

2025 Formulary

LIST OF COVERED DRUGS

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

CONTACT CUSTOMER SERVICE

1-866-508-7145 TTY 711

This formulary was updated on 04/22/2025. For more recent information or other questions, please call Blue Advantage Customer Service department toll-free at 1 (866) 508- 7145. TTY users should call 711. Customer Service will operate seven (7) days a week from 8 a.m. to 8 p.m. CST, from October – March. After March, Customer Service will operate five (5) days a week, Monday - Friday from 8 a.m. to 8 p.m. CST. You may also visit us on the web at www.lablue.com/blueadvantage.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible (if your plan has a deductible).

Important Message About What You Pay for Insulin – For insulin, you won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible (if your plan has a deductible).

Call Customer Service for more information if you have questions regarding vaccines or insulin.

Blue Cross and Blue Shield of Louisiana is an independent licensee
of the Blue Cross Blue Shield Association.

Blue Advantage (HMO) | Blue Advantage (PPO) 2025 Formulary (List of Covered Drugs or “Drug List”)

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

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Blue Cross and Blue Shield of Louisiana. When it refers to “plan” or “our plan,” it means Blue Advantage (HMO) | Blue Advantage (PPO).

This document includes the Drug List (formulary) for our plan which is current as of 04/22/2025. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

Important Message About What You Pay for Vaccines – Our plan covers most Part D vaccines at no cost to you, even if you haven’t paid your deductible (if your plan has a deductible).

Important Message About What You Pay for Insulin – For insulin, you won’t pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it’s on, even if you haven’t paid your deductible (if your plan has a deductible).

Call Customer Service for more information if you have questions regarding vaccines or insulin.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.

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What is the Blue Advantage formulary?

In this document, we use the terms Drug List and Formulary to mean the same thing. A formulary is a list of covered drugs selected by Blue Advantage in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Blue Advantage will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Blue Advantage network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: www.bcbsla.com/blueadvantage.

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug on our formulary if we are replacing it with a new drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions. We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).
 - If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the drug that is being changed for you. For more information, see the section below entitled “How do I request an exception to the Blue Advantage Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also

apply new restrictions to the brand name drug or original biological product, or move it to a different cost-sharing tier or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 04/22/2025. To get updated information about the drugs covered by Blue Advantage, please contact us. Our contact information appears on the front and back cover pages. All mid-year changes in drug coverage are updated monthly with a “Formulary Change Notice” posted on our website and available upon request from Customer Service. If we make mid-year non-maintenance formulary changes, we will mail written notification to affected members in the form of Formulary Errata Sheets.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 9. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, “Cardiovascular”. If you know what your drug is used for, look for the category name in the list that begins on page number 9. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 95. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Blue Advantage covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Blue Advantage requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Blue Advantage before you fill your prescriptions. If you don’t get approval, Blue Advantage may not cover the drug.
- **Quantity Limits:** For certain drugs, Blue Advantage limits the amount of the drug that Blue Advantage will cover. For example, Blue Advantage provides 18 tablets per 28-day prescription for *sumatriptan succinate oral tablets*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Blue Advantage 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, Blue Advantage may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Blue Advantage will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 9. You can also get more information about the restrictions applied to specific

covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What if my drug is not on the Formulary?

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

If you learn that Blue Advantage does not cover your drug, you have two options:

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

How do I request an exception to the Blue Advantage Formulary?

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

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

Generally, Blue Advantage will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or applying the restrictions would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary or tiering exception, including an exception to a coverage restriction. **When you request an exception your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision

within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but has a coverage restriction such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

- Enter long-term care (LTC) facilities from hospitals. They are sometimes accompanied by a discharge list of medications from the hospital formulary, with very short-term planning taken into account (often under 8 hours).
- Are discharged from a hospital to a home.
- End their skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and who need to revert to their Part D plan formulary.
- End a long-term care facility stay and return to the community.

If a member has more than one change in level of care in a month, the pharmacy will have to call Blue Advantage to request an extension of the transition policy.

For more information

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

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

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

Blue Advantage's Formulary

The formulary below provides coverage information about the drugs covered by Blue Advantage. If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

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

Your Medicare Prescription Drug Costs

You can find out which drug tier your drug is in by looking in the formulary included in this booklet. The amount you pay depends on which drug tier your drug is in under your plan. To know what you can expect to pay for drugs in each tier in the Initial Coverage Stage, please refer to your *Summary of Benefits* or *Evidence of Coverage*.

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

List of Abbreviations

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL	5	PA
<i>fluconazole</i>	2	MO
<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>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</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
<i>miconazole</i>	4	MO
<i>nystatin oral</i>	2	MO

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

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

This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
CIMDUO	5	MO
COMPLERA	5	MO
<i>darunavir</i>	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofov</i>	5	MO
<i>efavirenz-lamivu-tenofov disop</i>	5	MO
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofov (tdf) oral tablet 100-150 mg</i>	5	MO
<i>emtricitabine-tenofov (tdf) oral tablet 133-200 mg, 167-250 mg, 200-300 mg</i>	4	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
<i>etravirine</i>	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA	5	MO
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
LAGEVRIO (EUA)	2	QL (40 per 30 days)
<i>lamivudine</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LEDIPASVIR-SOFOSBUVIR	5	PA; MO; QL (28 per 28 days)
LIVTENCITY	5	PA; LA; QL (120 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO

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Drug Name	Drug Tier	Requirements /Limits
MAVYRET ORAL PELLETS IN PACKET	5	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	5	PA; MO; QL (84 per 28 days)
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	2	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 30 days)
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	PA
PREVYMIS ORAL TABLET	5	PA; MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO

Drug Name	Drug Tier	Requirements /Limits
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<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
SELZENTRY ORAL SOLUTION	3	MO
SOFOSBUVIR-VELPATASVIR	5	PA; MO; QL (28 per 28 days)
STRIBILD	5	MO
SUNLENCA	5	
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	4	MO
TROGARZO	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)

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

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Drug Name	Drug Tier	Requirements /Limits
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	2	
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	4	
<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>	2	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

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 04/22/2025.

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>	2	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
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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</i>	2	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days)
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	PA; MO
CAYSTON	5	PA; MO; LA; QL (84 per 56 days)

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This drug list was last updated on 04/22/2025.

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

Drug Name	Drug Tier	Requirements /Limits
<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</i>	2	MO
<i>ivermectin oral tablet 3 mg</i>	3	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	
<i>meropenem intravenous recon soln 1 gram</i>	3	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	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 250 mg, 500 mg</i>	2	MO
<i>neomycin</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nitazoxanide</i>	5	MO; QL (12 per 30 days)
<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
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO	5	PA; LA
STREPTOMYCIN	5	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	3	MO
TOBI PODHALER	5	MO; QL (224 per 56 days)
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECATOR	4	MO

Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; MO; QL (90 per 30 days)
PENICILLINS		
<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet,chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<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	
<i>ampicillin oral capsule 500 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</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 L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	4	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	4	PA
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium</i>	4	PA; MO
<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
QUINOLONES		

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
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO
<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
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl</i>	5	B/D PA; MO
ELITEK	5	MO
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna intravenous</i>	2	B/D PA; MO
<i>mesna oral</i>	5	MO
MESNEX ORAL	5	MO
XGEVA	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		

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Drug Name	Drug Tier	Requirements /Limits
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO
ADSTILADRIN	5	PA
AKEEGA	5	PA; LA; QL (60 per 30 days)
ALECENSA	5	PA; MO; QL (240 per 30 days)
ALIQOPA	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days)
<i>anastrozole</i>	2	MO
ANKTIVA	5	PA; MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ASPARLAS	5	PA
AUGTYRO ORAL CAPSULE 160 MG	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
AUGTYRO ORAL CAPSULE 40 MG	5	PA; MO; QL (240 per 30 days)
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<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
BAVENCIO	5	B/D PA; LA
BELEODAQ	5	B/D PA
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BIZENGRI	5	PA
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA; QL (120 per 30 days)
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COLUMVI	5	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<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	B/D PA
DANZITEN	5	PA; QL (112 per 28 days)
DARZALEX	5	B/D PA; MO; LA
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5	PA; MO; QL (90 per 30 days)
<i>dasatinib oral tablet 70 mg</i>	5	PA; MO; QL (60 per 30 days)
DATROWAY	5	PA
<i>daunorubicin</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA
<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
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO
DROXIA	3	MO
ELAHERE	5	PA; LA
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

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Drug Name	Drug Tier	Requirements /Limits
ELZONRIS	5	B/D PA; LA
EMPLICITI	5	B/D PA; MO
ENVARSUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY	5	PA
ERBITUX	5	B/D PA; MO
<i>eribulin</i>	5	B/D PA
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINASE	5	B/D PA
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO
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

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Drug Name	Drug Tier	Requirements /Limits
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOTIVDA	5	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO
FYARRO	5	PA
GAVRETO	5	PA; LA; QL (120 per 30 days)
GAZYVA	5	B/D PA; MO
<i>gefitinib</i>	5	PA; MO; 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>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	4	MO
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	MO
GRAFAPEX	5	B/D PA
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; 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; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements /Limits
ISTODAX	5	B/D PA; MO
ITOVEBI ORAL TABLET 3 MG	5	PA; MO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA; MO; QL (30 per 30 days)
IWILFIN	5	PA; LA; QL (240 per 30 days)
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	B/D PA; MO
JYLAMVO	4	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA	5	PA; MO
KIMMTRAK	5	B/D PA
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; QL (91 per 28 days)

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KOSELUGO	5	PA
KRAZATI	5	PA; QL (180 per 30 days)
KYPROLIS	5	B/D PA
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; MO
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; 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; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY (10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)
<i>letrozole</i>	2	MO
LEUKERAN	5	MO
<i>leuprolide subcutaneous kit</i>	4	PA; MO
LIBTAYO	5	PA; LA
LONSURF	5	PA; MO
LOQTORZI	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA; MO; QL (120 per 30 days)

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
LUMAKRAS ORAL TABLET 320 MG	5	PA; MO; QL (90 per 30 days)
LUNSUMIO	5	PA; MO
LUPRON DEPOT	5	PA; MO
LYNPARZA	5	PA; MO; QL (120 per 30 days)
LYSODREN	5	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (140 per 28 days)
MARGENZA	5	B/D PA
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1260 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine oral tablet</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
<i>mitoxantrone</i>	2	B/D PA; MO
MONJUVI	5	PA; LA
<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
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO

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

Drug Name	Drug Tier	Requirements /Limits
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 28 days)
OJJAARA	5	PA; QL (30 per 30 days)
ONCASPAR	5	B/D PA
ONIVYDE	5	B/D PA
ONUREG	5	PA; MO; QL (14 per 28 days)
OPDIVO	5	PA; MO
OPDIVO QVANTIG	5	PA
OPDUALAG	5	PA; MO
ORGOVYX	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)

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This drug list was last updated on 04/22/2025.

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

Drug Name	Drug Tier	Requirements /Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; MO; QL (56 per 28 days)
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA
PRALATREXATE	5	B/D PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; MO; LA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
REVUFORJ ORAL TABLET 110 MG, 160 MG	5	PA; QL (60 per 30 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
REZUROCK	5	PA; LA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	5	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MO; QL (336 per 28 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYBREVANT	5	PA; MO
RYDAPT	5	PA; MO; QL (224 per 28 days)
RYLAZE	5	B/D PA
RYTELO	5	PA

Drug Name	Drug Tier	Requirements /Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON	5	PA; MO
SARCLISA	5	PA; LA
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)
SIGNIFOR	5	PA
SIMULECT	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG	5	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
SPRYCEL ORAL TABLET 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	5	PA; MO; QL (30 per 30 days)
SYLVANT	5	B/D PA; MO
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral capsule</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISO	5	PA; MO; LA; QL (30 per 30 days)
TALVEY	5	PA
TALZENNA	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TECENTRIQ	5	B/D PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
TECENTRIQ HYBREZA	5	B/D PA; MO; LA
TECVAYLI	5	PA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
TEPMETKO	5	PA; LA
TEVIMBRA	5	PA
THALOMID ORAL CAPSULE 100 MG	5	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; MO; QL (28 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	PA
TIVDAK	5	PA; MO
<i>topotecan</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
<i>torpenz</i>	5	PA; QL (30 per 30 days)
TRAZIMERA	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRODELVY	5	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
TRUQAP	5	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
UNITUXIN	5	B/D PA
<i>valrubicin</i>	5	B/D PA; MO
VANFLYTA	5	PA; QL (56 per 28 days)
VECTIBIX	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days)
VYLOY INTRAVENOUS RECON SOLN 100 MG	5	PA; LA
VYXEOS	5	B/D PA
WELIREG	5	PA; LA
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days)
XERMELO	5	PA; LA; QL (84 per 28 days)
XOSPATA	5	PA; LA; QL (90 per 30 days)
XPOVIO	5	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY	5	B/D PA; MO
YONDELIS	5	B/D PA
ZALTRAP	5	B/D PA; MO
ZEJULA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA
ZIIHERA	5	PA
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	5	PA; LA
ZYNYZ	5	PA; MO

