

Medicare and Medicaid Working Together

Sentara Community Complete (HMO D-SNP) 2025 List of Covered Drugs (Drug List or Formulary)

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

Formulary ID: **25518**, Version: **12**

This formulary was updated on **01/21/2025**. For more recent information or other questions, please contact us at 1-866-650-1274 (TTY users should call 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m., or visit sentarahealthplans.com/plans/medicare/prescription-drugs.

Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which prescription drugs and over-the-counter (OTC) drugs and non-drug products are covered by Sentara Medicare. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by Sentara Medicare. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Formulary ID: 25518 Version: 12
This formulary was updated on 01/21/2025
H4499_1024_SHCFF_370004_C



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Last formulary update 01/21/2025

Table of Contents

A. Disclaimers	3
B. Frequently Asked Questions (FAQ).....	5
B1. What prescription drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the “ <i>Drug List</i> ” for short.).....	5
B2. Does the <i>Drug List</i> ever change?.....	6
B3. What happens when there is a change to the <i>Drug List</i> ?	6
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?.....	8
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug? .	8
B6. What happens if Sentara Medicare changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?	9
B7. How can I find a drug on the <i>Drug List</i> ?	9
B8. What if the drug I want to take is not on the <i>Drug List</i> ?	9
B9. What if I am a new Sentara Medicare member and can’t find my drug on the <i>Drug List</i> or have a problem getting my drug?.....	9
B10. Can I ask for an exception to cover my drug?	10
B11. How can I ask for an exception?	10
B12. How long does it take to get an exception?	10
B13. What are generic drugs?.....	11
B14. What are original biological products and how are they related to biosimilars?	11
B15. What are OTC drugs?.....	11
B16. Does Sentara Medicare cover non-drug OTC products?.....	11
B17. Does Sentara Medicare cover long-term supplies of prescriptions?	12
B18. Can I get prescriptions delivered to my home from my local pharmacy?	12
B19. What is my copayment?.....	12



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C. Overview of the <i>List of Covered Drugs</i>	12
C1. List of Drugs by Medical Condition	12
Sentara Community Complete Formulary	13
D. Index of Covered Drugs	14
Multi-Language Insert	16



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Last formulary update 01/21/2025

A. Disclaimers

This is a list of drugs that members can get in Sentara Medicare.

- ❖ You can always check Sentara Medicare's up-to-date *List of Covered Drugs* online at sentarahealthplans.com/plans/medicare/prescription-drugs or by calling Member Services at 1-866-650-1274 (TTY 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at 1-866-650-1274 TTY Relay 1-800-828-1140 or 711. This call is free.
- ❖ To make or change a standing request to get this document, now and in the future, in a language other than English or in an alternate format, contact Member Services.
- ❖ We have free interpreter services to answer any questions that you may have about our health or drug plan. To get an interpreter just call us at 1-866-650-1274 (TTY: 711). Someone that speaks your language can help you. This is a free service. Members with alternative hearing or speech communication needs can dial 711 to reach a Telecommunications Relay Services (TRS) operator who can help you. Auxiliary aids and services are available upon request at no cost. Visit us online anytime at sentarahealthplans.com or dmas.virginia.gov.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-866-650-1274 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-866-650-1274. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-866-650-1274。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-866-650-1274。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa



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Last formulary update 01/21/2025

1-866-650-1274. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-866-650-1274. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-866-650-1274 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-650-1274. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-650-1274 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-866-650-1274. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على (1-866-650-1274 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-866-650-1274 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-866-650-1274. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-866-650-1274. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-866-650-1274. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.



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Last formulary update 01/21/2025

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-866-650-1274. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-866-650-1274 にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Bengali: আপনার স্বাস্থ্য বা ওষুধের প্ল্যান সংক্রান্ত কোনো প্রশ্নের জন্য আমাদের বিনামূল্যে অনুবাদক পরিষেবা উপলভ্য রয়েছে। অনুবাদকের পরিষেবা পেতে, অনুগ্রহ করে আমাদের 1-866-650-1274 (TTY: 711) নম্বরে কল করুন। বাংলা জানে এমন কেউ আপনাকে সাহায্য করবে। এই পরিষেবা বিনামূল্যে পাওয়া যায়।

Farsi: ما خدمات مترجم شفاهی رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت خدمات مترجم شفاهی، فقط با شماره 1-866-650-1274 (TTY: 711) با ما تماس بگیرید. فردی که فارسی صحبت می کند می تواند به شما کمک کند. این خدمات رایگان است.

Nepali: तपाईंसँग हाम्रा स्वास्थ्य वा औषधिको योजनाका बारेमा तपाईंसँग भएका कुनै पनि प्रश्नका जवाफ दिनका लागि हामीसँग निःशुल्क दोभासे हुन्छ। दोभासे प्राप्त गर्नका लागि, हामीलाई 1-866-650-1274 (TTY: 711) मा फोन गर्नुहोस्। नेपाली बोल्ने कोही व्यक्तिले तपाईंलाई मद्दत गर्न सक्नुहुन्छ। यो निःशुल्क सेवा हो।

Urdu: ہماری صحت یا دواؤں کے پلان کے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے مفت ترجمان کی خدمات دستیاب ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے، ہمیں اس نمبر پر کال کریں 1-866-650-1274 (TTY: 711)۔ کوئی ایسا شخص جو اردو بولتا ہو، آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

Telegu: మా హెల్త్ మరియు డ్రగ్ గురించి మీకున్న ఏవైనా ప్రశ్నలకు సమాధానాలను అందించడానికి మా వద్ద ఉచిత ఇంటర్ప్రిటర్ సేవలు అందుబాటులో ఉన్నాయి. ఇంటర్ప్రిటర్ను పొందడానికి 1-866-650-1274 (TTY: 711) పై మాకు కాల్ చేయండి. తెలుగు మాట్లాడే ఎవరైనా మీకు సహాయపడగలరు. ఇది ఉచిత సేవ.

B. Frequently Asked Questions (FAQ)

Find answers here to questions you have about this *List of Covered Drugs*. You can read all of the FAQ to learn more, or look for a question and answer.

B1. What prescription drugs are on the *List of Covered Drugs*? (We call the *List of Covered Drugs* the “*Drug List*” for short.)

The drugs on the *List of Covered Drugs* that starts in section D are the drugs covered by Sentara Medicare. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

Last formulary update 01/21/2025

- Sentara Medicare will cover all medically necessary drugs on the *Drug List* if:
 - your doctor or other prescriber says you need them to get better or stay healthy,
 - Sentara Medicare agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a Sentara Medicare network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at sentarahealthplans.com/plans/medicare/prescription-drugs or call Member Services at 1-866-650-1274 (TTY: 711).

B2. Does the *Drug List* ever change?

Yes, and Sentara Medicare must follow Medicare and Cardinal Care rules when making changes. We may add or remove drugs on the *Drug List* during the year.

We may also change our rules about drugs. For example, we could:

- Decide to require or not require prior authorization for a drug. (Prior authorization is permission from Sentara Medicare before you can get a drug.)
- Add or change the amount of a drug you can get (called quantity limits).
- Add or change step therapy restrictions on a drug. (Step therapy means you must try one drug before we will cover another drug.)

For more information on these drug rules, refer to question B4.

If you are taking a drug that was covered at the **beginning** of the year, we will generally not remove or change coverage of that drug **during the rest of the year** unless:

- a new, cheaper drug comes on the market that works as well as a drug on the *Drug List* now, **or**
- we learn that a drug is not safe, **or**
- a drug is removed from the market.

Questions B3 and B6 below have more information on what happens when the *Drug List* changes.

- You can always check Sentara Medicare's up-to-date *Drug List* online at sentarahealthplans.com/plans/medicare/prescription-drugs. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at the number in the footer of this document to check the current *Drug List*.

B3. What happens when there is a change to the *Drug List*?

Some changes to the *Drug List* will happen **immediately**. For example:



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug may appear on the same or lower cost-sharing tier with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we will send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we are adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to Section B14. You or your provider can ask for an exception from these changes. We will send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **A drug is taken off the market.** If the Food and Drug Administration (FDA) says a drug you are taking is not safe or effective or the drug's manufacturer takes a drug off the market, we may immediately take it off the *Drug List*. If you are taking the drug, we will send you a notice after we make the change.

If your drug is taken off the market, you should contact your prescriber for possible drug alternatives available on our Sentara Medicare drug list.

- You can find an up-to-date list of drugs that we cover on our website at sentarahealthplans.com/plans/medicare/prescription-drugs, or
- call Member Services at the numbers listed in the footer of this document.

We may make other changes that affect the drugs you take. We will tell you in advance about these other changes to the *Drug List*. These changes might happen if:

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We remove a brand name drug from the *Drug List* when adding a generic drug that is not new to the market, or
- we remove an original biological product when adding a biosimilar, or
- we change the coverage rules or limits for the brand name drug.
- When these changes happen, we will:
 - Tell you at least 30 days before we make the change to the *Drug List* or

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- Let you know and give you a 30-day supply of the drug after you ask for a refill.

This will give you time to talk to your doctor or other prescriber. They can help you decide:

- if there is a similar drug on the *Drug List* you can take instead **or**
- whether to ask for an exception from these changes. To learn more about exceptions, refer to questions B10-B12.

B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases you or your doctor or other prescriber must do something before you can get the drug. For example:

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from Sentara Medicare before you fill your prescription. Prior authorization is different from a referral. Sentara Medicare may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes Sentara Medicare limits the amount of a drug you can get.
- **Step therapy:** Sometimes Sentara Medicare requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. Under Virginia law, your doctor or other prescriber must document either verbally or in writing why they feel the first drug is not effective for you and ask for the other drug to be covered.
- **Indication-based coverage:** If Sentara Medicare covers a drug only for some medical conditions, we clearly identify it on the *Drug List* along with the specific medical conditions that are covered

You can find out if your drug has any additional requirements or limits by looking in the tables in section **D**. You can also get more information by visiting our website at sentarahealthplans.com/plans/medicare/prescription-drugs. We have posted documents online that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

You can ask for an exception from these limits. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception. Refer to questions B10-B12 for more information about exceptions.

B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?

The table in the List of Drugs by drug type has a column labeled "Necessary actions, restrictions, or limits on use."



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

B6. What happens if Sentara Medicare changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?

In some cases, we will tell you in advance if we add or change prior authorization, quantity limits, and/or step therapy restrictions on a drug. Refer to question B3 for more information about this advance notice and situations where we may not be able to tell you in advance when our rules about drugs on the *Drug List* change.

B7. How can I find a drug on the *Drug List*?

There are two ways to find a drug:

- you can search alphabetically, **or**
- you can search by medical condition.

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find the Index of Covered Drugs in section D. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs as well as over-the-counter (OTC) drugs are listed in the index.

To search by medical condition, find section C1 labeled “List of Drugs by Medical Condition.” The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in CARDIOVASCULAR AGENTS. That is where you will find drugs that treat heart conditions.

B8. What if the drug I want to take is not on the *Drug List*?

If you don't find your drug on the *Drug List*, call Member Services at the numbers listed in the footer of this document and ask about it. If you learn that Sentara Medicare will not cover the drug, you can do one of these things:

- Ask Member Services for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that is like the one you want to take. **Or**
- You can ask Sentara Medicare to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I am a new Sentara Medicare member and can't find my drug on the *Drug List* or have a problem getting my drug?

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of Sentara Medicare. This will give you time to talk to your doctor or other prescriber. They can help you decide if there is a similar drug on the *Drug List* you can take instead or whether to ask for an exception.

If your prescription is written for fewer days, we will allow multiple refills to provide up to a maximum of 30 days of medication.

We will cover a 30-day supply of your drug if:



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

- you are taking a drug that is not on our *Drug List*, **or**
- our plan rules do not let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by Sentara Medicare, **or**
- you are taking a drug that is part of a step therapy restriction.

If you are taking a drug that Sentara Medicare does not consider to be a Part D drug, you have the right to get a one-time, 72-hour emergency supply of the drug.

If you are in a nursing home or other long-term care facility and need a drug that is not on the *Drug List* or if you cannot easily get the drug you need, we can help. If you have been in the plan for more than 90 days, live in a long-term care facility, and need a supply right away:

- We will cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you are a new Sentara Medicare member.
- This is in addition to the temporary supply during the first 90 days you are a member of Sentara Medicare.

If you are a current member and experience a change in your level of care that requires you to transition from one facility to another, we may cover a one-time temporary fill of the prescription you have now. You can get the temporary one-time fill exception regardless of whether or not you are in your first 90 days of program enrollment. Have your doctor or pharmacist contact Sentara Medicare Member Services at 1-866-650-1274 (TTY users call 711) for more details. Calls to this number are free. You can call this number 24 hours per day, 7 days per week.

B10. Can I ask for an exception to cover my drug?

Yes. You can ask Sentara Medicare to make an exception to cover a drug that is not on the *Drug List*.

You can also ask us to change the rules on your drug.

- For example, Sentara Medicare may limit the amount of a drug we will cover. If your drug has a limit, you can ask us to change the limit and cover more.
- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your provider to help you ask for an exception. You can also read **Chapter 9** section 7.4 of the *Evidence of Coverage* to learn more about exceptions.

B12. How long does it take to get an exception?

After we get a statement from your prescriber supporting your request for an exception, we will give you a decision within 72 hours.



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

You and your provider can ask the plan to make an exception and cover the drug in the way you would like it covered. If your provider says that you have medical reasons that justify asking us for an exception, your provider can help you request an exception. For example, you can ask the plan to cover a drug even though it is not on the plan's "Drug List." Or you can ask the plan to make an exception and cover the drug without restrictions.

If you or your prescriber think your health may be harmed if you have to wait 72 hours for a decision, you can ask for an expedited exception. This is a faster decision. If your prescriber supports your request, we will give you a decision within 24 hours of getting your prescriber's supporting statement.

B13. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and generally work just as well. They usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). There are generic drugs available for many brand name drugs. Generic drugs usually can be substituted for brand name drugs at the pharmacy without a new prescription—depending on state laws.

Sentara Medicare covers both brand name drugs and generic drugs.

B14. What are original biological products and how are they related to biosimilars?

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 forms 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 more information on drug types, refer to **Chapter 5** of the *Evidence of Coverage*.

B15. What are OTC drugs?

OTC stands for "over-the-counter." Sentara Medicare covers some OTC drugs when they are written as prescriptions by your provider.

You can read the Sentara Medicare *Drug List* to find out what OTC drugs are covered.

B16. Does Sentara Medicare cover non-drug OTC products?

Sentara Medicare covers some non-drug OTC products when they are written as prescriptions by your provider. Contact your Care Coordinator, your provider, or Member Services for more information.

You can read the Sentara Medicare *Drug List* to find out what non-drug OTC products are covered. You can also find information on covered non-drug OTC products by referring to **Chapter 4** of the *Evidence of Coverage*.



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

B17. Does Sentara Medicare cover long-term supplies of prescriptions?

Sentara Medicare offers two ways to get a long-term supply (also called an extended supply) of maintenance drugs on our plan's "Drug List." (Maintenance drugs are drugs that you take on a regular basis, for a chronic or long-term medical condition.)

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 90-day supply of your prescription drugs sent directly to your home. A 90-day supply has the same copay as a one-month supply.
- Some retail pharmacies may also offer up to a 90-day supply of covered prescription drugs. A 90-day supply has the same copay as a one-month supply.

B18. Can I get prescriptions delivered to my home from my local pharmacy?

Your local pharmacy may be able to deliver your prescription to your home. You can call your pharmacy to find out if they offer home delivery.

B19. What is my copayment?

Sentara Medicare members have a copayment for prescription and OTC drugs and non-drug products as long as the member follows the plan's rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

Tiers are groups of drugs on our *Drug List*.

Every drug on the plan's "Drug List" is in one of two (2) cost-sharing tiers. In general, the higher the cost-sharing tier, the higher your cost for the drug:

- Cost-Sharing Tier 1 (lowest cost) are generic drugs.
- Cost-Sharing Tier 2 (highest cost) are brand name drugs.
- OTCs have a \$0 copayment

To find out which cost-sharing tier your drug is in, look it up in the plan's "Drug List."

If you have questions, call Member Services at the numbers listed in the footer of this document.

C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by Sentara Medicare. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins in section D. The index alphabetically lists all drugs covered by Sentara Medicare.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, **CARDIOVASCULAR AGENTS**. That is where you will find drugs that treat heart conditions.

The information in the Requirements/Limits column tells you if Sentara Medicare has any special requirements for coverage of your drug. Below is a list of abbreviations that may appear on the



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage for 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.

EX: Excluded Drug. This prescription drug is not normally covered in a Medicare prescription drug plan. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug.

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

NEDS: Non-Extended Day Supply Medication. This drug is only available as a 30-day supply or less.

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: Vaccines

Sentara Community Complete Formulary

The formulary that begins on the next page provides coverage information about the drugs covered by Sentara Medicare. If you have trouble finding your drug in the list, turn to the Index that begins on page 206.

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *atorvastatin calcium oral tablet*), brand-name drugs are capitalized (for example., EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE).

The information in the "Requirements/Limits" column tells you if Sentara Medicare has any special rules for covering your drug.



If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.

Last formulary update 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	1	B/D PA
<i>amphotericin b injection recon soln 50 mg</i>	1	B/D PA; MO
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	1	B/D PA
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	1	
<i>clotrimazole mucous membrane troche 10 mg</i>	1	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	1	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	1	PA; MO
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	1	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	MO; NEDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	1	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	1	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	MO
<i>itraconazole oral capsule 100 mg</i>	1	MO; QL (120 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	MO
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	1	MO
<i>nystatin oral suspension 100,000 unit/ml</i>	1	MO
<i>nystatin oral tablet 500,000 unit</i>	1	MO
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	1	PA; MO; QL (96 per 30 days); NEDS
<i>terbinafine hcl oral tablet 250 mg</i>	1	MO
<i>voriconazole intravenous recon soln 200 mg</i>	1	PA; MO; NEDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	1	PA; MO; NEDS
<i>voriconazole oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days)

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

This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral tablet 50 mg</i>	1	PA; MO; QL (480 per 30 days)
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	1	MO
<i>abacavir oral tablet 300 mg</i>	1	MO
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	1	MO
<i>acyclovir oral capsule 200 mg</i>	1	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	1	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	B/D PA; MO
<i>adefovir oral tablet 10 mg</i>	1	MO
<i>amantadine hcl oral capsule 100 mg</i>	1	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	1	MO
APTIVUS ORAL CAPSULE 250 MG	1	MO; NEDS
<i>atazanavir oral capsule 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	1	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	1	MO; NEDS
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	1	MO; NEDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	1	MO; NEDS
<i>cidofovir intravenous solution 75 mg/ml</i>	1	MO; NEDS
CIMDUO ORAL TABLET 300-300 MG	1	MO; NEDS
COMPLERA ORAL TABLET 200-25-300 MG	1	MO; NEDS
<i>darunavir oral tablet 600 mg</i>	1	MO; QL (60 per 30 days); NEDS
<i>darunavir oral tablet 800 mg</i>	1	MO; QL (30 per 30 days); NEDS
DELSTRIGO ORAL TABLET 100-300-300 MG	1	MO; NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	1	MO; NEDS
DOVATO ORAL TABLET 50-300 MG	1	MO; NEDS
EDURANT ORAL TABLET 25 MG	1	MO; NEDS
<i>efavirenz oral tablet 600 mg</i>	1	MO; QL (30 per 30 days)

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

This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	1	MO; NEDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	MO; NEDS
<i>emtricitabine oral capsule 200 mg</i>	1	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	MO; QL (30 per 30 days); NEDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	1	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	1	MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	MO; NEDS
EVOTAZ ORAL TABLET 300-150 MG	1	MO; NEDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	MO
<i>fosamprenavir oral tablet 700 mg</i>	1	MO; NEDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	1	MO; NEDS
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	1	MO
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	1	
GENVOYA ORAL TABLET 150-150-200-10 MG	1	MO; NEDS
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD ORAL TABLET 600 MG	1	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET 400 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA ORAL TABLET 50-25 MG	1	MO; NEDS
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	1	QL (40 per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	1	MO
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	MO

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

This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	1	PA; MO; QL (28 per 28 days); NEDS
LIVTENCITY ORAL TABLET 200 MG	1	PA; LA; QL (336 per 28 days); NEDS
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	1	MO
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	MO
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	MO; NEDS
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	1	PA; MO; QL (168 per 28 days); NEDS
MAVYRET ORAL TABLET 100-40 MG	1	PA; MO; QL (84 per 28 days); NEDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	1	MO
NORVIR ORAL POWDER IN PACKET 100 MG	1	MO
ODEFSEY ORAL TABLET 200-25-25 MG	1	MO; NEDS
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	1	MO
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 5 days)
PIFELTRO ORAL TABLET 100 MG	1	MO; NEDS
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	1	PA; NEDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	1	PA; MO; QL (30 per 30 days); NEDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	1	MO; NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	1	MO; NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	1	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	1	MO
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	1	MO
REYATAZ ORAL POWDER IN PACKET 50 MG	1	MO; NEDS

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ribavirin oral capsule 200 mg</i>	1	MO
<i>ribavirin oral tablet 200 mg</i>	1	MO
<i>rimantadine oral tablet 100 mg</i>	1	MO
<i>ritonavir oral tablet 100 mg</i>	1	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	1	MO; NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	1	MO; NEDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	1	PA; MO; QL (28 per 28 days); NEDS
STRIBILD ORAL TABLET 150-150-200-300 MG	1	MO; NEDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	1	NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	1	MO; NEDS
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	1	MO; NEDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	MO
TIVICAY ORAL TABLET 50 MG	1	MO; NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	1	MO; NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG	1	MO; NEDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	1	MO
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	1	MO; NEDS
<i>valacyclovir oral tablet 1 gram</i>	1	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	1	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	1	MO; QL (1080 per 30 days); NEDS
<i>valganciclovir oral tablet 450 mg</i>	1	MO; QL (120 per 30 days)
VEKLURY INTRAVENOUS RECON SOLN 100 MG	1	NEDS
VEMLIDY ORAL TABLET 25 MG	1	PA; MO; QL (30 per 30 days); NEDS
VIRACEPT ORAL TABLET 250 MG, 625 MG	1	MO; NEDS
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	1	MO; NEDS

