

# Formulario 2024



**CHRISTUS Health Medicare Complete (HMO) y CHRISTUS Health Medicare Plus (HMO) cubre a los miembros en condados selectos de Texas y New Mexico.**



**MÉTODO** **SERVICIOS PARA MIEMBROS - INFORMACIÓN DE CONTACTO**

**LLAME A** **844.282.3026** - Las llamadas a este número son gratuitas.  
 El Departamento de Servicios para Miembros de CHRISTUS Health Plan está disponible para ayudarlo los siete días de la semana, de 8 a.m. a 8 p.m., hora local, del 1 de octubre al 31 de marzo, y de lunes a viernes, de 8 a.m. a 8 p.m., hora local, del 1 de abril al 30 de septiembre.  
 Fuera del horario laboral, un sistema de respuesta de voz le permitirá dejar mensajes. Los mensajes que haya dejado se responderán en el plazo de un día laboral.  
 Los Servicios para Miembros también ofrecen servicios gratuitos de intérpretes de idiomas para personas que no hablan inglés.

**TTY** 711 Relay New Mexico and Texas  
 Este número requiere equipo telefónico especial y es solo para personas con dificultades auditivas o del habla. Las llamadas a este número son gratuitas. Disponible para ayudarlo los siete días de la semana, de 8 a.m. a 8 p.m., hora local, del 1 de octubre al 31 de marzo, y de lunes a viernes, de 8 a.m. a 8 p.m., hora local, del 1 de abril al 30 de septiembre.

**FAX** **469.282.3013**

**ESCRIBA A** CHRISTUS Health Advantage, Attention: Member Services  
 P.O. Box 169001  
 Irving | TX 75016

**SITO WEB** [CHRISTUShealthplan.org](http://CHRISTUShealthplan.org)

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

Estas organizaciones son progamas estatales que reciben dinero del gobierno federal para brindar orientación gratuita sobre seguros de salud a las personas con Medicare.

**MÉTODO** **INFORMACIÓN DE CONTACTO**

**LLAME A** **Texas: 800.252.9240 | New Mexico: 866.451.2901** | Las llamadas a este número son gratuitas.

**TTY** 711  
 Este número requiere equipo telefonico especial y es solo para personas con dificultades auditivas o del habla.

**ESCRIBA A** Texas Health and Human Services  
 P.O. Box 149104  
 Austin | TX 787148  
 New Mexico Aging and Long-Term Dept.  
 P.O. Box 27118  
 Santa Fe | NM 87502-7118

**SITO WEB** [tdi.texas.gov/consumer/hicap/](http://tdi.texas.gov/consumer/hicap/) [nmaging.state.nm.us](http://nmaging.state.nm.us)

**844.282.3026 | TTY 711**

Del 1 de octubre al 31 de marzo, los 7 días de la semana, de 8 a.m. a 8 p.m., hora local

Del 1 de abril al 30 de septiembre, de lunes a viernes, de 8 a.m. a 8 p.m., hora local

[CHRISTUShealthplan.org](http://CHRISTUShealthplan.org)

# **CHRISTUS Health Medicare Complete (HMO)**

## **CHRISTUS Health Medicare Plus (HMO)**

### **Formulario para 2024**

#### **(Lista de medicamentos cubiertos)**

**LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN  
ACERCA DE ALGUNOS DE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN**

HPMS Approved Formulary File Submission ID 24261, Version Number 10

Este formulario resumido se actualizó el 04/01/2023. No hemos realizado cambios en este formulario resumido desde 04/01/2024. Esta no es una lista completa de los medicamentos que cubre nuestro plan. Para consultar un listado completo o si tiene otras preguntas, comuníquese con CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) Servicio al miembros al 1-844-282-3026. Los usuarios de TTY, deben llamar al 711, 8 a.m.-8 p.m., hora local, siete días a la semana, del 1 de octubre al 31 de marzo, y de 8 a.m. - 8 p.m. hora local, de lunes a viernes, del 1 de abril al 30 de septiembre, o visite [christushealthplan.org](http://christushealthplan.org).

**Mensaje importante sobre lo que paga por vacunas** - Nuestro plan cubre la mayor parte de las vacunas de la Parte D sin costo para usted. Llame a Servicios para los miembros para obtener más información.

**Mensaje importante acerca de lo que usted paga por la insulina**– Usted no pagará más de \$35 para un suministro de un mes de cada producto de insulina cubierto por nuestro plan, sin importar el nivel de costo compartido en el que se encuentre.

Última actualización 04/01/2024

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**Nota para los miembros actuales:** este Formulario ha cambiado con respecto al año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (Formulario) menciona “nosotros”, “nos” o “nuestro”, hace referencia a CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO). Cuando dice “plan” o “nuestro plan”, hace referencia a CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO).

Este documento incluye una lista de los medicamentos (Formulario) de nuestro plan, la cual está en vigencia desde el 01/01/2024. Comuníquese con nosotros para obtener un formulario actualizado y completo. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Generalmente, debe concurrir a las farmacias de la red para usar el beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/el coseguro pueden cambiar el 1 de enero de 2024 y periódicamente durante el año.

### **¿Qué es el Formulario resumido de CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO)?**

Un Formulario es una lista de medicamentos cubiertos seleccionados por CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) con la colaboración de un equipo de proveedores de atención médica, que representa los tratamientos con receta que se consideran una parte necesaria de un programa de tratamiento de calidad. Normalmente, CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) cubrirá los medicamentos incluidos en el formulario, siempre que el medicamento sea medicamento necesario, el medicamento con receta se obtenga en una farmacia de la red de CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) y se cumpla con otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte la Evidencia de cobertura.

Este documento es un formulario y solo incluye algunos de los medicamentos cubiertos por CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO). Para consultar la lista completa de todos los medicamentos con receta cubiertos por CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO), visite nuestro sitio web o llámenos. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

### **¿Puede cambiar el Formulario (lista de medicamentos)?**

La mayoría de los cambios en la cobertura de los medicamentos ocurre el 1 de enero, pero se podrían agregar o quitar medicamentos de la Lista de medicamentos durante el año, moverlos a diferentes niveles de costo compartido o agregar nuevas restricciones por parte de CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO). Debemos seguir las normas de Medicare al hacer estos cambios.

**Cambios que pueden afectarlo este año:** En los casos a continuación, usted se verá afectado por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podemos eliminar inmediatamente un medicamento de marca de nuestra Lista de medicamentos si lo reemplazamos con un nuevo medicamento genérico que aparecerá en el mismo nivel de costo compartido o en un nivel de costo compartido más bajo y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podemos decidir mantener el medicamento de marca en nuestra Lista de medicamentos, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones. Si actualmente está tomando ese medicamento de marca, quizás no le informemos con antelación antes de que realicemos el cambio, pero más adelante le proporcionaremos información sobre los cambios específicos que hemos realizado.
  - Si realizamos un cambio, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO)?”.
- **Medicamentos retirados del mercado.** Si la Administración de Drogas y Alimentos considera que un medicamento de nuestro Formulario es inseguro o el fabricante del medicamento lo retira del mercado, eliminaremos de inmediato dicho medicamento de nuestro Formulario y les notificaremos a los miembros que toman el medicamento en cuestión.
- **Otros cambios.** Podemos hacer otros cambios que afectan a los miembros que actualmente toman un medicamento. Por ejemplo, podríamos agregar un nuevo medicamento genérico para reemplazar un medicamento de marca que actualmente se encuentra en el Formulario; o agregar nuevas restricciones al medicamento de marca o moverlo a un nivel de costo compartido diferente o a ambos. O podemos hacer cambios en función de las nuevas pautas clínicas. Si retiramos medicamentos de nuestro Formulario, [o] agregamos autorizaciones previas, restricciones de límite de cantidad o de tratamiento escalonado sobre un medicamento o pasamos un medicamento a un nivel de costo compartido más alto, debemos notificarles a los miembros afectados por el cambio al menos 30 días antes de que entre en vigencia dicho cambio, o cuando el miembro solicite un resurtido del medicamento, momento en el cual el miembro recibirá un suministro del medicamento para 31 días.
  - Si realizamos estos otros cambios, usted o la persona autorizada a dar recetas pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. En el aviso que le proporcionamos también se incluirá información sobre cómo solicitar una excepción, y usted también puede encontrar información en la sección a continuación titulada “¿Cómo puedo solicitar que se haga una excepción al Formulario de CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO)?”.



**Cambios que no lo afectarán si actualmente toma el medicamento.** En general, si usted toma un medicamento de nuestro Formulario para 2024 que estaba cubierto al comienzo del año, nosotros no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura de 2024, excepto como se describe anteriormente. Esto significa que, por el resto del año de cobertura, estos medicamentos continuarán disponibles al mismo costo compartido y sin nuevas restricciones para aquellos miembros que estén tomándolos. No recibirá un aviso directo este año sobre cambios que no lo afectan. Sin embargo, dichos cambios lo afectarían a partir del 1 de enero del año siguiente, y es importante que verifique la Lista de medicamentos del nuevo año de beneficios por cualquier cambio en los medicamentos.

El Formulario adjunto entra en vigencia el 01/01/2024. Para recibir información actualizada sobre los medicamentos cubiertos por CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) comuníquese con nosotros. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior.

## **¿Cómo utilizo el Formulario?**

Hay dos formas para encontrar su medicamento dentro del Formulario:

### **Afección médica**

El Formulario comienza en la página 8. Los medicamentos de este Formulario están agrupados en categorías según el tipo de afección médica para cuyo tratamiento se los emplea. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca se enumeran dentro de la categoría Antihypertensive Therapy. Si sabe para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que empieza en la página 10. Luego, busque su medicamento debajo del nombre de la categoría.

### **Listado alfabético**

Si no está seguro de qué categoría consultar, debe buscar su medicamento en el Índice que comienza en la página 105. El Índice proporciona una lista alfabética de todos los medicamentos incluidos en este documento. En el Índice, están tanto los medicamentos de marca como los genéricos. Busque en el Índice y encuentre su medicamento. Junto a su medicamento, verá el número de página donde puede encontrar información acerca de la cobertura. Vaya a la página que figura en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) cubre tanto los medicamentos de marca como los genéricos. Un medicamento genérico está aprobado por la Administración de Drogas y Alimentos (FDA), dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Normalmente, los medicamentos genéricos cuestan menos que los de marca.

## ¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos o límites adicionales de cobertura. Estos requisitos y límites pueden incluir.

- **Autorización previa:** CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) exige que usted [o su médico] obtenga una autorización previa para determinados medicamentos. Esto significa que necesitará contar con CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) antes de obtener sus medicamentos con receta. Si no obtiene autorización, es posible que CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) limita la cantidad del medicamento que cubrirá CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO). Por ejemplo, CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) proporciona 31 por receta para AFINITOR. Esto puede ser complementario a un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** En algunos casos, CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa enfermedad. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) no cubra el medicamento B, a menos que usted pruebe primero el medicamento A. Si el medicamento A no funciona para usted, CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) cubrirá el medicamento B.

Para averiguar si su medicamento tiene requisitos o límites adicionales, consulte el Formulario que empieza en la página 8. También puede obtener más información sobre las restricciones que se aplican a medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado en línea un documento para explicar nuestra restricción de autorización previa. También puede solicitarnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Puede pedirle a CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) que haga una excepción a estas restricciones o límites, o puede solicitarle una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “¿Cómo puedo solicitar que se haga una excepción al Formulario de CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO)?” en la página 6 para obtener información acerca de cómo solicitar una excepción.

## **¿Qué pasa si mi medicamento no está en el Formulario?**

Si el medicamento que toma no está incluido en este Formulario (lista de medicamentos cubiertos), primero debe comunicarse con Servicios para los miembros y preguntar si su medicamento está cubierto. Este documento incluye solo una lista de los medicamentos cubiertos, por eso es posible que CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) cubra su medicamento. Para obtener más información, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Si resulta que CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO) no cubre el medicamento que toma, tiene dos alternativas:

- Puede pedir a Servicios para los miembros una lista de medicamentos similares que estén cubiertos por CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO). Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que esté cubierto por CHRISTUS Health Plan Generations (HMO)/CHRISTUS Health Plan Generations Plus (HMO).
- Puede solicitar que CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) haga una excepción y cubra su medicamento. Consulte a continuación para obtener información sobre cómo solicitar una excepción.

## **¿Cómo puedo solicitar que se haga una excepción al Formulario de CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO)?**

Puede solicitarle a CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) que haga una excepción a nuestras normas de cobertura. Hay varios tipos de excepciones que puede solicitarnos.

- Puede pedirnos que cubramos un medicamento, incluso si no está en nuestro Formulario. Si se aprueba, este medicamento estará cubierto a un nivel de costo compartido predeterminado, y usted no podrá pedirnos que le brindemos el medicamento a un nivel de costo compartido menor.
- Puede pedirnos que cubramos un medicamento del Formulario a un nivel de costo compartido menor, a menos que el medicamento esté en el nivel de especialidad. Si se aprueba, esto reduciría el monto que debe pagar por su medicamento.
- Puede pedirnos que no apliquemos restricciones o límites de cobertura para su medicamento. Por ejemplo, para ciertos medicamentos, CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) limita la cantidad del medicamento que cubriremos. Si su medicamento tiene un límite de cantidad, puede pedirnos que hagamos una excepción al límite y cubramos una cantidad mayor.

Por lo general, CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) solo aprobará su pedido de excepción si los medicamentos alternativos incluidos en el Formulario del



plan, [el medicamento de menor costo compartido] o las restricciones de uso adicionales no fueran tan efectivos para tratar su afección o pudieran causarle efectos médicos adversos.

Debe comunicarse con nosotros para solicitarnos una decisión inicial de cobertura para una excepción al Formulario, nivel, o a la restricción de uso. **Cuando solicita una excepción al Formulario, o a la restricción de uso, debe presentar una declaración de su médico o de la persona autorizada a dar recetas que respalde su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas a partir de la fecha de haber recibido la declaración que respalda su solicitud por parte de la persona autorizada a dar recetas. Puede solicitar una excepción acelerada (rápida) si usted o su médico consideran que esperar 72 horas para la toma de la decisión podría perjudicar gravemente su salud. Si se le concede el trámite rápido de la excepción, debemos comunicarle nuestra decisión a más tardar dentro de las 24 horas después de haber recibido la declaración de respaldo de su médico o de otra persona autorizada a dar recetas.