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

Drug Name	Drug Tier	Requirements /Limits
ANTICONVULSANTS		
APTOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	4	MO
<i>divalproex</i>	2	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
EPRONTIA	4	PA; MO
<i>ethosuximide</i>	3	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	3	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	3	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	3	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	3	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	4	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet,disintegrating</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
LIBERVANT	5	PA; MO; QL (10 per 30 days)
<i>methsuximide</i>	4	MO
NAYZILAM	3	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>phenobarbital oral elixir</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<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 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet,chewable</i>	2	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>	4	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	4	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	4	MO; QL (900 per 30 days)

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
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
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO
SPRITAM	4	MO
<i>subvenite</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</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	

Drug Name	Drug Tier	Requirements /Limits
VALTOCO	3	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA
<i>vigadrone</i>	5	PA; LA
<i>vigpoder</i>	5	PA; LA
XCOPRI MAINTENANCE PACK	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 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; QL (28 per 180 days)
ZONISADE	5	PA; MO
<i>zonisamide</i>	2	PA; MO
ZTALMY	5	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	2	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	4	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300 per 30 days)
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl</i>	2	MO
<i>trihexyphenidyl oral tablet</i>	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	5	
<i>dihydroergotamine nasal</i>	5	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)

Drug Name	Drug Tier	Requirements /Limits
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
QULIPTA	3	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	3	MO; QL (24 per 28 days)
<i>rizatriptan oral tablet, disintegrating</i>	4	MO; QL (24 per 28 days)
<i>sumatriptan</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan succinate oral</i>	3	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)

MISCELLANEOUS NEUROLOGICAL THERAPY

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Drug Name	Drug Tier	Requirements /Limits
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG	5	PA; MO; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	5	PA; MO; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 24 MG	5	PA; MO; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	PA; MO; QL (210 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; MO; QL (28 per 180 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	5	PA; QL (42 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
BRIUMVI	5	PA; MO; QL (24 per 180 days)
<i>dalfampridine</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (56 per 28 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet,disintegrating</i>	2	MO
<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
INGREZZA	5	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	5	PA; LA; QL (28 per 180 days)
INGREZZA SPRINKLE	5	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	5	PA; MO; QL (1.6 per 28 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
<i>memantine-donepezil</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
RADICAVA ORS	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
RADICAVA ORS STARTER KIT SUSP	5	PA; MO
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	MO
<i>teriflunomide</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
VUMERITY	5	PA; MO; QL (120 per 30 days)
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	5	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	5	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO
VYVGART	5	PA; MO; LA
VYVGART HYTRULO	5	PA; MO; LA
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet</i>	3	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<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</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	3	QL (5550 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 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	3	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<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)
<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)

Drug Name	Drug Tier	Requirements /Limits
<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)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	3	QL (360 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
SUBLOCADE	5	MO
NON-NARCOTIC ANALGESICS		
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>celecoxib</i>	2	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>diclofenac sodium topical solution in metered-dose pump</i>	5	MO; QL (224 per 28 days)
<i>diclofenac-misoprostol</i>	4	MO
<i>diflunisal</i>	3	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	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	

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Drug Name	Drug Tier	Requirements /Limits
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	MO
<i>naloxone nasal</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</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
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)

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

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

Drug Name	Drug Tier	Requirements /Limits
<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>buspirone</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
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet,disintegrating</i>	4	
COBENFY	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
COBENFY STARTER PACK	4	MO; QL (56 per 180 days)
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	3	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)
<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	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	ST; MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	ST; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>fluoxetine oral solution</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	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
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)

Drug Name	Drug Tier	Requirements /Limits
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)

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Drug Name	Drug Tier	Requirements /Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
<i>lithium carbonate</i>	2	MO
<i>lithium citrate</i>	2	
<i>lorazepam injection</i>	2	PA; MO
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<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
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)

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Drug Name	Drug Tier	Requirements /Limits
<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>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	4	
<i>perphenazine</i>	4	MO
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
<i>ramelteon</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	MO; 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; 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)

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Drug Name	Drug Tier	Requirements /Limits
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	5	PA; LA; QL (540 per 30 days)
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO
<i>tranlycypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days)

Drug Name	Drug Tier	Requirements /Limits
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXT ENDED REL SYRING 75 MG/0.21 ML	5	MO; 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	
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>ziprasidone mesylate</i>	4	MO
<i>zolpidem oral tablet</i>	4	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; MO; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>amiodarone oral tablet 100 mg, 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	2	
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	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
MULTAQ	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 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>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiacid</i>	1	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	1	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	2	
<i>cartia xt oral capsule,extended release 24hr 120 mg</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>cartia xt oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg</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)
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>ethacrynate sodium</i>	5	
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	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>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	3	MO; QL (180 per 30 days)
<i>isradipine</i>	2	
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 tablet 100 mg, 200 mg, 300 mg</i>	2	MO
<i>lisinopril</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<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 oral capsule</i>	4	MO
<i>olmesartan</i>	1	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>olmesartan-amlodipin-hcthiazid</i>	1	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>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	1	MO
<i>telmisartan-hydrochlorothiazid</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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>	1	MO
<i>trandolapril-verapamil</i>	1	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; QL (200 per 180 days)
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
BRILINTA	3	MO
CABLIVI INJECTION KIT	5	PA; LA
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</i>	4	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	4	MO
DOPTelet (10 TAB PACK)	5	PA; MO; LA
DOPTelet (15 TAB PACK)	5	PA; MO; LA
DOPTelet (30 TAB PACK)	5	PA; MO; LA
ELIQUIS	3	MO; QL (60 per 30 days)
ELIQUIS DVT-PE TREAT 30D START	3	MO; QL (74 per 180 days)
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<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
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	

Drug Name	Drug Tier	Requirements /Limits
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel hcl</i>	3	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	3	MO; QL (51 per 180 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light oral powder</i>	3	
<i>cholestyramine light oral powder in packet</i>	3	MO
<i>colesevelam</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	1	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>	1	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)
<i>pravastatin</i>	1	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>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

CAMZYOS	5	PA; MO; QL (30 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>dobutamine</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	QL (60 per 30 days)
ENTRESTO SPRINKLE	3	QL (240 per 30 days)
<i>ivabradine</i>	3	MO; QL (60 per 30 days)
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA

Drug Name	Drug Tier	Requirements /Limits
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	3	MO
<i>sodium nitroprusside</i>	2	B/D PA
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO
NITRATES		
<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

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Drug Name	Drug Tier	Requirements /Limits
<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)
COSENTYX (2 SYRINGES)	5	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	5	PA; QL (20 per 28 days)
COSENTYX PEN	5	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	5	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	5	PA; MO; QL (10 per 28 days)
SELARSDI INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
<i>selenium sulfide topical lotion</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
SOTYKTU	5	PA; MO; QL (30 per 30 days)
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TREMFYA INTRAVENOUS	5	PA; MO; QL (20 per 28 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; QL (2 per 28 days)
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; MO; QL (2 per 28 days)
TREMFYA SUBCUTANEOUS	5	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
YESINTEK INTRAVENOUS	5	PA; MO; QL (104 per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	5	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	2	MO
<i>chloroprocaine (pf)</i>	2	
CIBINQO	5	PA; MO; QL (30 per 30 days)
<i>dermacinrx lidocan</i>	4	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; 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	
<i>lidocaine hcl mucous membrane jelly</i>	2	QL (60 per 30 days)
<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)

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Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine viscous</i>	2	
<i>lidocaine-epinephrine</i>	2	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>lidocan iii</i>	4	PA; QL (90 per 30 days)
<i>lidocan iv</i>	4	PA; QL (90 per 30 days)
<i>lidocan v</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO
PANRETIN	5	PA; MO
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
REGRANEX	5	MO; 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)

Drug Name	Drug Tier	Requirements /Limits
<i>tridacaine ii</i>	4	PA; QL (90 per 30 days)
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
<i>acutane</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	MO
<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 oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical</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
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole nitrate</i>	4	MO; QL (85 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta</i>	3	MO; QL (180 per 30 days)
<i>naftifine topical gel</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	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)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>alclometasone</i>	3	
<i>betamethasone dipropionate</i>	3	MO
<i>betamethasone valerate topical cream</i>	3	MO

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

Drug Name	Drug Tier	Requirements /Limits
<i>desonide topical ointment</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	3	MO
<i>fluticasone propionate topical ointment</i>	3	MO
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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 0.5 %</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA; MO
<i>cevimeline</i>	4	MO
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
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<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	

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Drug Name	Drug Tier	Requirements /Limits
dextrose 5 % in water (d5w)	4	MO
dextrose 5 %-lactated ringers	4	MO
dextrose 5%-0.2 % sod chloride	4	
dextrose 5%-0.3 % sod.chloride	4	
dextrose 50 % in water (d50w)	4	
dextrose 70 % in water (d70w)	4	
disulfiram oral tablet 250 mg	2	MO
disulfiram oral tablet 500 mg	2	
droxidopa	5	PA; MO
glutamine (sickle cell)	5	PA; MO
INCRELEX	5	LA
kionex (with sorbitol)	3	
levocarnitine (with sugar)	4	MO
levocarnitine oral solution 100 mg/ml	4	MO
levocarnitine oral tablet	4	MO
LOKELMA	3	MO
midodrine	3	MO
nitisinone	5	PA; MO
pilocarpine hcl oral	4	MO
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA

Drug Name	Drug Tier	Requirements /Limits
REZDIFFRA	5	PA; MO; QL (30 per 30 days)
riluzole	3	PA; MO
risedronate oral tablet 30 mg	3	MO; QL (30 per 30 days)
sevelamer carbonate oral tablet	4	PA; MO
sodium benzoate-sod phenylacet	5	
sodium chloride 0.9 % intravenous	4	MO
sodium chloride irrigation	4	MO
sodium phenylbutyrate oral powder	5	PA; MO
sodium phenylbutyrate oral tablet	5	PA
sodium polystyrene sulfonate oral powder	3	MO
sps (with sorbitol) oral	3	MO
sps (with sorbitol) rectal	3	
trientine oral capsule 250 mg	5	PA; MO
VELPHORO	5	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM	3	

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Drug Name	Drug Tier	Requirements /Limits
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	3	MO
water for irrigation, sterile	4	MO
XIAFLEX	5	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	2	MO
NICOTROL NS	4	MO
varenicline tartrate oral tablet 0.5 mg, 1 mg	4	MO
varenicline tartrate oral tablet 1 mg (56 pack)	4	
varenicline tartrate oral tablets,dose pack	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	3	MO; QL (60 per 30 days)
azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)	3	QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO

Drug Name	Drug Tier	Requirements /Limits
denta 5000 plus	2	MO
dentagel	2	MO
fluoride (sodium) dental cream	2	
fluoride (sodium) dental gel	2	
fluoride (sodium) dental paste	2	MO
fraiche 5000	2	
ipratropium bromide nasal	2	MO; QL (30 per 30 days)
kourzeq	2	
oralone	2	
periogard	2	MO
sf	2	MO
sf 5000 plus	2	MO
sodium fluoride 5000 dry mouth	2	MO
sodium fluoride 5000 plus	2	
sodium fluoride-pot nitrate	2	MO
triamcinolone acetonide dental	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	2	MO
ciprofloxacin hcl otic (ear)	4	MO
flac otic oil	4	
fluocinolone acetonide oil	4	MO
hydrocortisone-acetic acid	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ofloxacin otic (ear)</i>	3	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	2	
<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>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>prednisolone oral solution</i>	2	MO
<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>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<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	PA; MO
BAQSIMI	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide</i>	5	MO
DROPSAFE ALCOHOL PREP PADS	3	PA
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI	3	MO; QL (30 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

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Drug Name	Drug Tier	Requirements /Limits
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INPEFA	3	PA; MO; QL (30 per 30 days)
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	1	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	MO
NOVOLIN 70-30 FLEXPEN U-100	3	MO
NOVOLIN N FLEXPEN	3	MO
NOVOLIN N NPH U-100 INSULIN	3	MO
NOVOLIN R FLEXPEN	3	MO
NOVOLIN R REGULAR U100 INSULIN	3	MO

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Drug Name	Drug Tier	Requirements /Limits
NOVOLOG FLEXPEN U-100 INSULIN	3	MO
NOVOLOG MIX 70-30 U-100 INSULIN	3	MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	MO
NOVOLOG PENFILL U-100 INSULIN	3	MO
NOVOLOG U-100 INSULIN ASPART	3	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	1	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	1	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; MO; QL (30 per 30 days)
<i>saxagliptin</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33	3	MO; QL (90 per 30 days)
STEGLATRO	3	MO; QL (30 per 30 days)
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60	5	PA; MO; QL (6 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)

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Drug Name	Drug Tier	Requirements /Limits
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRADJENTA	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	PA; MO
<i>cinacalcet oral tablet 90 mg</i>	5	PA; MO
<i>clomid</i>	2	PA; MO
<i>clomiphene citrate</i>	2	PA
CRYSVITA	5	PA; MO; LA
<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	MO
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO
FABRAZYME	5	PA; MO
KANUMA	5	PA; MO
LUMIZYME	5	PA; MO
MEPSEVII	5	PA; MO
<i>mifepristone oral tablet 300 mg</i>	5	PA; MO
NAGLAZYME	5	PA; MO; LA

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Drug Name	Drug Tier	Requirements /Limits
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
SOMAVERT	5	PA; MO
STRENSIQ	5	PA; LA
<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 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)

Drug Name	Drug Tier	Requirements /Limits
<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
VIMIZIM	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO