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	1	MO; NEDS
VOSEVI ORAL TABLET 400-100-100 MG	1	PA; MO; QL (28 per 28 days); NEDS
<i>zidovudine oral capsule 100 mg</i>	1	MO
<i>zidovudine oral syrup 10 mg/ml</i>	1	MO
<i>zidovudine oral tablet 300 mg</i>	1	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	1	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	1	MO
<i>cefadroxil oral capsule 500 mg</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml</i>	1	MO
<i>cefadroxil oral suspension for reconstitution 500 mg/5 ml</i>	1	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	1	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	1	
<i>cefazolin intravenous recon soln 1 gram</i>	1	
<i>cefdinir oral capsule 300 mg</i>	1	MO
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	1	MO
<i>cefepime in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	1	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>cefixime oral capsule 400 mg</i>	1	MO
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	MO
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	1	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	1	MO
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	1	MO
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	1	MO
<i>ceftazidime injection recon soln 6 gram</i>	1	
<i>ceftriaxone in dextrose,iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	1	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ceftriaxone injection recon soln 10 gram</i>	1	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	1	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	1	MO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	1	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	MO
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	1	MO
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	1	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	1	MO; NEDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	1	MO
<i>azithromycin oral packet 1 gram</i>	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	1	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>azithromycin oral tablet 600 mg</i>	1	MO
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	1	MO
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	1	PA; QL (136 per 10 days); NEDS
DIFICID ORAL TABLET 200 MG	1	PA; MO; QL (20 per 10 days); NEDS
<i>e.e.s. 400 oral tablet 400 mg</i>	1	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	1	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	1	MO
<i>erythromycin oral tablet 250 mg, 500 mg</i>	1	MO
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	1	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole oral tablet 200 mg</i>	1	MO; NEDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	1	MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	1	PA; LA; NEDS
<i>atovaquone oral suspension 750 mg/5 ml</i>	1	MO
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	1	MO
<i>aztreonam injection recon soln 1 gram</i>	1	MO
AZTREONAM INJECTION RECON SOLN 2 GRAM	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	1	PA; MO; LA; QL (84 per 56 days); NEDS
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	1	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	1	MO
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	1	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	1	MO
<i>clindamycin phosphate injection solution 150 mg/ml</i>	1	MO
COARTEM ORAL TABLET 20-120 MG	1	MO
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	1	MO; QL (30 per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO; NEDS
<i>daptomycin intravenous recon soln 500 mg</i>	1	MO; NEDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	1	MO; NEDS
<i>ertapenem injection recon soln 1 gram</i>	1	MO; QL (14 per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	1	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	1	
<i>gentamicin injection solution 40 mg/ml</i>	1	MO
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine oral tablet 200 mg</i>	1	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	1	MO
IMPAVIDO ORAL CAPSULE 50 MG	1	PA; MO; QL (84 per 28 days); NEDS
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral solution 50 mg/5 ml</i>	1	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
<i>ivermectin oral tablet 3 mg</i>	1	PA; MO; QL (20 per 30 days)
<i>lincomycin injection solution 300 mg/ml</i>	1	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	1	MO
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	1	MO; QL (1800 per 30 days); NEDS
<i>linezolid oral tablet 600 mg</i>	1	MO; QL (60 per 30 days)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	1	
<i>mefloquine oral tablet 250 mg</i>	1	
<i>meropenem intravenous recon soln 1 gram</i>	1	QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	1	QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	1	QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	1	QL (10 per 10 days)
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	1	MO
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	1	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	MO
<i>neomycin oral tablet 500 mg</i>	1	MO
<i>nitazoxanide oral tablet 500 mg</i>	1	MO; NEDS
<i>pentamidine inhalation recon soln 300 mg</i>	1	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	1	MO
<i>pinaway oral suspension 50 mg/ml</i>	1	OTC
<i>pinworm treatment oral suspension 50 mg/ml</i>	1	OTC
<i>praziquantel oral tablet 600 mg</i>	1	MO
PRIFTIN ORAL TABLET 150 MG	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	1	MO
<i>pyrazinamide oral tablet 500 mg</i>	1	MO
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; MO; NEDS
<i>quinine sulfate oral capsule 324 mg</i>	1	MO
<i>reese's pinworm medicine oral suspension 50 mg/ml</i>	1	MO; OTC
<i>rifabutin oral capsule 150 mg</i>	1	MO
<i>rifampin intravenous recon soln 600 mg</i>	1	MO
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	1	PA; LA; NEDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	1	MO; NEDS
<i>tigecycline intravenous recon soln 50 mg</i>	1	MO; NEDS
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	1	MO; QL (224 per 56 days); NEDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	1	PA; MO; QL (280 per 56 days); NEDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	1	PA; MO; QL (224 per 28 days); NEDS
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	1	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	MO
TRECTOR ORAL TABLET 250 MG	1	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	QL (3000 per 10 days)
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	1	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	1	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	1	QL (2 per 10 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin intravenous recon soln 500 mg</i>	1	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	1	MO
<i>vancomycin oral capsule 125 mg</i>	1	MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	1	MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (60 per 30 days); NEDS
PENICILLINS		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	1	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 400-57 mg/5 ml</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	1	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 125 mg, 2 gram, 250 mg, 500 mg</i>	1	MO
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	1	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	1	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam intravenous recon soln 1.5 gram, 3 gram</i>	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K)	1	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	1	MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	1	
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	1	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	1	
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	1	MO
<i>nafcillin injection recon soln 10 gram</i>	1	NEDS
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	1	
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	1	
<i>oxacillin injection recon soln 2 gram</i>	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
<i>penicillin g potassium injection recon soln 20 million unit, 5 million unit</i>	1	MO
<i>penicillin g sodium injection recon soln 5 million unit</i>	1	MO
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	1	MO
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	MO
<i>pfizerpen-g injection recon soln 20 million unit, 5 million unit</i>	1	
PIPERACILLIN-TAZOBACTAM INTRAVENOUS RECON SOLN 13.5 GRAM	1	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	1	MO
<i>piperacillin-tazobactam intravenous recon soln 40.5 gram</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	1	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	1	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	1	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	1	MO
<i>levofloxacin oral solution 250 mg/10 ml</i>	1	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	MO
<i>moxifloxacin oral tablet 400 mg</i>	1	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	1	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	1	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	1	MO
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	1	MO
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	MO
TETRACYCLINES		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	1	MO
<i>doxy-100 intravenous recon soln 100 mg</i>	1	MO
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	MO
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	1	MO
<i>doxycycline monohydrate oral tablet 100 mg, 75 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	1	MO
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	1	MO
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	1	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet 1 gram</i>	1	MO
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	1	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	1	MO
<i>trimethoprim oral tablet 100 mg</i>	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	1	B/D PA; MO; NEDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	1	MO; NEDS
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	1	NEDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	1	B/D PA; NEDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	1	B/D PA; MO; NEDS
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	1	B/D PA; NEDS
<i>mesna intravenous solution 100 mg/ml</i>	1	B/D PA; MO
MESNEX ORAL TABLET 400 MG	1	MO; NEDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	1	B/D PA; MO; NEDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>abiraterone oral tablet 500 mg</i>	1	PA; MO; QL (60 per 30 days); NEDS
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION 100 MG	1	B/D PA; MO; NEDS
ADCETRIS INTRAVENOUS RECON SOLN 50 MG	1	B/D PA; MO; NEDS
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	1	PA; LA; QL (60 per 30 days); NEDS
ALECENSA ORAL CAPSULE 150 MG	1	PA; MO; QL (240 per 30 days); NEDS
ALIMTA INTRAVENOUS RECON SOLN 100 MG, 500 MG	1	B/D PA; MO; NEDS
ALIQOPA INTRAVENOUS RECON SOLN 60 MG	1	B/D PA; NEDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days); NEDS
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days); NEDS
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23)	1	PA; QL (30 per 180 days); NEDS
<i>anastrozole oral tablet 1 mg</i>	1	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	1	B/D PA; NEDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	1	B/D PA; MO; NEDS
ASPARLAS INTRAVENOUS SOLUTION 750 UNIT/ML	1	NEDS
AUGTYRO ORAL CAPSULE 160 MG	1	PA; QL (60 per 30 days); NEDS
AUGTYRO ORAL CAPSULE 40 MG	1	PA; MO; QL (240 per 30 days); NEDS
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	1	PA; LA; QL (30 per 30 days); NEDS
<i>azacitidine injection recon soln 100 mg</i>	1	B/D PA; MO; NEDS
<i>azathioprine oral tablet 50 mg</i>	1	B/D PA; MO
<i>azathioprine sodium injection recon soln 100 mg</i>	1	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	1	PA; LA; QL (84 per 28 days); NEDS
BALVERSA ORAL TABLET 4 MG	1	PA; LA; QL (56 per 28 days); NEDS
BALVERSA ORAL TABLET 5 MG	1	PA; LA; QL (28 per 28 days); NEDS
BAVENCIO INTRAVENOUS SOLUTION 20 MG/ML	1	B/D PA; NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	1	B/D PA; NEDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; MO; NEDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	1	B/D PA; MO; NEDS
<i>bexarotene oral capsule 75 mg</i>	1	PA; MO; NEDS
<i>bexarotene topical gel 1 %</i>	1	PA; MO; QL (60 per 30 days); NEDS
<i>bicalutamide oral tablet 50 mg</i>	1	MO
BLINCYTO INTRAVENOUS KIT 35 MCG	1	NEDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	B/D PA; NEDS
<i>bortezomib injection recon soln 3.5 mg</i>	1	B/D PA; MO; NEDS
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (360 per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	1	PA; MO; QL (30 per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
BRUKINSA ORAL CAPSULE 80 MG	1	PA; LA; QL (120 per 30 days); NEDS
<i>busulfan intravenous solution 60 mg/10 ml</i>	1	B/D PA; NEDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days); NEDS
CALQUENCE ORAL CAPSULE 100 MG	1	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days); NEDS
<i>carboplatin intravenous solution 10 mg/ml</i>	1	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	1	B/D PA; MO; NEDS
<i>cisplatin intravenous solution 1 mg/ml</i>	1	B/D PA; MO
<i>cladribine intravenous solution 10 mg/10 ml</i>	1	MO; NEDS
<i>clofarabine intravenous solution 1 mg/ml</i>	1	B/D PA; NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days); NEDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	1	PA; LA; QL (60 per 30 days); NEDS
COTELLIC ORAL TABLET 20 MG	1	PA; MO; LA; QL (63 per 28 days); NEDS
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	1	B/D PA; MO
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	1	B/D PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	B/D PA; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	B/D PA
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	1	MO; NEDS
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	1	MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	1	
<i>cytarabine injection solution 20 mg/ml</i>	1	MO
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	1	B/D PA; MO
<i>dactinomycin intravenous recon soln 0.5 mg</i>	1	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	1	NEDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	1	B/D PA; MO; NEDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
<i>dasatinib oral tablet 20 mg, 70 mg</i>	1	PA; MO; QL (60 per 30 days); NEDS
<i>daunorubicin intravenous solution 5 mg/ml</i>	1	B/D PA
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days); NEDS
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days); NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>decitabine intravenous recon soln 50 mg</i>	1	B/D PA; MO; NEDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	1	B/D PA; NEDS
<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>	1	B/D PA; MO; NEDS
<i>doxorubicin intravenous recon soln 10 mg</i>	1	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	1	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	1	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	1	B/D PA; MO; NEDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	1	MO
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	1	NEDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	1	MO; NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	1	B/D PA; MO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	1	B/D PA; MO; NEDS
<i>epirubicin intravenous solution 200 mg/100 ml</i>	1	B/D PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	1	B/D PA; MO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	1	PA; MO; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days); NEDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
<i>erlotinib oral tablet 25 mg</i>	1	PA; MO; QL (60 per 30 days); NEDS
ERWINASE INJECTION RECON SOLN 10,000 UNIT	1	B/D PA; NEDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	1	B/D PA; MO
<i>etoposide intravenous solution 20 mg/ml</i>	1	B/D PA; MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	1	PA; MO; NEDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	B/D PA; MO; NEDS
<i>exemestane oral tablet 25 mg</i>	1	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	B/D PA; MO; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	B/D PA; MO
<i>floxuridine injection recon soln 0.5 gram</i>	1	
<i>fludarabine intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>fludarabine intravenous solution 50 mg/2 ml</i>	1	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	1	MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	1	B/D PA; MO; NEDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	1	PA; LA; QL (21 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days); NEDS
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	1	B/D PA; MO; NEDS
GAVRETO ORAL CAPSULE 100 MG	1	PA; LA; QL (120 per 30 days); NEDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	1	B/D PA; MO; NEDS
GEFITINIB ORAL TABLET 250 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	1	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	1	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>	1	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	1	B/D PA
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	B/D PA; MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf oral solution 100 mg/ml</i>	1	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>gleostine oral capsule 10 mg, 100 mg, 40 mg</i>	1	MO
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	1	B/D PA; MO; NEDS
<i>hydroxyurea oral capsule 500 mg</i>	1	MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	1	PA; MO; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	1	PA; MO; QL (21 per 28 days); NEDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	1	PA; QL (30 per 30 days); NEDS
<i>idarubicin intravenous solution 1 mg/ml</i>	1	B/D PA; MO
IDHIFA ORAL TABLET 100 MG, 50 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	1	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	1	B/D PA
<i>imatinib oral tablet 100 mg</i>	1	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (120 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (30 per 30 days); NEDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	1	PA; QL (324 per 30 days); NEDS
IMBRUVICA ORAL TABLET 280 MG, 420 MG	1	PA; QL (30 per 30 days); NEDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	1	B/D PA; MO; NEDS
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days); NEDS
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days); NEDS
INQOVI ORAL TABLET 35-100 MG	1	PA; MO; QL (5 per 28 days); NEDS
INREBIC ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (120 per 30 days); NEDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	1	B/D PA; MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	1	B/D PA; NEDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	1	B/D PA; MO; NEDS
ISTODAX INTRAVENOUS RECON SOLN 10 MG/2 ML	1	B/D PA; MO; NEDS
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; QL (56 per 28 days); NEDS
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; QL (28 per 28 days); NEDS
IWILFIN ORAL TABLET 192 MG	1	PA; LA; QL (240 per 30 days); NEDS
IXEMPRA INTRAVENOUS RECON SOLN 15 MG, 45 MG	1	B/D PA; MO; NEDS
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	1	PA; MO; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 100 MG	1	PA; MO; QL (60 per 30 days); NEDS
JAYPIRCA ORAL TABLET 50 MG	1	PA; MO; QL (30 per 30 days); NEDS
JEMPERLI INTRAVENOUS SOLUTION 50 MG/ML	1	MO; NEDS
JEVTANA INTRAVENOUS SOLUTION 10 MG/ML (FIRST DILUTION)	1	B/D PA; MO; NEDS
JYLAMVO ORAL SOLUTION 2 MG/ML	1	B/D PA; MO; NEDS
KADCYLA INTRAVENOUS RECON SOLN 100 MG, 160 MG	1	MO; NEDS
KEYTRUDA INTRAVENOUS SOLUTION 25 MG/ML	1	NEDS
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5 ML	1	NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	1	PA; QL (70 per 28 days); NEDS
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	1	PA; QL (91 per 28 days); NEDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days); NEDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days); NEDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days); NEDS
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	1	PA; QL (120 per 30 days); NEDS
KRAZATI ORAL TABLET 200 MG	1	PA; QL (180 per 30 days); NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	1	B/D PA; NEDS
<i>lapatinib oral tablet 250 mg</i>	1	PA; MO; QL (180 per 30 days); NEDS
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30 per 30 days); NEDS
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60 per 30 days); NEDS
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	1	PA; MO; QL (28 per 28 days); NEDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	1	PA; QL (28 per 28 days); NEDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	1	PA; MO; NEDS
<i>letrozole oral tablet 2.5 mg</i>	1	MO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	1	PA; MO
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	1	NEDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	1	PA; MO; NEDS
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days); NEDS
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; QL (120 per 30 days); NEDS
LUMAKRAS ORAL TABLET 240 MG	1	PA; QL (60 per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days); NEDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	1	PA; MO; NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	1	PA; MO; NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	1	PA; MO; NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG	1	PA; MO; NEDS
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED)	1	PA; MO; NEDS
LUPRON DEPOT-PED INTRAMUSCULAR SYRINGE KIT 45 MG	1	PA; MO; NEDS
LYNPARZA ORAL TABLET 100 MG, 150 MG	1	PA; MO; QL (120 per 30 days); NEDS
LYSODREN ORAL TABLET 500 MG	1	NEDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	1	PA; LA; NEDS
MARGENZA INTRAVENOUS SOLUTION 25 MG/ML	1	NEDS
MATULANE ORAL CAPSULE 50 MG	1	NEDS
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	1	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	1	PA; MO
<i>megestrol oral tablet 20 mg, 40 mg</i>	1	PA; MO
MEKINIST ORAL RECON SOLN 0.05 MG/ML	1	PA; MO; QL (1200 per 30 days); NEDS
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days); NEDS
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days); NEDS
MEKTOVI ORAL TABLET 15 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
<i>melphalan hcl intravenous recon soln 50 mg</i>	1	B/D PA; NEDS
<i>mercaptopurine oral tablet 50 mg</i>	1	MO
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	1	B/D PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	1	B/D PA; MO
<i>methotrexate sodium injection solution 25 mg/ml</i>	1	B/D PA; MO
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	1	B/D PA; MO; NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	1	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN 200 MG	1	B/D PA; NEDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	1	PA; LA; QL (120 per 30 days); NEDS
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	1	B/D PA; MO; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	1	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	1	B/D PA; MO; NEDS
<i>nelarabine intravenous solution 250 mg/50 ml</i>	1	B/D PA; MO; NEDS
NERLYNX ORAL TABLET 40 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
<i>nilutamide oral tablet 150 mg</i>	1	PA; MO; NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	1	PA; MO; QL (3 per 28 days); NEDS
NUBEQA ORAL TABLET 300 MG	1	PA; MO; LA; QL (120 per 30 days); NEDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	1	B/D PA; MO; NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	1	PA; MO; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	1	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	1	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	1	PA; MO; NEDS
<i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg, 30 mg</i>	1	PA; NEDS
ODOMZO ORAL CAPSULE 200 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days); NEDS
OGSIVEO ORAL TABLET 50 MG	1	PA; QL (180 per 30 days); NEDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	1	PA; QL (96 per 28 days); NEDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days); NEDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days); NEDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days); NEDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	1	PA; QL (30 per 30 days); NEDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	1	B/D PA; NEDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	1	B/D PA; NEDS
ONUREG ORAL TABLET 200 MG, 300 MG	1	PA; MO; QL (14 per 28 days); NEDS
OPDIVO INTRAVENOUS SOLUTION 100 MG/10 ML, 120 MG/12 ML, 240 MG/24 ML, 40 MG/4 ML	1	MO; NEDS
ORGOVYX ORAL TABLET 120 MG	1	PA; LA; QL (30 per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 90 days); NEDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	1	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	1	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	1	B/D PA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	1	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	1	MO; NEDS
<i>paraplatin intravenous solution 10 mg/ml</i>	1	B/D PA
<i>pazopanib oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	1	PA; LA; QL (14 per 21 days); NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	1	B/D PA; MO; NEDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (28 per 28 days); NEDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; MO; QL (56 per 28 days); NEDS
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	1	MO; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; LA; QL (21 per 28 days); NEDS
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	1	MO; NEDS
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	1	NEDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	1	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	1	B/D PA; MO
PURIXAN ORAL SUSPENSION 20 MG/ML	1	NEDS
QINLOCK ORAL TABLET 50 MG	1	PA; LA; QL (90 per 30 days); NEDS
RETEVMO ORAL CAPSULE 40 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
RETEVMO ORAL CAPSULE 80 MG	1	PA; MO; LA; QL (120 per 30 days); NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; QL (60 per 30 days); NEDS
RETEVMO ORAL TABLET 40 MG	1	PA; MO; QL (90 per 30 days); NEDS
REZLIDHIA ORAL CAPSULE 150 MG	1	PA; QL (60 per 30 days); NEDS
REZUROCK ORAL TABLET 200 MG	1	PA; LA; QL (30 per 30 days); NEDS
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	1	B/D PA; NEDS
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days); NEDS
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	1	PA; MO; QL (360 per 30 days); NEDS
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	1	PA; MO; LA; QL (120 per 30 days); NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	1	MO; NEDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	1	MO; NEDS
RYDAPT ORAL CAPSULE 25 MG	1	PA; MO; QL (224 per 28 days); NEDS
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	1	NEDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG	1	PA; MO; NEDS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	1	NEDS
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (600 per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days); NEDS
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	1	PA; NEDS
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	1	B/D PA; MO
<i>sirolimus oral solution 1 mg/ml</i>	1	B/D PA; MO; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	B/D PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	1	MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; MO; NEDS
<i>sorafenib oral tablet 200 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
STIVARGA ORAL TABLET 40 MG	1	PA; MO; QL (84 per 28 days); NEDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days); NEDS
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	1	PA; MO; QL (120 per 30 days); NEDS