### **¿Qué debo hacer antes de hablar con mi médico sobre el cambio de los medicamentos que tomo o la solicitud de una excepción?**

Como miembro nuevo o permanente de nuestro plan, es posible que esté tomando medicamentos que no están incluidos en el Formulario. También es posible que esté tomando un medicamento incluido en el Formulario, pero su capacidad de conseguirlo sea limitada. Por ejemplo, puede necesitar nuestra autorización previa antes de poder obtener su medicamento con receta. Debe consultar con su médico para decidir si debe cambiar su medicamento por uno apropiado que nosotros cubramos o solicitar una excepción al formulario para que le cubramos el medicamento que toma. Mientras evalúa con su médico el procedimiento adecuado para seguir en su caso, podemos cubrir su medicamento, en ciertos casos, durante los primeros 90 días en que usted sea miembro de nuestro plan.

Para cada uno de los medicamentos que no estén incluidos en el Formulario, o si su capacidad para conseguir los medicamentos es limitada, cubriremos un suministro temporal para 31 días. Si su receta está indicada para menos días, permitiremos que realice resurtidos por un máximo de hasta 31 días del medicamento. Después del primer suministro para 31 días, no seguiremos pagando estos medicamentos, incluso si ha sido miembro del plan durante menos de 90 días.

Si es residente de un centro de atención a largo plazo y necesita un medicamento que no está en el Formulario o si su capacidad para conseguir los medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia del medicamento para 34 días mientras solicita la excepción al formulario.

Cuya ventana transición afiliados ha expirado y son o bien de ser admitido en un entorno LTC o dando de alta un establecimiento de atención a largo plazo prevista una transición adicional se deben a llenar ese nivel de cambio de atención. Si bien inicialmente rechazar la reclamación como el miembro ya no es de acuerdo elegibles para la transición fechas de inscripción del plan, el farmacéutico es instruido para introducir un código de anulación para permitir que el proceso de transición a la oferta en consecuencia. Ediciones de recarga Los primeros no se apliquen de un establecimiento.

### **Para obtener más información**

Para obtener información más detallada sobre la cobertura para medicamentos con receta de CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO), consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene alguna pregunta sobre CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO), comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del Formulario, aparece en las páginas de la portada y la portada posterior.

Si tiene preguntas generales sobre su cobertura para medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227), las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite <http://www.medicare.gov>.

## **Formulario de CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO)**

El Formulario resumido que comienza en la siguiente página 8 proporciona información acerca de la cobertura de algunos de los medicamentos cubiertos por CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO). Si tiene alguna dificultad para encontrar el medicamento que toma en la lista, consulte el Índice que comienza en la página 89.

La primera columna de la tabla menciona el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (por ejemplo, AFINITOR) y los medicamentos genéricos están en letra minúscula y cursiva (por ejemplo, atorvastatin).

La información incluida en la columna de Requisitos/Límites indica si CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) tiene algún requisito especial para la cobertura del medicamento.

Número Tier	Nivel Nombre	De copago por un suministro de un mes en una farmacia de la red con participación en los costos estándar
1	Generico preferido	\$4
2	Generico no preferido	\$10
3	Marca preferida	\$47
4	Marca no preferida	\$100
5	Nivel de medicamentos de especialidad	Usted paga 33% del costo total

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
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
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
<b>ANTIVIRALS</b>		
<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
APRETUDE	5	MO; 30D
APTIVUS	5	MO; 30D
<i>atazanavir</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
BARACLUDE ORAL SOLUTION	5	MO; 30D
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</i>	4	MO
<i>efavirenz-emtricitabin-tenofov</i>	5	MO; 30D
<i>efavirenz-lamivu-tenofov disop</i>	5	MO; 30D
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofov (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)

Drug Name	Drug Tier	Requirements /Limits
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; 30D; QL (56 per 28 days)
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

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Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL POWDER IN PACKET	5	MO; 30D
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 180 days)
<i>lamivudine</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LEXIVA ORAL SUSPENSION	4	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

Drug Name	Drug Tier	Requirements /Limits
<i>oseltamivir</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	6	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	6	QL (30 per 180 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

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Drug Name	Drug Tier	Requirements /Limits
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
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
TRIZIVIR	5	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

Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL POWDER	5	MO; 30D
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
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
<b>CEPHALOSPORINS</b>		
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	4	MO
<i>cefprozil</i>	3	MO
<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

Drug Name	Drug Tier	Requirements /Limits
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	3	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>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
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO
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
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	5	MO; 30D

Drug Name	Drug Tier	Requirements /Limits
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA; 30D
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	PA; MO
<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
<i>clindamycin phosphate intravenous</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

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Drug Name	Drug Tier	Requirements /Limits
<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
<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

Drug Name	Drug Tier	Requirements /Limits
<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	MO
<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
PRIFTIN	3	MO
PRIMAQUINE	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

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Drug Name	Drug Tier	Requirements /Limits
<i>rifampin oral</i>	3	MO
SIRTURO	5	PA; LA; 30D
STREPTOMYCIN	5	PA; MO; 30D; QL (60 per 30 days)
<i>tigecycline</i>	5	PA; MO; 30D
<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
TRECTOR	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)

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
<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)
<b>PENICILLINS</b>		
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<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
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA; 30D
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA
<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
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA; MO
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>TETRACYCLINES</b>		
<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
<i>minocycline oral tablet</i>	4	MO
<i>mondoxylene nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	4	MO
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>methenamine mandelate oral tablet 0.5 g</i>	2	MO
<i>methenamine mandelate oral tablet 1 gram</i>	2	
<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
ELITEK	5	MO; 30D
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	5	30D
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA; 30D
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO; 30D
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA; 30D

Drug Name	Drug Tier	Requirements /Limits
<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)
ALUNBRIG ORAL TABLET 30 MG	5	PA; 30D; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; 30D; QL (30 per 180 days)

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This drug list was last updated on 04/01/2024.



Drug Name	Drug Tier	Requirements /Limits
<i>anastrozole</i>	2	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA; 30D
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO; 30D
ASPARLAS	5	PA; 30D
AUGTYRO	5	PA; MO; 30D; QL (240 per 30 days)
AYVAKIT	5	PA; LA; 30D; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO; 30D
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA; MO
BALVERSA	5	PA; LA; 30D
BAVENCIO	5	B/D PA; LA; 30D
BELEODAQ	5	B/D PA; 30D
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO; 30D
BENDEKA	5	B/D PA; MO; 30D
BESPONSA	5	B/D PA; MO; LA; 30D
<i>bexarotene</i>	5	PA; MO; 30D
<i>bicalutamide</i>	2	MO
<i>bleomycin</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
BLINCYTO INTRAVENOUS KIT	5	B/D PA; 30D
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA; 30D
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO; 30D
BOSULIF ORAL CAPSULE 100 MG	5	PA; 30D; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; 30D; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; MO; 30D; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; 30D; QL (30 per 30 days)
BRAFTOVI	5	PA; MO; LA; 30D; QL (180 per 30 days)
BRUKINSA	5	PA; LA; 30D; QL (120 per 30 days)
<i>busulfan</i>	5	B/D PA; 30D
CABOMETYX	5	PA; MO; LA; 30D; QL (30 per 30 days)
CALQUENCE	5	PA; LA; 30D; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; 30D; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
COPIKTRA	5	PA; LA; 30D; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO; 30D
COTELLIC	5	PA; MO; LA; 30D; QL (63 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	3	B/D PA
CYCLOPHOSPHAMIDE 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
<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

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Drug Name	Drug Tier	Requirements /Limits
DARZALEX	5	B/D PA; MO; LA; 30D
<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
<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

Drug Name	Drug Tier	Requirements /Limits
<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
EMCYT	5	MO; 30D
EMPLICITI	5	B/D PA; MO; 30D
ENVARBUS 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
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)

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Drug Name	Drug Tier	Requirements /Limits
<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)
<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
EXKIVITY	5	PA; LA; 30D; QL (120 per 30 days)

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

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Drug Name	Drug Tier	Requirements /Limits
<i>fulvestrant</i>	5	B/D PA; MO; 30D
FYARRO	5	PA; 30D
GAVRETO	5	PA; MO; 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
<i>gengraf</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

Drug Name	Drug Tier	Requirements /Limits
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)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; 30D; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; 30D; QL (324 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; 30D; QL (30 per 30 days)
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
ISTODAX	5	B/D PA; MO; 30D
IWILFIN	5	PA; LA; 30D; QL (240 per 30 days)
IXEMPRA	5	B/D PA; MO; 30D

Drug Name	Drug Tier	Requirements /Limits
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
KADCYLA	5	PA; MO; 30D
<i>kemoplaf</i>	2	B/D PA
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)
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)

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Drug Name	Drug Tier	Requirements /Limits
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>lapatinib</i>	5	PA; MO; 30D; QL (180 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)
<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)

Drug Name	Drug Tier	Requirements /Limits
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	5	PA; MO; 30D
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	5	PA; LA; 30D
MARGENZA	5	PA; 30D
MATULANE	5	30D
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA

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Drug Name	Drug Tier	Requirements /Limits
<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 (1200 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)
<i>melphalan</i>	2	B/D PA; MO
<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

Drug Name	Drug Tier	Requirements /Limits
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
MYLOTARG	5	B/D PA; MO; LA; 30D
<i>nelarabine</i>	5	B/D PA; MO; 30D
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

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Drug Name	Drug Tier	Requirements /Limits
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	4	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO; 30D
ODOMZO	5	PA; MO; LA; 30D; QL (30 per 30 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)
<i>oxaliplatin intravenous recon soln</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<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
PADCEV	5	PA; MO; 30D
<i>paraplatin</i>	2	B/D PA
<i>pazopanib</i>	5	PA; MO; 30D; QL (120 per 30 days)
PEMAZYRE	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
PERJETA	5	B/D PA; MO; 30D
PIQRAY	5	PA; MO; 30D
POLIVY	5	PA; MO; 30D
POMALYST	5	PA; MO; LA; 30D
PORTRAZZA	5	B/D PA; MO; 30D

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Drug Name	Drug Tier	Requirements /Limits
POTELIGEO	5	PA; 30D
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	30D
QINLOCK	5	PA; LA; 30D; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; 30D; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; 30D; QL (120 per 30 days)
REZLIDHIA	5	PA; 30D; QL (60 per 30 days)
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; 30D; QL (336 per 28 days)
RUBRACA	5	PA; MO; LA; 30D; QL (120 per 30 days)

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

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Drug Name	Drug Tier	Requirements /Limits
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</i>	4	B/D PA; MO
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)
TAGRISO	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)

Drug Name	Drug Tier	Requirements /Limits
TAZVERIK	5	PA; LA; 30D
TECENTRIQ	5	B/D PA; MO; 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
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; 30D; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; 30D; QL (56 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
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

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This drug list was last updated on 04/01/2024.

Drug Name	Drug Tier	Requirements /Limits
TRUQAP	5	PA; 30D; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; 30D; QL (120 per 30 days)
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 (120 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

Drug Name	Drug Tier	Requirements /Limits
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; 30D; QL (60 per 30 days)
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)
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 PELLETT 150 MG	5	PA; MO; 30D; QL (180 per 30 days)
XALKORI ORAL PELLETT 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)
XOSPATA	5	PA; LA; 30D; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
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)
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
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
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)

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Drug Name	Drug Tier	Requirements /Limits
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
<i>carbamazepine oral tablet</i>	3	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO
<i>carbamazepine oral tablet, chewable</i>	3	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA; 30D

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	4	MO
<i>divalproex</i>	2	MO
EPIDIOLEX	5	PA; MO; LA; 30D
<i>epitol</i>	3	MO
EPRONTIA	4	PA; MO
<i>ethosuximide</i>	3	MO
<i>felbamate oral suspension</i>	5	MO; 30D
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA; 30D; QL (360 per 30 days)
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; 30D; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; 30D; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; 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)

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Drug Name	Drug Tier	Requirements /Limits
<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)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	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

Drug Name	Drug Tier	Requirements /Limits
<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
<i>methsuximide</i>	4	MO
NAYZILAM	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

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Drug Name	Drug Tier	Requirements /Limits
<i>phenytoin oral tablet, chewable</i>	3	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<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</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; 30D; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	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	MO
<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>vigadrone</i>	5	PA; LA; 30D
<i>vigpoder</i>	5	PA; LA; 30D
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; 30D; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
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 (1080 per 30 days)
<b>ANTIPARKINSONISM AGENTS</b>		
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

Drug Name	Drug Tier	Requirements /Limits
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	4	
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
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
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
<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
<i>naratriptan</i>	3	MO; QL (18 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
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</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
BRIUMVI	5	PA; MO; 30D; QL (24 per 180 days)
<i>dalfampridine</i>	3	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>galantamine oral tablet</i>	3	MO
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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
<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)

Drug Name	Drug Tier	Requirements /Limits
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<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	MO
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QL (180 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>endocet</i>	3	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; 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)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	4	
<i>hydromorphone injection solution 1 mg/ml</i>	4	
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	4	
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	3	
<i>methadone intensol</i>	3	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	3	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol injection</i>	2	MO
<i>butorphanol nasal</i>	4	MO; QL (10 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>celecoxib</i>	3	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diflunisal</i>	3	MO
<i>ec-naproxen</i>	2	
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	2	
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naloxone nasal</i>	2	MO
<i>naltrexone</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>oxaprozin oral tablet</i>	4	MO
<i>piroxicam</i>	3	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO; 30D
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; 30D; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED 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

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Drug Name	Drug Tier	Requirements /Limits
<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, EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; 30D; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; 30D; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; 30D; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED 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)

Drug Name	Drug Tier	Requirements /Limits
<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; MO; 30D; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspiron</i>	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	
<i>desipramine</i>	4	MO
<i>desvenlafaxine succinate</i>	4	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	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	4	QL (28 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	4	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	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

Drug Name	Drug Tier	Requirements /Limits
<i>imipramine pamoate</i>	4	MO
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)

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Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; 30D; QL (0.88 per 90 days)
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 solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</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)

Drug Name	Drug Tier	Requirements /Limits
<i>lurasidone oral tablet 80 mg</i>	5	MO; 30D; QL (60 per 30 days)
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,erbiphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet,disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	MO; QL (60 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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
<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)

Drug Name	Drug Tier	Requirements /Limits
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>tranylcyromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; 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)

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Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	MO; 30D; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	MO; 30D; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED 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)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	QL (7 per 180 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	30D; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; 30D; QL (1 per 28 days)

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone oral tablet 100 mg</i>	4	MO
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	
<i>dofetilide</i>	4	MO
<i>flecainide</i>	3	MO
<i>ibutilide fumarate</i>	2	
<i>lidocaine (pf) intravenous</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine</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, 160 mg</i>	2	MO
<i>sorine oral tablet 80 mg</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	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-hydrochlorothiazid</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
<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 oral tablet 10-25 mg</i>	6	

Drug Name	Drug Tier	Requirements /Limits
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	MO
<i>eplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate 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
<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