THYROID HORMONES

<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
SYNTHROID	4	MO
<i>unithroid</i>	1	MO

GASTROENTEROLOGY

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
ANTIDIARRHEALS / ANTISPASMODICS		
<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
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	4	
<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>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		

Drug Name	Drug Tier	Requirements /Limits
<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
<i>betaine</i>	5	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days)
CIMZIA STARTER KIT	5	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; MO; QL (2 per 28 days)
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	3	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
ENTYVIO	5	PA; MO; QL (2 per 28 days)
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	
<i>generlac</i>	2	MO
<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>	3	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution</i>	3	MO
LINZESS	3	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

Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release</i>	4	
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO
<i>nitroglycerin rectal</i>	3	MO
OICALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte</i>	1	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>	4	MO
<i>procto-med hc</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	ST; MO; QL (12 per 30 days)
REMICADE	5	PA; MO; QL (20 per 28 days)
SANCUSO	5	MO
<i>scopolamine base</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI INTRAVENOUS	5	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; 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
<i>sulfasalazine</i>	2	MO
SYMPROIC	3	MO; QL (30 per 30 days)
TRULANCE	3	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
VIBERZI	5	MO; QL (60 per 30 days)
VOWST	5	PA; LA

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Drug Name	Drug Tier	Requirements /Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	5	MO
ZYMFENTRA	5	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	3	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	3	MO; QL (60 per 30 days)
esomeprazole sodium intravenous recon soln 40 mg	2	MO
famotidine (pf)	2	MO

Drug Name	Drug Tier	Requirements /Limits
famotidine (pf)-nacl (iso-os)	2	MO
famotidine intravenous	2	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	3	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	3	MO; QL (60 per 30 days)
misoprostol	3	MO
nizatidine oral capsule	3	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
pantoprazole intravenous	2	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension	4	MO
sucralfate oral tablet	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

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Drug Name	Drug Tier	Requirements /Limits
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	5	PA; MO
ARCALYST	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
FULPHILA	5	PA; MO
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
<i>plerixafor</i>	5	B/D PA; MO
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
RELEUKO SUBCUTANEOUS	4	PA; MO
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

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAIXA (PF)	3	
ENGRIX-B (PF)	1	B/D PA; V
ENGRIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	1	B/D PA; V

Drug Name	Drug Tier	Requirements /Limits
HIBERIX (PF)	3	
HIZENTRA	5	B/D PA; MO
HYPERHEP B	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	1	V
INFANRIX (DTAP) (PF)	3	
IPOLE	1	V
IXCHIQ (PF)	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	V
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-20MCG-5LF- 62 DU/0.5 ML	3	
PRIORIX (PF)	1	V
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	

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Drug Name	Drug Tier	Requirements /Limits
RABAVERT (PF)	1	V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
TENIVAC (PF)	1	V
TICE BCG	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	

Drug Name	Drug Tier	Requirements /Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	3	
VAXCHORA VACCINE	1	V
VIVOTIF	1	MO; V
YF-VAX (PF)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

NOVO PEN NEEDLE	3	PA; MO
CEQUR SIMPLICITY	3	MO
CEQUR SIMPLICITY INSERTER	3	MO
GAUZE PADS 2 X 2	3	PA; MO
EMBECTA INSULIN SYRINGE	3	PA; MO
BD PEN NEEDLE	3	PA
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	MO
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	3	MO; QL (1 per 720 days)

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Drug Name	Drug Tier	Requirements /Limits
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	MO
EMBECTA PEN NEEDLE	3	PA; MO
BD INSULIN SYRINGE	3	PA

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

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

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL (2.48 per 28 days)

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
BENLYSTA	5	PA; MO
CYLTEZO(CF) PEN	5	PA; MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
CYLTEZO(CF) PEN CROHN'S-UC-HS	5	PA; QL (6 per 180 days)
CYLTEZO(CF) PEN PSORIASIS-UV	5	PA; QL (4 per 180 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA (PREFERRED NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN (PREFERRED NDCS STARTING WITH 00074)	5	PA; MO; QL (4 per 28 days)

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

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Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) PEN PSOR-UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074)	5	PA; MO; QL (3 per 180 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSSE)	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RIDAURA	5	MO

Drug Name	Drug Tier	Requirements /Limits
RINVOQ LQ	5	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	QL (55 per 180 days)
TYENNE AUTOINJECTOR	5	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)
YUFLYMA(CF) AI CROHN'S-UC-HS	5	PA; MO; QL (3 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	3	MO
<i>dotti</i>	3	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
<i>emzahh</i>	2	
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	PA; MO; QL (4 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	PA; MO
<i>fyavolv</i>	4	PA; MO
<i>gallifrey</i>	2	MO
<i>heather</i>	2	MO
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	PA; MO
<i>lyleq</i>	2	MO
<i>lyllana</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
<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
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO

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Drug Name	Drug Tier	Requirements /Limits
PREMPHASE	3	MO
PREMPRO	3	MO
progesterone	2	MO
progesterone micronized	3	MO
sharobel	2	MO
yuvaferm	4	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	3	MO
eluryng	3	MO
etonogestrel-ethinyl estradiol	3	
LILETTA	3	MO
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	3	MO
mifepristone oral tablet 200 mg	2	LA
MYFEMBREE	5	PA; MO
NEXPLANON	3	
norelgestromin-ethin.estradiol	3	
terconazole	3	MO
tranexamic acid oral	3	MO
xulane	3	
zafemy	3	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
altavera (28)	2	MO
alyacen 1/35 (28)	2	MO
alyacen 7/7/7 (28)	2	MO
amethyst (28)	2	MO

Drug Name	Drug Tier	Requirements /Limits
apri	2	MO
aranelle (28)	2	MO
aubra eq	2	MO
aviane	2	MO
azurette (28)	2	MO
camrese	2	MO
cryselle (28)	2	MO
cyred eq	2	MO
dasetta 1/35 (28)	2	MO
dasetta 7/7/7 (28)	2	MO
daysee	2	MO
desog-e.estradiol/e.estradiol	2	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	4	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	2	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	2	
elinest	2	MO
enpresse	2	MO
enskyce	2	MO
estarylla	2	MO
ethynodiol diac-eth estradiol	2	
falmina (28)	2	MO
introvale	2	
isibloom	2	MO
jasmiel (28)	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva</i> (28)	2	
<i>kelnor</i> 1/35 (28)	2	MO
<i>kelnor</i> 1/50 (28)	2	MO
<i>kurvelo</i> (28)	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>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin</i> 1.5/30 (21)	2	MO
<i>larin</i> 1/20 (21)	2	MO
<i>larin</i> 24 fe	2	MO
<i>larin fe</i> 1.5/30 (28)	2	MO
<i>larin fe</i> 1/20 (28)	2	MO
<i>lessina</i>	2	MO
<i>levonest</i> (28)	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>levonorg-eth estradiol triphasic</i>	2	MO
<i>levora-28</i>	2	
<i>loryna</i> (28)	2	MO
<i>low-ogestrel</i> (28)	2	
<i>lo-zumandimine</i> (28)	2	MO
<i>lutra</i> (28)	2	
<i>marlissa</i> (28)	2	MO
<i>microgestin</i> 1.5/30 (21)	2	MO
<i>microgestin</i> 1/20 (21)	2	MO
<i>microgestin fe</i> 1.5/30 (28)	2	MO
<i>microgestin fe</i> 1/20 (28)	2	MO
<i>mili</i>	2	MO
<i>mono-lynyah</i>	2	MO
<i>nikki</i> (28)	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.25-0.035 mg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.035mg (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
nortrel 0.5/35 (28)	2	MO
nortrel 1/35 (21)	2	MO
nortrel 1/35 (28)	2	MO
nortrel 7/7/7 (28)	2	MO
philith	2	MO
pimtree (28)	2	MO
portia 28	2	MO
reclipsen (28)	2	MO
setlakin	2	MO
sprintec (28)	2	MO
sronyx	2	
syeda	2	MO
tarina fe 1-20 eq (28)	2	MO
tilia fe	4	MO
tri-estarylla	2	MO
tri-legest fe	4	MO
tri-linyah	2	MO
tri-lo-estarylla	2	MO
tri-lo-marzia	2	MO
tri-lo-sprintec	2	
tri-sprintec (28)	2	MO
trivora (28)	2	
turqoz (28)	2	MO
velivet triphasic regimen (28)	2	MO
vestura (28)	2	MO
vienva	2	MO
vioele (28)	2	MO
wera (28)	2	MO
zovia 1-35 (28)	2	MO

Drug Name	Drug Tier	Requirements /Limits
zumandimine (28)	2	MO
OXYTOCICS		
methylergonovine oral	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin ophthalmic (eye)	3	
bacitracin-polymyxin b	2	MO
ciprofloxacin hcl ophthalmic (eye)	2	MO
erythromycin ophthalmic (eye)	2	MO; QL (3.5 per 14 days)
gatifloxacin	4	MO
gentamicin ophthalmic (eye) drops	2	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 1.5 %	3	
moxifloxacin ophthalmic (eye) drops	3	MO
moxifloxacin ophthalmic (eye) drops, viscous	3	
NATACYN	4	
neomycin-bacitracin-polymyxin	3	MO
neomycin-polymyxin-gramicidin	3	MO
neo-polycin	3	

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Drug Name	Drug Tier	Requirements /Limits
<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 (not single use)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	3	MO
<i>bss</i>	2	
CIMERLI	5	PA; MO
<i>cromolyn ophthalmic (eye)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA
<i>epinastine</i>	3	MO
EYLEA	5	PA; MO
MIEBO (PF)	3	MO; QL (12 per 30 days)
OXERVATE	5	PA; MO
PAVBLU	5	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	
<i>sulfacetamide-prednisolone</i>	2	MO
XDEMVY	5	PA; QL (10 per 42 days)
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	3	MO
<i>travoprost</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>neo-polycin hc</i>	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	3	MO; QL (10 per 14 days)
STERIODS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO

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This drug list was last updated on 04/22/2025.

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

Drug Name	Drug Tier	Requirements /Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (4 per 30 days)
<i>epinephrine injection solution</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	5	PA; MO; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)
<i>arformoterol</i>	4	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA	3	MO; QL (13 per 30 days)

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This drug list was last updated on 04/22/2025.

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

Drug Name	Drug Tier	Requirements /Limits
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
COMBIVENT RESPIMAT	3	QL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA
DULERA	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN	4	
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; MO; QL (1 per 28 days)
<i>flunisolide</i>	3	MO; QL (50 per 30 days)

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	4	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	4	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion- salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium- albuterol</i>	2	B/D PA; MO
KALYDECO	5	PA; MO; QL (56 per 28 days)
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)
OFEV	5	PA; MO; QL (60 per 30 days)
OPSUMIT	5	PA; MO; LA; QL (30 per 30 days)
OPSYNVI	5	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	QL (21.2 per 30 days)
<i>roflumilast</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir</i>	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	
<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; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>tiotropium bromide</i>	3	QL (90 per 90 days)

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
TYVASO	5	B/D PA; MO; QL (81.2 per 28 days)
TYVASO INSTITUTIONAL START KIT	5	B/D PA; QL (11.6 per 180 days)
TYVASO REFILL KIT	5	B/D PA; MO; QL (81.2 per 28 days)
TYVASO STARTER KIT	5	B/D PA; MO; QL (81.2 per 180 days)
<i>wixela inhub</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

<i>mirabegron</i>	3	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacin</i>	2	MO
<i>tolterodine</i>	3	MO
<i>tropium oral tablet</i>	2	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin</i>	2	MO
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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO

MISCELLANEOUS UROLOGICALS

<i>alprostadil</i>	2	
<i>bethanechol chloride</i>	2	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
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	4	PA; MO; QL (30 per 30 days)

VITAMINS, HEMATINICS / ELECTROLYTES

BLOOD DERIVATIVES

<i>albumin, human 25 %</i>	4	
<i>alburx (human) 25 %</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>alburx (human) 5 %</i>	4	
<i>albutein 25 %</i>	4	
<i>albutein 5 %</i>	4	

ELECTROLYTES

<i>calcium acetate(phosphat bind)</i>	3	PA; MO
<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	

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
potassium acetate	4	
potassium chlorid-d5-0.45%nacl	4	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	4	
potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l	4	
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	4	
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	4	
potassium chloride intravenous	4	
potassium chloride oral capsule, extended release	2	MO
potassium chloride oral liquid	4	MO
potassium chloride oral packet	4	
potassium chloride oral tablet extended release 10 meq, 8 meq	2	MO

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

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This drug list was last updated on 04/22/2025.

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
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	
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
VITAMINS / HEMATINICS		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>fluoride (sodium) oral tablet,chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	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 04/22/2025.