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	1	PA; MO; QL (840 per 28 days); NEDS
TAGRISSE ORAL TABLET 40 MG, 80 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	1	PA; MO; QL (30 per 30 days); NEDS
TALZENNA ORAL CAPSULE 0.25 MG	1	PA; MO; QL (90 per 30 days); NEDS
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	1	PA; MO; QL (112 per 28 days); NEDS
TASIGNA ORAL CAPSULE 50 MG	1	PA; MO; QL (120 per 30 days); NEDS
TAZVERIK ORAL TABLET 200 MG	1	PA; LA; QL (240 per 30 days); NEDS
TECENTRIQ INTRAVENOUS SOLUTION 1,200 MG/20 ML (60 MG/ML), 840 MG/14 ML (60 MG/ML)	1	B/D PA; MO; NEDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	1	B/D PA; MO; NEDS
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	1	B/D PA; MO; NEDS
TEPMETKO ORAL TABLET 225 MG	1	PA; LA; QL (60 per 30 days); NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	1	PA; MO; QL (28 per 28 days); NEDS
<i>thiotepa injection recon soln 100 mg</i>	1	B/D PA; NEDS
<i>thiotepa injection recon soln 15 mg</i>	1	B/D PA; MO; NEDS
TIBSOVO ORAL TABLET 250 MG	1	PA; NEDS
TIVDAK INTRAVENOUS RECON SOLN 40 MG	1	MO; NEDS
<i>topotecan intravenous recon soln 4 mg</i>	1	B/D PA; MO; NEDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	1	B/D PA; MO; NEDS
<i>toremifene oral tablet 60 mg</i>	1	MO; NEDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	1	B/D PA; MO; NEDS
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	1	B/D PA; MO; NEDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	1	MO; NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
TRODELVY INTRAVENOUS RECON SOLN 180 MG	1	NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	1	PA; QL (64 per 28 days); NEDS
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG	1	PA; LA; QL (120 per 30 days); NEDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	1	B/D PA; NEDS
<i>valrubicin intravesical solution 40 mg/ml</i>	1	B/D PA; MO; NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	1	PA; QL (56 per 28 days); NEDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	1	MO; NEDS
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (120 per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days); NEDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	1	PA; LA; QL (42 per 180 days); NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	1	PA; MO; LA; QL (60 per 30 days); NEDS
VIJOICE ORAL GRANULES IN PACKET 50 MG	1	PA; QL (28 per 28 days); NEDS
VIJOICE ORAL TABLET 125 MG, 50 MG	1	PA; QL (28 per 28 days); NEDS
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	1	PA; QL (56 per 28 days); NEDS
<i>vinblastine intravenous solution 1 mg/ml</i>	1	MO
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	1	MO
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	1	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
VITRAKVI ORAL SOLUTION 20 MG/ML	1	PA; MO; LA; QL (300 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	1	PA; MO; QL (30 per 30 days); NEDS
VONJO ORAL CAPSULE 100 MG	1	PA; QL (120 per 30 days); NEDS
VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days); NEDS
VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days); NEDS
VOTRIENT ORAL TABLET 200 MG	1	PA; MO; QL (120 per 30 days); NEDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	1	NEDS
WELIREG ORAL TABLET 40 MG	1	PA; LA; QL (90 per 30 days); NEDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	1	PA; MO; QL (60 per 30 days); NEDS
XALKORI ORAL PELLETT 150 MG	1	PA; MO; QL (180 per 30 days); NEDS
XALKORI ORAL PELLETT 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days); NEDS
XATMEP ORAL SOLUTION 2.5 MG/ML	1	B/D PA; MO
XERMELO ORAL TABLET 250 MG	1	PA; LA; QL (90 per 30 days); NEDS
XOSPATA ORAL TABLET 40 MG	1	PA; LA; NEDS
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	1	PA; LA; QL (8 per 28 days); NEDS
XPOVIO ORAL TABLET 40 MG/WEEK (40 MG X 1), 60 MG/WEEK (60 MG X 1)	1	PA; LA; QL (4 per 28 days); NEDS
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	1	PA; LA; QL (24 per 30 days); NEDS
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA; QL (32 per 28 days); NEDS
XTANDI ORAL CAPSULE 40 MG	1	PA; MO; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days); NEDS
YERVOY INTRAVENOUS SOLUTION 200 MG/40 ML (5 MG/ML), 50 MG/10 ML (5 MG/ML)	1	B/D PA; MO; NEDS
YONDELIS INTRAVENOUS RECON SOLN 1 MG	1	B/D PA; NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
YONSA ORAL TABLET 125 MG	1	PA; MO; QL (120 per 30 days); NEDS
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4 ML (25 MG/ML), 200 MG/8 ML (25 MG/ML)	1	B/D PA; MO; NEDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	1	B/D PA; MO
ZEJULA ORAL TABLET 100 MG	1	PA; MO; LA; QL (90 per 30 days); NEDS
ZEJULA ORAL TABLET 200 MG, 300 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
ZELBORAF ORAL TABLET 240 MG	1	PA; MO; QL (240 per 30 days); NEDS
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	1	NEDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	1	B/D PA; MO; NEDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	1	MO
ZOLINZA ORAL CAPSULE 100 MG	1	PA; MO; NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	1	PA; MO; QL (60 per 30 days); NEDS
ZYKADIA ORAL TABLET 150 MG	1	PA; MO; QL (90 per 30 days); NEDS
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	1	NEDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	1	MO; QL (180 per 30 days); NEDS
APTIOM ORAL TABLET 400 MG	1	MO; QL (90 per 30 days); NEDS
APTIOM ORAL TABLET 600 MG, 800 MG	1	MO; QL (60 per 30 days); NEDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	1	MO; QL (600 per 28 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	1	PA; MO; QL (600 per 30 days); NEDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	1	PA; MO; QL (60 per 30 days); NEDS
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral suspension 100 mg/5 ml</i>	1	MO
<i>carbamazepine oral tablet 200 mg</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	1	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	1	MO
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	1	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	1	PA; LA; QL (360 per 30 days); NEDS
DIACOMIT ORAL CAPSULE 500 MG	1	PA; LA; QL (180 per 30 days); NEDS
DIACOMIT ORAL POWDER IN PACKET 250 MG	1	PA; LA; QL (360 per 30 days); NEDS
DIACOMIT ORAL POWDER IN PACKET 500 MG	1	PA; LA; QL (180 per 30 days); NEDS
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	1	MO
DILANTIN 30 MG ORAL CAPSULE 30 MG	1	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	1	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	1	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	1	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	1	PA; MO; LA; NEDS
<i>epitol oral tablet 200 mg</i>	1	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	1	MO
<i>ethosuximide oral capsule 250 mg</i>	1	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	1	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	1	MO; NEDS
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	1	PA; LA; QL (360 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	1	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	1	MO; QL (720 per 30 days); NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	1	MO; QL (30 per 30 days); NEDS
FYCOMPA ORAL TABLET 2 MG	1	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	1	MO; QL (60 per 30 days); NEDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	1	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	1	MO; QL (1200 per 28 days)
<i>lacosamide oral solution 10 mg/ml</i>	1	MO; QL (1200 per 30 days)
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG	1	MO; QL (60 per 30 days)
LACOSAMIDE ORAL TABLET 50 MG	1	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	1	MO
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	1	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	1	MO
<i>levetiracetam oral solution 100 mg/ml</i>	1	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	1	MO
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	1	PA; MO; QL (10 per 30 days); NEDS
<i>methsuximide oral capsule 300 mg</i>	1	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	1	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	1	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	MO
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	1	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	1	
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	1	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	1	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	1	MO; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	1	MO; QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	1	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>roweepra oral tablet 500 mg</i>	1	MO
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA; MO; QL (2400 per 30 days); NEDS
<i>rufinamide oral tablet 200 mg</i>	1	PA; MO; QL (480 per 30 days); NEDS
<i>rufinamide oral tablet 400 mg</i>	1	PA; MO; QL (240 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	1	MO; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	1	MO; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	1	MO; QL (30 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	1	MO; QL (120 per 30 days)
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	1	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	1	MO
<i>valproic acid oral capsule 250 mg</i>	1	MO
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	1	PA; MO; QL (10 per 30 days); NEDS
<i>vigabatrin oral powder in packet 500 mg</i>	1	PA; MO; LA; QL (180 per 30 days); NEDS
<i>vigabatrin oral tablet 500 mg</i>	1	PA; MO; LA; QL (180 per 30 days); NEDS
<i>vigadrone oral powder in packet 500 mg</i>	1	PA; LA; QL (180 per 30 days); NEDS
<i>vigadrone oral tablet 500 mg</i>	1	PA; LA; QL (180 per 30 days); NEDS
<i>vigpoder oral powder in packet 500 mg</i>	1	PA; LA; NEDS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	1	PA; MO; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG	1	PA; MO; QL (120 per 30 days); NEDS
XCOPRI ORAL TABLET 150 MG, 200 MG	1	PA; MO; QL (60 per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG, 50 MG	1	PA; MO; QL (30 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	1	PA; 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)	1	PA; MO; QL (28 per 180 days); NEDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	1	MO; QL (900 per 30 days); NEDS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	1	PA; LA; QL (1100 per 30 days); NEDS
ANTIPARKINSONISM AGENTS		
<i>benztropine injection solution 1 mg/ml</i>	1	MO
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>bromocriptine oral capsule 5 mg</i>	1	MO
<i>bromocriptine oral tablet 2.5 mg</i>	1	MO
<i>carbidopa oral tablet 25 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	MO
<i>entacapone oral tablet 200 mg</i>	1	MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	1	MO
<i>selegiline hcl oral tablet 5 mg</i>	1	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	1	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	1	PA; QL (8 per 28 days); NEDS
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	1	PA; QL (8 per 28 days); NEDS
<i>eletriptan oral tablet 20 mg, 40 mg</i>	1	MO; QL (18 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	1	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	1	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	1	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	1	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	1	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	1	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	1	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	1	MO; QL (8 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	1	MO; QL (18 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
AUSTEDO ORAL TABLET 12 MG	1	PA; MO; QL (120 per 30 days); NEDS
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (150 per 30 days); NEDS
AUSTEDO ORAL TABLET 9 MG	1	PA; MO; QL (60 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG	1	PA; MO; QL (60 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	1	PA; MO; QL (30 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	1	PA; MO; QL (90 per 30 days); NEDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; QL (28 per 180 days); NEDS
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 6 MG (14)-12 MG (14)-24 MG (14)	1	PA; QL (42 per 180 days); NEDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	1	PA; MO; QL (14 per 30 days); NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	1	PA; MO; QL (120 per 180 days); NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	1	PA; MO; QL (60 per 30 days); NEDS
<i>donepezil oral tablet 10 mg</i>	1	MO; QL (60 per 30 days)
<i>donepezil oral tablet 23 mg</i>	1	MO; QL (30 per 30 days)
<i>donepezil oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>donepezil oral tablet, disintegrating 10 mg</i>	1	MO; QL (60 per 30 days)
<i>donepezil oral tablet, disintegrating 5 mg</i>	1	MO; QL (30 per 30 days)
EVRYSDI ORAL RECON SOLN 0.75 MG/ML	1	PA; MO; LA; NEDS
<i> fingolimod oral capsule 0.5 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
FIRDAPSE ORAL TABLET 10 MG	1	PA; LA; NEDS
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	1	MO; QL (30 per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	1	MO; QL (200 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	1	MO; QL (60 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	1	PA; QL (30 per 30 days); NEDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	1	PA; QL (12 per 28 days); NEDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	1	PA; MO; QL (30 per 30 days); NEDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	1	PA; MO; QL (12 per 28 days); NEDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	1	PA; MO; QL (1.2 per 28 days); NEDS
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	1	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	1	PA; MO; QL (60 per 30 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	1	PA; QL (30 per 30 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	1	PA; MO; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	1	PA; MO; NEDS
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	1	PA; MO; QL (20 per 180 days); NEDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	1	PA; NEDS
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	1	PA; MO; QL (70 per 28 days); NEDS
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	1	PA; MO; QL (70 per 28 days); NEDS
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 9.5 mg/24 hour</i>	1	MO; QL (30 per 30 days)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24 hour</i>	1	QL (30 per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG	1	PA; LA; QL (90 per 30 days); NEDS
TERIFLUNOMIDE ORAL TABLET 14 MG, 7 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA; MO; QL (240 per 30 days); NEDS
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML	1	PA; MO; QL (15 per 28 days); NEDS
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	1	PA; MO; QL (120 per 30 days); NEDS
ZEPOSIA ORAL CAPSULE 0.92 MG	1	PA; MO; QL (30 per 30 days); NEDS
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG -0.92 MG (21)	1	PA; MO; QL (28 per 180 days); NEDS
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	1	PA; MO; QL (7 per 180 days); NEDS
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet 10 mg, 5 mg</i>	1	MO; QL (90 per 30 days)
<i>baclofen oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>carisoprodol oral tablet 350 mg</i>	1	MO; QL (120 per 30 days)
<i>chlorzoxazone oral tablet 500 mg</i>	1	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	1	MO; QL (90 per 30 days)
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	MO
ORPHENADRINE CITRATE ORAL TABLET EXTENDED RELEASE 100 MG	1	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	1	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	1	MO
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	1	MO; QL (4500 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	1	NEDS
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	1	PA; MO; QL (4 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	1	MO; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1	QL (360 per 30 days); NEDS
<i>endocet oral tablet 5-325 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	1	PA; MO; QL (120 per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	1	PA; MO; QL (120 per 30 days); NEDS
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	PA; MO; QL (10 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	1	NEDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	1	MO; QL (5550 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	1	MO; QL (390 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (360 per 30 days); NEDS
<i>hydromorphone oral liquid 1 mg/ml</i>	1	MO; QL (2400 per 30 days); NEDS
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>hydromorphone oral tablet 8 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>methadone injection solution 10 mg/ml</i>	1	NEDS
<i>methadone intensol oral concentrate 10 mg/ml</i>	1	PA; MO; QL (90 per 30 days); NEDS
<i>methadone oral concentrate 10 mg/ml</i>	1	PA; QL (90 per 30 days); NEDS
<i>methadone oral solution 10 mg/5 ml</i>	1	PA; MO; QL (600 per 30 days); NEDS
<i>methadone oral solution 5 mg/5 ml</i>	1	PA; MO; QL (1200 per 30 days); NEDS
<i>methadone oral tablet 10 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
<i>methadone oral tablet 5 mg</i>	1	PA; MO; QL (240 per 30 days); NEDS
<i>methadose oral concentrate 10 mg/ml</i>	1	PA; MO; QL (90 per 30 days); NEDS
<i>morphine injection syringe 4 mg/ml</i>	1	MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	1	NEDS
<i>morphine oral tablet 15 mg, 30 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
<i>oxycodone oral capsule 5 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>oxycodone oral concentrate 20 mg/ml</i>	1	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral solution 5 mg/5 ml</i>	1	MO; QL (1200 per 30 days); NEDS
<i>oxycodone oral tablet 10 mg, 15 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral tablet 20 mg, 30 mg</i>	1	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral tablet 5 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	MO; QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	1	MO; QL (360 per 30 days); NEDS
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	1	PA; MO; QL (90 per 30 days); NEDS
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	1	PA; MO; QL (60 per 30 days); NEDS
NON-NARCOTIC ANALGESICS		
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	1	OTC
<i>8hr muscle aches-pain oral tablet extended release 650 mg</i>	1	OTC
<i>acetaminophen extra strength oral tablet 500 mg</i>	1	OTC
<i>acetaminophen oral liquid 160 mg/5 ml</i>	1	MO; OTC
<i>acetaminophen oral liquid 500 mg/15 ml</i>	1	OTC
<i>acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml</i>	1	OTC
<i>acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml)</i>	1	OTC
ACETAMINOPHEN ORAL SUSPENSION 325 MG/10.15 ML, 650 MG/20.3 ML	1	OTC
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen oral tablet extended release 650 mg</i>	1	MO; OTC
<i>acetaminophen oral tablet, chewable 160 mg</i>	1	OTC
<i>acetaminophen oral tablet, disintegrating 80 mg</i>	1	OTC
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	1	MO; OTC
<i>addaprin oral tablet 200 mg</i>	1	OTC
<i>adult aspirin regimen oral tablet, delayed release (dr/ec) 81 mg</i>	1	OTC
<i>advil junior strength oral tablet, chewable 100 mg</i>	1	MO; OTC
<i>alka-seltzer original oral tablet, effervescent 325-1,916-1,000 mg</i>	1	OTC
<i>all day pain relief oral tablet 220 mg</i>	1	OTC
<i>all day relief oral tablet 220 mg</i>	1	MO; OTC
<i>aminofen oral tablet 325 mg</i>	1	OTC
<i>antacid and pain relief oral tablet, effervescent 325-1,916-1,000 mg</i>	1	OTC
<i>arthritis pain (diclofenac) topical gel 1 %</i>	1	OTC
<i>arthritis pain relief (acetam) oral tablet extended release 650 mg</i>	1	OTC
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	1	OTC
<i>asperceme arthritis pain topical gel 1 %</i>	1	MO; OTC
<i>aspirin childrens oral tablet, chewable 81 mg</i>	1	OTC
<i>aspirin oral tablet 325 mg</i>	1	MO; OTC
<i>aspirin oral tablet, chewable 81 mg</i>	1	MO; OTC
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 81 mg</i>	1	MO; OTC
<i>aspirin rectal suppository 300 mg</i>	1	MO; OTC
<i>athenol oral tablet 325 mg</i>	1	OTC
<i>back and body pain reliever oral tablet 500-32.5 mg</i>	1	OTC
<i>backache relief extra strength oral tablet 580 (467) mg</i>	1	OTC
<i>bayer aspirin oral tablet 325 mg</i>	1	MO; OTC
<i>bayer aspirin oral tablet, delayed release (dr/ec) 325 mg</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>bayer low dose aspirin oral tablet, delayed release (dr/ec) 81 mg</i>	1	MO; OTC
<i>betatemp oral suspension 160 mg/5 ml</i>	1	OTC
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	1	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	1	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	1	MO; QL (90 per 30 days)
<i>butorphanol nasal spray, non-aerosol 10 mg/ml</i>	1	MO; QL (10 per 28 days); NEDS
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	MO
<i>child fever reducer-pain relvr oral suspension 160 mg/5 ml</i>	1	OTC
<i>child pain rel-fever reducer rectal suppository 120 mg</i>	1	OTC
<i>children's acetaminophen oral liquid 160 mg/5 ml</i>	1	OTC
<i>children's acetaminophen oral suspension 160 mg/5 ml</i>	1	MO; OTC
<i>children's acetaminophen oral suspension 160 mg/5 ml (5 ml)</i>	1	OTC
<i>children's acetaminophen oral tablet, chewable 160 mg, 80 mg</i>	1	OTC
<i>children's advil oral suspension 100 mg/5 ml</i>	1	MO; OTC
<i>children's aspirin oral tablet, chewable 81 mg</i>	1	OTC
<i>children's easy-melts oral tablet, disintegrating 80 mg</i>	1	OTC
<i>children's fever reducing rectal suppository 120 mg</i>	1	OTC
<i>children's ibuprofen oral suspension 100 mg/5 ml</i>	1	OTC
<i>children's mapap oral tablet, chewable 160 mg, 80 mg</i>	1	MO; OTC
<i>children's motrin jr strength oral tablet, chewable 100 mg</i>	1	MO; OTC
<i>children's non-aspirin oral suspension 160 mg/5 ml</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>children's non-aspirin oral tablet,chewable 160 mg</i>	1	OTC
<i>children's pain relief oral suspension 160 mg/5 ml</i>	1	OTC
<i>children's pain relief oral tablet,chewable 160 mg</i>	1	OTC
<i>children's pain reliever oral suspension 160 mg/5 ml</i>	1	OTC
<i>children's pain-fever relief oral liquid 160 mg/5 ml</i>	1	OTC
<i>children's pain-fever relief oral suspension 160 mg/5 ml</i>	1	MO; OTC
<i>children's pain-fever relief oral tablet,chewable 160 mg</i>	1	OTC
<i>children's profen ib oral suspension 100 mg/5 ml</i>	1	OTC
<i>children's tylenol oral tablet,chewable 160 mg</i>	1	OTC
<i>diclofenac potassium oral tablet 50 mg</i>	1	MO
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	1	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg</i>	1	MO
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 50 mg, 75 mg</i>	1	MO
<i>diclofenac sodium topical gel 1 %</i>	1	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	1	MO; QL (224 per 28 days); NEDS
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	1	MO
<i>diflunisal oral tablet 500 mg</i>	1	MO
<i>ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg</i>	1	MO; OTC
<i>ed-apap oral liquid 160 mg/5 ml</i>	1	OTC
<i>enteric coated aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	OTC
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	1	MO
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>feverall rectal suppository 120 mg</i>	1	OTC
<i>feverall rectal suppository 325 mg</i>	1	MO; OTC
<i>flanax (naproxen) oral tablet 220 mg</i>	1	OTC
<i>flurbiprofen oral tablet 100 mg</i>	1	MO
<i>headache relief (asa-acet-caf) oral tablet 250-250-65 mg</i>	1	OTC
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibu-200 oral tablet 200 mg</i>	1	OTC
<i>ibuprofen ib oral tablet, chewable 100 mg</i>	1	OTC
<i>ibuprofen jr strength oral tablet, chewable 100 mg</i>	1	OTC
<i>ibuprofen oral capsule 200 mg</i>	1	MO; OTC
<i>ibuprofen oral drops, suspension 50 mg/1.25 ml</i>	1	OTC
<i>ibuprofen oral suspension 100 mg/5 ml</i>	1	MO
<i>ibuprofen oral tablet 200 mg</i>	1	MO; OTC
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>ibuprofen oral tablet, chewable 100 mg</i>	1	OTC
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO
<i>infant fever reducer-pain relief oral suspension 160 mg/5 ml</i>	1	OTC
<i>infant's acetaminophen oral suspension 160 mg/5 ml</i>	1	MO; OTC
<i>infant's ibuprofen oral drops, suspension 50 mg/1.25 ml</i>	1	MO; OTC
<i>infant's motrin oral drops, suspension 50 mg/1.25 ml</i>	1	MO; OTC
<i>infants' pain and fever oral suspension 160 mg/5 ml</i>	1	OTC
<i>infants' pain relief oral suspension 160 mg/5 ml</i>	1	OTC
<i>infants profenib oral drops, suspension 50 mg/1.25 ml</i>	1	OTC
<i>i-prin oral tablet 200 mg</i>	1	OTC
<i>jr. strength pain reliever oral tablet, disintegrating 160 mg</i>	1	OTC
<i>ketorolac oral tablet 10 mg</i>	1	QL (20 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>kindarmed kids pain-fever oral suspension 160 mg/5 ml</i>	1	OTC
<i>little remedies fever and pain oral liquid 160 mg/5 ml</i>	1	OTC
<i>mapap (acetaminophen) oral capsule 500 mg</i>	1	MO; OTC
<i>mapap (acetaminophen) oral liquid 500 mg/15 ml</i>	1	MO; OTC
<i>maxrelief junior oral suspension 160 mg/5 ml</i>	1	OTC
<i>mediproxen oral tablet 220 mg</i>	1	OTC
<i>medi-seltzer oral tablet, effervescent 325-1,916-1,000 mg</i>	1	OTC
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>menstrual pain relief oral tablet 500-25-15 mg</i>	1	OTC
<i>menstrual relief(pamabr-pyrid) oral tablet 500-25-15 mg</i>	1	OTC
<i>migraine formula oral tablet 250-250-65 mg</i>	1	OTC
<i>migraine relief oral tablet 250-250-65 mg</i>	1	OTC
<i>motrin arthritis pain topical gel 1 %</i>	1	MO; OTC
<i>motrin ib oral capsule 200 mg</i>	1	MO; OTC
<i>motrin ib oral tablet 200 mg</i>	1	MO; OTC
<i>m-pap oral liquid 160 mg/5 ml</i>	1	OTC
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naloxone injection solution 0.4 mg/ml</i>	1	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	1	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	1	MO
<i>naloxone nasal spray,non-aerosol 4 mg/actuation</i>	1	MO
<i>naltrexone oral tablet 50 mg</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	1	MO
<i>naproxen sodium oral capsule 220 mg</i>	1	OTC
<i>naproxen sodium oral tablet 220 mg</i>	1	OTC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	MO
<i>non-aspirin extra strength oral tablet 500 mg</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>non-aspirin oral suspension 160 mg/5 ml</i>	1	OTC
<i>non-aspirin oral tablet 325 mg</i>	1	OTC
<i>non-aspirin oral tablet,chewable 80 mg</i>	1	OTC
<i>non-aspirin pain relief oral tablet 500 mg</i>	1	OTC
OPVEE NASAL SPRAY,NON-AEROSOL 2.7 MG/ACTUATION	1	MO
<i>oxaprozin oral tablet 600 mg</i>	1	MO
<i>pain relief (acetaminophen) oral liquid 160 mg/5 ml</i>	1	OTC
<i>pain relief (acetaminophen) oral tablet 325 mg, 500 mg</i>	1	OTC
<i>pain relief (acetaminophen) oral tablet extended release 650 mg</i>	1	OTC
<i>pain relief (ibuprofen) oral tablet 200 mg</i>	1	OTC
<i>pain relief adult oral liquid 500 mg/15 ml</i>	1	OTC
<i>pain relief es (acetaminophen) oral tablet 500 mg</i>	1	OTC
<i>pain reliever (acetam-aspirin) oral tablet 250-250-65 mg</i>	1	OTC
<i>pain reliever (acetaminophen) oral tablet 325 mg, 500 mg</i>	1	OTC
<i>pain reliever es(acetaminophn) oral tablet 500 mg</i>	1	OTC
<i>pain reliever plus oral tablet 250-250-65 mg</i>	1	MO; OTC
<i>pain-off oral tablet 250-250-65 mg</i>	1	OTC
<i>percogesic backache relief oral tablet 580 (467) mg</i>	1	OTC
<i>pharbetol oral tablet 325 mg, 500 mg</i>	1	OTC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	MO
<i>pre-menstrual relief oral tablet 500-25-15 mg</i>	1	OTC
<i>st joseph aspirin oral tablet,chewable 81 mg</i>	1	MO; OTC
<i>st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	1	MO; OTC
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
TENSION HEADACHE ORAL TABLET 500-65 MG	1	OTC
TENSION HEADACHE PAIN RELIEVER ORAL TABLET 500-65 MG	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol oral tablet 50 mg</i>	1	MO; QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	MO; QL (240 per 30 days); NEDS
<i>tri-buffered aspirin oral tablet 325 mg</i>	1	MO; OTC
<i>vanquish oral tablet 250-250-65 mg</i>	1	OTC
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	1	MO; NEDS
<i>wal-profen oral capsule 200 mg</i>	1	OTC
<i>wal-profen oral tablet 200 mg</i>	1	OTC
<i>wal-proxen oral tablet 220 mg</i>	1	OTC
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	1	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	1	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days); NEDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG	1	MO; QL (1 per 28 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG	1	MO; QL (1 per 28 days); NEDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	MO
<i>aripiprazole oral solution 1 mg/ml</i>	1	MO; QL (900 per 30 days)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	1	MO; QL (60 per 30 days); NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet, disintegrating 15 mg</i>	1	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 675 MG/2.4 ML	1	MO; QL (4.8 per 365 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days); NEDS
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	1	PA; QL (60 per 30 days); NEDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	1	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	1	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	1	MO; QL (60 per 30 days)
<i>buspirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	MO
<i>buspirone oral tablet 30 mg, 7.5 mg</i>	1	MO
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>chlorpromazine injection solution 25 mg/ml</i>	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	1	MO
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>citalopram oral solution 10 mg/5 ml</i>	1	MO
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	1	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	MO; QL (360 per 30 days)
<i>clozapine oral tablet 100 mg, 25 mg</i>	1	
<i>clozapine oral tablet 200 mg</i>	1	
<i>clozapine oral tablet 50 mg</i>	1	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	1	PA; MO; QL (60 per 30 days); NEDS
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	1	PA; MO; QL (56 per 180 days); NEDS
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	1	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	MO
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	MO
<i>diazepam injection solution 5 mg/ml</i>	1	
<i>diazepam injection syringe 5 mg/ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	MO; QL (240 per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	1	QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	1	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	MO; QL (120 per 30 days)

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>doxepin oral concentrate 10 mg/ml</i>	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	PA; MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	PA; MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	1	MO; QL (30 per 30 days); NEDS
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	1	MO
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	1	PA; MO; QL (60 per 30 days); NEDS
FANAPT ORAL TABLETS, DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	1	PA; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	PA; QL (28 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	1	PA; QL (30 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	1	
<i>fluoxetine (pmd) oral tablet 10 mg</i>	1	QL (240 per 30 days)
<i>fluoxetine (pmd) oral tablet 20 mg</i>	1	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	1	MO
<i>fluoxetine oral tablet 10 mg</i>	1	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	1	MO; QL (120 per 30 days)
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	MO
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	1	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	1	MO; QL (60 per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	1	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	MO
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	MO
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days); NEDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days); NEDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days); NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days); NEDS
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium citrate oral solution 8 meq/5 ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	1	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	1	PA; MO; QL (30 per 30 days); NEDS
MARPLAN ORAL TABLET 10 MG	1	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	MO
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	1	MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	1	MO
<i>methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine oral tablet 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	1	MO
<i>modafinil oral tablet 100 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	1	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	1	
<i>molindone oral tablet 5 mg</i>	1	MO
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	MO
<i>nighttime sleep-aid (doxylamn) oral tablet 25 mg</i>	1	OTC
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline oral solution 10 mg/5 ml</i>	1	MO
NUPLAZID ORAL CAPSULE 34 MG	1	PA; MO; QL (30 per 30 days); NEDS
NUPLAZID ORAL TABLET 10 MG	1	PA; MO; QL (30 per 30 days); NEDS
<i>olanzapine intramuscular recon soln 10 mg</i>	1	MO
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	1	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	1	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	1	MO; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>phenelzine oral tablet 15 mg</i>	1	MO
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	MO
<i>protriptyline oral tablet 10 mg, 5 mg</i>	1	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO; QL (90 per 30 days)

