
<i>phenytoin</i>	28
<i>phenytoin sodium</i>	29
<i>phenytoin sodium extended</i>	28,
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<i>pilocarpine hcl</i>	56, 80
<i>pimecrolimus</i>	52
<i>pimozide</i>	40
<i>pimtrea (28)</i>	79
<i>pindolol</i>	45
<i>pioglitazone</i>	61
<i>piperacillin-tazobactam</i>	11
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<i>piroxicam</i>	35	<i>prednicarbate</i>	55
<i>pitavastatin calcium</i>	49	<i>prednisolone</i>	58
PLASMA-LYTE A	88	<i>prednisolone acetate</i>	81
PLENAMINE	88	<i>prednisolone sodium phosphate</i>	58, 81
<i>plerixafor</i>	68	<i>prednisone</i>	58
<i>podofilox</i>	52	<i>prednisone intensol</i>	58
POLIVY	22	<i>pregabalin</i>	29
<i>polocaine</i>	52	PREHEVBRIO (PF)	69
<i>polocaine-mpf</i>	52	<i>premasol 10 %</i>	88
<i>polycin</i>	80	<i>prenatal vitamin oral tablet</i>	88
<i>polymyxin b sulf-trimethoprim</i>	80	<i>prevalite</i>	49
POMALYST	22	PREVYMIS	4
<i>portia 28</i>	79	PREZCOBIX	4
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<i>posaconazole</i>	2	PRIFTIN	8
<i>potassium acetate</i>	87	PRIMAQUINE	8
<i>potassium chlorid-d5-0.45%nacl</i>	87	<i>primidone</i>	29
<i>potassium chloride</i>	87	PRIMIDONE	29
<i>potassium chloride in 0.9%nacl</i>	87	PRIORIX (PF)	69
<i>potassium chloride in 5 % dex</i>	87	PRIVIGEN	69
<i>potassium chloride in lr-d5</i>	87	<i>probenecid</i>	72
<i>potassium chloride in water</i>	87	<i>probenecid-colchicine</i>	72
<i>potassium chloride-0.45 % nacl</i>	87	<i>procainamide</i>	43
<i>potassium chloride-d5-0.2%nacl</i>	88	<i>prochlorperazine</i>	66
<i>potassium chloride-d5-0.9%nacl</i>	88	<i>prochlorperazine edisylate</i>	66
<i>potassium citrate</i>	86	<i>prochlorperazine maleate oral</i>	66
<i>potassium phosphate m-/d-basic</i>	88	PROCRIT	68
POTELIGEO	22	<i>procto-med hc</i>	66
PRALATREXATE	22	<i>proctosol hc</i>	66
<i>pramipexole</i>	30	<i>proctozone-hc</i>	66
<i>prasugrel</i>	48	<i>progesterone</i>	77
<i>pravastatin</i>	49	<i>progesterone micronized</i>	77
<i>praziquantel</i>	8	PROGRAF	22
<i>prazosin</i>	45	PROLASTIN-C	56
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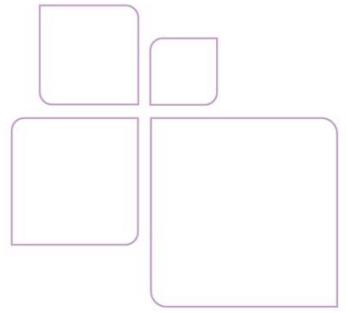
<i>zidovudine</i>	5	<i>zoledronic acid-mannitol-water</i>	79
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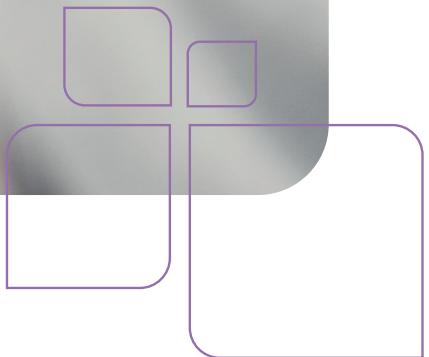
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