Index

A	<i>albutein 25 %</i>	92	<i>amoxicillin-pot clavulanate</i> ..	16
<i>abacavir</i>	<i>albutein 5 %</i>	92	<i>amphotericin b</i>	9
<i>abacavir-lamivudine</i>	<i>albuterol sulfate</i>	87	<i>ampicillin</i>	16
ABELCET	<i>alclometasone</i>	60	<i>ampicillin sodium</i>	16
ABILIFY ASIMTUFII	<i>alcohol pads</i>	66	<i>ampicillin-sulbactam</i>	16
ABILIFY MAINTENA	ALDURAZYME.....	69	<i>anagrelide</i>	62
<i>abiraterone</i>	ALECENSA	19	<i>anastrozole</i>	19
ABRAXANE.....	<i>alendronate</i>	78	ANKTIVA.....	19
ABRYSVO (PF)	<i>alfuzosin</i>	91	<i>apraclonidine</i>	86
<i>acamprosate</i>	ALIQOPA	19	<i>aprepitant</i>	71
<i>acarbose</i>	<i>aliskiren</i>	49	<i>apri</i>	82
<i>accutane</i>	<i>allopurinol</i>	78	APTIOM	32
<i>acebutolol</i>	<i>allopurinol sodium</i>	78	APTIVUS	9
<i>acetaminophen-codeine</i>	<i>aloprim</i>	78	<i>aranelle (28)</i>	82
<i>acetazolamide</i>	<i>alosetron</i>	71	ARCALYST	75
<i>acetazolamide sodium</i>	<i>alprostadil</i>	92	AREXVY (PF).....	76
<i>acetic acid</i>	<i>altavera (28)</i>	82	<i>arformoterol</i>	87
<i>acetylcysteine</i>	ALUNBRIG.....	19	ARIKAYCE.....	13
<i>acitretin</i>	ALVESCO.....	87	<i>aripiprazole</i>	42
ACTEMRA.....	<i>alyacen 1/35 (28)</i>	82	ARISTADA.....	42, 43
ACTEMRA ACTPEN	<i>alyacen 7/7/7 (28)</i>	82	ARISTADA INITIO.....	42
ACTHIB (PF)	<i>alyq</i>	87	<i>armodafinil</i>	43
ACTIMMUNE.....	<i>amantadine hcl</i>	9	<i>arsenic trioxide</i>	19
<i>acyclovir</i>	<i>ambrisentan</i>	87	<i>asenapine maleate</i>	43
<i>acyclovir sodium</i>	<i>amethyst (28)</i>	82	ASMANEX HFA.....	87
ADACEL(TDAP	<i>amikacin</i>	13	ASMANEX TWISTHALER.....	88
ADOLESN/ADULT)(PF) 76	<i>amiloride</i>	50	ASPARLAS.....	19
ADBRY.....	<i>amiloride-hydrochlorothiazide</i>		<i>aspirin-dipyridamole</i>	53
ADCETRIS.....	.....	50	ASSURE ID INSULIN	
<i>adefovir</i>	<i>aminocaproic acid</i>	52, 53	SAFETY	77
ADEMPAS	<i>amiodarone</i>	49	<i>atazanavir</i>	9
<i>adenosine</i>	<i>amitriptyline</i>	42	<i>atenolol</i>	50
<i>adrenalin</i>	<i>amlodipine</i>	50	<i>atenolol-chlorthalidone</i>	50
ADSTILADRIN.....	<i>amlodipine-atorvastatin</i>	54	<i>atomoxetine</i>	43
ADVAIR HFA.....	<i>amlodipine-benazepril</i>	50	<i>atorvastatin</i>	54
AIMOVIG AUTOINJECTOR	<i>amlodipine-olmesartan</i>	50	<i>atovaquone</i>	13
.....	<i>amlodipine-valsartan</i>	50	<i>atovaquone-proguanil</i>	13
AKEEGA	<i>amlodipine-valsartan-hcthiazid</i>		<i>atropine</i>	71, 85
<i>ala-cort</i>.....	.....	50	ATROVENT HFA	88
<i>albendazole</i>	<i>ammonium lactate</i>	58	<i>aubra eq</i>	82
<i>albumin, human 25 %</i>	<i>amnestem</i>	59	AUGMENTIN	16
<i>alburx (human) 25 %</i>	<i>amoxapine</i>	42	AUGTYRO.....	19
<i>alburx (human) 5 %</i>	<i>amoxicillin</i>	16	AUSTEDO	37

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 04/22/2025.

AUSTEDO XR.....37	<i>bexarotene</i>.....19	CABLIVI.....53
AUSTEDO XR TITRATION	BEXSERO.....76	CABOMETYX.....20
KT(WK1-4).....37	<i>bicalutamide</i>.....19	<i>caffeine citrate</i>.....62
AUVELITY.....43	BICILLIN L-A.....16	<i>calcipotriene</i>.....57
<i>aviane</i>.....82	BIKTARVY.....9	<i>calcitonin (salmon)</i>.....69
AVONEX.....75	<i>bisoprolol fumarate</i>.....50	<i>calcitriol</i>.....69
AYVAKIT.....19	<i>bisoprolol-hydrochlorothiazide</i>	<i>calcium acetate(phosphat bind)</i>
<i>azacitidine</i>.....19	50	92
<i>azathioprine</i>.....19	BIZENGRI.....19	<i>calcium chloride</i>.....92
<i>azathioprine sodium</i>.....19	<i>bleomycin</i>.....19	<i>calcium gluconate</i>.....92
<i>azelaic acid</i>.....59	BLINCYTO.....19	CALQUENCE.....20
<i>azelastine</i>.....64, 85	BOOSTRIX TDAP.....76	CALQUENCE
<i>azithromycin</i>.....13	<i>bortezomib</i>.....19	(ACALABRUTINIB MAL)
<i>aztreonam</i>.....13	BORTEZOMIB.....19	20
<i>azurette (28)</i>.....82	<i>bosentan</i>.....88	<i>camila</i>.....81
B	BOSULIF.....19, 20	<i>camrese</i>.....82
<i>bacitracin</i>.....84	BRAFTOVI.....20	CAMZYOS.....55
<i>bacitracin-polymyxin b</i>.....84	BREO ELLIPTA.....88	<i>candesartan</i>.....50
<i>baclofen</i>.....38	<i>breyna</i>.....88	<i>candesartan-</i>
<i>balsalazide</i>.....71	BREZTRI AEROSPHERE..88	<i>hydrochlorothiazid</i>.....50
BALVERSA.....19	BRILINTA.....53	CAPLYTA.....43
BAQSIMI.....66	<i>brimonidine</i>.....86	CAPRELSA.....20
BARACLUDE.....9	BRIUMVI.....37	<i>captopril</i>.....50
BAVENCIO.....19	BRIVIACT.....32	<i>captopril-hydrochlorothiazide</i>
BCG VACCINE, LIVE (PF)76	<i>bromfenac</i>.....85	50
BD PEN NEEDLE.....77	<i>bromocriptine</i>.....36	<i>carbamazepine</i>.....32
BELBUCA.....39	BRUKINSA.....20	<i>carbidopa</i>.....36
BELEODAQ.....19	<i>bss</i>.....85	<i>carbidopa-levodopa</i>.....36
BELSOMRA.....43	<i>budesonide</i>.....71, 88	<i>carbidopa-levodopa-</i>
<i>benazepril</i>.....50	<i>budesonide-formoterol</i>.....88	<i>entacapone</i>.....36
<i>benazepril-hydrochlorothiazide</i>	<i>bumetanide</i>.....50	<i>carboplatin</i>.....20
.....50	<i>buprenorphine hcl</i>.....39	<i>carglumic acid</i>.....62
<i>bendamustine</i>.....19	<i>buprenorphine transdermal</i>	<i>carmustine</i>.....20
BENDEKA.....19	<i>patch</i>.....39	<i>carteolol</i>.....85
BENLYSTA.....78	<i>buprenorphine-naloxone</i>.....41	<i>cartia xt</i>.....50
<i>benztropine</i>.....35	<i>bupropion hcl</i>.....43	<i>carvedilol</i>.....50
BESPONSA.....19	<i>bupropion hcl (smoking deter)</i>	<i>casprofungin</i>.....9
BESREMI.....75	64	CAYSTON.....13
<i>betaine</i>.....71	<i>buspirone</i>.....43	<i>cefaclor</i>.....12
<i>betamethasone dipropionate</i> 60	<i>busulfan</i>.....20	<i>cefadroxil</i>.....12
<i>betamethasone valerate</i> ..60, 61	<i>butorphanol</i>.....41	<i>cefazolin</i>.....12
<i>betamethasone, augmented</i> ..61	BYDUREON BCISE.....66	<i>cefazolin in dextrose (iso-os)</i> 12
BETASERON.....75	BYETTA.....66	<i>cefdinir</i>.....12
<i>betaxolol</i>.....50, 85	C	<i>cefepime</i>.....12
<i>bethanechol chloride</i>.....92	CABENUVA.....9	<i>cefepime in dextrose,iso-os</i> 12
BEVESPI AEROSPHERE...88	<i>cabergoline</i>.....69	<i>cefixime</i>.....12

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

This drug list was last updated on 04/22/2025.

<i>cefoxitin</i>.....12	<i>ciprofloxacin hcl</i> .....17, 64, 84	COBENFY STARTER PACK
<i>cefoxitin in dextrose, iso-osm</i>.....12	<i>ciprofloxacin in 5 % dextrose</i>.....17	44
<i>cefpodoxime</i>.....12	<i>ciprofloxacin-dexamethasone</i>.....65	<i>colchicine</i> .....78
<i>cefprozil</i>.....12	<i>cisplatin</i>.....20	<i>colesevelam</i>.....54
<i>ceftazidime</i>.....12	<i>citalopram</i> .....43	<i>colestipol</i> .....55
<i>ceftriaxone</i> .....13	<i>cladribine</i> .....20	<i>colistin (colistimethate na)</i> ...14
<i>ceftriaxone in dextrose,iso-os</i>.....12	<i>claravis</i>.....59	COLUMVI .....20
<i>cefuroxime axetil</i>.....13	<i>clarithromycin</i>.....13	COMBIVENT RESPIMAT .88
<i>cefuroxime sodium</i> .....13	<i>clindamycin hcl</i>.....14	COMETRIQ .....20
<i>celecoxib</i>.....41	<i>clindamycin in 5 % dextrose</i> 14	COMPLERA .....10
<i>cephalexin</i>.....13	<i>clindamycin phosphate</i> .14, 59, 82	<i>compro</i> .....71
CEPROTIN (BLUE BAR)...53	CLINIMIX 5%/D15W	<i>constulose</i> .....71
CEPROTIN (GREEN BAR) 53	SULFITE FREE .....94	COPIKTRA .....20
CEQR SIMPLICITY .....77	CLINIMIX 4.25%/D10W	CORTIFOAM.....71
CEQR SIMPLICITY	SULF FREE .....94	<i>cortisone</i>.....65
INSERTER .....77	CLINIMIX 4.25%/D5W	COSENTYX.....57
<i>cetirizine</i>.....86	SULFIT FREE .....62	COSENTYX (2 SYRINGES)
<i>cetimeline</i>.....62	CLINIMIX 5%-	57
CHEMET .....62	D20W(SULFITE-FREE) .94	COSENTYX PEN.....57
<i>chloramphenicol sod succinate</i>.....14	CLINIMIX 6%-D5W	COSENTYX PEN (2 PENS)57
<i>chlorhexidine gluconate</i>.....64	(SULFITE-FREE) .....94	COSENTYX UNOREADY
<i>chloroprocaine (pf)</i> .....58	CLINIMIX 8%-	PEN .....57
<i>chloroquine phosphate</i> .....14	D10W(SULFITE-FREE) .94	COTELLIC.....20
<i>chlorothiazide sodium</i> .....50	(SULFITE-FREE) .....94	CREON .....71
<i>chlorpromazine</i> .....43	CLINIMIX 8%-	CRESEMBA.....9
<i>chlorthalidone</i>.....50	D14W(SULFITE-FREE) .94	<i>cromolyn</i>.....71, 85, 88
<i>cholestyramine (with sugar)</i> .54	CLINIMIX 8%-	<i>cryselle (28)</i>.....82
<i>cholestyramine light</i>.....54	D14W(SULFITE-FREE) .94	CRYSVITA .....69
CIBINQO .....58	<i>clobazam</i>.....32, 33	<i>cyclobenzaprine</i> .....38
<i>ciclodan</i>.....60	<i>clobetasol</i> .....61	<i>cyclophosphamide</i>.....20
<i>ciclopirox</i>.....60	<i>clobetasol-emollient</i> .....61	CYCLOPHOSPHAMIDE ...20
<i>cidofovir</i> .....9	<i>clofarabine</i>.....20	<i>cyclosporine</i>.....20, 85
<i>cilostazol</i> .....53	<i>clomid</i>.....69	<i>cyclosporine modified</i>.....20
CIMDUO.....10	<i>clomiphene citrate</i>.....69	CYLTEZO(CF).....79
CIMERLI .....85	<i>clomipramine</i> .....43	CYLTEZO(CF) PEN.....78
CIMZIA.....71	<i>clonazepam</i>.....33	CYLTEZO(CF) PEN
CIMZIA POWDER FOR	<i>clonidine (pf)</i>.....41, 50	CROHN'S-UC-HS.....79
RECONST .....71	<i>clonidine hcl</i> .....43, 50	CYLTEZO(CF) PEN
CIMZIA STARTER KIT ....71	<i>clonidine transdermal patch</i> 50	PSORIASIS-UV .....79
<i>cinacalcet</i> .....69	<i>clopidogrel</i>.....53	CYRAMZA .....20
CINRYZE.....88	<i>clorazepate dipotassium</i> .....43	<i>cyred eq</i> .....82
CINVANTI.....71	<i>clotrimazole</i> .....9, 60	CYSTAGON .....92
<i>ciprofloxacin</i>.....17	<i>clotrimazole-betamethasone</i> 60	CYSTARAN.....85
	<i>clozapine</i>.....43	<i>cytarabine</i>.....21
	COARTEM.....14	<i>cytarabine (pf)</i> .....21
	COBENFY .....43	

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 04/22/2025.