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine oral tablet 150 mg</i>	1	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>ramelteon oral tablet 8 mg</i>	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	1	PA; MO; QL (30 per 30 days); NEDS
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	1	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	1	MO; QL (2 per 28 days); NEDS
<i>risperidone oral solution 1 mg/ml</i>	1	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>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	1	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	1	MO; QL (30 per 30 days); NEDS
<i>sertraline oral concentrate 20 mg/ml</i>	1	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)
<i>sleep aid (doxylamine) oral tablet 25 mg</i>	1	MO; OTC
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	1	PA; LA; QL (540 per 30 days); NEDS
SUNOSI ORAL TABLET 150 MG, 75 MG	1	PA; QL (30 per 30 days)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; MO; QL (30 per 30 days); NEDS
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	MO; QL (60 per 30 days)
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tranylcypromine oral tablet 10 mg</i>	1	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	1	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	1	PA; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	1	MO; QL (0.28 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	1	MO; QL (0.35 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	1	MO; QL (0.42 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	1	MO; QL (0.56 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	1	MO; QL (0.7 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	1	MO; QL (0.14 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	1	MO; QL (0.21 per 28 days); NEDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	1	NEDS
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	1	PA; MO; QL (30 per 30 days); NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	1	PA; MO; LA; QL (60 per 30 days); NEDS
<i>wal-som (doxylamine) oral tablet 25 mg</i>	1	OTC
XYWAV ORAL SOLUTION 0.5 GRAM/ML	1	PA; LA; QL (540 per 30 days); NEDS
<i>zaleplon oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	1	MO
<i>zolpidem oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	1	PA; MO; QL (28 per 14 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	MO; QL (2 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg</i>	1	MO
<i>amiodarone oral tablet 200 mg</i>	1	MO
<i>amiodarone oral tablet 400 mg</i>	1	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	1	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	1	MO
<i>pacerone oral tablet 200 mg</i>	1	MO
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	1	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	1	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	MO
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO

ANTIHYPERTENSIVE THERAPY

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>acebutolol oral capsule 200 mg, 400 mg</i>	1	MO
<i>aliskiren oral tablet 150 mg, 300 mg</i>	1	MO
<i>amiloride oral tablet 5 mg</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>bumetanide injection solution 0.25 mg/ml</i>	1	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>cartia xt oral capsule, extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	1	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	1	MO; QL (4 per 28 days)
<i>diltiazem hcl intravenous recon soln 100 mg</i>	1	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	1	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg</i>	1	MO; QL (90 per 30 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 mg</i>	1	MO; QL (180 per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	1	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	MO
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	1	MO
<i>hydralazine injection solution 20 mg/ml</i>	1	MO
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG	1	PA; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	1	
<i>mannitol 25 % intravenous solution 25 %</i>	1	MO
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	MO
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>metyrosine oral capsule 250 mg</i>	1	PA; MO; NEDS
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>nicardipine oral capsule 20 mg, 30 mg</i>	1	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	1	MO
<i>nimodipine oral capsule 30 mg</i>	1	MO
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	1	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	MO
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	1	PA; MO; QL (168 per 180 days); NEDS
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	1	PA; MO; QL (336 per 180 days); NEDS
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	1	PA; MO; QL (252 per 180 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	1	PA; MO
<i>orenitram oral tablet extended release 0.25 mg, 1 mg, 2.5 mg, 5 mg</i>	1	PA; MO; NEDS
<i>osmitrol 20 % intravenous parenteral solution 20 %</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>phentolamine injection recon soln 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO
<i>propranolol intravenous solution 1 mg/ml</i>	1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	1	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	MO
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	1	MO; NEDS
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	1	PA; MO; LA; NEDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	1	PA; MO; LA; NEDS
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO
<i>verapamil intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	1	MO
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
<i>verapamil oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	1	PA; MO; QL (30 per 30 days); NEDS
ALVAIZ ORAL TABLET 36 MG, 54 MG	1	PA; MO; QL (60 per 30 days); NEDS
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	1	MO; NEDS
<i>aminocaproic acid oral tablet 1,000 mg</i>	1	MO; NEDS
<i>aminocaproic acid oral tablet 500 mg</i>	1	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	1	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	1	MO
CABLIVI INJECTION KIT 11 MG	1	PA; LA; NEDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	1	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	1	PA; MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	1	MO; QL (60 per 30 days)
<i>dipyridamole intravenous solution 5 mg/ml</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	MO
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	1	PA; MO; LA; NEDS
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	1	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	1	MO; QL (60 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	1	MO; QL (30 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	1	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	1	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	1	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	1	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	1	MO; QL (24 per 30 days); NEDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	1	MO; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	1	MO; QL (12 per 30 days); NEDS
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	1	MO; QL (18 per 30 days); NEDS
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	1	
<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>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	1	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	1	MO
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	1	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	1	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	1	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	1	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	1	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML	1	MO
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
<i>pentoxifylline oral tablet extended release 400 mg</i>	1	MO
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	1	MO; SUPP
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	MO
PROMACTA ORAL POWDER IN PACKET 12.5 MG	1	PA; MO; LA; QL (90 per 30 days); NEDS
PROMACTA ORAL POWDER IN PACKET 25 MG	1	PA; MO; LA; QL (180 per 30 days); NEDS
PROMACTA ORAL TABLET 12.5 MG	1	PA; MO; LA; QL (90 per 30 days); NEDS
PROMACTA ORAL TABLET 25 MG, 50 MG	1	PA; MO; LA; QL (30 per 30 days); NEDS
PROMACTA ORAL TABLET 75 MG	1	PA; MO; LA; QL (60 per 30 days); NEDS
<i>protamine intravenous solution 10 mg/ml</i>	1	
TAVALISSE ORAL TABLET 100 MG, 150 MG	1	PA; LA; QL (60 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9)	1	MO; QL (102 per 365 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	1	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	1	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>cholestyramine (with sugar) oral powder 4 gram</i>	1	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	1	MO
<i>cholestyramine light oral powder 4 gram</i>	1	
<i>cholestyramine light oral powder in packet 4 gram</i>	1	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	1	MO
<i>colesevelam oral powder in packet 3.75 gram</i>	1	MO
<i>colesevelam oral tablet 625 mg</i>	1	MO
<i>colestipol oral granules 5 gram</i>	1	MO
<i>colestipol oral packet 5 gram</i>	1	
<i>colestipol oral tablet 1 gram</i>	1	MO
<i>endur-acin oral tablet extended release 250 mg, 500 mg, 750 mg</i>	1	OTC
<i>ezetimibe oral tablet 10 mg</i>	1	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	1	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	1	MO
<i>fenofibric acid oral tablet 35 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	1	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	1	PA; MO; LA; NEDS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
NEXLETOL ORAL TABLET 180 MG	1	PA; MO
NEXLIZET ORAL TABLET 180-10 MG	1	PA; MO
<i>niacin (inositol niacinate) oral capsule 500 mg</i>	1	MO; OTC
NIACIN (INOSITOL NIACINATE) ORAL TABLET 500 MG	1	OTC
<i>niacin oral capsule, extended release 250 mg</i>	1	MO; OTC
<i>niacin oral capsule, extended release 500 mg</i>	1	OTC
<i>niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg</i>	1	MO; OTC
NIACIN ORAL TABLET EXTENDED RELEASE 1,000 MG	1	MO; OTC
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	1	MO
<i>niacin oral tablet extended release 250 mg, 500 mg</i>	1	MO; OTC
<i>niacinamide oral tablet 500 mg</i>	1	MO; OTC
<i>niavasc 750 oral tablet extended release 750 mg</i>	1	OTC
<i>niavasc oral tablet extended release 500 mg</i>	1	OTC
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	1	MO
<i>omega-3 fatty acids oral capsule 1,000 mg</i>	1	MO; OTC
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	ST; MO; QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO
<i>prevalite oral powder 4 gram</i>	1	MO
<i>prevalite oral powder in packet 4 gram</i>	1	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	1	PA; QL (3.5 per 28 days)

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	1	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	1	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO
<i>slo-niacin oral tablet extended release 500 mg</i>	1	MO; OTC
<i>super omega-3 oral capsule 1,000 mg</i>	1	OTC
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	1	PA; MO; QL (30 per 30 days); NEDS
CORLANOR ORAL SOLUTION 5 MG/5 ML	1	PA; QL (450 per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	1	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	1	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	1	MO
<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>	1	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	1	
<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>	1	
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	1	MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	1	
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	1	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	1	QL (60 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	1	PA; QL (30 per 30 days); NEDS
IVABRADINE ORAL TABLET 5 MG, 7.5 MG	1	PA; MO; QL (60 per 30 days)

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
LODOCO ORAL TABLET 0.5 MG	1	PA; MO; QL (30 per 30 days)
<i>milrinone in 5 % dextrose intravenous piggyback 20 mg/100 ml (200 mcg/ml), 40 mg/200 ml (200 mcg/ml)</i>	1	
<i>milrinone intravenous solution 1 mg/ml</i>	1	
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	1	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	1	MO
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	1	
VECAMYL ORAL TABLET 2.5 MG	1	NEDS
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	1	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	1	PA; MO; NEDS
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	1	MO
<i>nitro-bid transdermal ointment 2 %</i>	1	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>	1	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	MO
<i>nitroglycerin translingual spray, non-aerosol 400 mcg/spray</i>	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	MO
<i>calcipotriene scalp solution 0.005 %</i>	1	MO; QL (120 per 30 days)

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene topical cream 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	1	MO; QL (120 per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (10 per 28 days); NEDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; QL (10 per 28 days); NEDS
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; QL (10 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (10 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days); NEDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (10 per 28 days); NEDS
<i>selenium sulfide topical lotion 2.5 %</i>	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	1	PA; MO; QL (2 per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 28 days); NEDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; MO; QL (104 per 180 days); NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days); NEDS
<i>thera-gel topical shampoo 0.5 %</i>	1	MO; OTC
<i>therapeutic shampoo topical shampoo 0.5 %, 1 %</i>	1	OTC
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	1	PA; MO; QL (2 per 28 days); NEDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; QL (2 per 28 days); NEDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	1	PA; MO; QL (2 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
KERATOLYTICS		
<i>acne cleanser topical cleanser 2 %</i>	1	OTC
ACNE CONTROL (SALICYLIC ACID) TOPICAL CLEANSER 2 %	1	OTC
<i>acne pads topical pads, medicated 2 %</i>	1	OTC
<i>callus removers topical adhesive patch, medicated 40 %</i>	1	OTC
CERAVE PSORIASIS TOPICAL CREAM 2 %	1	OTC
<i>compound w topical liquid 17 %</i>	1	MO; OTC
<i>corn remover topical adhesive patch, medicated 40 %</i>	1	OTC
DAILY ACNE WASH TOPICAL CLEANSER 2 %	1	OTC
<i>daily face wash topical cleanser 2 %</i>	1	OTC
<i>dermarest psoriasis medicated topical shampoo 3 %</i>	1	OTC
<i>dr scholl's clear away topical adhesive patch, medicated 40 %</i>	1	OTC
<i>duofilm topical liquid 17 %</i>	1	OTC
<i>duragel callus removers topical adhesive patch, medicated 40 %</i>	1	OTC
<i>liquid corn and callus remover topical liquid 17 %</i>	1	OTC
<i>mediplast corn-callus-wart topical adhesive patch, medicated 40 %</i>	1	MO; OTC
NEUTROGENA OIL-FREE ACNE WASH TOPICAL CLEANSER 2 %	1	OTC
<i>plantar wart remover topical adhesive patch, medicated 40 %</i>	1	OTC
<i>psoriasis medicated topical shampoo 3 %</i>	1	OTC
<i>rapid clear treatment pads topical pads, medicated 2 %</i>	1	OTC
<i>sebex topical shampoo 2-2 %</i>	1	OTC
<i>selsun blue (salicylic acid) topical shampoo 3 %</i>	1	MO; OTC
<i>selsun blue naturals topical shampoo 3 %</i>	1	MO; OTC
<i>therapeutic dandruff shampoo topical shampoo 3 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>wart remover topical adhesive patch,medicated 40 %</i>	1	OTC
<i>wart remover topical gel 17 %</i>	1	OTC
<i>wart remover topical liquid 17 %</i>	1	OTC
<i>wart remover topical plaster 40 %</i>	1	OTC
MISCELLANEOUS DERMATOLOGICALS		
<i>a and d (lanolin-petrolatum) topical ointment</i>	1	MO; OTC
A AND D DIAPER RASH CREAM TOPICAL CREAM 1-10 %	1	MO; OTC
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	1	PA; MO; QL (6 per 28 days); NEDS
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (6 per 28 days); NEDS
<i>advanced healing (petrolatum) topical ointment 41 %</i>	1	OTC
<i>ammonium lactate topical cream 12 %</i>	1	MO
<i>ammonium lactate topical lotion 12 %</i>	1	MO
<i>analgesic balm (m.salic-menth) topical cream 15-10 %</i>	1	OTC
<i>analgesic creme topical cream 10 %</i>	1	OTC
<i>anecream topical cream 4 %</i>	1	MO; OTC
<i>anti-itch (menthol-camphor) topical lotion 0.5-0.5 %</i>	1	MO; OTC
<i>anti-itch vaginal (benz-resor) topical cream 5-2 %</i>	1	OTC
<i>aquagard topical ointment 41 %</i>	1	OTC
<i>arthricream rub topical cream 10 %</i>	1	OTC
<i>arthricream topical cream 10 %</i>	1	OTC
ARTHRITIS PAIN RELIEF (HISTAM) TOPICAL CREAM 0.025 %	1	OTC
<i>arthritis pain relief(capsaic) topical cream 0.1 %</i>	1	OTC
<i>arthritis topical cream 10 %</i>	1	OTC
ASPERCREME (LIDOCAINE HCL) TOPICAL CREAM 4 %	1	MO; OTC
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
<i>aspercreme topical cream 10 %</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
ASPERFLEX (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
<i>asperflex (lidocaine) topical cream 4 %</i>	1	OTC
<i>asperflex(m.salicylat-menthol) topical cream 15-10 %</i>	1	OTC
AVEENO MOISTURIZING TOPICAL CREAM 1 %	1	MO; OTC
<i>baby skin protectant (pet) topical ointment 41 %</i>	1	OTC
<i>bengay ultra strength(menthol) topical adhesive patch,medicated 5 %</i>	1	MO; OTC
<i>beta care topical cream</i>	1	MO; OTC
<i>biofreeze (menthol) topical adhesive patch,medicated 5 %</i>	1	OTC
<i>biofreeze overnight topical adhesive patch,medicated 5 %</i>	1	OTC
BOUDREAU'S BUTT PASTE TOPICAL OINTMENT 16 %, 40 %	1	MO; OTC
<i>burn relief with aloe topical aerosol,spray 0.5 %</i>	1	OTC
<i>calamine phenolated topical lotion</i>	1	OTC
<i>calamine-zinc oxide topical lotion 8-8 %</i>	1	MO; OTC
<i>calamine-zinc oxide-phenol topical suspension 8-8-1 %</i>	1	OTC
CALMOSEPTINE TOPICAL OINTMENT 0.44-20.6 %	1	MO; OTC
<i>calprotect topical ointment 0.44-20.6 %</i>	1	OTC
<i>camphor topical spirit</i>	1	OTC
CAPSAICIN TOPICAL ADHESIVE PATCH,MEDICATED 0.025 %	1	OTC
<i>capsaicin topical cream 0.025 %, 0.1 %</i>	1	MO; OTC
<i>capsaicin topical cream 0.075 %</i>	1	OTC
CAPSAICIN TOPICAL LIQUID 0.15 %	1	OTC
<i>capsicum topical adhesive patch,medicated 0.025 %</i>	1	OTC
CAPZASIN TOPICAL LIQUID 0.15 %	1	OTC
<i>capzasin-hp topical cream 0.1 %</i>	1	MO; OTC
<i>capzix topical cream 0.1 %</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
CERAMIDES 1,3,6-II TOPICAL CREAM	1	OTC
CERAVE DAILY MOISTURIZING TOPICAL LOTION	1	MO; OTC
CERAVE PM TOPICAL LOTION,EXTENDED RELEASE	1	MO; OTC
CERAVE SA (WITH NIACINAMIDE) TOPICAL CREAM	1	OTC
CERAVE TOPICAL CREAM	1	MO; OTC
CETAPHIL MOISTURIZING TOPICAL CREAM	1	MO; OTC
CETAPHIL MOISTURIZING TOPICAL LOTION	1	OTC
CETAPHIL TOPICAL CLEANSER	1	OTC
CHEST RUB TOPICAL OINTMENT 4.8-1.2-2.6 %	1	OTC
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)</i>	1	
<i>cold and hot (m.salic-menthol) topical cream 30-10 %</i>	1	OTC
<i>cold and hot (m.salic-menthol) topical ointment 29-7.6 %</i>	1	OTC
<i>cold and hot (menthol) topical adhesive patch,medicated 5 %</i>	1	OTC
<i>cool and heat topical adhesive patch,medicated 5 %</i>	1	OTC
<i>cool heat (m-salicylate-menth) topical cream 30-10 %</i>	1	OTC
<i>daylogic advanced healing topical ointment 41 %</i>	1	OTC
<i>dermabase topical cream</i>	1	MO; OTC
<i>dermacerin topical cream</i>	1	OTC
<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 per 30 days)
<i>dermavantage topical lotion</i>	1	OTC
<i>diaper rash topical ointment 40 %</i>	1	OTC
<i>dibucaine topical ointment 1 %</i>	1	MO; OTC
<i>diclofenac sodium topical gel 3 %</i>	1	PA; MO; QL (100 per 28 days)
DIMETHICONE TOPICAL CREAM 2 %	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>dry skin therapy(with lanolin) topical lotion</i>	1	OTC
DRY SKIN THERAPY(W-PETROLATUM) TOPICAL CREAM	1	OTC
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days); NEDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days); NEDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days); NEDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days); NEDS
<i>dynarub topical cream 15-10 %</i>	1	OTC
ECZEMA CARE TOPICAL CREAM 1 %	1	OTC
ECZEMA RELIEF TOPICAL CREAM 1 %	1	OTC
<i>eucalyptus oil oil</i>	1	OTC
<i>eucalyptus oil topical oil</i>	1	OTC
EUCERIN BABY ECZEMA RELIEF TOPICAL CREAM 1 %	1	OTC
EUCERIN ECZEMA RELIEF TOPICAL CREAM 1 %	1	MO; OTC
<i>eucerin original topical lotion</i>	1	MO; OTC
EUCERIN TOPICAL CREAM	1	MO; OTC
<i>excel-gel topical gel</i>	1	OTC
EXIGENCE TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
FEMININE ANTI-ITCH TOPICAL CREAM 20-3 %	1	OTC
<i>finger cream topical cream</i>	1	OTC
FIRST AID (LIDOCAINE-BENZALK) TOPICAL SPRAY,NON-AEROSOL 2.5-0.13 %	1	OTC
FLANDERS BUTTOCKS TOPICAL OINTMENT	1	OTC
<i>fluorouracil topical cream 5 %</i>	1	MO
<i>fluorouracil topical solution 2 %</i>	1	MO
<i>fluorouracil topical solution 5 %</i>	1	MO
GLYCERIN TOPICAL SOLUTION 99.5 %	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>glydo mucous membrane jelly in applicator 2 %</i>	1	MO; QL (60 per 30 days)
GOLD BOND MEDICATED FOOT TOPICAL POWDER 1 %	1	OTC
GOLD BOND MEDICATED PAIN-ITCH TOPICAL CREAM 4 %	1	OTC
<i>gordons-vite e topical cream</i>	1	OTC
<i>hemorrhoidal-analgesic topical ointment 1 %</i>	1	OTC
HOT AND COLD PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
<i>hydrolatum topical ointment</i>	1	OTC
<i>hydroseptine topical ointment 0.44-20.6 %</i>	1	OTC
<i>ice blue gel topical gel 2 %</i>	1	OTC
<i>icy hot (menthol) topical adhesive patch,medicated 5 %</i>	1	MO; OTC
ICY HOT PATCH (LIDO-MENTHOL) TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	MO; OTC
<i>imiquimod topical cream in packet 5 %</i>	1	MO
<i>johnson's baby oil topical oil</i>	1	MO; OTC
<i>lidocaine hcl laryngotracheal solution 4 %</i>	1	
<i>lidocaine hcl mucous membrane solution 2 %</i>	1	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	1	MO
LIDOCAINE HCL TOPICAL CREAM 4 %	1	OTC
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
<i>lidocaine topical adhesive patch,medicated 5 %</i>	1	PA; MO; QL (90 per 30 days)
<i>lidocaine topical cream 4 %</i>	1	MO; OTC
<i>lidocaine topical ointment 5 %</i>	1	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	1	
LIDOCAINE-MENTHOL TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	1	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 per 30 days)
<i>lidocan v topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 per 30 days)
LIDOCARE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
LIDOCORE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	OTC
LIDOPRO (LIDOCAINE-MENTHOL) TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
LIDOZALL TOPICAL CREAM 4 %	1	OTC
LIDOZENPATCH TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
LMX 4 TOPICAL CREAM 4 %	1	MO; OTC
<i>lubrisilk topical lotion</i>	1	OTC
MEDICATED HEAT PATCH TOPICAL ADHESIVE PATCH,MEDICATED 0.025 %	1	OTC
MEDICATED RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 3.1-10-6 %	1	OTC
<i>menthol-zinc oxide topical ointment 0.44-20.6 %</i>	1	MO; OTC
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	1	MO; NEDS
MINERIN CREME TOPICAL CREAM	1	MO; OTC
<i>minerin topical lotion</i>	1	MO; OTC
<i>mobisyl topical cream 10 %</i>	1	MO; OTC
<i>moisture barrier ointment topical ointment 0.44-20.6 %</i>	1	OTC
MOISTURIZING CREAM TOPICAL CREAM	1	OTC
MOISTURIZING NORMAL-DRY SKIN TOPICAL LOTION	1	OTC
<i>moiturizing lotion topical lotion</i>	1	OTC
<i>muscle rub topical cream 15-10 %</i>	1	MO; OTC
<i>muscle rub ultra-strength topical cream 4-30-10 %</i>	1	OTC
<i>no sting barrier film topical swab</i>	1	MO; OTC
NULIDO PATCH TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC
<i>olive oil oil</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
PAIN RELIEF (LIDOCAINE) TOPICAL CREAM 4 %	1	OTC
<i>pain relief (trolamine salicy) topical cream 10 %</i>	1	OTC
<i>pain relieving (benzocaine) topical ointment 20 %</i>	1	OTC
<i>pain relieving (menthol) topical adhesive patch,medicated 5 %</i>	1	OTC
<i>pain relieving cream topical cream 4-30-10 %</i>	1	OTC
<i>pain relieving(cam-m.sal-ment) topical adhesive patch,medicated</i>	1	OTC
PANRETIN TOPICAL GEL 0.1 %	1	PA; MO; NEDS
PERIANAL CLEANSING TOPICAL CLEANSER	1	OTC
PERIFRESH TOPICAL CLEANSER	1	OTC
<i>petroleum jelly topical gel</i>	1	OTC
<i>petroleum jelly, white topical gel</i>	1	OTC
<i>pimecrolimus topical cream 1 %</i>	1	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution 0.5 %</i>	1	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	1	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %)</i>	1	
<i>protective ointment topical ointment</i>	1	OTC
REGANEX TOPICAL GEL 0.01 %	1	MO; NEDS
RE-LIEVED LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	OTC
SALONPAS (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	1	MO; OTC
SALONPAS TOPICAL ADHESIVE PATCH,MEDICATED 3.1 %-10 %-6 % (LARGE), 3.1-10-6 %	1	MO; OTC
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	1	MO; QL (180 per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	1	MO
<i>skin protectant a-d (pet, lan) topical ointment</i>	1	OTC
<i>skin treatment topical lotion 12 %</i>	1	OTC
<i>sorbiton hydrate topical cream</i>	1	OTC
<i>ssd topical cream 1 %</i>	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	1	PA; MO; QL (100 per 30 days)
<i>thera-derm topical lotion</i>	1	MO; OTC
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM	1	OTC
<i>therapeutic moisturizing topical cream</i>	1	OTC
<i>tiger balm topical adhesive patch,medicated 230-70 mg</i>	1	MO; OTC
<i>tiger balm topical ointment , 11-11 %</i>	1	MO; OTC
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	1	PA; QL (90 per 30 days)
VAGICAINE TOPICAL CREAM 20-3 %	1	OTC
<i>vagicaine topical cream 5-2 %</i>	1	OTC
VALCHLOR TOPICAL GEL 0.016 %	1	PA; MO; NEDS
<i>vanicream topical cream</i>	1	MO; OTC
VIT E-WHEAT GERM-ALOE VERA TOPICAL OINTMENT	1	OTC
<i>vitamin a and d diaper rash topical ointment</i>	1	OTC
<i>vitamin a and d topical ointment</i>	1	OTC
<i>vits a and d-white pet-lanolin topical ointment</i>	1	MO; OTC
<i>walgreens dry skin treatment topical ointment 41 %</i>	1	OTC
WHITE PETROLATUM TOPICAL GEL	1	MO; OTC
<i>white petrolatum topical ointment</i>	1	OTC
<i>white petrolatum topical ointment in packet</i>	1	OTC
<i>white petroleum jelly topical gel</i>	1	OTC
XERAC AC TOPICAL SOLUTION 6.25 %	1	MO; OTC
ZINC OXIDE DIAPER CREAM TOPICAL CREAM 1-10 %	1	OTC
<i>zinc oxide topical cream 22 %</i>	1	OTC
<i>zinc oxide topical ointment , 25 %, 40 %</i>	1	OTC
<i>zinc oxide topical ointment 20 %</i>	1	MO; OTC
<i>zostrix-hp topical cream 0.1 %</i>	1	OTC
ZYLOTROL TOPICAL ADHESIVE PATCH,MEDICATED 4-1 %	1	OTC