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Drug Name	Drug Tier	Requirements /Limits
<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
<i>metoprolol ta-hydrochlorothiaz</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	MO
<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</i>	4	MO
<i>olmesartan</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<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	
<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	
<i>quinapril-hydrochlorothiazide</i>	1	
<i>ramipril</i>	6	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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>torse mide oral</i>	2	MO
<i>trandolapril</i>	6	MO
<i>treprostinil sodium</i>	5	PA; MO; LA; 30D
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL	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
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid intravenous</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>aminocaproic acid oral</i>	5	MO; 30D
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; LA; 30D
CEPROTIN (BLUE BAR)	3	PA; MO
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg</i>	4	
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	4	MO
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	4	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA; 30D
DOPTELET (15 TAB PACK)	5	PA; MO; LA; 30D
DOPTELET (30 TAB PACK)	5	PA; MO; LA; 30D
ELIQUIS	3	MO
ELIQUIS DVT-PE TREAT 30D START	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<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)
<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), 25,000 unit/250 ml(100 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/500 ml (50 unit/ml)</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<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
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
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
XARELTO DVT-PE TREAT 30D START	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<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

Drug Name	Drug Tier	Requirements /Limits
<i>ezetimibe-simvastatin</i>	2	MO; 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
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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)

### 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

Drug Name	Drug Tier	Requirements /Limits
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	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	
<i>ranolazine</i>	4	MO
<i>sodium nitroprusside</i>	2	B/D PA
VECAMYL	5	30D
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO; 30D

### NITRATES

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Drug Name	Drug Tier	Requirements /Limits
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<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

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; 30D; QL (2 per 28 days)
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	5	PA; MO; 30D; QL (1 per 28 days)

### MISCELLANEOUS DERMATOLOGICALS

<i>ammonium lactate</i>	2	MO
<i>chloroprocaine (pf)</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>dermacinrx lidocaine</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)
<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	MO

Drug Name	Drug Tier	Requirements /Limits
<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>lidocaine iii</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO; 30D
PANRETIN	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	

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Drug Name	Drug Tier	Requirements /Limits
<i>polocaine-mpf</i>	2	
REGRANEX	5	30D; QL (15 per 30 days)
SANTYL	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)
VALCHLOR	5	PA; MO; 30D
<b>THERAPY FOR ACNE</b>		
<i>acutane</i>	4	
<i>amnesteem</i>	4	
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</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)

Drug Name	Drug Tier	Requirements /Limits
<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	
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical cream</i>	4	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<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>ketconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta</i>	3	QL (180 per 30 days)
<i>naftifine topical gel 2 %</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	3	MO; QL (60 per 28 days)
<i>nystop</i>	3	MO; QL (180 per 30 days)
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>penciclovir</i>	4	MO; QL (5 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone</i>	3	MO
<i>betamethasone dipropionate</i>	3	MO
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO
<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)

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Drug Name	Drug Tier	Requirements /Limits
<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 and shower cap</i>	4	MO
<i>fluocinolone topical cream 0.01 %</i>	4	MO
<i>fluocinolone topical cream 0.025 %</i>	4	
<i>fluocinolone topical oil</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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	
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan</i>	2	
<i>malathion</i>	4	MO

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This drug list was last updated on 04/01/2024.

Drug Name	Drug Tier	Requirements /Limits
<i>permethrin</i>	3	MO; QL (60 per 30 days)

## DIAGNOSTICS / MISCELLANEOUS AGENTS

### ANTIDOTES

<i>acetylcysteine intravenous</i>	3	
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### IRRIGATING SOLUTIONS

<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	

### MISCELLANEOUS AGENTS

<i>acamprosate</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; 30D
CHEMET	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	
<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

Drug Name	Drug Tier	Requirements /Limits
<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	
<i>droxidopa</i>	5	PA; MO; 30D
ENDARI	5	PA; MO; 30D
INCRELEX	5	MO; LA; 30D
<i>levocarnitine (with sugar)</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO; 30D
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C	5	PA; LA; 30D
REVCOVI	5	PA; LA; 30D
<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
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO; 30D
<i>sodium phenylbutyrate oral tablet</i>	5	PA; 30D
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; MO; 30D

Drug Name	Drug Tier	Requirements /Limits
<i>water for irrigation, sterile</i>	4	MO
XIAFLEX	5	PA; 30D
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	2	
NICOTROL	4	
NICOTROL NS	4	MO
<i>varenicline</i>	4	MO
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal aerosol,spray</i>	3	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	2	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	2	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	3	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin-dexamethasone</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>cortisone</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	3	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	3	MO
<i>methylprednisolone sodium succ intravenous</i>	3	MO
<i>prednisolone oral solution</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	3	
<i>prednisone</i>	2	MO
<i>prednisone intensol</i>	4	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	3	MO
<b>DIABETES THERAPY</b>		
<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)

Drug Name	Drug Tier	Requirements /Limits
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
FREESTYLE INSULINX TEST STRIPS	3	MO
FREESTYLE LITE STRIPS	3	MO
FREESTYLE PRECISION NEO STRIPS	3	MO
FREESTYLE TEST	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)

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Drug Name	Drug Tier	Requirements /Limits
<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
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 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

Drug Name	Drug Tier	Requirements /Limits
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	3	
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
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 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INSULIN GLARGINE	3	

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Drug Name	Drug Tier	Requirements /Limits
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)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	6	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; QL (150 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet 850 mg</i>	6	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; QL (60 per 30 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
ONETOUCH ULTRA TEST	3	MO
ONETOUCH VERIO TEST STRIPS	3	MO
<i>pioglitazone</i>	6	MO; QL (30 per 30 days)
PRECISION XTRA TEST	3	MO
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
<i>saxagliptin</i>	3	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
SOLQUA 100/33	3	MO; QL (90 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
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)
<b>MISCELLANEOUS HORMONES</b>		

Drug Name	Drug Tier	Requirements /Limits
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
<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	
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO; 30D
FABRAZYME	5	PA; MO; 30D
KANUMA	5	PA; MO; 30D

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Drug Name	Drug Tier	Requirements /Limits
KORLYM	5	PA; 30D
LUMIZYME	5	PA; MO; 30D
MEPSEVII	5	PA; MO; 30D
<i>mifepristone oral tablet 300 mg</i>	5	PA; 30D
MYALEPT	5	PA; MO; LA; 30D
NAGLAZYME	5	PA; MO; LA; 30D
NATPARA	5	PA; 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
<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; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO; 30D
VIMIZIM	5	PA; MO; LA; 30D
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<b>THYROID HORMONES</b>		
<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

<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	
<i>atropine intravenous solution 0.4 mg/ml</i>	2	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	2	
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<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

<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<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 extended release</i>	5	MO; 30D
<b>CHENODAL</b>	5	PA; LA; 30D

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Drug Name	Drug Tier	Requirements /Limits
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
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>generlac</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral</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)
<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

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This drug list was last updated on 04/01/2024.

Drug Name	Drug Tier	Requirements /Limits
<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 oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
MOVANTIK	3	MO; QL (30 per 30 days)
OICALIVA	5	PA; MO; LA; 30D; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<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

Drug Name	Drug Tier	Requirements /Limits
<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 sul-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
<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	
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)

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Drug Name	Drug Tier	Requirements /Limits
<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)
<i>sodium,potassium,m ag sulfates oral recon soln 17.5- 3.13-1.6 gram</i>	4	MO
<i>sodium,potassium,m ag sulfates oral recon soln 17.5- 3.13-1.6 gram 2 pack (480ml)</i>	4	
SUCRAID	5	PA; 30D
<i>sulfasalazine</i>	2	MO
TRULANCE	3	MO; QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI	3	B/D PA
VIOKACE	3	MO

**ULCER THERAPY**

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

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

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	B/D PA; MO; 30D
ARCALYST	5	PA; 30D
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; 30D; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; 30D; QL (1 per 28 days)
BESREMI	5	PA; LA; 30D
BETASERON SUBCUTANEOUS KIT	5	PA; MO; 30D; QL (14 per 28 days)
ILARIS (PF)	5	PA; MO; LA; 30D; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	5	PA; MO; 30D
MOZOBIL	5	B/D PA; MO; 30D

Drug Name	Drug Tier	Requirements /Limits
NIVESTYM	5	PA; MO; 30D
NYVEPRIA	5	PA; MO; 30D
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML)	5	PA; MO; 30D
OMNITROPE SUBCUTANEOUS CARTRIDGE 5 MG/1.5 ML (3.3 MG/ML)	5	PA; 30D
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MO; 30D
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; 30D; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; 30D; QL (2 per 28 days)
<i>plerixafor</i>	5	B/D PA; MO; 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
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO; 30D

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Drug Name	Drug Tier	Requirements /Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; 30D
<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
ABRYSVO	6	V
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT )(PF)	6	V
AREXVY (PF)	6	V
BCG VACCINE, LIVE (PF)	6	V
BEXSERO	6	V
BOOSTRIX TDAP	6	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAIXIA (PF)	3	
ENGERIX-B (PF)	6	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	6	B/D PA; V
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	6	V

Drug Name	Drug Tier	Requirements /Limits
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	6	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	6	B/D PA; V
HIBERIX (PF)	3	
HIZENTRA	5	B/D PA; MO; 30D
HYPERHEP B INTRAMUSCULAR SOLUTION	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	6	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL	6	V
IXIARO (PF)	6	V
JYNNEOS (PF)	6	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	6	V
MENQUADFI (PF)	6	V
MENVEO A-C-Y-W-135-DIP (PF)	6	V

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Drug Name	Drug Tier	Requirements /Limits
M-M-R II (PF)	6	V
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	6	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF)	6	B/D PA; V
PRIORIX (PF)	6	V
PRIVIGEN	5	PA; MO; 30D
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	6	V
RECOMBIVAX HB (PF)	6	B/D PA; V
ROTARIX	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	6	V; QL (2 per 720 days)
TDVAX	6	V
TENIVAC (PF)	6	V
TETANUS, DIPHTHERIA TOX PED(PF)	3	
TICE BCG	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	

Drug Name	Drug Tier	Requirements /Limits
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	6	V
TWINRIX (PF)	6	V
TYPHIM VI	6	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	6	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	6	V
VARIVAX (PF)	6	V
VARIZIG	3	
YF-VAX (PF)	6	V

**MISCELLANEOUS SUPPLIES**

**MISCELLANEOUS SUPPLIES**

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Drug Name	Drug Tier	Requirements /Limits
BD INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 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", 1/2 ML 31 GAUGE X 15/64"	3	MO
BD PEN NEEDLE	3	MO
BD PEN NEEDLE	3	
CEQR 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
FREESTYLE INSULINX	3	
FREESTYLE LIBRE 14 DAY READER	3	
FREESTYLE LIBRE 14 DAY SENSOR	3	MO

Drug Name	Drug Tier	Requirements /Limits
FREESTYLE LIBRE 2 READER	3	MO
FREESTYLE LIBRE 2 SENSOR	3	MO
FREESTYLE LIBRE 3 READER	3	MO
FREESTYLE LIBRE 3 SENSOR	3	MO
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
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6 PODS (GEN 5)	3	MO
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)

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Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT	5	PA; MO; 30D; QL (4 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; 30D; QL (2 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; 30D; QL (4 per 28 days)
ADALIMUMAB-ADBM(CF) PEN CROHNS	5	PA; 30D; QL (6 per 180 days)
ADALIMUMAB-ADBM(CF) PEN PS-UV	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)
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)

Drug Name	Drug Tier	Requirements /Limits
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)
HUMIRA PEN CROHNS-UC-HS START (ONLY NDCS STARTING WITH 00074)	5	PA; 30D; QL (6 per 180 days)
HUMIRA PEN PSOR-UEVITS-ADOL HS (ONLY NDCS STARTING WITH 00074)	5	PA; 30D; QL (4 per 180 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) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; 30D; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; 30D; QL (2 per 180 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)

Drug Name	Drug Tier	Requirements /Limits
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; MO; 30D; QL (4 per 180 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	5	PA; MO; 30D; QL (3 per 180 days)
HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	5	PA; MO; 30D; QL (1.6 per 28 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)

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Drug Name	Drug Tier	Requirements /Limits
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; MO; 30D; QL (1.6 per 28 days)
HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; MO; 30D; QL (2.4 per 180 days)
HYRIMOZ PEN PSORIASIS STARTER	5	PA; MO; 30D; QL (1.6 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; 30D; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML- 40 MG/0.4 ML	5	PA; MO; 30D; QL (1.2 per 180 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 (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 ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; 30D; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; 30D; QL (84 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
XELJANZ ORAL SOLUTION	5	PA; MO; 30D; QL (300 per 30 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

<i>amabelz</i>	3	PA
<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	3	PA; MO; QL (8 per 28 days)
<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 0.025 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	PA; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr</i>	3	PA; MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol valerate</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	PA; MO
<i>fyavolv</i>	4	PA; MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	30D
<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
MENEST	3	PA; MO
<i>mimvey</i>	3	PA; MO
<i>nora-be</i>	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
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	3	MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	4	MO

### MISCELLANEOUS OB/GYN

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Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin phosphate vaginal</i>	4	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	
<i>metronidazole vaginal</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	LA
MYFEMBREE	5	PA; MO; 30D
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO
<i>xulane</i>	4	MO
<i>zafemy</i>	4	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<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.estradiol</i>	2	

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

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Drug Name	Drug Tier	Requirements /Limits
<i>larin fe 1/20 (28)</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	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	MO
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutra (28)</i>	2	MO
<i>marlissa (28)</i>	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 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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	
<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-estarylla</i>	2	MO
<i>tri-legest fe</i>	4	MO
<i>tri-linyah</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>tri-lo-estarylla</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
<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
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### OPHTHALMOLOGY

#### ANTIBIOTICS

<i>bacitracin ophthalmic (eye)</i>	3	MO
<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	

Drug Name	Drug Tier	Requirements /Limits
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
NATACYN	4	
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO
<i>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
ZIRGAN	4	MO

#### BETA-BLOCKERS

<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	3	MO
<i>balanced salt</i>	2	
<i>bss</i>	2	
CIMERLI	5	PA; MO; 30D
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA; 30D
<i>epinastine</i>	3	MO
EYLEA	5	PA; MO; 30D
<i>olopatadine ophthalmic (eye)</i>	3	MO
OXERVATE	5	PA; MO; 30D
PHOSPHOLINE IODIDE	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	

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Drug Name	Drug Tier	Requirements /Limits
XDEMVY	5	PA; 30D; QL (10 per 42 days)
XIIDRA	3	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO
<b>OTHER GLAUCOMA DRUGS</b>		
<i>dorzolamide</i>	2	MO
<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
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<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

Drug Name	Drug Tier	Requirements /Limits
<i>neo-polycin hc</i>	3	
<i>tobramycin-dexamethasone</i>	3	MO; QL (10 per 14 days)
<b>STEROIDS</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	3	MO
<i>loteprednol etabonate</i>	3	MO
<b>OZURDEX</b>	5	MO; 30D
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
<b>SYMPATHOMIMETICS</b>		
<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
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS</b>		
<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

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

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Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<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)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	QL (13 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ASMANEX HFA INHALATION HFA AEROSOL INHALER 200 MCG/ACTUATION	3	MO; QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30)	3	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)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
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)
<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	MO; 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)

Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	4	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propionate-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate</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

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Drug Name	Drug Tier	Requirements /Limits
OFEV	5	PA; MO; 30D; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA; 30D
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)
<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	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>roflumilast</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	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)
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	

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Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</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)
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 inhub</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; 30D; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; 30D; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; 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

MYRBETRIQ ORAL SUSPENSION, EXTENDED 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>tropium oral tablet</i>	2	MO

### BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

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Drug Name	Drug Tier	Requirements /Limits
<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
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	
<i>plasbumin 25 %</i>	4	
<i>plasbumin 5 %</i>	4	

#### ELECTROLYTES

Drug Name	Drug Tier	Requirements /Limits
<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
<i>lactated ringers intravenous</i>	4	MO
<i>magnesium chloride injection</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium acetate</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	4	
<i>sodium bicarbonate intravenous</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	MO
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO
<i>sodium chloride intravenous</i>	4	
<i>sodium phosphate</i>	4	MO
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		

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Drug Name	Drug Tier	Requirements /Limits
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
<i>electrolyte-148</i>	3	
<i>electrolyte-48 in d5w</i>	4	
<i>electrolyte-a</i>	3	

Drug Name	Drug Tier	Requirements /Limits
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
PLASMA-LYTE A	3	
<i>plasmanate</i>	4	
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO
<i>wescap-pn dha</i>	2	MO

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

This drug list was last updated on 04/01/2024.