D		
d10 %-0.45 % sodium chloride	desmopressin	dimenhydrinate
62	69	71
d2.5 %-0.45 % sodium chloride.....	desog-e.estradiol/e.estradiol.....	dimethyl fumarate
62	82	37
d5 % and 0.9 % sodium chloride.....	desonide.....	diphenhydramine hcl.....
62	61	86
d5 %-0.45 % sodium chloride	desvenlafaxine succinate	diphenoxylate-atropine.....
62	44	71
dabigatran etexilate.....	dexamethasone.....	dipyridamole.....
53	65	53
dacarbazine	dexamethasone intensol.....	disulfiram
21	65	63
dactinomycin.....	dexamethasone sodium phos (pf).....	divalproex.....
21	65	33
dalfampridine.....	dexamethasone sodium phosphate.....	dobutamine
37	65, 86	55
danazol.....	dextrazoxane hcl	dobutamine in d5w.....
69	18	56
dantrolene.....	dextroamphetamine-amphetamine.....	docetaxel.....
38	44	21
DANYELZA	dextrose 10 % and 0.2 % nacl	dofetilide.....
21	62	49
DANZITEN.....	dextrose 10 % in water (d10w)	donepezil.....
21	62	37
dapsone	dextrose 25 % in water (d25w)	dopamine
14	62	56
DAPTACEL (DTAP PEDIATRIC) (PF).....	dextrose 5 % in water (d5w)	dopamine in 5 % dextrose....
76	63	56
daptomycin	dextrose 5 %-lactated ringers	DOPTELET (10 TAB PACK)
14	63	53
DAPTOMYCIN.....	dextrose 5%-0.2 % sod chloride.....	DOPTELET (15 TAB PACK)
14	63	53
darunavir.....	dextrose 5%-0.3 % sod.chloride	DOPTELET (30 TAB PACK)
10	63	53
DARZALEX.....	dextrose 50 % in water (d50w)	dorzolamide
21	63	86
dasatinib.....	dextrose 70 % in water (d70w)	dorzolamide-timolol
21	63	86
dasetta 1/35 (28)	DIACOMIT	dotti.....
82	33	81
dasetta 7/7/7 (28)	diazepam.....	DOVATO.....
82	33, 44	10
DATROWAY.....	diazepam intensol.....	doxazosin.....
21	44	50
daunorubicin.....	diazoxide.....	doxepin.....
21	66	44
DAURISMO.....	diclofenac potassium.....	doxercalciferol.....
21	41	69
daysee.....	diclofenac sodium ...	doxorubicin.....
82	41, 58, 85	21
deblitane.....	diclofenac-misoprostol	doxorubicin, peg-liposomal .
81	41	21
decitabine	dicloxacillin.....	doxy-100.....
21	16	18
deferasirox.....	dicyclomine.....	doxycycline hyclate
62	71	18
deferiprone	DIFICID	doxycycline monohydrate ...
62	13	18
deferoxamine	diflunisal.....	DRIZALMA SPRINKLE
62	41	44
DELSTRIGO	digoxin.....	dronabinol.....
10	55	71
demeclocycline.....	dihydroergotamine	droperidol.....
18	36	71
DENG VAXIA (PF).....	DILANTIN 30 MG	DROPSAFE ALCOHOL PREP PADS.....
76	33	66
denta 5000 plus.....	diltiazem hcl.....	drospirenone-e.estradiol-lm.fa
64	50	82
dentagel.....	dilt-xr.....	82
64	50	
DEPO-SUBQ PROVERA		DROXIA
81		21
dermacinrx lidocan		droxidopa
58		63
DESCOVY		DUAVEE
10		81
desipramine		DULERA.....
44		88
		duloxetine
		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 04/22/2025.

DUPIXENT PEN	58	<i>enalapril-hydrochlorothiazide</i>		<i>estarylla</i>	82
DUPIXENT SYRINGE.....	58	.....	50	<i>estradiol</i>	81
<i>dutasteride</i>	92	ENBREL	79	<i>estradiol valerate</i>	81
<i>dutasteride-tamsulosin</i>	92	ENBREL MINI.....	79	<i>estradiol-norethindrone acet</i>	81
E		ENBREL SURECLICK.....	79	<i>eszopiclone</i>	44
<i>econazole nitrate</i>	60	<i>endocet</i>	39	<i>ethacrynate sodium</i>	51
EDARBI.....	50	ENERGIX-B (PF)	76	<i>ethambutol</i>	14
EDARBYCLOR	50	ENERGIX-B PEDIATRIC		<i>ethosuximide</i>	33
EDURANT.....	10	(PF)	76	<i>ethynodiol diac-eth estradiol</i>	82
<i>efavirenz</i>	10	<i>enoxaparin</i>	53	<i>etodolac</i>	41
<i>efavirenz-emtricitabin-tenofov</i>		<i>enpresse</i>	82	<i>etonogestrel-ethinyl estradiol</i>	
.....	10	<i>enskyce</i>	82	.....	82
<i>efavirenz-lamivu-tenofov disop</i>		<i>entacapone</i>	36	ETOPOPHOS	22
.....	10	<i>entecavir</i>	10	<i>etoposide</i>	22
<i>effer-k</i>	92	ENTRESTO.....	56	<i>etravirine</i>	10
ELAHERE.....	21	ENTRESTO SPRINKLE	56	<i>euthyrox</i>	70
ELAPRASE	69	ENTYVIO	72	<i>everolimus (antineoplastic)</i> ..	22
<i>electrolyte-148</i>	94	<i>enulose</i>	72	<i>everolimus</i>	
<i>electrolyte-48 in d5w</i>	94	ENVARUS XR.....	22	(immunosuppressive).....	22
<i>electrolyte-a</i>	94	EPIDIOLEX	33	EVOTAZ	10
ELIGARD	21	<i>epinastine</i>	85	<i>exemestane</i>	22
ELIGARD (3 MONTH).....	21	<i>epinephrine</i>	87	EYLEA.....	85
ELIGARD (4 MONTH).....	21	<i>epirubicin</i>	22	<i>ezetimibe</i>	55
ELIGARD (6 MONTH).....	21	<i>epitol</i>	33	<i>ezetimibe-simvastatin</i>	55
<i>elimest</i>	82	EPKINLY	22	F	
ELIQUIS	53	<i>eplerenone</i>	50	FABRAZYME.....	69
ELIQUIS DVT-PE TREAT		EPRONTIA	33	<i>falmina (28)</i>	82
30D START.....	53	ERBITUX.....	22	<i>famciclovir</i>	10
ELITEK.....	18	<i>ergotamine-caffeine</i>	36	<i>famotidine</i>	74
ELIXOPHYLLIN.....	88	<i>eribulin</i>	22	<i>famotidine (pf)</i>	74
ELMIRON.....	92	ERIVEDGE	22	<i>famotidine (pf)-nacl (iso-os)</i>	74
ELREXFIO.....	21	ERLEADA	22	FANAPT	44
<i>eluryng</i>	82	<i>erlotinib</i>	22	FARXIGA	66
ELZONRIS.....	22	<i>errin</i>	81	FASENRA.....	88
EMGALITY PEN	36	<i>ertapenem</i>	14	FASENRA PEN.....	88
EMGALITY SYRINGE	36	ERWINASE.....	22	<i>febuxostat</i>	78
EMPLICITI	22	<i>ery pads</i>	59	<i>felbamate</i>	33
EMSAM	44	<i>ery-tab</i>	13	<i>felodipine</i>	51
<i>emtricitabine</i>	10	<i>erythrocin (as stearate)</i>	13	<i>fenofibrate</i>	55
<i>emtricitabine-tenofov (tdf)</i> ..	10	<i>erythromycin</i>	13, 84	<i>fenofibrate micronized</i>	55
EMTRIVA.....	10	<i>erythromycin ethylsuccinate</i>	13	<i>fenofibrate nanocrystallized</i> ..	55
EMVERM	14	<i>erythromycin with ethanol</i> ...	59	<i>fenofibric acid</i>	55
<i>emzahh</i>	81	<i>escitalopram oxalate</i>	44	<i>fenofibric acid (choline)</i>	55
<i>enalapril maleate</i>	50	<i>esmolol</i>	50	<i>fentanyl</i>	39
<i>enalaprilat</i>	50	<i>esomeprazole magnesium</i>	74	<i>fentanyl citrate</i>	39
		<i>esomeprazole sodium</i>	74	<i>fentanyl citrate (pf)</i>	39

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

This drug list was last updated on 04/22/2025.

FETZIMA.....	44	<i>fraiche</i> 5000.....	64	<i>glycopyrrolate (pf) in water</i> .	71
<i>finasteride</i>	92	FRUZAQLA.....	23	<i>glydo</i>	58
<i>fungolimod</i>	37	FULPHILA.....	75	GLYXAMBI.....	66
FINTEPLA	33	<i>fulvestrant</i>	23	GRAFAPEX	23
FIRMAGON KIT W		<i>furosemide</i>	51	<i>granisetron (pf)</i>	72
DILUENT SYRINGE.....	22	FUZEON	10	<i>granisetron hcl</i>	72
<i>flac otic oil</i>	64	FYARRO.....	23	<i>griseofulvin microsize</i>	9
<i>flecainide</i>	49	<i>fyavolv</i>	81	<i>griseofulvin ultramicrosize</i>	9
<i>floxuridine</i>	22	FYCOMPA.....	33	GVOKE.....	66
<i>fluconazole</i>	9	G		GVOKE HYPOPEN 1-PACK	
<i>fluconazole in nacl (iso-osm)</i> .	9	<i>gabapentin</i>	33	.....	66
<i>flucytosine</i>	9	<i>galantamine</i>	37	GVOKE HYPOPEN 2-PACK	
<i>fludarabine</i>	22	<i>gallifrey</i>	81	.....	66
<i>fludrocortisone</i>	65	GAMASTAN.....	76	GVOKE PFS 1-PACK	
<i>flumazenil</i>	44	<i>ganciclovir sodium</i>	10	SYRINGE.....	66
<i>flunisolide</i>	88	GARDASIL 9 (PF)	76	GVOKE PFS 2-PACK	
<i>fluocinolone</i>	61	<i>gatifloxacin</i>	84	SYRINGE.....	67
<i>fluocinolone acetone oil</i>	64	GATTEX 30-VIAL.....	72	H	
<i>fluocinolone and shower cap</i>	61	GATTEX ONE-VIAL.....	72	<i>halobetasol propionate</i>	61
<i>fluocinonide</i>	61	GAUZE PAD.....	77	<i>haloperidol</i>	45
<i>fluocinonide-emollient</i>	61	<i>gavilyte-c</i>	72	<i>haloperidol decanoate</i>	45
<i>fluoride (sodium)</i>	64, 94	<i>gavilyte-g</i>	72	<i>haloperidol lactate</i>	45
<i>fluorometholone</i>	86	<i>gavilyte-n</i>	72	HAVRIX (PF).....	76
<i>fluorouracil</i>	22, 23, 58	GAVRETO.....	23	<i>heather</i>	81
<i>fluoxetine</i>	44, 45	GAZYVA.....	23	<i>heparin (porcine)</i>	54
<i>fluphenazine decanoate</i>	45	<i>gefitinib</i>	23	<i>heparin (porcine) in 5 % dex</i>	53
<i>fluphenazine hcl</i>	45	<i>gemcitabine</i>	23	<i>heparin (porcine) in nacl (pf)</i>	
<i>flurbiprofen</i>	41	GEMCITABINE	23	.....	53, 54
<i>flurbiprofen sodium</i>	85	<i>gemfibrozil</i>	55	<i>heparin(porcine) in 0.45% nacl</i>	
<i>fluticasone propionate</i> ...	61, 89	<i>generlac</i>	72	.....	54
FLUTICASONE		<i>gengraf</i>	23	HEPARIN(PORCINE) IN	
PROPIONATE.....	89	<i>gentamicin</i>	14, 60, 84	0.45% NACL	54
<i>fluticasone propion-salmeterol</i>		<i>gentamicin in nacl (iso-osm)</i>	14	<i>heparin, porcine (pf)</i>	54
.....	89	<i>gentamicin sulfate (ped) (pf)</i>	14	HEPARIN, PORCINE (PF) .	54
<i>fluvastatin</i>	55	GENVOYA	10	HEPLISAV-B (PF)	76
<i>fluvoxamine</i>	45	GILOTTRIF.....	23	HIBERIX (PF)	76
<i>fomepizole</i>	76	<i>glatiramer</i>	37, 38	HIZENTRA	76
<i>fondaparinux</i>	53	<i>glatopa</i>	38	HUMIRA (PREFERRED	
<i>formoterol fumarate</i>	89	GLEOSTINE	23	NDCS STARTING WITH	
<i>fosamprenavir</i>	10	<i>glimepiride</i>	66	00074).....	79
<i>fosaprepitant</i>	72	<i>glipizide</i>	66	HUMIRA PEN (PREFERRED	
<i>fosinopril</i>	51	<i>glipizide-metformin</i>	66	NDCS STARTING WITH	
<i>fosinopril-hydrochlorothiazide</i>		<i>glutamine (sickle cell)</i>	63	00074).....	79
.....	51	<i>glycine urologic</i>	92	HUMIRA(CF) (PREFERRED	
<i>fosphenytoin</i>	33	<i>glycine urologic solution</i>	92	NDCS STARTING WITH	
FOTIVDA	23	<i>glycopyrrolate</i>	71	00074).....	79

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 04/22/2025.