THERAPY FOR ACNE

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>acne cleansing bar topical bar 10 %</i>	1	OTC
<i>acne control(benzoyl peroxide) topical cleanser 10 %</i>	1	OTC
<i>acne foaming wash topical cleanser 10 %</i>	1	OTC
<i>acne medication topical gel 10 %, 2.5 %</i>	1	MO; OTC
ACNE MEDICATION TOPICAL GEL 5 %	1	MO; OTC
ACNE MEDICATION TOPICAL LOTION 10 %, 5 %	1	MO; OTC
<i>acne treatment (benzoyl perox) topical cream 10 %</i>	1	OTC
<i>acne treatment (benzoyl perox) topical gel 10 %</i>	1	OTC
<i>acne-clear topical gel 10 %</i>	1	OTC
<i>advanced exfoliating cleanser topical cleanser 5 %</i>	1	OTC
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>azelaic acid topical gel 15 %</i>	1	MO
<i>benzoyl peroxide topical cleanser 10 %, 5 %</i>	1	MO; OTC
<i>benzoyl peroxide topical gel 10 %, 5 %</i>	1	MO; OTC
<i>benzoyl peroxide topical gel 2.5 %</i>	1	OTC
<i>bp topical gel 10 %, 5 %</i>	1	OTC
<i>bp wash topical cleanser 10 %</i>	1	OTC
<i>bp wash topical cleanser 5 %</i>	1	MO; OTC
CERAVE ACNE TOPICAL CLEANSER 4 %	1	OTC
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clearasil daily clear(benzoyl) topical cream 10 %</i>	1	MO; OTC
<i>clindacin etz topical swab 1 %</i>	1	MO
<i>clindacin p topical swab 1 %</i>	1	
<i>clindamycin phosphate topical gel 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	1	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	1	MO
<i>creamy acne face topical cleanser 4 %</i>	1	OTC
<i>ery pads topical swab 2 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin with ethanol topical solution 2 %</i>	1	MO
<i>foaming acne face wash topical cleanser 10 %</i>	1	OTC
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	1	
<i>metronidazole topical cream 0.75 %</i>	1	MO
<i>metronidazole topical gel 0.75 %</i>	1	MO
<i>metronidazole topical gel 1 %</i>	1	MO
<i>metronidazole topical gel with pump 1 %</i>	1	MO
<i>metronidazole topical lotion 0.75 %</i>	1	MO
<i>panoxyl topical cleanser 10 %, 4 %</i>	1	MO; OTC
<i>targeted acne spot treatment topical cream 2.5 %</i>	1	OTC
<i>tazarotene topical cream 0.05 %, 0.1 %</i>	1	PA; MO
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	1	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	1	PA; MO
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
TOPICAL ANTIBACTERIALS		
<i>antibiotic (bacitracin zinc) topical ointment 500 unit/gram</i>	1	OTC
<i>antibiotic (neomy-bacit-polym) topical ointment 3.5mg-400 unit- 5,000 unit/gram</i>	1	OTC
<i>antibiotic plus (pramoxine) topical cream 3.5-10,000-10 mg-unit-mg/gram</i>	1	OTC
ANTIBIOTIC PLUS PAIN REL(PRAM) TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM	1	OTC
<i>antibiotic-pain relief (bacit) topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	1	OTC
<i>bacitracin topical ointment 500 unit/gram</i>	1	MO; OTC
<i>bacitracin topical packet 500 unit/gram</i>	1	MO; OTC
<i>bacitracin zinc topical ointment 500 unit/gram</i>	1	MO; OTC
<i>bacitracin zinc topical ointment in packet 500 unit/gram</i>	1	OTC
<i>bacitraycin plus topical ointment 500 unit/gram</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	1	MO; OTC
FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT, 3.5MG-400 UNIT- 5,000 UNIT/GRAM	1	OTC
<i>first aid antibiotic-pain rlf topical ointment 3.5- 500-10,000 mg-unit-unit/g</i>	1	OTC
<i>gentamicin topical cream 0.1 %</i>	1	MO; QL (60 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	1	MO; QL (60 per 30 days)
<i>multi antibiotic plus topical cream 3.5-10,000-10 mg-unit-mg/gram</i>	1	OTC
<i>mupirocin topical ointment 2 %</i>	1	MO; QL (44 per 30 days)
<i>neosporin plus burn relief topical ointment 3.5- 500-10,000 mg-unit-unit/g</i>	1	OTC
NEOSPORIN PLUS PAIN RELIEF TOPICAL CREAM 3.5-10,000-10 MG-UNIT-MG/GRAM	1	MO; OTC
<i>neosporin plus painrelief(bac) topical ointment 3.5-500-10,000 mg-unit-unit/g</i>	1	MO; OTC
POLY BACITRACIN (ZINC) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	1	OTC
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	1	MO
<i>triple antibiotic plus topical ointment 3.5-500- 10,000 mg-unit-unit/g</i>	1	MO; OTC
<i>triple antibiotic topical ointment 3.5mg-400 unit- 5,000 unit/gram</i>	1	MO; OTC
<i>triple antibiotic topical ointment in packet 3.5- 400-5,000 mg-unit-unit</i>	1	OTC
<i>triple antibiotic-pain relief topical ointment 3.5- 500-10,000 mg-unit-unit/g</i>	1	OTC
<i>wal-sporin topical ointment 500-10,000 unit/gram</i>	1	OTC
TOPICAL ANTIFUNGALS		
ALEVAZOL TOPICAL OINTMENT 1 %	1	MO; OTC
<i>antifungal (clotrimazole) topical cream 1 %</i>	1	OTC
<i>antifungal (terbinafine) topical cream 1 %</i>	1	OTC
<i>antifungal (tolnaftate) topical aerosol,spray 1 %</i>	1	OTC
<i>antifungal (tolnaftate) topical cream 1 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>antifungal (tolnaftate) topical solution 1 %</i>	1	OTC
<i>antifungal spray topical aerosol powder 1 %</i>	1	OTC
<i>antifungal topical cream 2 %</i>	1	OTC
<i>antifungal topical powder 2 %</i>	1	OTC
<i>athlete's foot (clotrimazole) topical cream 1 %</i>	1	OTC
ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 %	1	OTC
<i>athlete's foot (tolnaftate) topical aerosol powder 1 %</i>	1	OTC
<i>athlete's foot (tolnaftate) topical aerosol,spray 1 %</i>	1	OTC
<i>athlete's foot (tolnaftate) topical cream 1 %</i>	1	OTC
<i>athlete's foot topical aerosol powder 2 %</i>	1	OTC
<i>athlete's foot topical powder 2 %</i>	1	OTC
<i>athletic foot cream topical cream 1 %</i>	1	OTC
<i>baza antifungal topical cream 2 %</i>	1	MO; OTC
<i>blis-to-sol (tolnaftate) topical solution 1 %</i>	1	OTC
BUTENAFINE TOPICAL CREAM 1 %	1	MO; OTC
<i>ciclopirox topical cream 0.77 %</i>	1	MO; QL (90 per 28 days)
<i>ciclopirox topical gel 0.77 %</i>	1	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	1	MO; QL (120 per 28 days)
<i>ciclopirox topical solution 8 %</i>	1	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	1	MO; QL (60 per 28 days)
<i>clotrimazole af topical cream 1 %</i>	1	OTC
<i>clotrimazole topical cream 1 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole topical solution 1 %</i>	1	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	1	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	1	MO; QL (60 per 28 days)
<i>desenex topical powder 2 %</i>	1	MO; OTC
<i>econazole nitrate topical cream 1 %</i>	1	MO; QL (85 per 28 days)
<i>foot and sneaker topical aerosol powder 1 %</i>	1	OTC
<i>formula 3 topical solution 1 %</i>	1	OTC
<i>fungi-nail (tolnaftate) topical solution 1 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>gentian violet topical solution 1 %, 2 %</i>	1	MO; OTC
<i>inzo antifungal topical cream 2 %</i>	1	OTC
<i>itch relief (clotrimazole) topical cream 1 %</i>	1	OTC
<i>jock itch (clotrimazole) topical cream 1 %</i>	1	OTC
<i>jock itch (terbinafine) topical cream 1 %</i>	1	OTC
<i>jock itch topical aerosol powder 1 %</i>	1	OTC
<i>ketconazole topical cream 2 %</i>	1	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo 2 %</i>	1	MO; QL (120 per 28 days)
<i>klayesta topical powder 100,000 unit/gram</i>	1	MO; QL (180 per 30 days)
<i>lamisil af topical aerosol powder 1 %</i>	1	MO; OTC
<i>lamisil at topical cream 1 %</i>	1	MO; OTC
LOTRIMIN AF TOPICAL AEROSOL,SPRAY 2 %	1	OTC
LOTRIMIN ULTRA TOPICAL CREAM 1 %	1	MO; OTC
<i>micatin topical cream 2 %</i>	1	MO; OTC
<i>micomitin topical solution 1 %</i>	1	OTC
<i>miconazole nitrate topical aerosol powder 2 %</i>	1	OTC
<i>miconazole nitrate topical cream 2 %</i>	1	MO; OTC
<i>miconazole nitrate topical powder 2 %</i>	1	OTC
<i>miconazorb af topical powder 2 %</i>	1	OTC
<i>micotrin ac topical cream 1 %</i>	1	OTC
<i>micotrin al topical solution 1 %</i>	1	OTC
<i>micotrin ap topical powder 2 %</i>	1	OTC
<i>micro-guard topical powder 2 %</i>	1	MO; OTC
<i>naftifine topical cream 1 %, 2 %</i>	1	MO; QL (60 per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	1	MO; QL (180 per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	1	MO; QL (30 per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	1	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	1	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	1	MO; QL (60 per 28 days)
<i>nystop topical powder 100,000 unit/gram</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>odor control foot-sneaker topical aerosol powder 1 %</i>	1	OTC
<i>remedy phytoplex antifungal topical powder 2 %</i>	1	OTC
<i>ringworm topical cream 1 %</i>	1	OTC
TERBINAFINE HCL TOPICAL CREAM 1 %	1	MO; OTC
<i>tinactin topical aerosol powder 1 %</i>	1	MO; OTC
<i>toe area treatment antifungal topical solution 1 %</i>	1	OTC
<i>tolnafti-al topical solution 1 %</i>	1	OTC
<i>tolnaftate topical aerosol powder 1 %</i>	1	OTC
<i>tolnaftate topical cream 1 %</i>	1	MO; OTC
<i>tolnaftate topical powder 1 %</i>	1	MO; OTC
<i>tolnaftate topical solution 1 %</i>	1	OTC
<i>zeasorb af topical powder 2 %</i>	1	MO; OTC
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	1	MO; QL (30 per 30 days)
<i>docosanol topical cream 10 %</i>	1	MO; OTC
<i>penciclovir topical cream 1 %</i>	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	1	MO
<i>alclometasone topical cream 0.05 %</i>	1	MO
<i>alclometasone topical ointment 0.05 %</i>	1	
<i>anti-itch (hc) topical cream 1 %</i>	1	OTC
<i>anti-itch (hc) topical ointment 1 %</i>	1	OTC
<i>anti-itch(hydrocortisone)-aloe topical cream 1 %</i>	1	OTC
<i>aquaphor itch relief topical ointment 1 %</i>	1	OTC
<i>beta-hc topical lotion 1 %</i>	1	MO; OTC
<i>betamethasone dipropionate topical cream 0.05 %</i>	1	MO; QL (180 per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone dipropionate topical ointment 0.05 %</i>	1	MO; QL (180 per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	1	MO; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone, augmented topical cream 0.05 %</i>	1	MO; QL (180 per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	1	MO; QL (180 per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	1	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	1	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	1	MO; QL (236 per 28 days)
<i>clodan topical shampoo 0.05 %</i>	1	MO; QL (236 per 28 days)
<i>cortisone (hydrocortisone) topical cream 1 %</i>	1	OTC
<i>cortisone cooling topical gel 1 %</i>	1	OTC
<i>cortisone with aloe topical cream 1 %</i>	1	OTC
<i>cortizone-10 feminine itch topical cream 1 %</i>	1	OTC
<i>cortizone-10 topical cream 1 %</i>	1	MO; OTC
<i>cortizone-10 topical gel 1 %</i>	1	OTC
<i>cortizone-10 topical ointment 1 %</i>	1	OTC
<i>cortizone-10 with aloe topical cream 1 %</i>	1	MO; OTC
<i>dermarest eczema (hydrocort) topical lotion 1 %</i>	1	MO; OTC
<i>desonide topical cream 0.05 %</i>	1	MO; QL (60 per 30 days)
<i>desonide topical ointment 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	1	MO; QL (118.28 per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinolone topical oil 0.01 %</i>	1	MO; QL (118.28 per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	1	QL (120 per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	1	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream 0.05 %</i>	1	MO; QL (50 per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	1	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	1	OTC
<i>hydrocortisone acetate topical ointment 1 %</i>	1	OTC
<i>hydrocortisone plus topical cream 1 %</i>	1	OTC
<i>hydrocortisone topical cream 0.5 %</i>	1	MO; OTC
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone topical lotion 1 %</i>	1	OTC
<i>hydrocortisone topical lotion 2 %</i>	1	
<i>hydrocortisone topical lotion 2.5 %</i>	1	MO
<i>hydrocortisone topical ointment 0.5 %</i>	1	OTC
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	1	MO
<i>hydrocortisone valerate topical cream 0.2 %</i>	1	MO; QL (180 per 30 days)
<i>hydrocortisone-aloe vera topical cream 0.5 %</i>	1	OTC
<i>hydrocortisone-aloe vera topical cream 1 %</i>	1	MO; OTC
<i>hydrocream topical cream 1 %</i>	1	OTC
<i>itch relief (hc) topical ointment 1 %</i>	1	OTC
<i>itch relief (hc) with aloe topical cream 1 %</i>	1	OTC
<i>mometasone topical cream 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>mometasone topical ointment 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>mometasone topical solution 0.1 %</i>	1	MO; QL (180 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	1	MO; QL (454 per 30 days)
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	1	MO
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	1	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	1	MO
<i>triderm topical cream 0.1 %</i>	1	
<i>triderm topical cream 0.5 %</i>	1	QL (454 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
<i>complete lice treatment topical kit 4-0.33-0.5 %</i>	1	OTC
CROTAN TOPICAL LOTION 10 %	1	
<i>ivermectin topical lotion 0.5 %</i>	1	MO; OTC
<i>lice bedding spray aerosol,spray 0.5 %</i>	1	OTC
<i>lice killing (permethrin) topical liquid 1 %</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>lice killing topical shampoo 0.33-4 %</i>	1	MO; OTC
<i>lice pyrinyl shampoo topical shampoo 0.33-4 %</i>	1	OTC
<i>lice solution topical kit 4-0.33-0.5 %</i>	1	OTC
<i>lice treatment (permethrin) topical liquid 1 %</i>	1	OTC
<i>lice treatment topical liquid 1 %</i>	1	OTC
<i>malathion topical lotion 0.5 %</i>	1	MO
<i>permethrin topical cream 5 %</i>	1	MO
<i>rid complete lice elim kit topical kit 4-0.33-0.5 %</i>	1	OTC
<i>rid lice killing topical shampoo 0.33-4 %</i>	1	MO; OTC
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	1	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	1	MO
<i>acetic acid irrigation solution 0.25 %</i>	1	MO
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	1	MO
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	1	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	1	MO
<i>carglumic acid oral tablet, dispersible 200 mg</i>	1	PA; MO; NEDS
<i>cevimeline oral capsule 30 mg</i>	1	MO
CHEMET ORAL CAPSULE 100 MG	1	PA
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID 1 MG/ML	1	OTC
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CUVRIOR ORAL TABLET 300 MG	1	PA; LA; QL (300 per 30 days); NEDS
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	1	MO
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	1	PA; MO; NEDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	1	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	1	PA; MO; NEDS
DEFERIPRONE ORAL TABLET 1,000 MG	1	PA; MO; NEDS
<i>deferiprone oral tablet 500 mg</i>	1	PA; MO; NEDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	1	MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	1	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	1	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	1	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	1	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	1	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	1	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	1	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	1	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	1	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	1	
<i>disulfiram oral tablet 250 mg</i>	1	MO
<i>disulfiram oral tablet 500 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; MO; NEDS
FABHALTA ORAL CAPSULE 200 MG	1	PA; QL (60 per 30 days); NEDS
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	1	PA; MO; QL (900 per 30 days); NEDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	1	PA; LA; NEDS
JOENJA ORAL TABLET 70 MG	1	PA; LA; QL (60 per 30 days); NEDS
JOINT HEALTH ORAL TABLET 40-10-5-3.3 MG	1	OTC
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral solution 100 mg/ml</i>	1	MO
<i>levocarnitine oral tablet 330 mg</i>	1	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	1	MO
MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML	1	OTC
<i>meladox oral tablet extended release 3 mg</i>	1	OTC
MELATONIN ORAL CAPSULE 10 MG, 5 MG	1	MO; OTC
MELATONIN ORAL CAPSULE 3 MG	1	OTC
MELATONIN ORAL LIQUID 1 MG/ML	1	MO; OTC
MELATONIN ORAL LIQUID 2.5 MG/10 ML	1	OTC
<i>melatonin oral liquid 5 mg/15 ml</i>	1	OTC
<i>melatonin oral tablet 1 mg, 3 mg, 5 mg</i>	1	MO; OTC
<i>melatonin oral tablet 10 mg</i>	1	OTC
MELATONIN ORAL TABLET 300 MCG	1	MO; OTC
<i>melatonin oral tablet extended release 1 mg</i>	1	MO; OTC
MELATONIN ORAL TABLET EXTENDED RELEASE 10 MG	1	OTC
<i>melatonin oral tablet extended release 3 mg</i>	1	OTC
MELATONIN ORAL TABLET, IR AND ER, BIPHASIC 5 MG	1	MO; OTC
MELATONIN ORAL TABLET,CHEWABLE 2.5 MG, 5 MG	1	MO; OTC
MELATONIN ORAL TABLET,DISINTEGRATING 10 MG, 12 MG, 5 MG	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>melatonin oral tablet, disintegrating 3 mg</i>	1	MO; OTC
MELATONIN SUBLINGUAL TABLET 10 MG	1	MO; OTC
MELATONIN SUBLINGUAL TABLET 5 MG	1	OTC
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 3-10 mg</i>	1	MO; OTC
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA; MO; NEDS
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	1	PA; LA; NEDS
PHEBURANE ORAL GRANULES 483 MG/GRAM	1	PA; MO; NEDS
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	1	PA; MO; LA; NEDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	1	PA; MO; NEDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	1	PA; LA; NEDS
<i>riluzole oral tablet 50 mg</i>	1	PA; MO
<i>risedronate oral tablet 30 mg</i>	1	MO; QL (30 per 30 days)
<i>sodium benzoate-sod phenylacet intravenous solution 10-10 %</i>	1	NEDS
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	1	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	1	MO
<i>sodium chloride irrigation solution 0.9 %</i>	1	
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	1	PA; MO; NEDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA; NEDS
<i>sodium polystyrene sulfonate oral powder</i>	1	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	1	PA; LA; QL (60 per 30 days); NEDS
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	1	PA; LA; QL (30 per 30 days); NEDS
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	1	
TAVNEOS ORAL CAPSULE 10 MG	1	PA; LA; QL (180 per 30 days); NEDS
<i>trientine oral capsule 250 mg</i>	1	PA; MO; NEDS
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
WHITE WAX (BEESWAX) WAX 100 %	1	OTC
XIAFLEX INJECTION RECON SOLN 0.9 MG	1	PA; NEDS
MISCELLANEOUS CARDIOVASCULAR AGENTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML	1	SUPP
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	1	PA; MO; QL (2 per 28 days); NEDS
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; MO; QL (3 per 28 days); NEDS
NEUTRACEUTICALS		
CHILDREN'S COUGH-MUCUS ORAL SYRUP 6 GRAM-38 MG- 38 MG/5 ML	1	OTC
CHILD'S COUGH ORAL SYRUP 6 GRAM-38 MG-9 MG-1.7 MG/5 ML	1	OTC
MELATONIN-LEMON BALM LEAF EXTR ORAL TABLET 10-1 MG, 5-500 MG-MCG	1	OTC
<i>melatonin-pyridoxine hcl (b6) oral tablet 1-10 mg, 3-1 mg, 3-10 mg</i>	1	OTC
<i>melatonin-pyridoxine hcl (b6) oral tablet extended release 5-10 mg</i>	1	OTC
MELATONIN-PYRIDOXINE HCL (B6) ORAL TABLET, IR AND ER, BIPHASIC 10-10 MG	1	MO; OTC
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 5-10 mg</i>	1	MO; OTC
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	1	MO
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	1	MO; OTC; QL (720 per 30 days)
<i>nicotine (polacrilex) buccal lozenge 2 mg</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>nicotine (polacrilex) buccal lozenge 4 mg</i>	1	MO; OTC; QL (20 per 1 day)
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	1	MO; OTC
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	1	MO; OTC; QL (30 per 30 days)
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	1	MO; OTC; QL (1 per 1 day)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	1	MO
<i>quit 2 buccal gum 2 mg</i>	1	OTC; QL (24 per 1 day)
<i>quit 2 buccal lozenge 2 mg</i>	1	OTC
<i>quit 4 buccal gum 4 mg</i>	1	OTC; QL (24 per 1 day)
<i>quit 4 buccal lozenge 4 mg</i>	1	OTC
<i>stop smoking aid buccal lozenge 2 mg, 4 mg</i>	1	OTC; QL (20 per 1 day)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	1	