## Index

<b>A</b>		
<i>abacavir</i> .....	10	
<i>abacavir-lamivudine</i> .....	10	
ABELCET.....	10	
ABILIFY ASIMTUFII.....	42	
ABILIFY MAINTENA.....	42	
<i>abiraterone</i> .....	20	
ABRAXANE.....	20	
ABRYSVO.....	75	
<i>acamprosate</i> .....	62	
<i>acarbose</i> .....	65	
<i>accutane</i> .....	59	
<i>acebutolol</i> .....	50	
<i>acetaminophen-codeine</i> .....	39	
<i>acetazolamide</i> .....	86	
<i>acetazolamide sodium</i> .....	86	
<i>acetic acid</i> .....	62, 64	
<i>acetylcysteine</i> .....	62, 87	
<i>acitretin</i> .....	57	
ACTEMRA.....	78	
ACTEMRA ACTPEN.....	78	
ACTHIB (PF).....	75	
ACTIMMUNE.....	74	
<i>acyclovir</i> .....	10, 60	
<i>acyclovir sodium</i> .....	10	
ADACEL(TDAP ADOLESN/ADULT)(PF)	75	
ADALIMUMAB-ADAZ.....	78	
ADALIMUMAB-ADBM.....	79	
ADALIMUMAB-ADBM(CF) PEN CROHNS.....	79	
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	79	
ADCETRIS.....	20	
<i>adefovir</i> .....	10	
ADEMPAS.....	87	
<i>adenosine</i> .....	49	
<i>adrenalin</i> .....	87	
ADSTILADRIN.....	20	
AKEEGA.....	20	
<i>ala-cort</i> .....	60	
<i>albendazole</i> .....	15	
<i>albumin, human 25 %</i> .....	92	
<i>alburx (human) 25 %</i> .....	92	
<i>alburx (human) 5 %</i> .....	92	
<i>albutein 25 %</i> .....	92	
<i>albutein 5 %</i> .....	92	
<i>albuterol sulfate</i> .....	87, 88	
<i>alclometasone</i> .....	60	
<i>alcohol pads</i> .....	65	
ALDURAZYME.....	68	
ALECENSA.....	20	
<i>alendronate</i> .....	78	
<i>alfuzosin</i> .....	92	
ALIQOPA.....	20	
<i>aliskiren</i> .....	50	
<i>allopurinol</i> .....	78	
<i>allopurinol sodium</i> .....	78	
<i>aloprim</i> .....	78	
<i>alosetron</i> .....	70	
<i>altavera (28)</i> .....	83	
ALUNBRIG.....	20	
<i>alyacen 1/35 (28)</i> .....	83	
<i>alyacen 7/7/7 (28)</i> .....	83	
<i>alyq</i> .....	88	
<i>amabelz</i> .....	82	
<i>amantadine hcl</i> .....	10	
<i>ambrisentan</i> .....	88	
<i>amikacin</i> .....	15	
<i>amiloride</i> .....	50	
<i>amiloride-hydrochlorothiazide</i> .....	50	
<i>aminocaproic acid</i> .....	53	
<i>amiodarone</i> .....	49, 50	
<i>amitriptyline</i> .....	42	
<i>amlodipine</i> .....	50	
<i>amlodipine-benazepril</i> .....	50	
<i>amlodipine-olmesartan</i> .....	50	
<i>amlodipine-valsartan</i> .....	50	
<i>amlodipine-valsartan-hcthiazid</i> .....	50	
<i>ammonium lactate</i> .....	57	
<i>amnesteem</i> .....	59	
<i>amoxapine</i> .....	42	
<i>amoxicillin</i> .....	17	
<i>amoxicillin-pot clavulanate</i> ..	18	
<i>amphotericin b</i> .....	10	
<i>ampicillin</i> .....	18	
<i>ampicillin sodium</i> .....	18	
<i>ampicillin-sulbactam</i> .....	18	
<i>anagrelide</i> .....	62	
<i>anastrozole</i> .....	21	
APOKYN.....	37	
<i>apomorphine</i> .....	37	
<i>apraclonidine</i> .....	87	
<i>aprepitant</i> .....	70	
APRETUDE.....	10	
<i>apri</i> .....	83	
APTIOM.....	33	
APTIVUS.....	10	
<i>aranelle (28)</i> .....	83	
ARCALYST.....	74	
AREXVY (PF).....	75	
<i>arformoterol</i> .....	88	
ARIKAYCE.....	15	
<i>aripiprazole</i> .....	42, 43	
ARISTADA.....	43	
ARISTADA INITIO.....	43	
<i>armodafinil</i> .....	43	
<i>arsenic trioxide</i> .....	21	
<i>asenapine maleate</i> .....	43	
ASMANEX HFA.....	88	
ASMANEX TWISTHALER	88	
ASPARLAS.....	21	
<i>aspirin-dipyridamole</i> .....	53	
<i>atazanavir</i> .....	10	
<i>atenolol</i> .....	50	
<i>atenolol-chlorthalidone</i> .....	50	
<i>atomoxetine</i> .....	43	
<i>atorvastatin</i> .....	55	
<i>atovaquone</i> .....	15	
<i>atovaquone-proguanil</i> .....	15	
<i>atropine</i> .....	70, 86	
ATROVENT HFA.....	89	
<i>aubra eq</i> .....	83	
AUGMENTIN.....	18	

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 04/01/2024.

AUGTYRO .....	21	BICILLIN L-A .....	18	<i>calcium acetate(phosphat bind)</i>	92
AUVELITY.....	43	BIKTARVY .....	11	.....	92
<i>aviane</i> .....	83	<i>bisoprolol fumarate</i> .....	50	<i>calcium chloride</i> .....	92
AVONEX.....	74	<i>bisoprolol-hydrochlorothiazide</i>	50	<i>calcium gluconate</i> .....	92
AYVAKIT.....	21	.....	50	CALQUENCE.....	21
<i>azacitidine</i> .....	21	<i>bleomycin</i> .....	21	CALQUENCE	
<i>azathioprine</i> .....	21	BLINCYTO.....	21	(ACALABRUTINIB MAL)	
<i>azathioprine sodium</i> .....	21	BOOSTRIX TDAP.....	75	.....	21
<i>azelastine</i> .....	63, 86	<i>bortezomib</i> .....	21	<i>camila</i> .....	82
<i>azithromycin</i> .....	14, 15	BORTEZOMIB .....	21	<i>candesartan</i> .....	50
<i>aztreonam</i> .....	15	<i>bosentan</i> .....	89	<i>candesartan-</i>	
<i>azurette (28)</i> .....	83	BOSULIF .....	21	<i>hydrochlorothiazid</i> .....	50
<b>B</b>		BRAFTOVI.....	21	CAPLYTA.....	43
<i>bacitracin</i> .....	15, 85	<i>breyana</i> .....	89	CAPRELSA.....	22
<i>bacitracin-polymyxin b</i> .....	85	BREZTRI AEROSPHERE..	89	<i>captopril</i> .....	51
<i>baclofen</i> .....	39	BRILINTA .....	53	<i>captopril-hydrochlorothiazide</i>	
<i>balanced salt</i> .....	86	<i>brimonidine</i> .....	87	.....	51
<i>balsalazide</i> .....	70	BRIUMVI.....	38	<i>carbamazepine</i> .....	34
BALVERSA.....	21	BRIVIACT .....	33, 34	<i>carbidopa</i> .....	37
BARACLUDE .....	11	<i>bromocriptine</i> .....	37	<i>carbidopa-levodopa</i> .....	37
BAVENCIO .....	21	BRUKINSA.....	21	<i>carbidopa-levodopa-</i>	
BCG VACCINE, LIVE (PF)	75	<i>bss</i> .....	86	<i>entacapone</i> .....	37
BD INSULIN SYRINGE .....	77	<i>budesonide</i> .....	70, 89	<i>carboplatin</i> .....	22
BD PEN NEEDLE .....	77	<i>budesonide-formoterol</i> .....	89	<i>carglumic acid</i> .....	62
BELEODAQ .....	21	<i>bumetanide</i> .....	50	<i>carmustine</i> .....	22
<i>benazepril</i> .....	50	<i>buprenorphine hcl</i> .....	40	<i>carteolol</i> .....	85
<i>benazepril-hydrochlorothiazide</i>		<i>buprenorphine-naloxone</i> .....	41	<i>cartia xt</i> .....	51
.....	50	<i>bupropion hcl</i> .....	43	<i>carvedilol</i> .....	51
<i>bendamustine</i> .....	21	<i>bupropion hcl (smoking deter)</i>		<i>caspofungin</i> .....	10
BENDEKA.....	21	.....	63	CAYSTON .....	15
BENLYSTA .....	79	<i>bupirone</i> .....	43	<i>cefaclor</i> .....	13
<i>benztropine</i> .....	37	<i>busulfan</i> .....	21	<i>cefadroxil</i> .....	13
BESPONSA .....	21	<i>butorphanol</i> .....	41	<i>cefazolin</i> .....	14
BESREMI.....	74	BYDUREON BCISE .....	65	<i>cefazolin in dextrose (iso-os)</i>	13
<i>betaine</i> .....	70	BYETTA .....	65	<i>cefdinir</i> .....	14
<i>betamethasone dipropionate</i>	60	<b>C</b>		<i>cefepime</i> .....	14
<i>betamethasone valerate</i> .....	60	CABENUVA.....	11	<i>cefepime in dextrose,iso-osm</i>	14
<i>betamethasone, augmented</i> ..	60	<i>cabergoline</i> .....	68	<i>cefixime</i> .....	14
BETASERON .....	74	CABLIVI.....	53	<i>cefoxitin</i> .....	14
<i>betaxolol</i> .....	50, 85	CABOMETYX.....	21	<i>cefoxitin in dextrose, iso-osm</i>	
<i>bethanechol chloride</i> .....	92	<i>caffeine citrate</i> .....	62	.....	14
<i>bexarotene</i> .....	21	<i>calcipotriene</i> .....	57	<i>cefpodoxime</i> .....	14
BEXSERO.....	75	<i>calcitonin (salmon)</i> .....	68	<i>cefprozil</i> .....	14
<i>bicalutamide</i> .....	21	<i>calcitriol</i> .....	68	<i>ceftazidime</i> .....	14
BICILLIN C-R .....	18			<i>ceftriaxone</i> .....	14

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 04/01/2024.