HUMIRA(CF) PEN (PREFERRED NDCS NDCS STARTING WITH 00074).....	79	IMBRUVICA	23, 24	ISOLYTE S PH 7.4.....	94
HUMIRA(CF) PEN CROHNS-UC-HS (PREFERRED NDCS NDCS STARTING WITH 00074).....	79	IMDELLTRA	24	ISOLYTE-P IN 5 % DEXTROSE.....	94
HUMIRA(CF) PEN PSOR- UV-ADOL HS (PREFERRED NDCS NDCS STARTING WITH 00074).....	80	IMFINZI.....	24	ISOLYTE-S.....	94
HUMULIN R U-500 (CONC) INSULIN	67	<i>imipenem-cilastatin</i>	14	<i>isoniazid</i>	14
HUMULIN R U-500 (CONC) KWIKPEN.....	67	<i>imipramine hcl</i>	45	<i>isosorbide dinitrate</i>	56
<i>hydralazine</i>	51	<i>imiquimod</i>	58	<i>isosorbide mononitrate</i>	56
<i>hydrochlorothiazide</i>	51	IMJUDO.....	24	<i>isosorbide-hydralazine</i>	51
<i>hydrocodone-acetaminophen</i>	39	IMKELDI	24	<i>isotretinoin</i>	59
<i>hydrocodone-ibuprofen</i>	39	IMOVAX RABIES VACCINE (PF)	76	<i>isradipine</i>	51
<i>hydrocortisone</i>	61, 65, 72	IMVEXXY MAINTENANCE PACK	81	ISTODAX	24
<i>hydrocortisone-acetic acid</i> ...	64	IMVEXXY STARTER PACK	81	ITOVEBI.....	24
<i>hydromorphone</i>	40	INBRIJA	36	<i>itraconazole</i>	9
<i>hydromorphone (pf)</i>	39	<i>incassia</i>	81	<i>ivabradine</i>	56
<i>hydroxychloroquine</i>	14	INCRELEX	63	<i>ivermectin</i>	14
<i>hydroxyurea</i>	23	<i>indapamide</i>	51	IWILFIN.....	24
<i>hydroxyzine hcl</i>	87	INFANRIX (DTAP) (PF)	76	IXCHIQ (PF)	76
HYPERHEP B	76	INGREZZA	38	IXEMPRA	24
HYPERHEP B NEONATAL	76	INGREZZA INITIATION PK(TARDIV).....	38	IXIARO (PF)	76
I		INGREZZA SPRINKLE	38	J	
<i>ibandronate</i>	78	INLYTA.....	24	JAKAFI.....	24
IBRANCE	23	INPEFA.....	67	<i>jantoven</i>	54
<i>ibu</i>	41	INQOVL.....	24	JANUMET	67
<i>ibuprofen</i>	41	INREBIC.....	24	JANUMET XR	67
<i>ibutilide fumarate</i>	49	INSULIN SYRINGE- NEEDLE U-100	77	JANUVIA.....	67
<i>icatibant</i>	89	INTELENCE	10	JARDIANCE.....	67
ICLUSIG	23	<i>intralipid</i>	94	<i>jasmiel (28)</i>	82
<i>icosapent ethyl</i>	55	<i>introvale</i>	82	JAYPIRCA.....	24
<i>idarubicin</i>	23	INVEGA HAFYERA.....	45	JEMPERLI	24
IDHIFA	23	INVEGA SUSTENNA.....	45	<i>jencycla</i>	81
<i>ifosfamide</i>	23	INVEGA TRINZA.....	45, 46	JENTADUETO.....	67
ILARIS (PF)	75	INVELTYS.....	86	JENTADUETO XR.....	67
<i>imatinib</i>	23	IPOL.....	76	JEVTANA.....	24
		<i>ipratropium bromide</i>	64, 89	<i>jinteli</i>	81
		<i>ipratropium-albuterol</i>	89	<i>jolessa</i>	83
		<i>irbesartan</i>	51	<i>juleber</i>	83
		<i>irbesartan-hydrochlorothiazide</i>	51	JULUCA	10
		<i>irinotecan</i>	24	JYLAMVO.....	24
		ISENTRESS	10	JYNNEOS (PF).....	76
		ISENTRESS HD	10	K	
		<i>isibloom</i>	82	KADCYLA.....	24
				<i>kalliga</i>	83
				KALYDECO	89
				KANUMA.....	69
				<i>kariva (28)</i>	83
				<i>kelnor 1/35 (28)</i>	83

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 04/22/2025.

<i>kelnor 1/50 (28)</i>.....83	<i>larin 24 fe</i> .....83	LILETTA .....82
KERENDIA.....51	<i>larin fe 1.5/30 (28)</i> .....83	<i>lincomycin</i> .....14
KESIMPTA PEN .....38	<i>larin fe 1/20 (28)</i> .....83	<i>linezolid</i>.....14
<i>ketoconazole</i> .....9, 60	<i>latanoprost</i>.....86	<i>linezolid in dextrose 5%</i>.....14
<i>ketorolac</i>.....85	LAZCLUZE.....25	<i>linezolid-0.9% sodium chloride</i>.....14
KEYTRUDA .....24	LEDIPASVIR-SOFOSBUVIR.....10	LINZESS .....72
KHAPZORY .....18	<i>leflunomide</i> .....80	<i>liothyronine</i>.....70
KIMMTRAK .....24	<i>lenalidomide</i> .....25	<i>lisinopril</i>.....51
KINRIX (PF) .....76	LENVIMA.....25	<i>lisinopril-hydrochlorothiazide</i>.....51
<i>kionex (with sorbitol)</i>.....63	<i>lessina</i> .....83	<i>lithium carbonate</i> .....46
KISQALI.....25	<i>letrozole</i>.....25	<i>lithium citrate</i>.....46
KISQALI FEMARA CO- PACK .....24	<i>leucovorin calcium</i> .....18	LIVTENCITY.....10
<i>klayesta</i>.....60	LEUKERAN.....25	LOKELMA.....63
<i>klor-con 10</i> .....92	<i>leuprolide</i> .....25	LONSURF .....25
<i>klor-con 8</i> .....92	<i>levetiracetam</i> .....34	<i>loperamide</i>.....71
<i>klor-con m10</i>.....92	<i>levetiracetam in nacl (iso-os)</i> .....34	<i>lopinavir-ritonavir</i>.....10
<i>klor-con m15</i>.....92	<i>levobunolol</i> .....85	LOQTORZI .....25
<i>klor-con m20</i>.....92	<i>levocarnitine</i> .....63	<i>lorazepam</i> .....46
<i>klor-con oral packet 20</i>.....92	<i>levocarnitine (with sugar)</i>....63	<i>lorazepam intensol</i> .....46
<i>klor-con/ef</i>.....92	<i>levocetirizine</i>.....87	LORBRENA.....25
KOSELUGO.....25	<i>levofloxacin</i>.....17, 84	<i>loryna (28)</i>.....83
<i>kourzeq</i>.....64	<i>levofloxacin in d5w</i>.....17	<i>losartan</i> .....51
K-PHOS NO 2 .....92	<i>levoleucovorin calcium</i>.....18	<i>losartan-hydrochlorothiazide</i>.....51
K-PHOS ORIGINAL .....92	<i>levonest (28)</i> .....83	<i>loteprednol etabonate</i>.....86
KRAZATI .....25	<i>levonorgestrel-ethinyl estrad</i> 83	<i>lovastatin</i> .....55
<i>kurvelo (28)</i> .....83	<i>levonorg-eth estrad triphasic</i> 83	<i>low-ogestrel (28)</i>.....83
KYPROLIS.....25	<i>levora-28</i> .....83	<i>loxapine succinate</i>.....46
L	<i>levo-t</i> .....70	<i>lo-zumandimine (28)</i>.....83
<i>l norgest/e.estradiol-e.estrad</i> 83	<i>levothyroxine</i> .....70	<i>lubiprostone</i>.....72
<i>labetalol</i>.....51	<i>levoxyl</i> .....70	LUMAKRAS.....25, 26
<i>lacosamide</i>.....33	LIBERVANT.....34	LUMIGAN .....86
<i>lactated ringers</i> .....62, 92	LIBTAYO .....25	LUMIZYME.....69
<i>lactulose</i> .....72	<i>lidocaine</i>.....58	LUNSUMIO .....26
LAGEVRIO (EUA).....10	<i>lidocaine (pf)</i>.....49, 58	LUPRON DEPOT .....26
<i>lamivudine</i> .....10	<i>lidocaine hcl</i> .....58	<i>lurasidone</i>.....46
<i>lamivudine-zidovudine</i>.....10	<i>lidocaine in 5 % dextrose (pf)</i> .....49	<i>lutea (28)</i>.....83
<i>lamotrigine</i> .....33, 34	<i>lidocaine viscous</i>.....59	<i>lyleq</i>.....81
<i>lanreotide</i> .....25	<i>lidocaine-epinephrine</i>.....59	<i>lyllana</i> .....81
<i>lansoprazole</i> .....74	<i>lidocaine-epinephrine (pf)</i> ...59	LYNPARZA.....26
LANTUS SOLOSTAR U-100 INSULIN .....67	<i>lidocaine-prilocaine</i> .....59	LYSODREN.....26
LANTUS U-100 INSULIN..67	<i>lidocan iii</i>.....59	LYTGOBI .....26
<i>lapatinib</i> .....25	<i>lidocan iv</i>.....59	<i>lyza</i>.....81
<i>larin 1.5/30 (21)</i>.....83	<i>lidocan v</i>.....59	
<i>larin 1/20 (21)</i>.....83		

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 04/22/2025.

M		
magnesium chloride	92	
magnesium sulfate	92	
MAGNESIUM SULFATE IN		
D5W	92	
magnesium sulfate in water..	92	
malathion.....	62	
mannitol 20 %.....	51	
mannitol 25 %.....	51	
maraviroc	10	
MARGENZA.....	26	
marlissa (28).....	83	
MARPLAN.....	46	
MATULANE.....	26	
matzim la	51	
MAVYRET	11	
meclizine.....	72	
medroxyprogesterone	81	
mefloquine	14	
megestrol	26	
MEKINIST	26	
MEKTOVI.....	26	
meloxicam.....	41	
melphalan hcl.....	26	
memantine	38	
memantine-donepezil.....	38	
MENACTRA (PF)	76	
MENQUADFI (PF).....	76	
MENVEO A-C-Y-W-135-DIP		
(PF)	76	
MEPSEVII.....	69	
mercaptopurine.....	26	
meropenem	14	
mesalamine.....	72	
mesalamine with cleansing		
wipe	72	
mesna	18	
MESNEX	18	
metformin	67	
methadone	40	
methadone intensol.....	40	
methadose.....	40	
methazolamide	86	
methenamine hippurate	18	
methenamine mandelate	18	
methimazole.....	65	
methotrexate sodium.....	26	
methotrexate sodium (pf).....	26	
methoxsalen	59	
methsuximide	34	
methylergonovine	84	
methylphenidate hcl.....	46	
methylprednisolone	65	
methylprednisolone acetate..	65	
methylprednisolone sodium		
succ	65	
metoclopramide hcl.....	72	
metolazone.....	51	
metoprolol succinate	51	
metoprolol ta-hydrochlorothiaz		
.....	51	
metoprolol tartrate	51	
metro i.v.....	14	
metronidazole	14, 59, 82	
metronidazole in nacl (iso-os)		
.....	14	
metryrosine	51	
mexiletine	49	
micafungin	9	
microgestin 1.5/30 (21).....	83	
microgestin 1/20 (21)	83	
microgestin fe 1.5/30 (28)....	83	
microgestin fe 1/20 (28).....	83	
midodrine	63	
MIEBO (PF)	85	
mifepristone.....	69, 82	
mili	83	
milrinone	56	
milrinone in 5 % dextrose....	56	
mimvey	81	
minocycline.....	18	
minoxidil.....	51	
miostat.....	86	
mirabegron	91	
mirtazapine.....	46	
misoprostol.....	74	
mitomycin	26	
mitoxantrone.....	26	
M-M-R II (PF)	76	
modafinil	46	
moexipril.....	51	
molindone	46	
mometasone	61, 89	
mondoxyne nl.....	18	
MONJUVI.....	26	
mono-lynyah.....	83	
montelukast.....	89	
morphine.....	40	
morphine (pf).....	40	
morphine concentrate.....	40	
MOUNJARO	67	
moxifloxacin.....	17, 84	
moxifloxacin-sod.chloride(iso)		
.....	17	
MRESVIA (PF)	76	
MULTAQ.....	49	
mupirocin	60	
mycophenolate mofetil.....	26	
mycophenolate mofetil (hcl).26		
mycophenolate sodium	27	
MYFEMBREE.....	82	
MYHIBBIN	27	
MYLOTARG.....	27	
MYRBETRIQ.....	91	
N		
nabumetone.....	41	
nadolol	51	
nafcillin	16, 17	
nafcillin in dextrose iso-osm	16	
naftifine	60	
NAGLAZYME	69	
nalbuphine	41	
naloxone	42	
naltrexone.....	42	
NAMZARIC.....	38	
naproxen.....	42	
naproxen sodium.....	42	
naratriptan.....	36	
NATACYN.....	84	
nateglinide.....	67	
NAYZILAM.....	34	
nebivolol.....	51	
nefazodone.....	46	
nelarabine.....	27	
neomycin.....	14	
neomycin-bacitracin-poly-hc86		
neomycin-bacitracin-		
polymyxin.....	84	

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 04/22/2025.