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>altamist nasal aerosol, spray 0.65 %</i>	1	OTC
<i>ayr saline nasal aerosol, spray 0.65 %</i>	1	MO; OTC
<i>ayr saline nasal drops 0.65 %</i>	1	MO; OTC
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	1	MO; QL (60 per 30 days)
<i>baby ayr saline nasal drops 0.65 %</i>	1	MO; OTC
BIOTENE MOISTURIZING MOUTH MUCOUS MEMBRANE SPRAY, NON-AEROSOL	1	MO; OTC
<i>children's saline nasal spray nasal aerosol, spray 0.65 %</i>	1	OTC
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	MO
<i>cough drops mucous membrane lozenge 10 mg</i>	1	OTC
COUGH DROPS MUCOUS MEMBRANE LOZENGE 5 MG, 5.4 MG, 5.8 MG, 7.5 MG, 7.6 MG	1	OTC
<i>deep sea nasal nasal aerosol, spray 0.65 %</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>denta 5000 plus dental cream 1.1 %</i>	1	MO
<i>dentagel dental gel 1.1 %</i>	1	MO
<i>fluoride (sodium) dental cream 1.1 %</i>	1	
<i>fluoride (sodium) dental gel 1.1 %</i>	1	
<i>fluoride (sodium) dental paste 1.1 %</i>	1	MO
HALLS COUGH DROPS MUCOUS MEMBRANE LOZENGE 5.8 MG	1	MO; OTC
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	1	MO; QL (30 per 30 days)
<i>kourzeq dental paste 0.1 %</i>	1	
<i>little remedies nasal aerosol,spray 0.65 %</i>	1	MO; OTC
<i>little remedies saline nasal aerosol,spray 0.65 %</i>	1	OTC
MEDIKOFF (MENTHOL) MUCOUS MEMBRANE LOZENGE 5.8 MG	1	OTC
NASAL MIST NASAL AEROSOL,SPRAY 0.9 %	1	OTC
<i>nasal moisturizing nasal aerosol,spray 0.65 %</i>	1	OTC
<i>nasal spray (sodium chloride) nasal aerosol,spray 0.65 %</i>	1	OTC
<i>neilmed pediat sinus rinse ref sinus irrigation packet</i>	1	MO; OTC
<i>neilmed sinus rinse refill sinus irrigation packet</i>	1	MO; OTC
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	1	MO
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	1	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	1	MO
<i>saline mist nasal aerosol,spray 0.65 %</i>	1	MO; OTC
<i>saline nasal mist nasal aerosol,spray 0.65 %</i>	1	OTC
<i>saline nasal nasal aerosol,spray 0.65 %</i>	1	OTC
<i>saline nose nasal aerosol,spray 0.65 %</i>	1	OTC
<i>sf 5000 plus dental cream 1.1 %</i>	1	MO
<i>sf dental gel 1.1 %</i>	1	MO
SIMPLY SALINE NASAL AEROSOL,SPRAY 0.9 %	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>sinus rinse sinus irrigation packet</i>	1	MO; OTC
<i>sinus wash sinus irrigation packet</i>	1	OTC
<i>sodium fluoride 5000 dry mouth dental paste 1.1 %</i>	1	MO
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	1	MO
<i>triamcinolone acetamide dental paste 0.1 %</i>	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	1	MO
<i>clearcanal earwax softener otic (ear) drops 6.5 %</i>	1	OTC
<i>ear drops (carbamide peroxide) otic (ear) drops 6.5 %</i>	1	MO; OTC
<i>ear wax drops otic (ear) drops 6.5 %</i>	1	OTC
<i>ear wax removal drops otic (ear) drops 6.5 %</i>	1	OTC
<i>ear wax removal kit otic (ear) drops 6.5 %</i>	1	OTC
<i>flac otic oil otic (ear) drops 0.01 %</i>	1	
<i>fluocinolone acetamide oil otic (ear) drops 0.01 %</i>	1	MO
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	1	MO
<i>murine ear wax removal system otic (ear) drops 6.5 %</i>	1	MO; OTC
<i>ofloxacin otic (ear) drops 0.3 %</i>	1	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	MO
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortrophin gel injection gel 80 unit/ml</i>	1	PA; MO; QL (35 per 28 days); NEDS
<i>dexamethasone intensol oral drops 1 mg/ml</i>	1	MO
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	1	MO
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	1	MO
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	1	MO
<i>fludrocortisone oral tablet 0.1 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	1	MO
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	1	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	1	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	1	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	1	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	1	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	1	MO
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	1	MO
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	MO
<i>prednisone oral solution 5 mg/5 ml</i>	1	MO
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	MO
<i>prednisone oral tablets,dose pack 10 mg, 10 mg (48 pack)</i>	1	MO
<i>prednisone oral tablets,dose pack 5 mg, 5 mg (48 pack)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	1	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	1	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	1	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	1	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	1	PA; MO
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	1	MO
<i>diazoxide oral suspension 50 mg/ml</i>	1	MO
FARXIGA ORAL TABLET 10 MG	1	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	1	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)
<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 ORAL TABLET 10-5 MG, 25-5 MG	1	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	1	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	1	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	1	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	1	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	1	MO

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Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	1	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	1	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	1	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	1	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	1	MO; QL (60 per 30 days)
JENTADUETO ORAL TABLET 2.5-850 MG	1	MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	1	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	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 SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	1	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 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	1	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	1	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	1	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	1	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	1	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	1	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	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)	1	PA; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</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	1	PA; MO; QL (30 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	1	MO; QL (90 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	1	PA; MO; QL (10.8 per 30 days); NEDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	1	PA; MO; QL (6 per 30 days); NEDS
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	1	MO

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Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	1	MO
TRADJENTA ORAL TABLET 5 MG	1	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	1	
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	1	MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	1	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	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	1	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	1	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	1	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	1	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	1	PA; MO; NEDS
<i>cabergoline oral tablet 0.5 mg</i>	1	MO
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	1	MO; QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	MO
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	1	MO; QL (120 per 30 days); NEDS
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	MO
<i>desmopressin injection solution 4 mcg/ml</i>	1	MO
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	1	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	1	MO
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	1	MO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	MO
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	1	PA; MO; NEDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	1	PA; MO; NEDS
GALAFOLD ORAL CAPSULE 123 MG	1	PA; MO; LA; NEDS
ISTURISA ORAL TABLET 1 MG	1	PA; LA; QL (240 per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	1	PA; LA; QL (360 per 30 days); NEDS
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	1	PA; MO; NEDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	1	PA; MO; NEDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	1	PA; MO; NEDS
<i>mifepristone oral tablet 300 mg</i>	1	PA; MO; QL (120 per 30 days); NEDS
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	1	PA; MO; LA; NEDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	1	PA; MO; NEDS
ORILISSA ORAL TABLET 150 MG	1	PA; MO; QL (730 per 730 days); NEDS
ORILISSA ORAL TABLET 200 MG	1	PA; MO; QL (360 per 180 days); NEDS
<i>pamidronate intravenous solution 30 mg/10 ml (3 mg/ml), 60 mg/10 ml (6 mg/ml), 90 mg/10 ml (9 mg/ml)</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	MO
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	1	PA; MO; NEDS
<i>sapropterin oral tablet, soluble 100 mg</i>	1	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1	PA; MO; NEDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	1	PA; NEDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	1	PA; MO; NEDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	1	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	1	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	1	PA; MO
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	1	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5 gram), 1 % (50 mg/5 gram)</i>	1	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	1	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	1	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	1	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; MO; NEDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	1	PA; MO; NEDS
THYROID HORMONES		
<i>euthyrox 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

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Drug Name	Drug Tier	Requirements/Limits
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</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 oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	MO
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	1	MO
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO

GASTROENTEROLOGY

ANTIDIARRHEALS / ANTISPASMODICS

ADULT 50 PLUS PROBIOTIC ORAL CAPSULE 4 BILLION CELL	1	OTC
<i>anti-diarrheal (lope)-anti-gas oral tablet 2-125 mg</i>	1	OTC
<i>anti-diarrheal (loperamide) oral capsule 2 mg</i>	1	OTC
ANTI-DIARRHEAL (LOPERAMIDE) ORAL LIQUID 1 MG/7.5 ML	1	OTC
<i>anti-diarrheal (loperamide) oral tablet 2 mg</i>	1	MO; OTC
<i>anti-diarrheal oral suspension 262 mg/15 ml</i>	1	OTC
<i>atropine injection solution 0.4 mg/ml</i>	1	
<i>atropine injection syringe 0.1 mg/ml</i>	1	
<i>atropine intravenous solution 0.4 mg/ml</i>	1	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	1	
<i>bismuth subsalicylate oral tablet, chewable 262 mg</i>	1	MO; OTC
<i>daily probiotic (s. boulardii) oral capsule 250 mg</i>	1	OTC
<i>diamode oral tablet 2 mg</i>	1	OTC
<i>diarrhea relief (bismuth subs) oral suspension 262 mg/15 ml</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>dicyclomine oral capsule 10 mg</i>	1	MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	1	MO
<i>dicyclomine oral tablet 20 mg</i>	1	MO
<i>digest probiotic (s.boulardii) oral capsule 250 mg</i>	1	OTC
DIGESTIVE ADVANTAGE IMMUNE ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
DIGESTIVE ADVANTAGE KID PROBIO ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
DIGESTIVE ADVANTAGE PROB GUMMY ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
DIGESTIVE PROBIOTIC ORAL CAPSULE, SPRINKLE 2 BILLION CELL	1	OTC
<i>digestive relief oral tablet 262 mg</i>	1	OTC
<i>diotame oral tablet,chewable 262 mg</i>	1	OTC
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	MO
<i>florastor oral capsule 250 mg</i>	1	MO; OTC
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	1	MO
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	MO
GLYCOPYRROLATE ORAL TABLET 1.5 MG	1	
IMODIUM A-D ORAL LIQUID 1 MG/7.5 ML	1	MO; OTC
<i>kaopectate (bismuth subsalicy) oral suspension 262 mg/15 ml</i>	1	OTC
<i>k-pec antidiarrheal (bism sub) oral suspension 262 mg/15 ml</i>	1	OTC
<i>loperamide oral capsule 2 mg</i>	1	MO
<i>loperamide oral liquid 1 mg/7.5 ml</i>	1	MO; OTC
<i>loperamide oral tablet 2 mg</i>	1	OTC
<i>loperamide-simethicone oral tablet 2-125 mg</i>	1	OTC
MOOD SUPPORT PROBIOTIC ORAL CAPSULE 3 BILLION CELL- 57 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
MVW COMPLETE FORMUL PROBIOTIC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 BILLION CELL -15 MG	1	MO; OTC
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	1	MO
<i>pepto-bismol oral tablet,chewable 262 mg</i>	1	MO; OTC
<i>pepto-bismol to-go oral tablet,chewable 262 mg</i>	1	OTC
<i>pink bismuth maximum strength oral suspension 525 mg/15 ml</i>	1	OTC
<i>pink bismuth oral suspension 262 mg/15 ml, 525 mg/15 ml</i>	1	OTC
<i>pink bismuth oral tablet 262 mg</i>	1	OTC
<i>pink bismuth oral tablet,chewable 262 mg</i>	1	OTC
PROBIOTIC (B. COAGULANS) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10 BILLION CELL	1	OTC
PROBIOTIC (B. COAGULANS) ORAL TABLET,CHEWABLE 250 MILLION CELL	1	OTC
<i>probiotic (s.boulardii) oral capsule 250 mg</i>	1	MO; OTC
<i>probiotic colon care oral capsule 1.5 billion cell</i>	1	OTC
<i>probiotic colon support oral capsule 1.5 billion cell</i>	1	OTC
PROBIOTIC ORAL CAPSULE 100 BILLION CELL	1	OTC
<i>probiotic oral capsule 20 billion cell, 3 billion cell</i>	1	OTC
<i>probiotic oral capsule, sprinkle 20 billion cell</i>	1	OTC
RESISTANCE FORMULA PROBIOTIC ORAL CAPSULE 10 BILLION CELL	1	OTC
<i>saccharomyces boulardii oral capsule 250 mg</i>	1	OTC
<i>senior probiotic oral capsule 15 billion cell</i>	1	OTC
<i>soothe (bismuth subsalicylate) oral tablet 262 mg</i>	1	OTC
<i>soothe (bismuth subsalicylate) oral tablet,chewable 262 mg</i>	1	OTC
<i>soothe regular strength oral suspension 262 mg/15 ml</i>	1	OTC
<i>stomach relief max strength oral suspension 525 mg/15 ml</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>stomach relief oral suspension 262 mg/15 ml, 525 mg/15 ml</i>	1	MO; OTC
<i>stomach relief oral tablet 262 mg</i>	1	OTC
<i>stomach relief oral tablet, chewable 262 mg</i>	1	OTC
<i>stomach relief original oral suspension 262 mg/15 ml</i>	1	OTC
<i>super probiotic oral capsule 20 billion cell</i>	1	OTC
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>2-in-1 laxative oral tablet 8.6-50 mg</i>	1	OTC
<i>acid gone antacid e.strength oral tablet, chewable 160-105 mg</i>	1	MO; OTC
<i>acid gone antacid oral suspension 95-358 mg/15 ml</i>	1	MO; OTC
<i>advanced antacid-antigas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	OTC
<i>almacone-2 oral suspension 400-400-40 mg/5 ml</i>	1	MO; OTC
<i>alose tron oral tablet 0.5 mg</i>	1	PA; MO
<i>alose tron oral tablet 1 mg</i>	1	PA; MO; NEDS
<i>alum-mag hydroxide-simeth oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	OTC
<i>antacid (calcium carb-mag hyd) oral tablet, chewable 550-110 mg</i>	1	OTC
<i>antacid anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	OTC
ANTACID EXST (CA CARB-MAG HYD) ORAL TABLET,CHEWABLE 675-135 MG	1	OTC
<i>antacid exst (mag carb-al hyd) oral tablet, chewable 160-105 mg</i>	1	OTC
<i>antacid m oral suspension 200-200-20 mg/5 ml</i>	1	OTC
<i>antacid maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	OTC
ANTACID MULTI-SYMPTOM ORAL TABLET,CHEWABLE 675-135-60 MG	1	OTC
<i>antacid oral suspension 200-200-20 mg/5 ml</i>	1	OTC
<i>antacid plus anti-gas oral suspension 200-200-20 mg/5 ml, 400-400-40 mg/5 ml</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>antacid regular strength oral suspension 200-200-20 mg/5 ml</i>	1	OTC
<i>antacid ultra strength oral tablet, chewable 470 mg calcium (1,177 mg)</i>	1	OTC
ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML	1	MO; OTC
<i>antacid-antigas oral suspension 400-400-40 mg/5 ml</i>	1	OTC
ANTI-GAS ULTRA STRENGTH ORAL CAPSULE 180 MG	1	OTC
ANTI-ITCH (PRAMOXINE) TOPICAL LOTION 1 %	1	OTC
<i>anti-nausea oral solution</i>	1	MO; OTC
<i>aprepitant oral capsule 125 mg, 40 mg</i>	1	B/D PA; MO; QL (2 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	1	B/D PA; MO; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	1	B/D PA; MO; QL (6 per 28 days)
<i>balsalazide oral capsule 750 mg</i>	1	MO
BETAINE ORAL POWDER 1 GRAM/SCOOP	1	MO; NEDS
<i>bisacodyl oral tablet, delayed release (dr/ec) 5 mg</i>	1	MO; OTC
<i>bisacodyl rectal suppository 10 mg</i>	1	MO; OTC
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	1	MO
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	1	MO; NEDS
BYLVAY ORAL CAPSULE 1,200 MCG	1	PA; MO; LA; QL (180 per 30 days); NEDS
BYLVAY ORAL CAPSULE 400 MCG	1	PA; MO; LA; QL (450 per 30 days); NEDS
BYLVAY ORAL PELLETT 200 MCG	1	PA; MO; LA; QL (240 per 30 days); NEDS
BYLVAY ORAL PELLETT 600 MCG	1	PA; MO; LA; QL (120 per 30 days); NEDS
<i>chocolate laxative oral tablet, chewable 15 mg</i>	1	OTC
CHOLBAM ORAL CAPSULE 250 MG	1	PA; NEDS
CHOLBAM ORAL CAPSULE 50 MG	1	PA; QL (120 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	1	PA; MO; QL (2 per 28 days); NEDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days); NEDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days); NEDS
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	1	MO
<i>citrate of magnesia oral solution</i>	1	OTC
<i>citroma oral solution</i>	1	OTC
<i>citrucel oral tablet 500 mg</i>	1	MO; OTC
<i>clearlax oral powder 17 gram/dose</i>	1	MO; OTC
<i>clearlax oral powder in packet 17 gram</i>	1	OTC
COLACE CLEAR ORAL CAPSULE 50 MG	1	MO; OTC
<i>col-rite oral capsule 100 mg, 250 mg</i>	1	OTC
<i>comfort gel extra strength oral suspension 400- 400-40 mg/5 ml</i>	1	OTC
<i>comfort gel oral suspension 200-200-20 mg/5 ml</i>	1	OTC
<i>compro rectal suppository 25 mg</i>	1	MO
<i>constulose oral solution 10 gram/15 ml</i>	1	MO
CORTIFOAM RECTAL FOAM 10 % (80 MG)	1	MO
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT	1	MO
<i>cromolyn oral concentrate 100 mg/5 ml</i>	1	MO
DAILY FIBER (PSYLLIUM-ASPART) ORAL POWDER IN PACKET 3 GRAM, 3.4 GRAM	1	OTC
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3 GRAM/7 GRAM, 3.4 GRAM/7 GRAM	1	OTC
DAILY FIBER ORAL CAPSULE 0.4 GRAM	1	OTC
<i>daily fiber oral capsule 0.52 gram</i>	1	OTC
<i>dibucaine rectal ointment 1 %</i>	1	MO; OTC
<i>dimenhydrinate oral tablet 50 mg</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>docusate calcium oral capsule 240 mg</i>	1	MO; OTC
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	1	MO; OTC
<i>docusate sodium oral liquid 50 mg/5 ml</i>	1	MO; OTC
<i>docusate sodium oral tablet 100 mg</i>	1	OTC
<i>docuzen oral tablet 8.6-50 mg</i>	1	OTC
<i>dok oral tablet 100 mg</i>	1	MO; OTC
<i>driminate oral tablet 50 mg</i>	1	MO; OTC
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	B/D PA; MO
<i>droperidol injection solution 2.5 mg/ml</i>	1	MO
<i>dss oral capsule 250 mg</i>	1	OTC
<i>dulcolax (magnesium hydroxide) oral suspension 400 mg/5 ml</i>	1	MO; OTC
<i>dulcolax stool softener (dss) oral capsule 100 mg</i>	1	MO; OTC
EASY FIBER ORAL POWDER 3 GRAM/3.8 GRAM	1	OTC
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	1	B/D PA
<i>enema disposable rectal enema 19-7 gram/118 ml</i>	1	MO; OTC
<i>enema rectal enema 19-7 gram/118 ml</i>	1	OTC
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	1	PA; MO; QL (2 per 28 days); NEDS
<i>enulose oral solution 10 gram/15 ml</i>	1	MO
<i>evac-u-gen (sennosides) oral tablet 8.6 mg</i>	1	OTC
<i>fiber (calcium polycarbophil) oral tablet 625 mg</i>	1	MO; OTC
<i>fiber (dextrin) oral powder 3 gram/3.5 gram</i>	1	OTC
FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM	1	OTC
<i>fiber (psyllium husk) oral capsule 0.52 gram</i>	1	OTC
FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	1	OTC
FIBER (WITH ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	1	MO; OTC
<i>fiber (with aspartame) oral powder 3.4 gram/5.8 gram</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fiber laxative (ca polycarbo) oral tablet 625 mg</i>	1	OTC
<i>fiber laxative (psyllium husk) oral capsule 0.52 gram</i>	1	OTC
<i>fiber laxative(methylcellulos) oral tablet 500 mg</i>	1	OTC
<i>fiber supplement (inulin) oral tablet,chewable 2 gram</i>	1	OTC
<i>fiber therapy (ca polycarboph) oral tablet 625 mg</i>	1	OTC
<i>fiber therapy (m-cell/sugar) oral powder 2 gram/19 gram</i>	1	MO; OTC
<i>fiber therapy (m-cellulose) oral tablet 500 mg</i>	1	OTC
FIBER THERAPY (PSYLLIUM-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM	1	OTC
<i>fiber therapy laxative (husk) oral capsule 0.52 gram</i>	1	OTC
<i>fiber-caps (psyllium husk) oral capsule 0.52 gram</i>	1	OTC
<i>fiber-lax oral tablet 625 mg</i>	1	MO; OTC
<i>fiber-tabs oral tablet 625 mg</i>	1	OTC
<i>fleet bisacodyl oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>fleet docusate oral capsule 100 mg</i>	1	OTC
<i>fleet enema rectal enema 19-7 gram/118 ml</i>	1	MO; OTC
<i>fleet glycerin (adult) rectal suppository</i>	1	MO; OTC
<i>foaming antacid oral suspension 95-358 mg/15 ml</i>	1	OTC
<i>gas relief (simethicone) oral capsule 125 mg</i>	1	OTC
<i>gas relief (simethicone) oral capsule 180 mg</i>	1	MO; OTC
<i>gas relief (simethicone) oral tablet,chewable 125 mg, 80 mg</i>	1	OTC
<i>gas relief 80 (simethicone) oral tablet,chewable 80 mg</i>	1	OTC
<i>gas relief extra strength oral capsule 125 mg</i>	1	MO; OTC
<i>gas relief extra strength oral tablet,chewable 125 mg</i>	1	MO; OTC
<i>gas relief ultra strength oral capsule 180 mg</i>	1	OTC
GAS-X ULTRA-STRENGTH ORAL CAPSULE 180 MG	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	1	PA; MO; NEDS
<i>gavilax oral powder 17 gram/dose</i>	1	MO; OTC
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	1	MO
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	MO
<i>gavilyte-n oral recon soln 420 gram</i>	1	
GAVISCON EXTRA STRENGTH ORAL SUSPENSION 254-237.5 MG/5 ML	1	MO; OTC
<i>generlac oral solution 10 gram/15 ml</i>	1	
<i>gentle laxative (bisacodyl) oral tablet, delayed release (dr/ec) 5 mg</i>	1	OTC
<i>gentle laxative (bisacodyl) rectal suppository 10 mg</i>	1	MO; OTC
<i>gentle laxative (mag hydrox) oral suspension 400 mg/5 ml</i>	1	OTC
<i>gentlelax oral powder 17 gram/dose</i>	1	OTC
<i>geri-kot oral tablet 8.6 mg</i>	1	MO; OTC
<i>geri-lanta oral suspension 200-200-20 mg/5 ml</i>	1	MO; OTC
<i>geri-lanta oral suspension 400-400-40 mg/5 ml</i>	1	OTC
<i>geri-mox antacid-antigas oral suspension 200-200-20 mg/5 ml</i>	1	MO; OTC
<i>geri-mox antacid-antigas oral suspension 400-400-40 mg/5 ml</i>	1	OTC
GERI-MUCIL (SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM	1	OTC
<i>glycerin (adult) rectal suppository</i>	1	MO; OTC
<i>glycerin (child) rectal suppository</i>	1	MO; OTC
<i>granisetron hcl oral tablet 1 mg</i>	1	B/D PA; MO
<i>healthylax oral powder in packet 17 gram</i>	1	MO; OTC
<i>heartburn antacid oral tablet, chewable 160-105 mg</i>	1	OTC
HEARTBURN RELIEF ORAL SUSPENSION 254-237.5 MG/5 ML	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>heartburn relief oral tablet,chewable 160-105 mg</i>	1	OTC
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	1	MO
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	1	MO
<i>infants gas relief oral drops,suspension 40 mg/0.6 ml</i>	1	MO; OTC
<i>infants' mylicon oral drops,suspension 40 mg/0.6 ml</i>	1	MO; OTC
<i>infants simethicone oral drops,suspension 40 mg/0.6 ml</i>	1	MO; OTC
<i>lactulose oral solution 10 gram/15 ml</i>	1	MO
<i>laxacin oral tablet 8.6-50 mg</i>	1	OTC
<i>laxaclear oral powder 17 gram/dose</i>	1	OTC
<i>laxative (bisacodyl) oral tablet 5 mg</i>	1	OTC
<i>laxative (bisacodyl) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>laxative (bisacodyl) rectal suppository 10 mg</i>	1	OTC
<i>laxative (sennosides) oral tablet 15 mg, 25 mg</i>	1	OTC
<i>laxative peg 3350 oral powder 17 gram/dose</i>	1	OTC
<i>laxative pills oral tablet 25 mg</i>	1	OTC
<i>laxative pills regular oral tablet 15 mg</i>	1	OTC
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	1	MO; QL (30 per 30 days)
<i>liquid antacid oral suspension 400-400-40 mg/5 ml</i>	1	OTC
<i>little remedies gas relief oral drops,suspension 40 mg/0.6 ml</i>	1	OTC
<i>little tummys gas relief oral drops,suspension 40 mg/0.6 ml</i>	1	OTC
LIVMARLI ORAL SOLUTION 19 MG/ML	1	PA; LA; QL (60 per 30 days); NEDS
LIVMARLI ORAL SOLUTION 9.5 MG/ML	1	PA; LA; QL (90 per 30 days); NEDS
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	MO; QL (60 per 30 days)
MAALOX ADVANCED ORAL TABLET,CHEWABLE 1,000-60 MG	1	OTC
<i>magnesium citrate oral solution</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium hydroxide oral suspension 400 mg/5 ml</i>	1	OTC
<i>magnesium oral tablet 250 mg</i>	1	OTC
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>meclizine oral tablet, chewable 25 mg</i>	1	MO; OTC
<i>medi-meclizine oral tablet 25 mg</i>	1	OTC
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	1	MO
<i>mesalamine oral capsule, extended release 500 mg</i>	1	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	1	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	1	MO
<i>mesalamine rectal enema 4 gram/60 ml</i>	1	MO
<i>mesalamine rectal suppository 1,000 mg</i>	1	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	1	MO
META APPETITE CTRL (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	1	OTC
METAMUCIL (WITH SUGAR) ORAL POWDER 3 GRAM/7 GRAM, 3.4 GRAM/12 GRAM	1	MO; OTC
METAMUCIL (WITH SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM	1	OTC
METAMUCIL FIBER SINGLES ORAL POWDER IN PACKET 3.4 GRAM	1	MO; OTC
METAMUCIL ORAL CAPSULE 0.4 GRAM	1	MO; OTC
METAMUCIL SUGAR-FREE (ASPART) ORAL POWDER 3.4 GRAM/5.8 GRAM	1	MO; OTC
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	MO
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	1	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
<i>milk of magnesia concentrated oral suspension 2,400 mg/10 ml</i>	1	OTC
<i>milk of magnesia oral suspension 400 mg/5 ml</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>mineral oil heavy oral oil</i>	1	OTC
<i>mineral oil oral oil</i>	1	MO; OTC
<i>mineral oil rectal enema</i>	1	OTC
<i>mintox maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	MO; OTC
<i>mintox oral suspension 200-200-20 mg/5 ml</i>	1	OTC
<i>mintox plus oral tablet, chewable 200-200-25 mg</i>	1	MO; OTC
<i>miralax oral powder in packet 17 gram</i>	1	MO; OTC
<i>mix-in laxative oral powder in packet 17 gram</i>	1	OTC
<i>motion sickness (meclizine) oral tablet 25 mg</i>	1	OTC
<i>motion sickness oral tablet 50 mg</i>	1	OTC
<i>motion sickness relief oral tablet 50 mg</i>	1	OTC
<i>motion sickness relief(mecliz) oral tablet 25 mg</i>	1	OTC
<i>motion sickness relief(mecliz) oral tablet, chewable 25 mg</i>	1	OTC
<i>motion-time oral tablet, chewable 25 mg</i>	1	OTC
MOVANTI ^K ORAL TABLET 12.5 MG, 25 MG	1	MO; QL (30 per 30 days)
MULTIHEALTH FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	1	OTC
<i>mylanta maximum strength oral suspension 400-400-40 mg/5 ml</i>	1	OTC
NATURAL DAILY FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	1	OTC
<i>natural fiber laxative (sugar) oral powder</i>	1	OTC
<i>natural fiber laxative oral capsule 0.52 gram</i>	1	OTC
NATURAL FIBER SUPPLEMENT ORAL POWDER 6 GRAM/6 GRAM	1	OTC
<i>natural veg laxative(sennosid) oral tablet 8.6 mg</i>	1	OTC
<i>natura-lax oral powder 17 gram/dose</i>	1	OTC
<i>nausea relief oral solution</i>	1	OTC
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	1	MO
OCALIVA ORAL TABLET 10 MG, 5 MG	1	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	1	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	1	B/D PA; MO
<i>onelax bisacodyl rectal suppository 10 mg</i>	1	MO; OTC
<i>onelax magnesium citrate oral solution</i>	1	MO; OTC
<i>onelax senna oral syrup 8.8 mg/5 ml</i>	1	OTC
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	1	
<i>p-col rite oral tablet 8.6-50 mg</i>	1	OTC
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	1	
<i>peg-electrolyte oral recon soln 420 gram</i>	1	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	1	MO
PHAZYME ORAL CAPSULE 180 MG	1	OTC
<i>phosphate laxative oral liquid 7.2-2.7 gram/15 ml</i>	1	OTC
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	1	MO; OTC
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	1	MO; OTC
<i>powderlax oral powder 17 gram/dose</i>	1	OTC
PRAX TOPICAL LOTION 1 %	1	MO; OTC
PREBIOTIC FIBER ORAL TABLET,CHEWABLE 2 GRAM	1	OTC
<i>prochlorperazine maleate oral oral tablet 10 mg, 5 mg</i>	1	MO
<i>prochlorperazine rectal suppository 25 mg</i>	1	MO
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	1	MO
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	1	MO
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	1	MO
<i>promolaxin oral tablet 100 mg</i>	1	OTC
PSYLLIUM HUSK ORAL CAPSULE 0.4 GRAM	1	MO; OTC
<i>psyllium husk oral capsule 0.52 gram</i>	1	OTC
<i>pure and gentle (saline) rectal enema 19-7 gram/118 ml</i>	1	OTC
<i>purelax oral powder 17 gram/dose</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>purelax oral powder in packet 17 gram</i>	1	OTC
<i>ready-to-use enema rectal enema 19-7 gram/118 ml</i>	1	OTC
REGULOID (ASPARTAME) ORAL POWDER 3 GRAM/5.8 GRAM	1	MO; OTC
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM	1	MO; OTC
REGULOID (PSYLLIUM HUSK) ORAL POWDER 3 GRAM/5.4 GRAM	1	OTC
REGULOID (PSYLLIUM HUSK-SUCRO) ORAL POWDER 3 GRAM/12 GRAM, 3 GRAM/7 GRAM	1	MO; OTC
REMICADE INTRAVENOUS RECON SOLN 100 MG	1	PA; MO; QL (20 per 28 days); NEDS
ROLAIDS EXTRA STRENGTH ORAL TABLET,CHEWABLE 675-135 MG	1	OTC
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	1	MO; NEDS
SARNA SENSITIVE TOPICAL LOTION 1 %	1	MO; OTC
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	1	MO; QL (10 per 30 days)
<i>senexon-s oral tablet 8.6-50 mg</i>	1	MO; OTC
<i>senna lax oral tablet 8.6 mg</i>	1	OTC
<i>senna laxative oral tablet 8.6 mg</i>	1	OTC
<i>senna oral syrup 8.8 mg/5 ml</i>	1	OTC
<i>senna oral tablet 8.6 mg</i>	1	MO; OTC
<i>senna plus oral tablet 8.6-50 mg</i>	1	MO; OTC
<i>senna with docusate sodium oral tablet 8.6-50 mg</i>	1	OTC
<i>senna-s oral tablet 8.6-50 mg</i>	1	MO; OTC
<i>senna-time s oral tablet 8.6-50 mg</i>	1	OTC
<i>sennosides oral syrup 8.8 mg/5 ml</i>	1	MO; OTC
<i>sennosides oral tablet 8.6 mg</i>	1	OTC
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	1	OTC
<i>simethicone oral capsule 125 mg, 180 mg</i>	1	OTC
<i>simethicone oral tablet,chewable 125 mg</i>	1	OTC
<i>simethicone oral tablet,chewable 80 mg</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days); NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days); NEDS
<i>smoothlax oral powder 17 gram/dose</i>	1	OTC
<i>smoothlax oral powder in packet 17 gram</i>	1	OTC
<i>sodium bicarbonate oral tablet 650 mg</i>	1	MO; OTC
<i>stimulant laxative plus oral tablet 8.6-50 mg</i>	1	MO; OTC
<i>stool softener (docusate cal) oral capsule 240 mg</i>	1	OTC
<i>stool softener oral capsule 100 mg, 250 mg</i>	1	OTC
STOOL SOFTENER ORAL CAPSULE 50 MG	1	OTC
<i>stool softener oral liquid 50 mg/5 ml</i>	1	OTC
<i>stool softener oral tablet 100 mg</i>	1	OTC
<i>stool softener-laxative oral tablet 8.6-50 mg</i>	1	OTC
<i>stool softener-stimulant laxat oral tablet 8.6-50 mg</i>	1	OTC
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	1	PA; NEDS
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	1	MO
<i>surfak oral capsule 240 mg</i>	1	OTC
<i>teeny tummy infant gas relief oral drops, suspension 40 mg/0.6 ml</i>	1	OTC
<i>the magic bullet rectal suppository 10 mg</i>	1	OTC
<i>travel sickness oral tablet 50 mg</i>	1	OTC
<i>travel-ease (meclizine) oral tablet 25 mg</i>	1	OTC
<i>ursodiol oral capsule 300 mg</i>	1	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	MO
VARUBI ORAL TABLET 90 MG	1	B/D PA
<i>vegetable laxative oral tablet 8.6 mg</i>	1	OTC
<i>vegetable lax-stool softener oral tablet 8.6-50 mg</i>	1	OTC
VIBERZI ORAL TABLET 100 MG, 75 MG	1	PA; MO; QL (60 per 30 days); NEDS
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	1	MO
VOWST ORAL CAPSULE	1	PA; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>wal-dram 2 oral tablet 25 mg</i>	1	OTC
<i>wal-dram oral tablet 50 mg</i>	1	OTC
<i>wal-mucil fiber (aspartame) oral powder 3.4 gram/5.8 gram</i>	1	OTC
<i>wal-mucil fiber (sugar) oral powder 3.4 gram/7 gram</i>	1	OTC
<i>wal-mucil fiber oral capsule 0.52 gram</i>	1	OTC
<i>wal-mucil natural fiber lax oral powder 3.4 gram/12 gram</i>	1	OTC
<i>wal-mucil with calcium oral capsule 1-60 gram-mg</i>	1	OTC
<i>woman's laxative (bisacodyl) oral tablet 5 mg</i>	1	OTC
<i>women's gentle laxative(bisac) oral tablet,delayed release (dr/ec) 5 mg</i>	1	OTC
<i>women's laxative (bisacodyl) oral tablet 5 mg</i>	1	OTC
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, 60,000-189,600- 252,600 UNIT	1	MO
ULCER THERAPY		
<i>acid controller complete oral tablet,chewable 10-800-165 mg</i>	1	OTC
<i>acid controller oral tablet 10 mg, 20 mg</i>	1	OTC
<i>acid reducer (cimetidine) oral tablet 200 mg</i>	1	OTC
<i>acid reducer (esomeprazole) oral capsule,delayed release(dr/ec) 20 mg</i>	1	OTC
<i>acid reducer (famotidine) oral tablet 10 mg, 20 mg</i>	1	OTC
<i>acid reducer (lansoprazole) oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; OTC
<i>acid reducer (omeprazole) oral capsule,delayed release(dr/ec) 20 mg</i>	1	OTC
<i>acid reducer complete (famot) oral tablet,chewable 10-800-165 mg</i>	1	OTC
<i>acid-pep oral tablet 20 mg</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	MO
<i>complete oral tablet,chewable 10-800-165 mg</i>	1	OTC
<i>dual action complete oral tablet,chewable 10-800-165 mg</i>	1	OTC
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>esomeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg</i>	1	OTC
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	1	MO
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	1	MO
<i>famotidine intravenous solution 10 mg/ml</i>	1	MO
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	1	MO
<i>famotidine oral tablet 10 mg</i>	1	OTC
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>heartburn prevention oral tablet 10 mg, 20 mg</i>	1	OTC
<i>heartburn relief (famotidine) oral tablet 10 mg, 20 mg</i>	1	MO; OTC
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	1	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	1	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	MO
<i>omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	1	MO; OTC
<i>omeprazole magnesium oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; OTC
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; OTC
<i>omeprazole oral tablet, disintegrat, delay rel 20 mg</i>	1	OTC
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/ec) 40 mg</i>	1	MO
<i>pepcid ac oral tablet 20 mg</i>	1	MO; OTC
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	1	MO
<i>sucralfate oral tablet 1 gram</i>	1	MO
<i>tagamet hb oral tablet 200 mg</i>	1	MO; OTC
<i>tums dual action (famotidine) oral tablet, chewable 10-800-165 mg</i>	1	OTC
<i>zantac-360 (famotidine) oral tablet 20 mg</i>	1	MO; OTC