<i>ceftriaxone in dextrose,iso-os</i> .....	14	<i>clindamycin in 5 % dextrose</i>	15	COPIKTRA .....	22
<i>cefuroxime axetil</i> .....	14	<i>clindamycin phosphate</i> ..	15, 59, 83	CORLANOR .....	56
<i>cefuroxime sodium</i> .....	14	CLINIMIX 5%/D15W		CORTIFOAM.....	71
<i>celecoxib</i> .....	42	SULFITE FREE .....	94	<i>cortisone</i> .....	64
<i>cephalexin</i> .....	14	CLINIMIX 4.25%/D10W		COSMEGEN .....	22
CEPROTIN (BLUE BAR)...	53	SULF FREE .....	94	COTELLIC.....	22
CEPROTIN (GREEN BAR) 53		CLINIMIX 4.25%/D5W		CREON.....	71
CEQR SIMPLICITY		SULFIT FREE.....	62	CRESEMBA.....	10
INSERTER.....	77	CLINIMIX 5%-		<i>cromolyn</i> .....	71, 86, 89
<i>cetirizine</i> .....	87	D20W(SULFITE-FREE)..	94	<i>crotan</i> .....	61
CHEMET .....	62	CLINIMIX 6%-D5W		<i>cryelle (28)</i> .....	83
CHENODAL.....	70	(SULFITE-FREE) .....	94	CRYSVITA .....	68
<i>chloramphenicol sod succinate</i> .....	15	CLINIMIX 8%-		<i>cyclobenzaprine</i> .....	39
<i>chlorhexidine gluconate</i> .....	63	D10W(SULFITE-FREE)..	94	<i>cyclophosphamide</i> .....	22
<i>chloroprocaine (pf)</i> .....	57	CLINIMIX 8%-		CYCLOPHOSPHAMIDE ....	22
<i>chloroquine phosphate</i> .....	15	D14W(SULFITE-FREE)..	94	<i>cyclosporine</i> .....	22, 86
<i>chlorothiazide sodium</i> .....	51	<i>clobazam</i> .....	34	<i>cyclosporine modified</i> .....	22
<i>chlorpromazine</i> .....	43	<i>clobetasol</i> .....	60, 61	CYLTEZO(CF) .....	79
<i>chlorthalidone</i> .....	51	<i>clobetasol-emollient</i> .....	61	CYLTEZO(CF) PEN.....	79
CHOLBAM.....	71	<i>clodan</i> .....	61	CYLTEZO(CF) PEN	
<i>cholestyramine (with sugar)</i> .....	55	<i>clofarabine</i> .....	22	CROHN'S-UC-HS .....	79
<i>cholestyramine light</i> .....	55	<i>clomid</i> .....	68	CYLTEZO(CF) PEN	
<i>ciclodan</i> .....	59	<i>clomiphene citrate</i> .....	68	PSORIASIS-UV .....	79
<i>ciclopirox</i> .....	59	<i>clomipramine</i> .....	43	CYRAMZA .....	22
<i>cidofovir</i> .....	11	<i>clonazepam</i> .....	34	<i>cyred eq</i> .....	83
<i>cilostazol</i> .....	53	<i>clonidine (pf)</i> .....	42, 51	CYSTAGON .....	92
CIMDUO.....	11	<i>clonidine hcl</i> .....	43, 51	CYSTARAN.....	86
CIMERLI .....	86	<i>clonidine transdermal patch</i> .....	51	<i>cytarabine</i> .....	22
<i>cinacalcet</i> .....	68	<i>clopidogrel</i> .....	53	<i>cytarabine (pf)</i> .....	22
CINRYZE.....	89	<i>clorazepate dipotassium</i> .....	44	<b>D</b>	
CINVANTI.....	71	<i>clotrimazole</i> .....	10, 60	<i>d10 %-0.45 % sodium chloride</i> .....	62
<i>ciprofloxacin</i> .....	19	<i>clotrimazole-betamethasone</i> .....	60	<i>d2.5 %-0.45 % sodium</i> <i>chloride</i> .....	62
<i>ciprofloxacin hcl</i> .....	18, 19, 64, 85	<i>clozapine</i> .....	44	<i>d5 % and 0.9 % sodium</i> <i>chloride</i> .....	62
<i>ciprofloxacin in 5 % dextrose</i> .....	19	COARTEM .....	15	<i>d5 %-0.45 % sodium chloride</i> .....	62
<i>ciprofloxacin-dexamethasone</i> .....	64	<i>colchicine</i> .....	78	<i>dabigatran etexilate</i> .....	53
<i>cisplatin</i> .....	22	<i>colesevelam</i> .....	55	<i>dacarbazine</i> .....	22
<i>citalopram</i> .....	43	<i>colestipol</i> .....	55	<i>dactinomycin</i> .....	22
<i>cladribine</i> .....	22	<i>colistin (colistimethate na)</i> ...	15	<i>dalfampridine</i> .....	38
<i>claravis</i> .....	59	COLUMVI .....	22	<i>danazol</i> .....	68
<i>clarithromycin</i> .....	15	COMBIVENT RESPIMAT ..	89	<i>dantrolene</i> .....	39
<i>clindamycin hcl</i> .....	15	COMETRIQ .....	22	DANYELZA .....	22
		COMPLERA .....	11		
		<i>compro</i> .....	71		
		<i>constulose</i> .....	71		

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

This drug list was last updated on 04/01/2024.

<i>dapsone</i> .....	15	<i>dextrose 10 % and 0.2 % nacl</i> .....	62	<i>dopamine in 5 % dextrose</i> ....	56
DAPTACEL (DTAP PEDIATRIC) (PF).....	75	<i>dextrose 10 % in water (d10w)</i> .....	62	DOPTELET (10 TAB PACK) .....	53
<i>daptomycin</i> .....	16	<i>dextrose 25 % in water (d25w)</i> .....	62	DOPTELET (15 TAB PACK) .....	53
DAPTOMYCIN .....	15	<i>dextrose 5 % in water (d5w)</i> .....	62	DOPTELET (30 TAB PACK) .....	53
<i>darunavir</i> .....	11	<i>dextrose 5 %-lactated ringers</i> .....	62	<i>dorzolamide</i> .....	86
DARZALEX .....	23	<i>dextrose 5%-0.2 % sod</i> <i>chloride</i> .....	62	<i>dorzolamide-timolol</i> .....	86
<i>dasetta 1/35 (28)</i> .....	83	<i>dextrose 5%-0.3 %</i> <i>sod.chloride</i> .....	62	<i>dotti</i> .....	82
<i>dasetta 7/7/7 (28)</i> .....	83	<i>dextrose 50 % in water (d50w)</i> .....	62	DOVATO .....	11
<i>daunorubicin</i> .....	23	<i>dextrose 70 % in water (d70w)</i> .....	62	<i>doxazosin</i> .....	51
DAURISMO.....	23	DIACOMIT .....	34	<i>doxepin</i> .....	44
<i>deblitane</i> .....	82	<i>diazepam</i> .....	34, 44	<i>doxercalciferol</i> .....	68
<i>decitabine</i> .....	23	<i>diazepam intensol</i> .....	44	<i>doxorubicin</i> .....	23
<i>deferasirox</i> .....	62	<i>diazoxide</i> .....	65	<i>doxorubicin, peg-liposomal</i> ..	23
<i>deferiprone</i> .....	62	<i>diclofenac potassium</i> .....	42	<i>doxy-100</i> .....	19
<i>deferoxamine</i> .....	62	<i>diclofenac sodium</i> .....	42, 86	<i>doxycycline hyclate</i> .....	19
DELSTRIGO.....	11	<i>dicloxacillin</i> .....	18	<i>doxycycline monohydrate</i> ....	19
DENGVAXIA (PF).....	75	<i>dicyclomine</i> .....	70	DRIZALMA SPRINKLE.....	44
<i>denta 5000 plus</i> .....	63	DIFICID .....	15	<i>dronabinol</i> .....	71
<i>dentagel</i> .....	63	<i>diflunisal</i> .....	42	<i>droperidol</i> .....	71
DEPO-SUBQ PROVERA 104 .....	82	<i>digoxin</i> .....	56	DROPSAFE ALCOHOL PREP PADS .....	65
<i>dermacinrx lidocan</i> .....	58	<i>dihydroergotamine</i> .....	37	<i>drospirenone-ethinyl estradiol</i> .....	83
DESCOVY .....	11	DILANTIN 30 MG .....	34	DROXIA.....	23
<i>desipramine</i> .....	44	<i>diltiazem hcl</i> .....	51	<i>droxidopa</i> .....	62
<i>desmopressin</i> .....	68	<i>dilt-xr</i> .....	51	DULERA.....	89
<i>desog-e.estradiol/e.estradiol</i> 83		<i>dimenhydrinate</i> .....	71	<i>duloxetine</i> .....	44
<i>desogestrel-ethinyl estradiol</i> 83		<i>dimethyl fumarate</i> .....	38	DUPIXENT PEN.....	58
<i>desonide</i> .....	61	<i>diphenhydramine hcl</i> .....	87	DUPIXENT SYRINGE.....	58
<i>desvenlafaxine succinate</i> .....	44	<i>diphenoxylate-atropine</i> .....	70	<i>dutasteride</i> .....	92
<i>dexamethasone</i> .....	64	<i>dipyridamole</i> .....	53	<b>E</b>	
<i>dexamethasone intensol</i> .....	64	<i>disulfiram</i> .....	62	<i>e.e.s. 400</i> .....	15
<i>dexamethasone sodium phos</i> <i>(pf)</i> .....	64	<i>divalproex</i> .....	34	<i>ec-naproxen</i> .....	42
<i>dexamethasone sodium</i> <i>phosphate</i> .....	64, 87	<i>dobutamine</i> .....	56	<i>econazole</i> .....	60
DEXCOM G6 RECEIVER..	77	<i>dobutamine in d5w</i> .....	56	EDURANT .....	11
DEXCOM G6 SENSOR .....	77	<i>docetaxel</i> .....	23	<i>efavirenz</i> .....	11
DEXCOM G6 TRANSMITTER.....	77	<i>dofetilide</i> .....	50	<i>efavirenz-emtricitabin-tenofov</i> .....	11
DEXCOM G7 RECEIVER..	77	<i>donepezil</i> .....	38	<i>efavirenz-lamivu-tenofov disop</i> .....	11
DEXCOM G7 SENSOR .....	77	<i>dopamine</i> .....	56	<i>effer-k</i> .....	92
<i>dexrazoxane hcl</i> .....	20			ELAPRASE.....	68
<i>dextroamphetamine-</i> <i>amphetamine</i> .....	44				

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

This drug list was last updated on 04/01/2024.

<i>electrolyte-148</i> .....	94	<i>enulose</i> .....	71	<i>everolimus</i>	
<i>electrolyte-48 in d5w</i> .....	94	ENVARUS XR .....	23	( <i>immunosuppressive</i> ).....	24
<i>electrolyte-a</i> .....	94	EPCLUSA .....	11	EVOTAZ .....	11
ELIGARD .....	23	EPIDIOLEX .....	34	<i>exemestane</i> .....	24
ELIGARD (3 MONTH).....	23	<i>epinastine</i> .....	86	EXKIVITY .....	24
ELIGARD (4 MONTH).....	23	<i>epinephrine</i> .....	87	EYLEA .....	86
ELIGARD (6 MONTH).....	23	<i>epirubicin</i> .....	23	<i>ezetimibe</i> .....	55
<i>elimest</i> .....	83	<i>epitol</i> .....	34	<i>ezetimibe-simvastatin</i> .....	55
ELIQUIS .....	53	EPKINLY .....	23	<b>F</b>	
ELIQUIS DVT-PE TREAT		<i>eplerenone</i> .....	51	FABRAZYME .....	68
30D START .....	53	EPRONTIA .....	34	<i>falmina (28)</i> .....	83
ELITEK.....	20	ERBITUX.....	23	<i>famciclovir</i> .....	11
ELMIRON.....	92	<i>ergotamine-caffeine</i> .....	37	<i>famotidine</i> .....	73
ELREXFIO.....	23	ERIVEDGE.....	23	<i>famotidine (pf)</i> .....	73
<i>eluryng</i> .....	83	ERLEADA .....	23	<i>famotidine (pf)-nacl (iso-os)</i> .....	73
ELZONRIS.....	23	<i>erlotinib</i> .....	23, 24	FANAPT.....	44
EMCYT.....	23	<i>errin</i> .....	82	FARXIGA .....	65
EMEND.....	71	<i>ertapenem</i> .....	16	<i>febuxostat</i> .....	78
EMGALITY PEN .....	37	ERWINASE .....	24	<i>felbamate</i> .....	34
EMGALITY SYRINGE.....	37	<i>ery pads</i> .....	59	<i>felodipine</i> .....	51
EMPLICITI.....	23	<i>ery-tab</i> .....	15	<i>fenofibrate</i> .....	55
EMSAM .....	44	<i>erythrocin (as stearate)</i> .....	15	<i>fenofibrate micronized</i> .....	55
<i>emtricitabine</i> .....	11	<i>erythromycin</i> .....	15, 85	<i>fenofibrate nanocrystallized</i> .....	55
<i>emtricitabine-tenofovir (tdf)</i> .....	11	<i>erythromycin ethylsuccinate</i> .....	15	<i>fenofibric acid</i> .....	55
EMTRIVA.....	11	<i>erythromycin with ethanol</i> .....	59	<i>fenofibric acid (choline)</i> .....	55
EMVERM .....	16	<i>escitalopram oxalate</i> .....	44	<i>fentanyl</i> .....	40
<i>enalapril maleate</i> .....	51	<i>esmolol</i> .....	51	<i>fentanyl citrate</i> .....	40
<i>enalaprilat</i> .....	51	<i>esomeprazole magnesium</i> .....	73	<i>fentanyl citrate (pf)</i> .....	40
<i>enalapril-hydrochlorothiazide</i>		<i>esomeprazole sodium</i> .....	73	FETZIMA.....	44
.....	51	<i>estarylla</i> .....	83	<i>finasteride</i> .....	92
ENBREL .....	79	<i>estradiol</i> .....	82	<i>fingolimod</i> .....	38
ENBREL MINI.....	79	<i>estradiol valerate</i> .....	82	FINTEPLA .....	34
ENBREL SURECLICK .....	79	<i>estradiol-norethindrone acet</i> .....	82	FIRDAPSE .....	38
ENDARI.....	62	<i>ethacrynate sodium</i> .....	51	FIRMAGON KIT W	
<i>endocet</i> .....	40	<i>ethambutol</i> .....	16	DILUENT SYRINGE .....	24
ENGERIX-B (PF) .....	75	<i>ethosuximide</i> .....	34	<i>flac otic oil</i> .....	64
ENGERIX-B PEDIATRIC		<i>ethynodiol diac-eth estradiol</i> .....	83	<i>flecainide</i> .....	50
(PF).....	75	<i>etodolac</i> .....	42	<i>floxuridine</i> .....	24
<i>enoxaparin</i> .....	54	<i>etonogestrel-ethinyl estradiol</i>		<i>fluconazole</i> .....	10
<i>enpresse</i> .....	83	.....	83	<i>fluconazole in nacl (iso-osm)</i> .....	10
<i>enskyce</i> .....	83	ETOPOPHOS.....	24	<i>flucytosine</i> .....	10
<i>entacapone</i> .....	37	<i>etoposide</i> .....	24	<i>fludarabine</i> .....	24
<i>entecavir</i> .....	11	<i>etravirine</i> .....	11	<i>fludrocortisone</i> .....	64
ENTRESTO .....	56	<i>euthyrox</i> .....	70	<i>flumazenil</i> .....	44
ENTYVIO .....	71	<i>everolimus (antineoplastic)</i> ..	24	<i>flunisolide</i> .....	89

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 04/01/2024.