<i>neomycin-polymyxin b gu</i> ....62	<i>nortrel 0.5/35 (28)</i>.....84	OJEMDA.....27
<i>neomycin-polymyxin b-</i>	<i>nortrel 1/35 (21)</i>.....84	OJJAARA.....27
<i>dexameth</i>.....86	<i>nortrel 1/35 (28)</i>.....84	<i>olanzapine</i> .....46
<i>neomycin-polymyxin-</i>	<i>nortrel 7/7/7 (28)</i>.....84	<i>olmesartan</i>.....51
<i>gramicidin</i>.....84	<i>nortriptyline</i>.....46	<i>olmesartan-amlodipin-</i>
<i>neomycin-polymyxin-hc</i> .65, 86	NORVIR .....11	<i>hcthiazid</i> .....52
<i>neo-polycin</i>.....84	NOVOLIN 70/30 U-100	<i>olmesartan-</i>
<i>neo-polycin hc</i>.....86	INSULIN .....67	<i>hydrochlorothiazide</i>.....52
NERLYNX.....27	NOVOLIN 70-30 FLEXPEN	<i>omega-3 acid ethyl esters</i> ....55
NEUPRO.....36	U-100.....67	<i>omeprazole</i> .....74
<i>nevirapine</i>.....11	NOVOLIN N FLEXPEN....67	OMNIPOD 5 (G6/LIBRE 2
NEXLETOL .....55	NOVOLIN N NPH U-100	PLUS).....77
NEXLIZET.....55	INSULIN .....67	OMNIPOD 5 G6-G7 INTRO
NEXPLANON.....82	NOVOLIN R FLEXPEN....67	KT(GEN5).....77
<i>niacin</i>.....55	NOVOLIN R REGULAR	OMNIPOD 5 G6-G7 PODS
<i>nicardipine</i>.....51	U100 INSULIN.....67	(GEN 5).....77
NICOTROL NS .....64	NOVOLOG FLEXPEN U-100	OMNIPOD 5
<i>nifedipine</i>.....51	INSULIN .....68	INTRO(G6/LIBRE2PLUS)
<i>nikki (28)</i> .....83	NOVOLOG MIX 70-30 U-100	77
<i>nilutamide</i>.....27	INSULN .....68	OMNIPOD DASH INTRO
<i>nimodipine</i>.....51	NOVOLOG MIX 70-	KIT (GEN 4).....78
NINLARO.....27	30FLEXPEN U-100 .....68	OMNIPOD DASH PODS
<i>nitazoxanide</i>.....15	NOVOLOG PENFILL U-100	(GEN 4).....78
<i>nitisinone</i> .....63	INSULIN .....68	OMNITROPE .....75
<i>nitro-bid</i>.....56	NOVOLOG U-100 INSULIN	ONCASPAR.....27
<i>nitrofurantoin macrocrystal</i> .18	ASPART .....68	<i>ondansetron</i> .....73
<i>nitrofurantoin monohyd/m-</i>	NUBEQA .....27	<i>ondansetron hcl</i>.....72
<i>cryst</i>.....18	NUCALA .....89	<i>ondansetron hcl (pf)</i> .....72
<i>nitroglycerin</i> .....56, 72	NUEDEXTA .....38	ONIVYDE.....27
<i>nitroglycerin in 5 % dextrose</i>	NULOJIX.....27	ONUREG .....27
.....56	NUPLAZID .....46	OPDIVO.....27
NIVESTYM.....75	NURTEC ODT .....36	OPDIVO QVANTIG.....27
<i>nizatidine</i> .....74	<i>nyamyc</i> .....60	OPDUALAG .....27
<i>nora-be</i>.....81	<i>nystatin</i> .....9, 60	<i>opium tincture</i>.....71
<i>norelgestromin-ethin.estradiol</i>	<i>nystatin-triamcinolone</i>.....60	OPSUMIT .....89
.....82	<i>nystop</i> .....60	OPSYNVI.....89
<i>norepinephrine bitartrate</i> ....56	NYVEPRIA.....75	<i>oralone</i> .....64
<i>norethindrone (contraceptive)</i>	O	ORENCIA .....80
.....81	OICALIVA.....72	ORENCIA (WITH
<i>norethindrone acetate</i>.....81	<i>octreotide acetate</i>.....27	MALTOSE) .....80
<i>norethindrone ac-eth estradiol</i>	<i>octreotide,microspheres</i>.....27	ORENCIA CLICKJECT ....80
.....81, 83	ODEFSEY .....11	ORGOVYX.....27
<i>norethindrone-e.estradiol-iron</i>	ODOMZO .....27	ORKAMBI .....89
.....83	OFEV .....89	ORSERDU .....27
<i>norgestimate-ethinyl estradiol</i>	<i>ofloxacin</i>.....65, 85	<i>oseltamivir</i> .....11
.....83	OGSIVEO .....27	<i>osmitrol 20 %</i>52

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 04/22/2025.

OTEZLA	80	penicillin v potassium.....	17	potassium chlorid-d5-	
OTEZLA STARTER.....	80	PENTACEL (PF)	76	0.45%nacl.....	93
oxacillin.....	17	pentamidine	15	potassium chloride	93
oxacillin in dextrose(iso-osm)		pentobarbital sodium.....	47	potassium chloride in	
.....	17	pentoxifylline	54	0.9%nacl.....	93
oxaliplatin.....	28	perindopril erbumine.....	52	potassium chloride in 5 % dex	
oxaprozin.....	42	periogard.....	64	.....	93
oxcarbazepine	34	PERJETA	28	potassium chloride in lr-d5..	93
OXERVATE.....	85	permethrin.....	62	potassium chloride in water.	93
oxybutynin chloride.....	91	perphenazine.....	47	potassium chloride-0.45 %	
oxycodone.....	40	pfizerpen-g.....	17	nacl.....	93
oxycodone-acetaminophen..	41	phenelzine.....	47	potassium chloride-d5-	
OXYCONTIN.....	41	phenobarbital.....	34	0.2%nacl.....	93
OZEMPIC	68	phenobarbital sodium.....	34	potassium chloride-d5-	
OZURDEX.....	86	phentolamine	52	0.9%nacl.....	93
P		phenytoin	34	potassium citrate.....	92
pacerone.....	49	phenytoin sodium	34	potassium phosphate m-/d-	
paclitaxel	28	phenytoin sodium extended ..	34	basic	93
paclitaxel protein-bound.....	28	philith	84	POTELIGEO	28
PADCEV	28	PIFELTRO	11	PRALATREXATE.....	28
paliperidone.....	46, 47	pilocarpine hcl.....	63, 85	pramipexole	36
palonosetron.....	73	pimecrolimus	59	prasugrel hcl.....	54
pamidronate.....	70	pimozide	47	pravastatin.....	55
PANRETIN	59	pimtrea (28).....	84	praziquantel.....	15
pantoprazole	74	pindolol	52	prazosin.....	52
paraplatin.....	28	pioglitazone	68	prednicarbate.....	62
paricalcitol	70	piperacillin-tazobactam.....	17	prednisolone	65
paroxetine hcl	47	PIQRAY	28	prednisolone acetate.....	86
PAVBLU.....	85	pirfenidone.....	89, 90	prednisolone sodium	
PAXLOVID.....	11	piroxicam.....	42	phosphate.....	65, 86
pazopanib	28	pitavastatin calcium	55	prednisone	65
PEDIARIX (PF).....	76	PLEGRIDY	75	prednisone intensol	65
PEDVAX HIB (PF).....	76	PLENAMINE	94	pregabalin	34
peg 3350-electrolytes	73	plerixafor.....	75	PREMARIN	81
PEGASYS	75	podofilox.....	59	premasol 10 %	94
peg-electrolyte	73	POLIVY	28	PREMPHASE	82
PEMAZYRE.....	28	polocaine	59	PREMPRO	82
pemetrexed disodium.....	28	polocaine-mpf.....	59	prenatal vitamin oral tablet .	94
PEN NEEDLE, DIABETIC.	78	polycin.....	85	prevalite.....	55
PENBRAYA (PF)	76	polymyxin b sulf-trimethoprim		PREVYMIS	11
penciclovir	60	.....	85	PREZCOBIX	11
penicillamine	80	POMALYST	28	PREZISTA	11
PENICILLIN G POT IN		portia 28	84	PRIFTIN.....	15
DEXTROSE.....	17	PORTRAZZA.....	28	PRIMAQUINE	15
penicillin g potassium.....	17	posaconazole	9	primidone	35
penicillin g sodium.....	17	potassium acetate.....	93	PRIMIDONE	35

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 04/22/2025.

PRIORIX (PF)	76	RADICAVA ORS.....	38	<i>rivastigmine tartrate</i>	38
PRIVIGEN	76	RADICAVA ORS STARTER		<i>rizatriptan</i>	36
<i>probenecid</i>	78	KIT SUSP	38	ROCKLATAN.....	86
<i>probenecid-colchicine</i>	78	<i>raloxifene</i>	78	<i>roflumilast</i>	90
<i>procainamide</i>	49	<i>ramelteon</i>	47	<i>romidepsin</i>	29
<i>prochlorperazine</i>	73	<i>ramipril</i>	52	<i>ropinirole</i>	36
<i>prochlorperazine edisylate</i> ...	73	<i>ranolazine</i>	56	<i>rosuvastatin</i>	55
<i>prochlorperazine maleate oral</i>		<i>rasagiline</i>	36	ROTARIX	77
.....	73	<i>reclipsen (28)</i>	84	ROTATEQ VACCINE.....	77
PROCRIPT	75	RECOMBIVAX HB (PF)....	77	<i>roweepra</i>	35
<i>procto-med hc</i>	73	REGRANEX	59	ROZLYTREK.....	29
<i>proctosol hc</i>	73	RELENZA DISKHALER....	11	RUBRACA.....	29
<i>proctozone-hc</i>	73	RELEUKO	75	<i>rufinamide</i>	35
<i>progesterone</i>	82	RELISTOR	73	RUKOBIA.....	11
<i>progesterone micronized</i>	82	REMICADE	73	RUXIENCE.....	29
PROGRAF.....	28	RENACIDIN	92	RYBELSUS.....	68
PROLASTIN-C	63	<i>repaglinide</i>	68	RYBREVANT	29
PROLIA	78	REPATHA.....	55	RYDAPT.....	29
PROMACTA	54	REPATHA PUSHTRONEX	55	RYLAZE	29
<i>promethazine</i>	87	REPATHA SURECLICK....	55	RYTELO	29
<i>propafenone</i>	49	RETACRIT.....	75, 76	S	
<i>propranolol</i>	52	RETEVMO.....	28	<i>sajazir</i>	90
<i>propylthiouracil</i>	65	RETROVIR	11	<i>salsalate</i>	42
PROQUAD (PF)	76	REVLIMID.....	29	SANCUSO	73
<i>protamine</i>	54	<i>revonto</i>	39	SANDOSTATIN LAR	
<i>protriptyline</i>	47	REVUFORJ.....	29	DEPOT	29
PULMICORT FLEXHALER		REXULTI.....	47	SANTYL	59
.....	90	REYATAZ	11	<i>sapropterin</i>	70
PULMOZYME	90	REZDIFFRA	63	SARCLISA.....	29
PURIXAN	28	REZLIDHIA.....	29	SAVELLA.....	80
<i>pyrazinamide</i>	15	REZUROCK.....	29	<i>saxagliptin</i>	68
<i>pyridostigmine bromide</i>	38, 39	RHOPRESSA	86	<i>saxagliptin-metformin</i>	68
<i>pyrimethamine</i>	15	<i>ribavirin</i>	11	SCSEMBLIX	29
Q		RIDAURA.....	80	<i>scopolamine base</i>	73
QINLOCK.....	28	<i>rifabutin</i>	15	SECUADO	47
QUADRACEL (PF)	76	<i>rifampin</i>	15	SEGLUROMET	68
<i>quetiapine</i>	47	<i>riluzole</i>	63	SELARSDI	57
<i>quinapril</i>	52	<i>rimantadine</i>	11	<i>selegiline hcl</i>	36
<i>quinapril-hydrochlorothiazide</i>		<i>ringer's</i>	62, 93	<i>selenium sulfide</i>	57
.....	52	RINVOQ	80	SELZENTRY	11
<i>quinidine sulfate</i>	49	RINVOQ LQ.....	80	<i>sertraline</i>	47
<i>quinine sulfate</i>	15	<i>risedronate</i>	63, 78	<i>setlakin</i>	84
QULIPTA.....	36	<i>risperidone</i>	47	<i>sevelamer carbonate</i>	63
QVAR REDHALER.....	90	<i>risperidone microspheres</i>	47	<i>sf 64</i>	
R		<i>ritonavir</i>	11	<i>sf 5000 plus</i>	64
RABAVERT (PF)	77	<i>rivastigmine</i>	38	<i>sharobel</i>	82

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 04/22/2025.