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	1	PA; MO; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	1	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NEDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NEDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	1	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	1	PA; MO; QL (14 per 28 days); NEDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	1	PA; MO; QL (2 per 28 days); NEDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	1	B/D PA; MO; NEDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	1	PA; MO; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	1	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	1	PA; MO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	1	MO; QL (4 per 28 days); NEDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	1	MO; QL (2 per 28 days); NEDS
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days); NEDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO; NEDS
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	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO; NEDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	1	PA; MO; NEDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	1	PA; MO; NEDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	1	V

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	1	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	1	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	1	V
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	1	V
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	1	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	1	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	1	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	1	B/D PA; V
<i>fomepizole intravenous solution 1 gram/ml</i>	1	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	1	MO
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	1	PA; MO; NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	1	PA; MO; NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	1	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	1	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	1	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	MO; NEDS
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	1	MO; NEDS
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	1	MO; NEDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	1	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	1	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	1	V
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	1	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	1	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	1	V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	1	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	1	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	1	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	1	V
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	1	PA; MO; NEDS
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	1	PA; MO; NEDS
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	1	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	1	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	1	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML	1	B/D PA; V
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	1	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	1	PA; MO; NEDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	1	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	1	

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Drug Name	Drug Tier	Requirements/Limits
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	1	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	1	B/D PA; V
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	1	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	1	V
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	1	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	1	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	1	V
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	1	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	1	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	1	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V

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Drug Name	Drug Tier	Requirements/Limits
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	1	V
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	1	V
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML, 10 EXP4.74 UNIT/0.5 ML(2.5 ML IN 1 VIAL)	1	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