<i>fluocinolone</i> .....	61	<b>FREESTYLE LIBRE 3</b>		<i>glipizide</i> .....	65, 66
<i>fluocinolone acetonide oil</i> ....	64	<b>READER</b> .....	77	<i>glipizide-metformin</i> .....	66
<i>fluocinolone and shower cap</i>	61	<b>FREESTYLE LIBRE 3</b>		<i>glycine urologic</i> .....	92
<i>fluocinonide</i> .....	61	<b>SENSOR</b> .....	77	<i>glycine urologic solution</i> .....	92
<i>fluocinonide-emollient</i> .....	61	<b>FREESTYLE LITE METER</b>	77	<i>glycopyrrolate</i> .....	70
<i>fluoride (sodium)</i> .....	63, 94	<b>FREESTYLE LITE STRIPS</b>	65	<i>glycopyrrolate (pf) in water</i> ..	70
<i>fluorometholone</i> .....	87	<b>FREESTYLE PRECISION</b>		<i>glydo</i> .....	58
<i>fluorouracil</i> .....	24, 58	<b>NEO STRIPS</b> .....	65	<i>granisetron (pf)</i> .....	71
<i>flouxetine</i> .....	45	<b>FREESTYLE TEST</b> .....	65	<i>granisetron hcl</i> .....	71
<i>fluphenazine decanoate</i> .....	45	<b>FRUZAQLA</b> .....	24	<i>griseofulvin microsize</i> .....	10
<i>fluphenazine hcl</i> .....	45	<i>fulvestrant</i> .....	25	<i>griseofulvin ultramicrosize</i> ...	10
<i>flurbiprofen</i> .....	42	<i>furosemide</i> .....	51	<b>GVOKE</b> .....	66
<i>flurbiprofen sodium</i> .....	86	<b>FUZEON</b> .....	11	<b>GVOKE HYPOPEN 1-PACK</b>	
<i>fluticasone propionate</i> .....	89	<b>FYARRO</b> .....	25	.....	66
<b>FLUTICASONE</b>		<i>fyavolv</i> .....	82	<b>GVOKE HYPOPEN 2-PACK</b>	
<b>PROPIONATE</b> .....	89	<b>FYCOMPA</b> .....	34	.....	66
<i>fluticasone propion-salmeterol</i>		<b>G</b>		<b>GVOKE PFS 1-PACK</b>	
.....	89	<i>gabapentin</i> .....	34, 35	<b>SYRINGE</b> .....	66
<i>fluvastatin</i> .....	55	<i>galantamine</i> .....	38	<b>GVOKE PFS 2-PACK</b>	
<i>fluvoxamine</i> .....	45	<b>GAMASTAN</b> .....	75	<b>SYRINGE</b> .....	66
<b>FOLOTYN</b> .....	24	<b>GAMASTAN S/D</b> .....	75	<b>H</b>	
<i>fomepizole</i> .....	75	<i>ganciclovir sodium</i> .....	11	<b>HALAVEN</b> .....	25
<i>fondaparinux</i> .....	54	<b>GARDASIL 9 (PF)</b> .....	75	<i>halobetasol propionate</i> .....	61
<i>formoterol fumarate</i> .....	89	<b>GATTEX 30-VIAL</b> .....	71	<i>haloperidol</i> .....	45
<i>fosamprenavir</i> .....	11	<b>GATTEX ONE-VIAL</b> .....	71	<i>haloperidol decanoate</i> .....	45
<i>fosaprepitant</i> .....	71	<b>GAUZE PAD</b> .....	77	<i>haloperidol lactate</i> .....	45
<i>fosinopril</i> .....	51	<i>gavilyte-c</i> .....	71	<b>HARVONI</b> .....	11
<i>fosinopril-hydrochlorothiazide</i>		<i>gavilyte-g</i> .....	71	<b>HAVRIX (PF)</b> .....	75
.....	51	<b>GAVRETO</b> .....	25	<i>heather</i> .....	82
<i>fosphephenytoin</i> .....	34	<b>GAZYVA</b> .....	25	<i>heparin (porcine)</i> .....	54
<b>FOTIVDA</b> .....	24	<i>gefitinib</i> .....	25	<i>heparin (porcine) in 5 % dex</i>	54
<b>FREESTYLE FREEDOM</b>		<i>gemcitabine</i> .....	25	<i>heparin (porcine) in nacl (pf)</i>	
<b>LITE</b> .....	77	<b>GEMCITABINE</b> .....	25	.....	54
<b>FREESTYLE INSULINX</b> ..	65,	<i>gemfibrozil</i> .....	55	<i>heparin(porcine) in 0.45% nacl</i>	
77		<i>generlac</i> .....	71	.....	54
<b>FREESTYLE INSULINX</b>		<i>gengraf</i> .....	25	<b>HEPARIN(PORCINE) IN</b>	
<b>TEST STRIPS</b> .....	65	<i>gentamicin</i> .....	16, 59, 85	<b>0.45% NACL</b> .....	54
<b>FREESTYLE LIBRE 14 DAY</b>		<i>gentamicin in nacl (iso-osm)</i>	16	<i>heparin, porcine (pf)</i> .....	54
<b>READER</b> .....	77	<i>gentamicin sulfate (ped) (pf)</i>	16	<b>HEPARIN, PORCINE (PF)</b> ..	55
<b>FREESTYLE LIBRE 14 DAY</b>		<b>GENVOYA</b> .....	11	<b>HEPLISAV-B (PF)</b> .....	75
<b>SENSOR</b> .....	77	<b>GILOTRIF</b> .....	25	<b>HIBERIX (PF)</b> .....	75
<b>FREESTYLE LIBRE 2</b>		<i>glatiramer</i> .....	38	<b>HIZENTRA</b> .....	75
<b>READER</b> .....	77	<i>glatopa</i> .....	38, 39	<b>HUMALOG JUNIOR</b>	
<b>FREESTYLE LIBRE 2</b>		<b>GLEOSTINE</b> .....	25	<b>KWIKPEN U-100</b> .....	66
<b>SENSOR</b> .....	77	<i>glimepiride</i> .....	65		

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

This drug list was last updated on 04/01/2024.

HUMALOG KWIKPEN INSULIN..... 66	HUMIRA(CF) PEN PSOR- UV-ADOL HS (ONLY NDCS STARTING WITH 00074)..... 80	IBRANCE.....25
HUMALOG MIX 50-50 INSULN U-100..... 66	HUMULIN 70/30 U-100 INSULIN.....66	<i>ibu</i> .....42
HUMALOG MIX 50-50 KWIKPEN ..... 66	HUMULIN 70/30 U-100 KWIKPEN.....66	<i>ibuprofen</i> .....42
HUMALOG MIX 75-25 KWIKPEN ..... 66	HUMULIN N NPH INSULIN KWIKPEN.....66	<i>ibutilide fumarate</i> .....50
HUMALOG MIX 75-25(U- 100)INSULN..... 66	HUMULIN N NPH U-100 INSULIN .....66	<i>icatibant</i> .....89
HUMALOG U-100 INSULIN ..... 66	HUMULIN R REGULAR U- 100 INSULN .....66	ICLUSIG .....25
HUMIRA (ONLY NDCS STARTING WITH 00074) ..... 79	HUMULIN R U-500 (CONC) INSULIN .....66	<i>icosapent ethyl</i> .....55
HUMIRA PEN (ONLY NDCS STARTING WITH 00074) ..... 79	HUMULIN R U-500 (CONC) KWIKPEN.....66	<i>idarubicin</i> .....25
HUMIRA PEN CROHNS-UC- HS START (ONLY NDCS STARTING WITH 00074) ..... 79	<i>hydralazine</i> .....51	IDHIFA.....25
HUMIRA PEN PSOR- UVEITS-ADOL HS (ONLY NDCS STARTING WITH 00074)..... 79	<i>hydrochlorothiazide</i> .....51	<i>ifosfamide</i> .....25
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) ..... 80	<i>hydrocodone-acetaminophen</i> 40	ILARIS (PF) .....74
HUMIRA(CF) PEDI CROHNS STARTER (ONLY NDCS STARTING WITH 00074) ..... 80	<i>hydrocodone-ibuprofen</i> .....40	<i>imatinib</i> .....25
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074)..... 80	<i>hydrocortisone</i> .....61, 64, 71	IMBRUVICA .....25, 26
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)..... 80	<i>hydrocortisone-acetic acid</i> ...64	IMFINZI .....26
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)..... 80	<i>hydromorphone</i> .....40	<i>imipenem-cilastatin</i> .....16
	<i>hydromorphone (pf)</i> .....40	<i>imipramine hcl</i> .....45
	<i>hydroxychloroquine</i> .....16	<i>imipramine pamoate</i> .....45
	<i>hydroxyprogesterone caproate</i> ..... 82	<i>imiquimod</i> .....58
	<i>hydroxyurea</i> .....25	IMJUDO .....26
	<i>hydroxyzine hcl</i> .....87	IMOVAX RABIES VACCINE (PF) .....75
	HYPERHEP B..... 75	<i>incassia</i> .....82
	HYPERHEP B NEONATAL .....75	INCRELEX .....62
	HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314)..... 80, 81	<i>indapamide</i> .....51
	HYRIMOZ PEN CROHN'S- UC STARTER.....81	INFANRIX (DTAP) (PF).....75
	HYRIMOZ PEN PSORIASIS STARTER .....81	INFLECTRA .....71
	HYRIMOZ(CF) PEDI CROHN STARTER .....81	INLYTA .....26
	<b>I</b>	INQOVI.....26
	<i>ibandronate</i> .....78	INREBIC .....26
		INSULIN GLARGINE.....66
		INSULIN LISPRO .....67
		INSULIN SYRINGE- NEEDLE U-100 .....77
		INSULIN SYRINGES (NON- PREFERRED BRANDS).77
		INTELENCE .....11
		<i>intralipid</i> .....94
		<i>introvale</i> .....83
		INVEGA HAFYERA .....45
		INVEGA SUSTENNA .....45
		INVEGA TRINZA .....46
		IPOL .....75
		<i>ipratropium bromide</i> .....63, 89
		<i>ipratropium-albuterol</i> .....89
		<i>irbesartan</i> .....51

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 04/01/2024.



<i>irbesartan-hydrochlorothiazide</i>	<i>kelnor 1-50 (28)</i> .....	<i>larin 1.5/30 (21)</i> .....
.....51	<i>kemoplat</i> .....	<i>larin 1/20 (21)</i> .....
<i>irinotecan</i> .....	26	<i>larin fe 1.5/30 (28)</i> .....
ISENTRESS .....	KEPIVANCE .....	<i>larin fe 1/20 (28)</i> .....
12	20	<i>latanoprost</i> .....
ISENTRESS HD .....	KERENDIA.....	86
11	51	<i>leflunomide</i> .....
<i>isibloom</i> .....	KESIMPTA PEN .....	81
83	39	<i>lenalidomide</i> .....
ISOLYTE S PH 7.4.....	<i>ketoconazole</i> .....	27
94	10, 60	LENVIMA.....
ISOLYTE-P IN 5 %	<i>ketorolac</i> .....	<i>lessina</i> .....
DEXTROSE.....	86	<i>letrozole</i> .....
94	KEYTRUDA .....	27
ISOLYTE-S.....	26	<i>leucovorin calcium</i> .....
94	KHAPZORY .....	20
<i>isoniazid</i> .....	KIMMTRAK.....	LEUKERAN.....
16	26	27
<i>isosorbide dinitrate</i> .....	KINRIX (PF).....	LEUKINE.....
57	75	74
<i>isosorbide mononitrate</i> .....	KISQALI.....	<i>leuprolide</i> .....
57	26, 27	27
<i>isotretinoin</i> .....	KISQALI FEMARA CO-	<i>levetiracetam</i> .....
59	PACK .....	35
ISTODAX .....	26	<i>levetiracetam in nacl (iso-os)</i>
26	<i>klayesta</i> .....	.....35
<i>itraconazole</i> .....	60	<i>levobunolol</i> .....
10	<i>klor-con 10</i> .....	85
<i>ivermectin</i> .....	92	<i>levocarnitine</i> .....
16, 59	<i>klor-con 8</i> .....	63
IWILFIN.....	92	<i>levocarnitine (with sugar)</i> ...
26	<i>klor-con m10</i> .....	62
IXEMPRA.....	92	<i>levocetirizine</i> .....
26	<i>klor-con m15</i> .....	87
IXIARO (PF).....	92	<i>levofloxacin</i> .....
75	<i>klor-con m20</i> .....	19, 85
<b>J</b>	<i>klor-con oral packet 20</i> .....	<i>levofloxacin in d5w</i> .....
JAKAFI.....	92	19
<i>jantoven</i> .....	<i>klor-con/ef</i> .....	<i>levoleucovorin calcium</i> .....
55	92	20
JANUMET .....	KORLYM.....	<i>levonest (28)</i> .....
67	69	84
JANUMET XR.....	KOSELUGO .....	<i>levonorgestrel-ethinyl estrad</i>
67	27	84
JANUVIA.....	<i>kourzeq</i> .....	<i>levonorg-eth estrad triphasic</i>
67	64	84
JARDIANCE.....	K-PHOS NO 2.....	<i>levora-28</i> .....
67	92	84
<i>jasmiel (28)</i> .....	K-PHOS ORIGINAL .....	<i>levo-t</i> .....
83	92	70
JAYPIRCA.....	KRAZATI .....	<i>levothyroxine</i> .....
26	27	70
JEMPERLI .....	<i>kurvelo (28)</i> .....	<i>levoxyl</i> .....
26	83	70
<i>jencycla</i> .....	KYPROLIS .....	LEXIVA .....
82	27	12
JEVTANA.....	<b>L</b>	LIBTAYO.....
26	<i>l norgest/e.estradiol-e.estrad</i>	27
<i>jinteli</i> .....	83	<i>lidocaine</i> .....
82	<i>labetalol</i> .....	58
<i>jolessa</i> .....	51	<i>lidocaine (pf)</i> .....
83	<i>lacosamide</i> .....	50, 58
<i>juleber</i> .....	35	<i>lidocaine hcl</i> .....
83	<i>lactated ringers</i> .....	58
JULUCA.....	62, 92	<i>lidocaine in 5 % dextrose (pf)</i>
12	<i>lactulose</i> .....	.....50
JUXTAPID.....	71	<i>lidocaine viscous</i> .....
55	LAGEVRIO (EUA).....	58
JYNNEOS (PF).....	12	<i>lidocaine-epinephrine</i> .....
75	<i>lamivudine</i> .....	58
<b>K</b>	12	<i>lidocaine-epinephrine (pf)</i> ...
KADCYLA .....	<i>lamivudine-zidovudine</i> .....	58
26	12	<i>lidocaine-prilocaine</i> .....
<i>kalliga</i> .....	35	<i>lidocan iii</i> .....
83	<i>lansoprazole</i> .....	58
KALYDECO.....	73	<i>lincomycin</i> .....
89	LANTUS SOLOSTAR U-100	16
KANUMA.....	INSULIN .....	16
68	67	<i>linezolid</i> .....
<i>kariva (28)</i> .....	LANTUS U-100 INSULIN ..	
83	67	
<i>kelnor 1/35 (28)</i> .....	<i>lapatinib</i> .....	
83	27	

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 04/01/2024.