SHINGRIX (PF)	77	SOTYKTU	57	SYNTHROID	70
SIGNIFOR.....	29	SPIRIVA RESPIMAT	90	T	
sildenafil (pulmonary arterial hypertension).....	90	spironolactone	52	TABLOID	30
silver sulfadiazine	59	spironolacton- hydrochlorothiaz	52	TABRECTA	30
SIMBRINZA	86	sprintec (28).....	84	tacrolimus.....	30, 59
SIMULECT	29	SPRITAM.....	35	tadalafil	92
simvastatin.....	55	SPRYCEL	29, 30	tadalafil (pulmonary arterial hypertension) oral tablet 20 mg.....	90
sirolimus.....	29	sps (with sorbitol).....	63	TAFINLAR	30
SIRTURO.....	15	sronyx.....	84	TAGRISSE.....	30
SKYRIZI	57, 73	ssd	59	TALVEY.....	30
sodium acetate	93	STEGLATRO	68	TALZENNA.....	30
sodium benzoate-sod phenylacet.....	63	STIOLTO RESPIMAT	90	tamoxifen	30
sodium bicarbonate.....	93	STIVARGA.....	30	tamsulosin.....	92
sodium chloride.....	63, 93	STRENSIQ	70	tarina fe 1-20 eq (28).....	84
sodium chloride 0.45 %	93	STREPTOMYCIN	15	TASIGNA	30
sodium chloride 0.9 %.....	63	STRIBILD	11	tazarotene	59
sodium chloride 3 % hypertonic.....	93	STRIVERDI RESPIMAT ...	90	tazicef.....	13
sodium chloride 5 % hypertonic.....	93	SUBLOCADE	41	TAZVERIK	30
sodium fluoride 5000 dry mouth.....	64	subvenite.....	35	TECENTRIQ	30
sodium fluoride 5000 plus....	64	SUCRAID	73	TECENTRIQ HYBREZA ..	30
sodium fluoride-pot nitrate ..	64	sucalfate.....	74	TECVAYLI	30
sodium nitroprusside	56	sulfacetamide sodium	85	TEFLARO	13
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	48	sulfacetamide sodium (acne)	60	telmisartan.....	52
sodium phenylbutyrate.....	63	sulfacetamide-prednisolone	85	telmisartan-amlodipine.....	52
sodium phosphate.....	93	sulfadiazine.....	17	telmisartan-hydrochlorothiazid	52
sodium polystyrene sulfonate	63	sulfamethoxazole-trimethoprim	17, 18	TEMODAR	30
sodium,potassium,mag sulfates	73	sulfasalazine	73	temsirolimus	30
SOFOSBUVIR- VELPATASVIR	11	sulindac	42	TENIVAC (PF).....	77
solifenacin	91	sumatriptan.....	36	tenofovir disoproxil fumarate	11
SOLQUA 100/33	68	sumatriptan succinate.....	36	TEPMETKO	30
SOLTAMOX	29	sunitinib malate.....	30	terazosin	52
SOMATULINE DEPOT	29	SUNLENCA.....	11	terbinafine hcl.....	9
SOMAVERT	70	syeda	84	terbutaline	90
sorafenib.....	29	SYLVANT	30	terconazole	82
sotalol.....	49	SYMDEKO	90	teriflunomide.....	38
sotalol af.....	49	SYMLINPEN 120.....	68	TERIPARATIDE	78
		SYMLINPEN 60.....	68	testosterone.....	70
		SYMPAZAN	35	testosterone cypionate	70
		SYMPROIC.....	73	testosterone enanthate	70
		SYMTUZA.....	11	tetrabenazine	38
		SYNAGIS.....	11	tetracycline	18
		SYNJARDY	68	TEVIMBRA	30
		SYNJARDY XR.....	68		

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 04/22/2025.

THALOMID.....	30	<i>trazodone</i>	48	TYENNE.....	80
<i>theophylline</i>	90	TRECATOR.....	15	TYENNE AUTOINJECTOR	
<i>thioridazine</i>	48	TRELEGY ELLIPTA.....	91	.....	80
<i>thiotepa</i>	30	TRELSTAR.....	30	TYPHIM VI.....	77
<i>thiothixene</i>	48	TREMFYA.....	57	TYVASO.....	91
<i>tiadylt er</i>	52	TREMFYA PEN.....	57	TYVASO INSTITUTIONAL	
<i>tiagabine</i>	35	<i>treprostinil sodium</i>	52	START KIT.....	91
TIBSOVO.....	30	<i>tretinoin (antineoplastic)</i>	30	TYVASO REFILL KIT.....	91
TICE BCG.....	77	<i>tretinoin topical</i>	59, 60	TYVASO STARTER KIT..	91
TICOVAC.....	77	<i>triamcinolone acetonide</i> 62, 64,		U	
<i>tigecycline</i>	15	65		UBRELVY.....	36
<i>tilia fe</i>	84	<i>triamterene-hydrochlorothiazid</i>		ULTRA-FINE INSULIN	
<i>timolol maleate</i>	52, 85	.....	52	SYRINGE.....	78
<i>tinidazole</i>	15	<i>tridacaine ii</i>	59	<i>unithroid</i>	70
<i>tiotropium bromide</i>	90	<i>triderm</i>	62	UNITUXIN.....	31
TIVDAK.....	30	<i>trientine</i>	63	UPTRAVI.....	52
TIVICAY.....	11	<i>tri-estarylla</i>	84	<i>ursodiol</i>	73
TIVICAY PD.....	11	<i>trifluoperazine</i>	48	UZEDY.....	48
<i>tizanidine</i>	39	<i>trifluridine</i>	85	V	
TOBI PODHALER.....	15	<i>trihexyphenidyl</i>	36	<i>valacyclovir</i>	11
TOBRADEX.....	86	TRIJARDY XR.....	69	VALCHLOR.....	59
<i>tobramycin</i>	15, 85	TRIKAFTA.....	91	<i>valganciclovir</i>	12
<i>tobramycin in 0.225 % nacl</i>	15	<i>tri-legest fe</i>	84	<i>valproate sodium</i>	35
<i>tobramycin sulfate</i>	15	<i>tri-linyah</i>	84	<i>valproic acid</i>	35
<i>tobramycin-dexamethasone</i>	86	<i>tri-lo-estarylla</i>	84	<i>valproic acid (as sodium salt)</i>	
<i>tolterodine</i>	91	<i>tri-lo-marzia</i>	84	.....	35
<i>tolvaptan</i>	70	<i>tri-lo-sprintec</i>	84	<i>valrubicin</i>	31
<i>topiramate</i>	35	<i>trimethoprim</i>	18	<i>valsartan</i>	52
<i>topotecan</i>	30	<i>trimipramine</i>	48	<i>valsartan-hydrochlorothiazide</i>	
<i>toremifene</i>	30	TRINTELLIX.....	48	.....	52
<i>torpenz</i>	30	<i>tri-sprintec (28)</i>	84	VALTOCO.....	35
<i>torsemide</i>	52	TRIUMEQ.....	11	<i>vancomycin</i>	15
TOUJEO MAX U-300		TRIUMEQ PD.....	11	VANCOMYCIN IN 0.9 %	
SOLOSTAR.....	69	<i>trivora (28)</i>	84	SODIUM CHL.....	15
TOUJEO SOLOSTAR U-300		TRODELVY.....	30	VANFLYTA.....	31
INSULIN.....	69	TROGARZO.....	11	VAQTA (PF).....	77
TRADJENTA.....	69	TROPHAMINE 10 %.....	94	<i>varenicline tartrate</i>	64
<i>tramadol</i>	42	<i>trosium</i>	91	VARIVAX (PF).....	77
<i>tramadol-acetaminophen</i>	42	TRULANCE.....	73	VARIZIG.....	77
<i>trandolapril</i>	52	TRULICITY.....	69	VARUBI.....	73
<i>trandolapril-verapamil</i>	52	TRUMENBA.....	77	VAXCHORA VACCINE....	77
<i>tranexamic acid</i>	82	TRUQAP.....	31	VECTIBIX.....	31
<i>tranylcypromine</i>	48	TUKYSA.....	31	<i>veletri</i>	52
<i>travasol 10 %</i>	94	TURALIO.....	31	<i>velivet triphasic regimen (28)</i>	
<i>travoprost</i>	86	<i>turqoz (28)</i>	84	.....	84
TRAZIMERA.....	30	TWINRIX (PF).....	77	VELPHORO.....	63

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 04/22/2025.

VELTASSA.....	63, 64	W		<i>yuvafem</i>	82
VEMLIDY.....	12	<i>warfarin</i>	54	Z	
VENCLEXTA	31	<i>water for irrigation, sterile</i> ..	64	<i>zafemy</i>	82
VENCLEXTA STARTING		WELIREG	31	<i>zafirlukast</i>	91
PACK	31	<i>wera (28)</i>	84	<i>zaleplon</i>	48
<i>venlafaxine</i>	48	<i>wescap-pn dha</i>	94	ZALTRAP	32
<i>verapamil</i>	52	<i>wixela inhub</i>	91	ZEJULA	32
VERQUVO.....	56	X		ZELBORAF	32
VERSACLOZ.....	48	XALKORI.....	31	<i>zenatane</i>	60
VERZENIO	31	XARELTO	54	ZENPEP	74
<i>vestura (28)</i>	84	XARELTO DVT-PE TREAT		ZEPOSIA	38
VIBATIV	16	30D START.....	54	ZEPOSIA STARTER KIT (28-	
VIBERZI	73	XCOPRI	35	DAY).....	38
<i>vienna</i>	84	XCOPRI MAINTENANCE		ZEPOSIA STARTER PACK	
<i>vigabatrin</i>	35	PACK	35	(7-DAY).....	38
<i>vigadrone</i>	35	XCOPRI TITRATION PACK		ZEPZELCA	32
<i>vigpoder</i>	35	.....	35	<i>zidovudine</i>	12
<i>vilazodone</i>	48	XDEMVI	85	ZIIHERA.....	32
VIMIZIM	70	XELJANZ	80	<i>ziprasidone hcl</i>	48
<i>vinblastine</i>	31	XELJANZ XR	80	<i>ziprasidone mesylate</i>	49
<i>vincristine</i>	31	XERMELO.....	31	ZIRABEV.....	32
<i>vinorelbine</i>	31	XGEVA.....	18	ZIRGAN.....	85
<i>violele (28)</i>	84	XIAFLEX.....	64	ZOLADEX	32
VIRACEPT.....	12	XIFAXAN.....	16	<i>zoledronic acid</i>	70
VIREAD.....	12	XIGDUO XR.....	69	<i>zoledronic acid-mannitol-water</i>	
VITRAKVI.....	31	XIIDRA.....	85	.....	64
VIVITROL	42	XOFLUZA	12	ZOLINZA.....	32
VIVOTIF.....	77	XOLAIR.....	91	<i>zolpidem</i>	49
VIZIMPRO.....	31	XOSPATA.....	31	ZONISADE	35
VONJO.....	31	XPOVIO.....	31	<i>zonisamide</i>	35
VORANIGO.....	31	XTANDI.....	32	<i>zovia 1-35 (28)</i>	84
<i>voriconazole</i>	9	<i>xulane</i>	82	ZTALMY	35
VOSEVI.....	12	Y		ZUBSOLV.....	42
VOWST.....	73	YERVOY	32	<i>zumandimine (28)</i>	84
VRAYLAR.....	48	YESINTEK.....	58	ZURZUVAE.....	49
VUMERITY	38	YF-VAX (PF)	77	ZYDELIG.....	32
VYLOY.....	31	YONDELIS	32	ZYKADIA.....	32
VYNDAMAX.....	56	YUFLYMA(CF)	81	ZYMFENTRA	74
VYVGART.....	39	YUFLYMA(CF) AI		ZYNLONTA	32
VYVGART HYTRULO.....	39	CROHN'S-UC-HS.....	80	ZYNYZ	32
VYXEOS.....	31	YUFLYMA(CF)		ZYPREXA RELPREVV	49
		AUTOINJECTOR.....	81		

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 04/22/2025.



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 - Qualified sign language interpreters
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 - Information written in other languages

If you need these services, call Customer Service at 1-866-508-7145 (TTY 711). Our phone lines are open 8 a.m. to 8 p.m., 7 days a week from October – March and 8 a.m. to 8 p.m., Monday – Friday from April – September.

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Blue adVantage
Attention: Civil Rights Coordinator
130 Desiard Street, Suite 322, Monroe, LA 71201
Phone: 1-318-998-4018 (TTY 711)
Fax: 1-318-361-2165
Email: civilrightscordinator@bcbsla.com

If you need help filing a grievance, our Section 1557 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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Multi-Language Insert

Multi-language Interpreter Services

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German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-508-7145 (711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

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This formulary was updated on 04/22/2025. For more recent information or other questions, please call Blue Advantage Customer Service department toll-free at 1 (866) 508- 7145. TTY users should call 711. Customer Service will operate seven (7) days a week from 8 a.m. to 8 p.m. CST, from October – March. After March, Customer Service will operate five (5) days a week, Monday - Friday from 8 a.m. to 8 p.m. CST. You may also visit us on the web at www.lablue.com/blueadvantage.

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