<i>linezolid in dextrose 5%</i> .....	16	LYUMJEV U-100 INSULIN		<i>methazolamide</i> .....	86
<i>linezolid-0.9% sodium chloride</i>		.....	67	<i>methenamine hippurate</i> .....	19
.....	16	<i>lyza</i> .....	82	<i>methenamine mandelate</i> .....	20
LINZESS.....	71	<b>M</b>		<i>methimazole</i> .....	65
LIORESAL.....	39	<i>magnesium chloride</i> .....	92	<i>methotrexate sodium</i> .....	28
<i>liothyronine</i> .....	70	<i>magnesium sulfate</i> .....	92	<i>methotrexate sodium (pf)</i> .....	28
<i>lisinopril</i> .....	52	MAGNESIUM SULFATE IN		<i>methoxsalen</i> .....	58
<i>lisinopril-hydrochlorothiazide</i>		D5W .....	92	<i>methsuximide</i> .....	35
.....	52	<i>magnesium sulfate in water</i> ..	92	<i>methylergonovine</i> .....	85
<i>lithium carbonate</i> .....	46	<i>malathion</i> .....	61	<i>methylphenidate hcl</i> .....	46
<i>lithium citrate</i> .....	46	<i>mannitol 20 %</i> .....	52	<i>methylprednisolone</i> .....	64
LOKELMA .....	63	<i>mannitol 25 %</i> .....	52	<i>methylprednisolone acetate</i> ..	64
LONSURF.....	27	<i>maraviroc</i> .....	12	<i>methylprednisolone sodium</i>	
<i>loperamide</i> .....	70	MARGENZA .....	27	<i>succ</i> .....	64
<i>lopinavir-ritonavir</i> .....	12	<i>marlissa (28)</i> .....	84	<i>metoclopramide hcl</i> .....	72
LOQTORZI.....	27	MARPLAN .....	46	<i>metolazone</i> .....	52
<i>lorazepam</i> .....	46	MATULANE.....	27	<i>metoprolol succinate</i> .....	52
<i>lorazepam intensol</i> .....	46	<i>matzim la</i> .....	52	<i>metoprolol ta-hydrochlorothiaz</i>	
LORBRENA .....	27	<i>meclizine</i> .....	71	.....	52
<i>loryna (28)</i> .....	84	<i>medroxyprogesterone</i> .....	82	<i>metoprolol tartrate</i> .....	52
<i>losartan</i> .....	52	<i>mefloquine</i> .....	16	<i>metro i.v.</i> .....	16
<i>losartan-hydrochlorothiazide</i>		<i>megestrol</i> .....	27, 28	<i>metronidazole</i> .....	16, 59, 83
.....	52	MEKINIST .....	28	<i>metronidazole in nacl (iso-os)</i>	
<i>loteprednol etabonate</i> .....	87	MEKTOVI.....	28	.....	16
<i>lovastatin</i> .....	55	<i>meloxicam</i> .....	42	<i>metyrosine</i> .....	52
<i>low-ogestrel (28)</i> .....	84	<i>melphalan</i> .....	28	<i>mexiletine</i> .....	50
<i>loxapine succinate</i> .....	46	<i>melphalan hcl</i> .....	28	<i>micafungin</i> .....	10
<i>lo-zumandimine (28)</i> .....	84	<i>memantine</i> .....	39	<i>microgestin 1.5/30 (21)</i> .....	84
<i>lubiprostone</i> .....	71	MENACTRA (PF) .....	75	<i>microgestin 1/20 (21)</i> .....	84
LUMAKRAS .....	27	MENEST .....	82	<i>microgestin fe 1.5/30 (28)</i> .....	84
LUMIZYME .....	69	MENQUADFI (PF).....	75	<i>microgestin fe 1/20 (28)</i> .....	84
LUNSUMIO.....	27	MENVEO A-C-Y-W-135-DIP		<i>midodrine</i> .....	63
LUPRON DEPOT .....	27	(PF).....	75	<i>mifepristone</i> .....	69, 83
<i>lurasidone</i> .....	46	MEPSEVII.....	69	<i>mili</i> .....	84
<i>lutura (28)</i> .....	84	<i>mercaptopurine</i> .....	28	<i>milrinone</i> .....	56
<i>lyleq</i> .....	82	<i>meropenem</i> .....	16	<i>milrinone in 5 % dextrose</i> .....	56
<i>lyllana</i> .....	82	<i>mesalamine</i> .....	71, 72	<i>mimvey</i> .....	82
LYNPARZA.....	27	<i>mesalamine with cleansing</i>		<i>minocycline</i> .....	19
LYSODREN.....	27	<i>wipe</i> .....	72	<i>minoxidil</i> .....	52
LYTGOBI .....	27	<i>mesna</i> .....	20	<i>miostat</i> .....	86
LYUMJEV KWIKPEN U-100		MESNEX.....	20	<i>mirtazapine</i> .....	46
INSULIN.....	67	<i>metformin</i> .....	67	<i>misoprostol</i> .....	73
LYUMJEV KWIKPEN U-200		<i>methadone</i> .....	40, 41	<i>mitomycin</i> .....	28
INSULIN.....	67	<i>methadone intensol</i> .....	40	<i>mitoxantrone</i> .....	28
		<i>methadose</i> .....	41	M-M-R II (PF).....	76

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 04/01/2024.

<i>modafinil</i> .....	46	<i>neomycin-bacitracin-poly-hc</i>	86	<i>nortrel 1/35 (21)</i> .....	84
<i>moexipril</i> .....	52	<i>neomycin-bacitracin-</i>		<i>nortrel 1/35 (28)</i> .....	84
<i>molindone</i> .....	46	<i>polymyxin</i> .....	85	<i>nortrel 7/7/7 (28)</i> .....	84
<i>mometasone</i> .....	61	<i>neomycin-polymyxin b gu</i> .....	62	<i>nortriptyline</i> .....	46
<i>mondoxyne nl</i> .....	19	<i>neomycin-polymyxin b-</i>		NORVIR .....	12
MONJUVI.....	28	<i>dexameth</i> .....	86	NUBEQA .....	28
<i>mono-lynyah</i> .....	84	<i>neomycin-polymyxin-</i>		NUEDEXTA .....	39
<i>montelukast</i> .....	89	<i>gramicidin</i> .....	85	NULOJIX .....	28
<i>morphine</i> .....	41	<i>neomycin-polymyxin-hc</i> ..	64, 86	NUPLAZID .....	47
<i>morphine (pf)</i> .....	41	<i>neo-polycin</i> .....	85	NURTEC ODT .....	38
<i>morphine concentrate</i> .....	41	<i>neo-polycin hc</i> .....	87	<i>nyamyc</i> .....	60
MOVANTIK .....	72	NERLYNX.....	28	<i>nystatin</i> .....	10, 60
<i>moxifloxacin</i> .....	19, 85	NEUPRO .....	37	<i>nystatin-triamcinolone</i> .....	60
<i>moxifloxacin-sod.chloride(iso)</i>		<i>nevirapine</i> .....	12	<i>nystop</i> .....	60
.....	19	<i>niacin</i> .....	55	NYVEPRIA.....	74
MOZOBIL.....	74	<i>nicardipine</i> .....	52	<b>O</b>	
<i>mupirocin</i> .....	59	NICOTROL.....	63	OCALIVA .....	72
MYALEPT .....	69	NICOTROL NS.....	63	<i>octreotide acetate</i> .....	28, 29
<i>mycophenolate mofetil</i> .....	28	<i>nifedipine</i> .....	52	ODEFSEY .....	12
<i>mycophenolate mofetil (hcl)</i> .	28	<i>nikki (28)</i> .....	84	ODOMZO.....	29
<i>mycophenolate sodium</i> .....	28	<i>nilutamide</i> .....	28	OFEV.....	90
MYFEMBREE.....	83	<i>nimodipine</i> .....	52	<i>ofloxacin</i> .....	64, 85
MYLOTARG .....	28	NINLARO .....	28	OJJAARA.....	29
MYRBETRIQ .....	91	<i>nitazoxanide</i> .....	16	<i>olanzapine</i> .....	47
<b>N</b>		<i>nitisinone</i> .....	63	<i>olmesartan</i> .....	52
<i>nabumetone</i> .....	42	<i>nitro-bid</i> .....	57	<i>olmesartan-amlodipin-</i>	
<i>nadolol</i> .....	52	<i>nitrofurantoin macrocrystal</i> .	20	<i>hcthiazid</i> .....	52
<i>nafacillin</i> .....	18	<i>nitrofurantoin monohyd/m-</i>		<i>olmesartan-</i>	
<i>nafacillin in dextrose iso-osm</i> .	18	<i>cryst</i> .....	20	<i>hydrochlorothiazide</i> .....	52
<i>naftifine</i> .....	60	<i>nitroglycerin</i> .....	57	<i>olopatadine</i> .....	86
NAGLAZYME.....	69	<i>nitroglycerin in 5 % dextrose</i>		<i>omega-3 acid ethyl esters</i> ....	55
<i>nalbuphine</i> .....	42	.....	57	<i>omeprazole</i> .....	73
<i>naloxone</i> .....	42	NIVESTYM .....	74	OMNIPOD 5 G6 INTRO KIT	
<i>naltrexone</i> .....	42	<i>nora-be</i> .....	82	(GEN 5) .....	77
NAMZARIC.....	39	<i>norepinephrine bitartrate</i> ....	56	OMNIPOD 5 G6 PODS (GEN	
<i>naproxen</i> .....	42	<i>norethindrone (contraceptive)</i>		5).....	77
<i>naratriptan</i> .....	37	.....	82	OMNIPOD CLASSIC PODS	
NATACYN .....	85	<i>norethindrone acetate</i> .....	82	(GEN 3) .....	77
<i>nateglinide</i> .....	67	<i>norethindrone ac-eth estradiol</i>		OMNIPOD DASH INTRO	
NATPARA .....	69	.....	82, 84	KIT (GEN 4).....	77
NAYZILAM.....	35	<i>norethindrone-e.estradiol-iron</i>		OMNIPOD DASH PODS	
<i>nebivolol</i> .....	52	.....	84	(GEN 4) .....	78
<i>nefazodone</i> .....	46	<i>norgestimate-ethinyl estradiol</i>		OMNITROPE.....	74
<i>nelarabine</i> .....	28	.....	84	ONCASPAR.....	29
<i>neomycin</i> .....	16	<i>nortrel 0.5/35 (28)</i> .....	84	<i>ondansetron</i> .....	72

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 04/01/2024.

<i>ondansetron hcl</i> .....	72	<i>paliperidone</i> .....	47	<i>phenytoin sodium extended</i> ...	36
<i>ondansetron hcl (pf)</i> .....	72	<i>palonosetron</i> .....	72	PHOSPHOLINE IODIDE ...	86
ONETOUCH ULTRA TEST		<i>pamidronate</i> .....	69	PIFELTRO .....	12
.....	67	PANRETIN .....	58	<i>pilocarpine hcl</i> .....	63, 86
ONETOUCH ULTRA2		<i>pantoprazole</i> .....	73, 74	<i>pimecrolimus</i> .....	58
METER .....	78	<i>paraplatin</i> .....	29	<i>pimozide</i> .....	47
ONETOUCH VERIO FLEX		<i>paricalcitol</i> .....	69	<i>pimtreea (28)</i> .....	84
METER .....	78	<i>paromomycin</i> .....	16	<i>pindolol</i> .....	52
ONETOUCH VERIO		<i>paroxetine hcl</i> .....	47	<i>pioglitazone</i> .....	67
REFLECT METER.....	78	PAXLOVID.....	12	<i>piperacillin-tazobactam</i> .....	18
ONETOUCH VERIO TEST		<i>pazopanib</i> .....	29	PIQRAY .....	29
STRIPS.....	67	PEDIARIX (PF).....	76	<i>pirfenidone</i> .....	90
ONIVYDE.....	29	PEDVAX HIB (PF).....	76	<i>piroxicam</i> .....	42
ONUREG .....	29	<i>peg 3350-electrolytes</i> .....	72	<i>pitavastatin calcium</i> .....	55
OPDIVO.....	29	<i>peg3350-sod sul-nacl-kcl-asb-c</i>		<i>plasbumin 25 %</i> .....	92
OPDUALAG.....	29	.....	72	<i>plasbumin 5 %</i> .....	92
<i>opium tincture</i> .....	70	PEGASYS .....	74	PLASMA-LYTE A .....	94
OPSUMIT .....	90	<i>peg-electrolyte</i> .....	72	<i>plasmanate</i> .....	94
<i>oralone</i> .....	64	PEMAZYRE .....	29	PLENAMINE.....	94
ORENCIA .....	81	<i>pemetrexed disodium</i> .....	29	<i>plerixafor</i> .....	74
ORENCIA (WITH		PEN NEEDLES (NON-		<i>podofilox</i> .....	58
MALTOSE).....	81	PREFERRED BRANDS). 78		POLIVY .....	29
ORENCIA CLICKJECT .....	81	PENBRAYA (PF) .....	76	<i>polocaine</i> .....	58
ORGOVYX.....	29	<i>penciclovir</i> .....	60	<i>polocaine-mpf</i> .....	59
ORKAMBI.....	90	<i>penicillamine</i> .....	81	<i>polycin</i> .....	85
ORSERDU .....	29	<i>penicillin g potassium</i> .....	18	<i>polymyxin b sulf-trimethoprim</i>	
<i>oseltamivir</i> .....	12	<i>penicillin g sodium</i> .....	18	.....	85
<i>osmitrol 20 %</i> .....	52	<i>penicillin v potassium</i> .....	18	POMALYST.....	29
OTEZLA .....	81	PENTACEL (PF) .....	76	<i>portia 28</i> .....	84
OTEZLA STARTER.....	81	<i>pentamidine</i> .....	16	PORTRAZZA.....	29
<i>oxacillin</i> .....	18	PENTASA.....	72	<i>posaconazole</i> .....	10
<i>oxacillin in dextrose(iso-osm)</i>		<i>pentoxifylline</i> .....	55	<i>potassium acetate</i> .....	92
.....	18	<i>perindopril erbumine</i> .....	52	<i>potassium chlorid-d5-</i>	
<i>oxaliplatin</i> .....	29	<i>periogard</i> .....	64	<i>0.45%nacl</i> .....	92
<i>oxaprozin</i> .....	42	PERJETA .....	29	<i>potassium chloride</i> .....	93
<i>oxcarbazepine</i> .....	35	<i>permethrin</i> .....	62	<i>potassium chloride in</i>	
OXERVATE .....	86	<i>perphenazine</i> .....	47	<i>0.9%nacl</i> .....	93
<i>oxybutynin chloride</i> .....	91	PERSERIS.....	47	<i>potassium chloride in 5 % dex</i>	
<i>oxycodone</i> .....	41	<i>pfizerpen-g</i> .....	18	.....	93
<i>oxycodone-acetaminophen</i> ...	41	<i>phenelzine</i> .....	47	<i>potassium chloride in lr-d5</i> ..	93
OZURDEX.....	87	<i>phenobarbital</i> .....	35	<i>potassium chloride in water</i> .	93
<b>P</b>		<i>phenobarbital sodium</i> .....	35	<i>potassium chloride-0.45 %</i>	
<i>pacerone</i> .....	50	<i>phentolamine</i> .....	52	<i>nacl</i> .....	93
<i>paclitaxel</i> .....	29	<i>phenytoin</i> .....	35, 36	<i>potassium chloride-d5-</i>	
PADCEV.....	29	<i>phenytoin sodium</i> .....	36	<i>0.2%nacl</i> .....	93

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 04/01/2024.

<i>potassium chloride-d5-0.9%nacl</i> .....	93	<i>proctozone-hc</i> .....	72	RENACIDIN .....	92
<i>potassium citrate</i> .....	92	<i>progesterone</i> .....	82	<i>repaglinide</i> .....	67
<i>potassium phosphate m-/d-basic</i> .....	93	<i>progesterone micronized</i> .....	82	REPATHA.....	56
POTELIGEO.....	30	PROGRAF.....	30	REPATHA PUSHTRONEX	56
<i>pramipexole</i> .....	37	PROLASTIN-C .....	63	REPATHA SURECLICK ...	56
<i>prasugrel</i> .....	55	PROLIA.....	78	RETACRIT.....	75
<i>pravastatin</i> .....	56	PROMACTA.....	55	RETEVMO.....	30
<i>praziquantel</i> .....	16	<i>promethazine</i> .....	87	RETROVIR .....	12
<i>prazosin</i> .....	52	<i>propafenone</i> .....	50	REVCОВI .....	63
PRECISION XTRA		<i>propranolol</i> .....	52	<i>revonto</i> .....	39
MONITOR .....	78	<i>propylthiouracil</i> .....	65	REXULTI.....	47
PRECISION XTRA TEST...	67	PROQUAD (PF).....	76	REYATAZ .....	12
<i>prednicarbate</i> .....	61	<i>protamine</i> .....	55	REZLIDHIA .....	30
<i>prednisolone</i> .....	64	<i>protriptyline</i> .....	47	REZUROCK.....	30
<i>prednisolone acetate</i> .....	87	PULMOZYME.....	90	<i>ribavirin</i> .....	12
<i>prednisolone sodium phosphate</i> .....	65, 87	PURIXAN .....	30	RIDAURA .....	81
<i>prednisone</i> .....	65	<i>pyrazinamide</i> .....	16	<i>rifabutin</i> .....	16
<i>prednisone intensol</i> .....	65	<i>pyridostigmine bromide</i> .....	39	<i>rifampin</i> .....	16, 17
<i>pregabalin</i> .....	36	<i>pyrimethamine</i> .....	16	<i>riluzole</i> .....	63
PREHEVBRIО (PF).....	76	<b>Q</b>		<i>rimantadine</i> .....	12
<i>premasol 10 %</i> .....	94	QINLOCK .....	30	<i>ringer's</i> .....	62, 93
<i>prenatal vitamin oral tablet</i> ..	94	QUADRACEL (PF) .....	76	RINVOQ.....	81
<i>prevalite</i> .....	56	<i>quetiapine</i> .....	47	RISPERDAL CONSTA .....	47
PREVYMIS.....	12	<i>quinapril</i> .....	52	<i>risperidone</i> .....	48
PREZCOBIX.....	12	<i>quinapril-hydrochlorothiazide</i> .....	52	<i>risperidone microspheres</i> ....	47, 48
PREZISTA .....	12	<i>quinidine sulfate</i> .....	50	<i>ritonavir</i> .....	12
PRIFTIN.....	16	<i>quinine sulfate</i> .....	16	<i>rivastigmine</i> .....	39
PRIMAQUINE.....	16	QVAR REDHALER .....	90	<i>rivastigmine tartrate</i> .....	39
<i>primidone</i> .....	36	<b>R</b>		<i>rizatriptan</i> .....	38
PRIMIDONE.....	36	RABAVERT (PF) .....	76	<i>roflumilast</i> .....	90
PRIORIX (PF).....	76	RADICAVA ORS .....	39	<i>romidepsin</i> .....	30
PRIVIGEN .....	76	RADICAVA ORS STARTER		<i>ropinirole</i> .....	37
<i>probenecid</i> .....	78	KIT SUSP.....	39	<i>rosuvastatin</i> .....	56
<i>probenecid-colchicine</i> .....	78	<i>raloxifene</i> .....	78	ROTARIX .....	76
<i>procainamide</i> .....	50	<i>ramelteon</i> .....	47	ROTATEQ VACCINE.....	76
<i>prochlorperazine</i> .....	72	<i>ramipril</i> .....	52	<i>roweepira</i> .....	36
<i>prochlorperazine edisylate</i> ...	72	<i>ranolazine</i> .....	56	ROZLYTREK .....	30
<i>prochlorperazine maleate oral</i> .....	72	<i>rasagiline</i> .....	37	RUBRACA.....	30
PROCRIT .....	74	<i>reclipsen (28)</i> .....	84	<i>rufinamide</i> .....	36
<i>procto-med hc</i> .....	72	RECOMBIVAX HB (PF) ...	76	RUKOBIA.....	12
<i>proctosol hc</i> .....	72	RECTIV .....	72	RUXIENCE.....	30
		REGANEX .....	59	RYBREVANT.....	30
		RELENZA DISKHALER ...	12	RYDAPT .....	30
		RELISTOR.....	72	RYLAZE .....	30

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 04/01/2024.



<i>telmisartan-hydrochlorothiazid</i>	<i>tolterodine</i> .....	<i>trivora (28)</i> .....
.....52	.....91	.....85
TEMODAR.....31	<i>tolvaptan</i> .....69	TRIZIVIR.....13
<i>temsirolimus</i> .....31	<i>topiramate</i> .....36	TRODELVY.....31
TENIVAC (PF).....76	<i>topotecan</i> .....31	TROGARZO.....13
<i>tenofovir disoproxil fumarate</i>	<i>toremifene</i> .....31	TROPHAMINE 10 %.....94
.....13	<i>torsemide</i> .....53	<i>trospium</i> .....91
TEPMETKO.....31	TOUJEO MAX U-300	TRULANCE.....73
<i>terazosin</i> .....53	SOLOSTAR.....68	TRULICITY.....68
<i>terbinafine hcl</i> .....10	TOUJEO SOLOSTAR U-300	TRUMENBA.....76
<i>terbutaline</i> .....90	INSULIN.....68	TRUQAP.....32
<i>terconazole</i> .....83	<i>tramadol</i> .....42	TUKYSA.....32
<i>teriflunomide</i> .....39	<i>tramadol-acetaminophen</i> .....42	TURALIO.....32
TERIPARATIDE.....78	<i>trandolapril</i> .....53	<i>turqoz (28)</i> .....85
<i>testosterone</i> .....69	<i>tranexamic acid</i> .....83	TWINRIX (PF).....76
<i>testosterone cypionate</i> .....69	<i>tranylcypramine</i> .....48	TYPHIM VI.....76
<i>testosterone enanthate</i> .....69	<i>travasol 10 %</i> .....94	TYVASO.....91
TETANUS, DIPHThERIA	<i>travoprost</i> .....86	TYVASO INSTITUTIONAL
TOX PED(PF).....76	TRAZIMERA.....31	START KIT.....91
<i>tetrabenazine</i> .....39	<i>trazodone</i> .....48	TYVASO REFILL KIT.....91
<i>tetracycline</i> .....19	TRECTOR.....17	TYVASO STARTER KIT ..91
THALOMID.....31	TRELSTAR.....31	<b>U</b>
THEO-24.....90	<i>treprostinil sodium</i> .....53	<i>unithroid</i> .....70
<i>theophylline</i> .....90, 91	<i>tretinoin (antineoplastic)</i> .....31	UNITUXIN.....32
<i>thioridazine</i> .....48	<i>tretinoin topical</i> .....59	UPTRAVI.....53
<i>thiotepa</i> .....31	<i>triamcinolone acetonide</i> 61, 64,	<i>ursodiol</i> .....73
<i>thiothixene</i> .....48	65	UZEDY.....48, 49
<i>tiadylt er</i> .....53	<i>triamterene-hydrochlorothiazid</i>	<b>V</b>
<i>tiagabine</i> .....36	.....53	<i>valacyclovir</i> .....13
TIBSOVO.....31	<i>triderm</i> .....61	VALCHLOR.....59
TICE BCG.....76	<i>trientine</i> .....63	<i>valganciclovir</i> .....13
TICOVAC.....76	<i>tri-estarylla</i> .....84	<i>valproate sodium</i> .....36
<i>tigecycline</i> .....17	<i>trifluoperazine</i> .....48	<i>valproic acid</i> .....36
<i>tilia fe</i> .....84	<i>trifluridine</i> .....85	<i>valproic acid (as sodium salt)</i>
<i>timolol maleate</i> .....53, 85, 86	TRIKAFTA.....91	.....36
<i>tinidazole</i> .....17	<i>tri-legest fe</i> .....84	<i>valrubicin</i> .....32
<i>tiotropium bromide</i> .....91	<i>tri-linyah</i> .....84	<i>valsartan</i> .....53
TIVDAK.....31	<i>tri-lo-estarylla</i> .....85	<i>valsartan-hydrochlorothiazide</i>
TIVICAY.....13	<i>tri-lo-marzia</i> .....85	.....53
TIVICAY PD.....13	<i>tri-lo-sprintec</i> .....85	VALTOCO.....36
<i>tizanidine</i> .....39	<i>trimethoprim</i> .....20	<i>vancomycin</i> .....17
<i>tobramycin</i> .....17, 85	<i>trimipramine</i> .....48	VANCOMYCIN IN 0.9 %
<i>tobramycin in 0.225 % nacl</i> .....17	TRINTELLIX.....48	SODIUM CHL.....17
<i>tobramycin sulfate</i> .....17	<i>tri-sprintec (28)</i> .....85	<i>vandazole</i> .....83
<i>tobramycin-dexamethasone</i> .....87	TRIUMEQ.....13	VANFLYTA.....32
	TRIUMEQ PD.....13	VAQTA (PF).....76

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

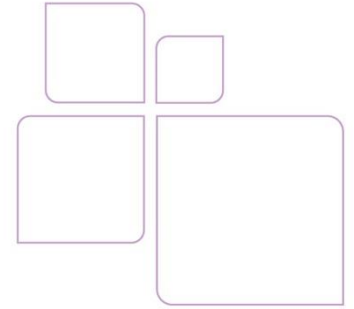
This drug list was last updated on 04/01/2024.

<i>varenicline</i> .....	63	VIZIMPRO.....	32	<i>xulane</i> .....	83
VARIVAX (PF) .....	76	VONJO.....	32	<b>Y</b>	
VARIZIG .....	76	<i>voriconazole</i> .....	10	YERVOY .....	33
VARUBI.....	73	VOSEVI.....	13	YF-VAX (PF).....	76
VECAMYL.....	56	VOTRIENT.....	32	YONDELIS .....	33
VECTIBIX.....	32	VRAYLAR.....	49	<i>yuvafem</i> .....	82
VEKLURY.....	13	VYNDAMAX .....	56	<b>Z</b>	
<i>veletri</i> .....	53	VYXEOS.....	32	<i>zafemy</i> .....	83
<i>velivet triphasic regimen (28)</i> .....	85	<b>W</b>		<i>zafirlukast</i> .....	91
VEMLIDY .....	13	<i>warfarin</i> .....	55	<i>zaleplon</i> .....	49
VENCLEXTA.....	32	<i>water for irrigation, sterile</i> ...63		ZALTRAP .....	33
VENCLEXTA STARTING PACK .....	32	WELIREG.....	32	ZANOSAR .....	33
<i>venlafaxine</i> .....	49	<i>wera (28)</i> .....	85	ZEJULA .....	33
<i>verapamil</i> .....	53	<i>wescap-pn dha</i> .....	94	ZELBORAF .....	33
VERQUVO .....	56	<i>wixela inhub</i> .....	91	<i>zenatane</i> .....	59
VERSACLOZ .....	49	<b>X</b>		ZEPZELCA .....	33
VERZENIO.....	32	XALKORI.....	32	<i>zidovudine</i> .....	13
<i>vestura (28)</i> .....	85	XARELTO .....	55	<i>ziprasidone hcl</i> .....	49
V-GO 20.....	78	XARELTO DVT-PE TREAT 30D START .....	55	<i>ziprasidone mesylate</i> .....	49
V-GO 30.....	78	XATMEP.....	32	ZIRABEV .....	33
V-GO 40.....	78	XCOPRI.....	37	ZIRGAN .....	85
<i>vienna</i> .....	85	XCOPRI MAINTENANCE PACK .....	36	ZOLADEX .....	33
<i>vigabatrin</i> .....	36	XCOPRI TITRATION PACK .....	37	<i>zoledronic acid</i> .....	69
<i>vigadrone</i> .....	36	XDEMVY .....	86	<i>zoledronic acid-mannitol-water</i> .....	63, 69
<i>vigpoder</i> .....	36	XELJANZ .....	82	ZOLINZA.....	33
<i>vilazodone</i> .....	49	XELJANZ XR.....	82	<i>zolpidem</i> .....	49
VIMIZIM .....	69	XERMELO.....	32	ZONISADE .....	37
<i>vinblastine</i> .....	32	XGEVA .....	20	<i>zonisamide</i> .....	37
<i>vincristine</i> .....	32	XIAFLEX.....	63	<i>zovia 1-35 (28)</i> .....	85
<i>vinorelbine</i> .....	32	XIFAXAN.....	17	ZTALMY .....	37
VIOKACE.....	73	XIGDUO XR.....	68	<i>zumandimine (28)</i> .....	85
<i>violele (28)</i> .....	85	XIIDRA .....	86	ZURZUVAE.....	49
VIRACEPT .....	13	XOLAIR.....	91	ZYDELIG.....	33
VIREAD.....	13	XOSPATA.....	32	ZYKADIA.....	33
VISTOGARD.....	20	XPOVIO.....	33	ZYNLONTA .....	33
VITRAKVI.....	32	XTANDI.....	33	ZYNYZ.....	33
VIVITROL.....	42			ZYPREXA RELPREVV .....	49

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 04/01/2024.





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Este formulario resumido se actualizó el 04/01/2024. Esta no es una lista completa de los medicamentos que cubre nuestro plan. Para consultar un listado completo o si tiene otras preguntas, comuníquese con CHRISTUS Health Medicare Complete (HMO)/CHRISTUS Health Medicare Plus (HMO) Servicio al miembros al 1-844-282-3026 . Los usuarios de TTY, deben llamar al 711, 8 a.m.-8 p.m., hora local, siete días a la semana, del 1 de octubre al 31 de marzo, y de 8 a.m. - 8 p.m. hora local, de lunes a viernes, del 1 de abril al 30 de septiembre, o visite [christushealthplan.org](http://christushealthplan.org).







844.282.3026 | TTY 711

Del 1 de octubre al 31 de marzo, los 7 días de la semana, de 8 a.m. a 8 p.m., hora local

Del 1 de abril al 30 de septiembre, de lunes a viernes, de 8 a.m. a 8 p.m., hora local

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