GAUZE PADS 2 X 2	1	PA; MO
INSULIN PEN NEEDLE	1	PA; MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	1	PA; MO
NEEDLES, INSULIN DISP.,SAFETY	1	PA; MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral tablet 0.6 mg</i>	1	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	MO
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	1	MO; NEDS
<i>probenecid oral tablet 500 mg</i>	1	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	1	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution 70 mg/75 ml</i>	1	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 oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	1	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i>	1	MO
<i>risedronate oral tablet 150 mg</i>	1	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	1	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	1	PA; QL (2.48 per 28 days); NEDS
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	1	PA; MO; QL (3.6 per 28 days); NEDS
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML)	1	PA; MO; QL (160 per 28 days); NEDS
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	1	PA; MO; QL (3.6 per 28 days); NEDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	1	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	1	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	1	PA; MO; NEDS
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; QL (6 per 180 days); NEDS
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; QL (4 per 180 days); NEDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	1	PA; MO; QL (2 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	1	PA; MO; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	1	PA; MO; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	1	PA; MO; QL (8 per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	1	PA; MO; QL (8 per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	1	PA; MO; QL (4 per 28 days); NEDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 180 days); NEDS
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; QL (4 per 180 days); NEDS
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	1	PA; MO; QL (3 per 180 days); NEDS
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NEDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	1	PA; MO; QL (2 per 28 days); NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days); NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days); NEDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	1	PA; MO; QL (12 per 28 days); NEDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	1	PA; MO; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	1	PA; MO; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	1	PA; MO; QL (1.6 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	1	PA; MO; QL (2.8 per 28 days); NEDS
OTEZLA ORAL TABLET 20 MG, 30 MG	1	PA; MO; QL (60 per 30 days); NEDS
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days); NEDS
<i>penicillamine oral tablet 250 mg</i>	1	PA; MO
RIDAURA ORAL CAPSULE 3 MG	1	MO; NEDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	1	PA; MO; QL (360 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (168 per 365 days); NEDS
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	1	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	1	QL (55 per 180 days)
XELJANZ ORAL SOLUTION 1 MG/ML	1	PA; MO; QL (300 per 30 days); NEDS
XELJANZ ORAL TABLET 10 MG, 5 MG	1	PA; MO; QL (60 per 30 days); NEDS
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	1	PA; MO; QL (30 per 30 days); NEDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (3 per 180 days); NEDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NEDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; QL (2 per 28 days); NEDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; QL (2 per 28 days); NEDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; QL (4 per 28 days); NEDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>camila oral tablet 0.35 mg</i>	1	MO
<i>deblitane oral tablet 0.35 mg</i>	1	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	1	MO
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	1	MO
<i>errin oral tablet 0.35 mg</i>	1	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	1	MO
<i>estradiol vaginal tablet 10 mcg</i>	1	MO
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	MO
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	MO
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
<i>heather oral tablet 0.35 mg</i>	1	MO
<i>incassia oral tablet 0.35 mg</i>	1	MO
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	MO
<i>lyleq oral tablet 0.35 mg</i>	1	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	1	MO; QL (8 per 28 days)
<i>lyza oral tablet 0.35 mg</i>	1	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	1	MO
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	1	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	1	MO
<i>mimvey oral tablet 1-0.5 mg</i>	1	MO
<i>nora-be oral tablet 0.35 mg</i>	1	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	1	
<i>norethindrone acetate oral tablet 5 mg</i>	1	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	1	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	1	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	1	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	1	MO
<i>progesterone intramuscular oil 50 mg/ml</i>	1	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	1	MO
<i>sharobel oral tablet 0.35 mg</i>	1	MO
<i>yuvafem vaginal tablet 10 mcg</i>	1	
MISCELLANEOUS OB/GYN		
<i>3-day vaginal vaginal cream 2 %</i>	1	MO; OTC
<i>clindamycin phosphate vaginal cream 2 %</i>	1	MO
<i>clotrimazole 3 day vaginal cream 2 %</i>	1	OTC
<i>clotrimazole vaginal cream 1 %</i>	1	MO; OTC
<i>clotrimazole-3 vaginal cream 2 %</i>	1	OTC
<i>clotrimazole-7 vaginal cream 1 %</i>	1	OTC
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	1	MO
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	1	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	1	MO
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>miconazole nitrate vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)</i>	1	OTC
<i>miconazole nitrate vaginal cream 2 %</i>	1	OTC
MICONAZOLE NITRATE VAGINAL KIT 1,200-2 MG-%	1	OTC
<i>miconazole nitrate vaginal suppository 100 mg</i>	1	OTC
MICONAZOLE-3 PREFIL,CREAM,WIPE VAGINAL KIT 4 % (200 MG)- 2 % (9 GRAM)	1	OTC
<i>miconazole-3 vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)</i>	1	OTC
<i>miconazole-3 vaginal cream 200 mg/5 gram (4 %)</i>	1	OTC
<i>miconazole-3 vaginal kit 200 mg- 2 % (9 gram)</i>	1	MO; OTC
<i>miconazole-7 vaginal cream 2 %</i>	1	MO; OTC
<i>miconazole-skin clnsr17 vaginal kit 4 % (200 mg)- 2 % (9 gram)</i>	1	OTC
MONISTAT 1 COMBO PACK VAGINAL KIT 1,200-2 MG-%	1	OTC
NEXPLANON SUBDERMAL IMPLANT 68 MG	1	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	MO
<i>terconazole vaginal suppository 80 mg</i>	1	MO
<i>tioconazole vaginal ointment 6.5 %</i>	1	OTC
TIOCONAZOLE-1 VAGINAL OINTMENT 6.5 %	1	OTC
<i>tranexamic acid oral tablet 650 mg</i>	1	MO
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	1	MO
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	MO
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	1	MO
<i>apri oral tablet 0.15-0.03 mg</i>	1	MO
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	MO
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	MO
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>cyred eq oral tablet 0.15-0.03 mg</i>	1	MO
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	1	MO
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	MO
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	1	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	1	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
<i>enskyce oral tablet 0.15-0.03 mg</i>	1	MO
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>isibloom oral tablet 0.15-0.03 mg</i>	1	MO
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	MO
<i>juleber oral tablet 0.15-0.03 mg</i>	1	MO
<i>kalliga oral tablet 0.15-0.03 mg</i>	1	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	1	MO
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	1	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	1	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	1	MO
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	1	MO
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	1	MO
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	1	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	1	
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	MO
<i>levora-28 oral tablet 0.15-0.03 mg</i>	1	MO
<i>loryna (28) oral tablet 3-0.02 mg</i>	1	MO
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lutra</i> (28) oral tablet 0.1-20 mg-mcg	1	MO
<i>marlissa</i> (28) oral tablet 0.15-0.03 mg	1	MO
<i>microgestin</i> 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	MO
<i>microgestin</i> 1/20 (21) oral tablet 1-20 mg-mcg	1	MO
<i>microgestin fe</i> 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	MO
<i>microgestin fe</i> 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	MO
<i>mili</i> oral tablet 0.25-35 mg-mcg	1	MO
<i>mono-lynyah</i> oral tablet 0.25-35 mg-mcg	1	MO
<i>nikki</i> (28) oral tablet 3-0.02 mg	1	MO
<i>norethindrone ac-eth estradiol</i> oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	1	MO
<i>norethindrone-e.estradiol-iron</i> oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)	1	
<i>norgestimate-ethinyl estradiol</i> oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg	1	
<i>norgestimate-ethinyl estradiol</i> oral tablet 0.18/0.215/0.25 mg-35 mcg (28)	1	MO
<i>nortrel</i> 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	MO
<i>nortrel</i> 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	MO
<i>nortrel</i> 1/35 (28) oral tablet 1-35 mg-mcg	1	MO
<i>nortrel</i> 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	MO
<i>philit</i> oral tablet 0.4-35 mg-mcg	1	MO
<i>pimtreea</i> (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	MO
<i>portia</i> 28 oral tablet 0.15-0.03 mg	1	MO
<i>reclipsen</i> (28) oral tablet 0.15-0.03 mg	1	MO
<i>setlakin</i> oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	MO
<i>sprintec</i> (28) oral tablet 0.25-35 mg-mcg	1	MO
<i>sronyx</i> oral tablet 0.1-20 mg-mcg	1	MO
<i>syeda</i> oral tablet 3-0.03 mg	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	1	MO
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	1	MO
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	MO
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	1	MO
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	1	MO
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	1	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	1	MO
<i>vestura (28) oral tablet 3-0.02 mg</i>	1	MO
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	1	MO
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	1	MO
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	1	MO
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	1	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	1	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	1	MO
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	1	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	1	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	1	MO
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	1	MO
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	1	MO
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	1	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	1	MO
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	1	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	1	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>advanced eye relief ophthalmic (eye) drops 1-0.3 %</i>	1	MO; OTC
<i>alaway ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	MO; OTC
<i>allergy eye (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	OTC
<i>artificial eye lubricant ophthalmic (eye) ointment 83-15 %</i>	1	OTC
<i>artificial tears (pf) ophthalmic (eye) dropperette</i>	1	OTC
ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	1	OTC
<i>artificial tears (polyvin alc) ophthalmic (eye) drops 1.4 %</i>	1	OTC
<i>artificial tears(dext70-hypro) ophthalmic (eye) drops , 0.1-0.3 %</i>	1	OTC
<i>artificial tears(glycerin-peg) ophthalmic (eye) drops 1-0.3 %</i>	1	OTC
ARTIFICIAL TEARS(PG-HYPM-GLYC) OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %	1	MO; OTC
<i>artificial tears(pvalch-povid) ophthalmic (eye) drops 0.5-0.6 %</i>	1	OTC
<i>atropine ophthalmic (eye) drops 1 %</i>	1	MO
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	1	MO
BION TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	1	MO; OTC
<i>carboxymethylcellulose sodium ophthalmic (eye) dropperette 0.5 %</i>	1	OTC
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPS 0.5 %	1	OTC
CARBOXYMETHYLCELLULOSE SODIUM OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	1	OTC
<i>children's alaway ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
CLEANSING EYELID MOIST PADS TOPICAL PADS, MEDICATED	1	OTC
<i>cleansing eyelid topical pads, medicated</i>	1	OTC
CLEANSING EYELID WIPES EXT STR TOPICAL PADS, MEDICATED	1	OTC
<i>clear eyes natural tears ophthalmic (eye) drops 0.5-0.6 %</i>	1	MO; OTC
<i>cromolyn ophthalmic (eye) drops 4 %</i>	1	MO
CYCLOSPORINE OPHTHALMIC (EYE) DROPPERETTE 0.05 %	1	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	1	PA; NEDS
DRY EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.2-0.2 %	1	OTC
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>eye allergy itch relief ophthalmic (eye) drops 0.2 %</i>	1	OTC
<i>eye allergy itch-redness rlf ophthalmic (eye) drops 0.1 %</i>	1	OTC
<i>eye itch relief ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	MO; OTC
EYELID WIPES (WITH CHAMOMILE) TOPICAL TOWELETTE	1	OTC
<i>eyes alive ophthalmic (eye) dropperette 0.5 %</i>	1	OTC
GENTEAL TEARS MODERATE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	1	MO; OTC
GENTEAL TEARS SEVERE(PETROLAT) OPHTHALMIC (EYE) OINTMENT 94-3 %	1	MO; OTC
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	MO; OTC
<i>lubricant (p-glycol-glycerin) ophthalmic (eye) drops 1-0.3 %</i>	1	OTC
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 %	1	MO; OTC
LUBRICANT EYE (PG-PEG 400)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
LUBRICANT EYE (PROPYL GLYCOL) OPHTHALMIC (EYE) DROPS 0.6 %	1	OTC
<i>lubricant eye drops ophthalmic (eye) dropperette 0.5 %</i>	1	MO; OTC
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 %	1	OTC
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	1	OTC
LUBRICANT GEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.25-0.3 %	1	OTC
<i>lubrifresh pm ophthalmic (eye) ointment 83-15 %</i>	1	MO; OTC
<i>moisture drops ophthalmic (eye) drops 1-0.3 %</i>	1	MO; OTC
MOISTURIZING LUBRICANT OPHTHALMIC (EYE) DROPS 0.25 %	1	OTC
MURO 128 OPHTHALMIC (EYE) OINTMENT 5 %	1	MO; OTC
NATURAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	1	OTC
NIGHTTIME DRY-EYE RELIEF OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	1	OTC
<i>olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %</i>	1	MO; OTC
OVERNIGHT LUBRICATING EYE OPHTHALMIC (EYE) OINTMENT 94-3 %	1	OTC
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	1	PA; MO; NEDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	1	MO
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	1	MO; OTC
<i>pure and gentle eye ophthalmic (eye) drops 0.3 %</i>	1	OTC
REFRESH CLASSIC (PF) OPHTHALMIC (EYE) DROPPERETTE 1.4-0.6 %	1	MO; OTC
REFRESH LIQUIGEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	1	MO; OTC
REFRESH P.M. OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	1	MO; OTC
REFRESH TEARS OPHTHALMIC (EYE) DROPS 0.5 %	1	MO; OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride ophthalmic (eye) ointment 5 %</i>	1	MO; OTC
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	1	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	1	MO
SYSTANE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 %	1	MO; OTC
SYSTANE (PROPYLENE GLYCOL) OPHTHALMIC (EYE) DROPS 0.4-0.3 %	1	MO; OTC
SYSTANE BALANCE OPHTHALMIC (EYE) DROPS 0.6 %	1	MO; OTC
SYSTANE COMPLETE OPHTHALMIC (EYE) DROPS 0.6 %	1	MO; OTC
SYSTANE HYDRATION (PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 %	1	MO; OTC
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 %	1	MO; OTC
SYSTANE ULTRA (PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 %	1	MO; OTC
SYSTANE ULTRA OPHTHALMIC (EYE) DROPS 0.4-0.3 %	1	MO; OTC
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 %	1	MO; OTC
<i>ultra fresh ophthalmic (eye) drops 0.5 %</i>	1	OTC
<i>ultra lubricant eye ophthalmic (eye) drops 0.4-0.3 %</i>	1	OTC
<i>wal-zyr (ketotifen) ophthalmic (eye) drops 0.025 % (0.035 %)</i>	1	OTC
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	1	PA; QL (10 per 42 days); NEDS
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	1	MO
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	1	MO
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	1	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	1	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	1	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	1	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	1	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	1	MO
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	1	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	1	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	1	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	1	MO
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	1	MO
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	1	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	1	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	1	MO
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	1	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	1	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	1	MO
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	1	MO
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	1	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	1	MO
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	1	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	1	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	1	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	1	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	1	MO
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	1	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	1	MO
VASOCONSTRICTOR DECONGESTANTS		
<i>altazine ophthalmic (eye) drops 0.05 %</i>	1	OTC
CLEAR EYES REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.25 %	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
CLEAR EYES TRIPLE ACTION OPHTHALMIC (EYE) DROPS 0.05-0.5-0.6 %	1	OTC
<i>eye drops (tetrahydrozoline) ophthalmic (eye) drops 0.05 %</i>	1	MO; OTC
<i>eye drops (with povidone) ophthalmic (eye) drops 0.05-0.1-1-1 %</i>	1	OTC
<i>eye drops advanced relief ophthalmic (eye) drops 0.05-0.1-1-1 %</i>	1	OTC
<i>eye drops irritation relief ophthalmic (eye) drops 0.05-0.25 %</i>	1	OTC
<i>eye drops(tetrahydrozolin-peg) ophthalmic (eye) drops 0.05-1 %</i>	1	OTC
<i>eye drops(tetrahydroz-zn sulf) ophthalmic (eye) drops 0.05-0.25 %</i>	1	OTC
<i>lubricant redness reliever ophthalmic (eye) drops 0.05-1 %</i>	1	OTC
<i>redness relief ophthalmic (eye) drops 0.012-0.2 %</i>	1	OTC
REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.25 %	1	OTC
<i>redness reliever eye drops ophthalmic (eye) drops 0.05 %</i>	1	OTC
<i>redness reliever lubricant ophthalmic (eye) drops 0.012-0.2 %</i>	1	OTC
<i>sterile eye drops ophthalmic (eye) drops 0.05 %</i>	1	OTC
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>12 hour decongestant oral tablet extended release 120 mg</i>	1	OTC
<i>12 hour nasal decongest (pse) oral tablet extended release 120 mg</i>	1	OTC
12-HOUR COUGH RELIEF ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
<i>24hour allergy oral tablet 10 mg</i>	1	OTC
<i>24hr allergy relief oral tablet 5 mg</i>	1	OTC
<i>24hr allergy-congestion relief oral tablet extended release 24 hr 180-240 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>actidom dmx oral liquid 10-30-200 mg/5 ml</i>	1	OTC
<i>adrenalin injection solution 1 mg/ml</i>	1	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	1	MO
<i>adult tussin cf oral liquid 5-10-100 mg/5 ml</i>	1	MO; OTC
<i>adult tussin chest congestion oral liquid 100 mg/5 ml</i>	1	OTC
<i>adult wal-tussin dm max oral liquid 10-200 mg/5 ml</i>	1	OTC
<i>adult wal-tussin oral liquid 100 mg/5 ml</i>	1	OTC
ALAHIST DM (DEXBROMPHEN-PE-DM) ORAL LIQUID 2-7.5-15 MG/5 ML	1	OTC
<i>alavert d-12 allergy-sinus oral tablet extended release 12 hr 5-120 mg</i>	1	MO; OTC
<i>alavert oral tablet,disintegrating 10 mg</i>	1	MO; OTC
<i>aler-cap oral capsule 25 mg</i>	1	OTC
<i>all day allergy (cetirizine) oral capsule 10 mg</i>	1	OTC
<i>all day allergy (cetirizine) oral tablet 10 mg</i>	1	MO; OTC
<i>all day allergy-d oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allegra-d 12 hour oral tablet extended release 12 hr 60-120 mg</i>	1	MO; OTC
<i>aller-chlor oral tablet 4 mg</i>	1	MO; OTC
<i>allerclear d-12hr oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allerclear d-24hr oral tablet extended release 24 hr 10-240 mg</i>	1	OTC
<i>allerclear oral tablet 10 mg</i>	1	OTC
<i>aller-ease oral tablet 180 mg</i>	1	OTC
<i>aller-fex oral tablet 180 mg</i>	1	OTC
<i>aller-g-time oral tablet 25 mg</i>	1	OTC
<i>allergy (chlorpheniramine) oral tablet 4 mg</i>	1	OTC
<i>allergy (diphenhydramine) oral capsule 25 mg</i>	1	OTC
<i>allergy (diphenhydramine) oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>allergy (diphenhydramine) oral tablet 25 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>allergy and congestion relief oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allergy and congestion relief oral tablet extended release 24 hr 10-240 mg</i>	1	OTC
<i>allergy d-12 oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allergy medication oral capsule 25 mg</i>	1	OTC
<i>allergy medicine oral tablet 25 mg</i>	1	OTC
<i>allergy oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	1	OTC
<i>allergy relief (cetirizine) oral solution 1 mg/ml</i>	1	OTC
<i>allergy relief (cetirizine) oral tablet 10 mg, 5 mg</i>	1	OTC
<i>allergy relief (fexofenadine) oral tablet 180 mg</i>	1	MO; OTC
<i>allergy relief (fexofenadine) oral tablet 60 mg</i>	1	OTC
<i>allergy relief (levocetirizin) oral tablet 5 mg</i>	1	OTC
<i>allergy relief (loratadine) oral solution 5 mg/5 ml</i>	1	OTC
<i>allergy relief (loratadine) oral tablet 10 mg</i>	1	OTC
<i>allergy relief (loratadine) oral tablet, disintegrating 10 mg</i>	1	OTC
<i>allergy relief d12 oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allergy relief d-24hr oral tablet extended release 24 hr 10-240 mg</i>	1	OTC
<i>allergy relief(chlorpheniramn) oral tablet 4 mg</i>	1	OTC
<i>allergy relief(diphenhydramin) oral capsule 25 mg</i>	1	OTC
<i>allergy relief(diphenhydramin) oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>allergy relief(diphenhydramin) oral tablet 25 mg</i>	1	OTC
<i>allergy relief,nasal decongest oral tablet extended release 24 hr 10-240 mg</i>	1	MO; OTC
<i>allergy relief-d (cetirizine) oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allergy relief-d (loratadine) oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>allergy relief-d(fexofenadine) oral tablet extended release 12 hr 60-120 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>allergy relief-d(fexofenadine) oral tablet extended release 24 hr 180-240 mg</i>	1	OTC
<i>allergy-congest relief-d(fexo) oral tablet extended release 12 hr 60-120 mg</i>	1	OTC
<i>allergy-congestion relief-d oral tablet extended release 24 hr 10-240 mg</i>	1	OTC
<i>allergy-time oral tablet 4 mg</i>	1	OTC
<i>aller-tec d oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>aller-tec oral tablet 10 mg</i>	1	OTC
<i>antitussive dm oral syrup 10-100 mg/5 ml</i>	1	OTC
<i>aprodine oral tablet 2.5-60 mg</i>	1	MO; OTC
<i>banophen oral capsule 25 mg, 50 mg</i>	1	MO; OTC
<i>banophen oral tablet 25 mg</i>	1	MO; OTC
<i>benadryl allergy oral tablet 25 mg</i>	1	MO; OTC
<i>benzonatate oral capsule 100 mg</i>	1	MO; SUPP
<i>benzonatate oral capsule 200 mg</i>	1	MO; SUPP; QL (90 per 30 days)
<i>biocotron oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>cetiri-d oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>cetirizine oral solution 1 mg/ml</i>	1	MO
<i>cetirizine oral tablet 10 mg</i>	1	MO; OTC
CETIRIZINE ORAL TABLET 5 MG	1	MO; OTC
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	1	MO; OTC
<i>cherry cough drops mucous membrane lozenge</i>	1	OTC
<i>chest congestion relief dm oral syrup 10-100 mg/5 ml</i>	1	OTC
<i>chest congestion relief dm oral tablet 20-400 mg</i>	1	MO; OTC
CHEST CONGESTION RELIEF ORAL LIQUID 100 MG/5 ML	1	MO; OTC
<i>chest congestion relief oral tablet 400 mg</i>	1	MO; OTC
<i>chest congestion-cough hbp oral capsule 10-200 mg</i>	1	OTC
<i>chest congestion-cough relief oral tablet 20-400 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>child allergy relf(cetirizine) oral solution 1 mg/ml</i>	1	OTC
<i>child allergy relief (diphen) oral tablet,disintegrating 12.5 mg</i>	1	OTC
<i>child mucus relief expectorant oral liquid 100 mg/5 ml</i>	1	OTC
<i>child wal-tap cold-allergy oral solution 1-2.5 mg/5 ml</i>	1	OTC
<i>children's allegra allergy oral suspension 30 mg/5 ml</i>	1	MO; OTC
<i>children's allergy (diphenhyd) oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>children's allergy (diphenhyd) oral tablet,chewable 12.5 mg</i>	1	OTC
<i>children's allergy relief(fex) oral suspension 30 mg/5 ml</i>	1	MO; OTC
<i>children's allergy relief(lor) oral solution 5 mg/5 ml</i>	1	OTC
<i>children's allergy(cetirizine) oral solution 1 mg/ml</i>	1	OTC
<i>children's aller-tec oral solution 1 mg/ml</i>	1	OTC
<i>children's benadryl allergy oral tablet,chewable 12.5 mg</i>	1	MO; OTC
<i>children's cetirizine oral solution 1 mg/ml</i>	1	MO; OTC
<i>children's chest congestion oral liquid 100 mg/5 ml</i>	1	OTC
<i>children's cold and cough (pe) oral solution 1-2.5-5 mg/5 ml</i>	1	OTC
<i>children's cold and cough dm oral solution 1-2.5-5 mg/5 ml</i>	1	OTC
<i>children's cold-allergy (pe) oral solution 1-2.5 mg/5 ml</i>	1	OTC
CHILDREN'S COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
CHILDREN'S DELSYM COUGH ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
<i>children's dibromm cold-allerg oral solution 1-2.5 mg/5 ml</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>children's dibromm dm cold-cou oral solution 1-2.5-5 mg/5 ml</i>	1	OTC
<i>children's giltuss cough-chest oral liquid 10-100 mg/5 ml</i>	1	OTC
CHILDREN'S MUCINEX MULTI-SYMP ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
CHILDREN'S MULTI-SYMPTOM COLD ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
<i>children's wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>children's wal-dryl allergy oral prefilled spoon 12.5 mg/5 ml</i>	1	OTC
<i>children's wal-dryl allergy oral tablet,disintegrating 12.5 mg</i>	1	OTC
<i>children's wal-fex oral suspension 30 mg/5 ml</i>	1	OTC
<i>children's wal-zyr oral solution 1 mg/ml</i>	1	OTC
<i>child's all day allergy(cetir) oral solution 1 mg/ml</i>	1	OTC
CHILD'S MUCUS RELIEF M-S COLD ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
<i>chilids triacting cold-cough oral liquid 6.25-2.5 mg/5 ml</i>	1	OTC
<i>chlorhist oral tablet 4 mg</i>	1	OTC
<i>chlorpheniramine maleate oral tablet 4 mg</i>	1	OTC
<i>chlortabs oral tablet 4 mg</i>	1	OTC
<i>cold and cough elixir oral solution 1-2.5-5 mg/5 ml</i>	1	OTC
<i>complete allergy medicine oral capsule 25 mg</i>	1	OTC
<i>complete allergy medicine oral tablet 25 mg</i>	1	OTC
<i>complete allergy oral tablet 25 mg</i>	1	OTC
COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	MO; OTC
COUGH DROPS (WITH EUCALYPTUS) MUCOUS MEMBRANE LOZENGE 3.1 MG	1	OTC
<i>cough drops (with eucalyptus) mucous membrane lozenge 6.5 mg, 7 mg, 7.6 mg, 8 mg</i>	1	OTC
<i>cyproheptadine oral tablet 4 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dayhist allergy oral tablet 1.34 mg</i>	1	OTC
<i>day-time cough oral syrup 5 mg/5 ml</i>	1	OTC
DELSYM 12 HOUR ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	MO; OTC
DEXBROMPHENIRAMINE-PHENYLEP-DM ORAL LIQUID 2-7.5-15 MG/5 ML	1	OTC
<i>dextromethorphan hbr oral capsule 15 mg</i>	1	MO; OTC
DEXTROMETHORPHAN POLISTIREX ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	1	MO; OTC
<i>dextromethorphan-guaifenesin oral tablet 20-400 mg</i>	1	OTC
<i>diabetic tussin dm oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>diabetic tussin dm oral liquid 10-200 mg/5 ml</i>	1	MO; OTC
<i>dimaphen dm oral solution 1-2.5-5 mg/5 ml</i>	1	MO; OTC
<i>dimetapp dm cold-cough (pe) oral solution 1-2.5-5 mg/5 ml</i>	1	MO; OTC
<i>diphenhydramine oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>diphenhydramine oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>diphen oral tablet 25 mg</i>	1	OTC
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	1	MO
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	OTC
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	MO; OTC
<i>diphenhydramine hcl oral tablet,chewable 12.5 mg</i>	1	OTC
<i>dometuss-dmx oral liquid 10-30-200 mg/5 ml</i>	1	OTC
<i>ed a-hist oral tablet 4-10 mg</i>	1	MO; OTC
<i>ed chlorped jr oral syrup 2 mg/5 ml</i>	1	MO; OTC
<i>endacof - dm oral solution 1-2.5-5 mg/5 ml</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	1	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	1	
<i>expectorant oral liquid 100 mg/5 ml</i>	1	OTC
<i>fenesin ir oral tablet 400 mg</i>	1	OTC
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	1	MO; OTC
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	1	OTC
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg</i>	1	OTC
<i>geri-dryl oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>geri-dryl oral tablet 25 mg</i>	1	OTC
<i>geri-tussin dm oral liquid 10-100 mg/5 ml</i>	1	MO; OTC
<i>geri-tussin oral liquid 100 mg/5 ml</i>	1	OTC
<i>giltuss cough-congestion oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>giltuss diabetic oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>giltuss hbp oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>giltuss honey dm cough oral liquid 15 mg/5 ml</i>	1	OTC
<i>guaiasorb dm oral liquid 10-100 mg/5 ml</i>	1	MO; OTC
<i>guaifenesin oral liquid 100 mg/5 ml</i>	1	MO; OTC
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	1	MO; OTC
<i>guaifenesin oral tablet extended release 12hr 600 mg</i>	1	MO; OTC
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	1	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	MO
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	1	MO
<i>levocetirizine oral tablet 5 mg</i>	1	MO; QL (30 per 30 days)
<i>lohist-dm oral liquid 2-5-10 mg/5 ml</i>	1	MO; OTC
<i>loradamed oral tablet 10 mg</i>	1	OTC
<i>lorata-d oral tablet extended release 24 hr 10-240 mg</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>lorata-dine d oral tablet extended release 24 hr 10-240 mg</i>	1	OTC
<i>loratadine oral solution 5 mg/5 ml</i>	1	MO; OTC
<i>loratadine oral tablet 10 mg</i>	1	MO; OTC
<i>loratadine oral tablet, disintegrating 10 mg</i>	1	MO; OTC
<i>loratadine-d oral tablet extended release 12 hr 5-120 mg</i>	1	MO; OTC
<i>loratadine-d oral tablet extended release 24 hr 10-240 mg</i>	1	MO; OTC
<i>maxallergy kids oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>maxi-tuss g oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>maxi-tuss gmx oral liquid 10-200 mg/5 ml</i>	1	OTC
<i>maxi-tuss tr oral syrup 1.25-30 mg/5 ml</i>	1	OTC
<i>maxtussin dm oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>maxtussin oral liquid 100 mg/5 ml</i>	1	OTC
<i>m-dryl oral liquid 12.5 mg/5 ml</i>	1	MO; OTC
<i>medikoff drops mucous membrane lozenge 7.6 mg</i>	1	OTC
<i>mucinex dm oral tablet extended release 12 hr 30-600 mg</i>	1	MO; OTC
MUCINEX FAST-MAX CONGEST-COUGH ORAL LIQUID 2.5-5-100 MG/5 ML	1	MO; OTC
<i>mucinex fast-max sv cong-cough oral capsule 10-200 mg</i>	1	OTC
MUCINEX ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	1	MO; OTC
<i>mucinex oral tablet extended release 12hr 600 mg</i>	1	MO; OTC
<i>mucosa dm oral tablet 20-400 mg</i>	1	OTC
<i>mucosa oral tablet 400 mg</i>	1	OTC
<i>mucus dm max er oral tablet extended release 12 hr 60-1,200 mg</i>	1	MO; OTC
<i>mucus dm oral tablet extended release 12 hr 30-600 mg</i>	1	MO; OTC
MUCUS RELIEF CONGESTION-COUGH ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
<i>mucus relief dm cough oral tablet 20-400 mg</i>	1	OTC
<i>mucus relief dm oral tablet 20-400 mg</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	1	OTC
<i>mucus relief er oral tablet extended release 12hr 600 mg</i>	1	MO; OTC
<i>mucus relief oral tablet 400 mg</i>	1	MO; OTC
MUCUS-CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	1	OTC
NARAMIN ORAL LIQUID IN PACKET 12.5 MG/5 ML	1	OTC
<i>nasal decongestant (pe) oral tablet 10 mg</i>	1	OTC
NASAL DECONGESTANT (PSEUDOEPH) ORAL CAPSULE (ABUSE-RESISTANT) 30 MG	1	OTC
<i>nasal decongestant (pseudoeph) oral tablet 30 mg</i>	1	OTC
<i>nasal decongestant (pseudoeph) oral tablet extended release 120 mg</i>	1	OTC
<i>nighttime sleep oral capsule 50 mg</i>	1	OTC
<i>nighttime allergy relief oral tablet 25 mg</i>	1	OTC
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG	1	OTC
<i>nighttime sleep aid (diphen) oral capsule 50 mg</i>	1	OTC
<i>nighttime sleep aid (diphen) oral tablet 25 mg</i>	1	OTC
<i>nytol oral tablet 25 mg</i>	1	OTC
<i>pharbechlor oral tablet 4 mg</i>	1	OTC
<i>pharbedryl oral capsule 25 mg, 50 mg</i>	1	OTC
<i>phenylephrine hcl oral tablet 10 mg</i>	1	MO; OTC
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	1	MO
<i>promethazine oral syrup 6.25 mg/5 ml</i>	1	MO
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	1	MO; SUPP
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	1	MO; SUPP
<i>pseudoephedrine hcl oral tablet 30 mg</i>	1	MO; OTC
<i>pseudoephedrine hcl oral tablet 60 mg</i>	1	OTC
<i>pseudoephedrine hcl oral tablet extended release 120 mg</i>	1	MO; OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>refenesen dm oral tablet 20-400 mg</i>	1	OTC
<i>refenesen oral tablet 400 mg</i>	1	OTC
<i>rest simply nighttime sleep oral tablet 25 mg</i>	1	OTC
<i>robafen cf (phenylephrine) oral liquid 5-10-100 mg/5 ml</i>	1	MO; OTC
<i>robafen dm cough oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>robafen dm cough-chest congest oral syrup 10-100 mg/5 ml</i>	1	OTC
<i>robafen dm oral liquid 5-50 mg/5 ml</i>	1	MO; OTC
<i>robitussin cough-chest cong dm oral capsule 10-200 mg</i>	1	MO; OTC
ROBITUSSIN ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	1	OTC
<i>rynex dm oral solution 1-2.5-5 mg/5 ml</i>	1	MO; OTC
<i>rynex pe oral solution 1-2.5 mg/5 ml</i>	1	MO; OTC
SEVERE COUGH-CONGESTION ORAL LIQUID 2.5-5-100 MG/5 ML	1	OTC
<i>siladryl sa oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>siltussin sa oral liquid 100 mg/5 ml</i>	1	OTC
<i>simply sleep oral tablet 25 mg</i>	1	OTC
<i>sinus 12 hour oral tablet extended release 120 mg</i>	1	OTC
<i>sinus and allergy pe oral tablet 4-10 mg</i>	1	OTC
<i>sinus decongestant (pe) oral tablet 10 mg</i>	1	OTC
<i>sinus pe decongestant oral tablet 10 mg</i>	1	OTC
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	1	OTC
<i>sleep aid (diphenhydramine) oral capsule 50 mg</i>	1	OTC
SLEEP AID (DIPHENHYDRAMINE) ORAL LIQUID 50 MG/30 ML	1	OTC
<i>sleep aid (diphenhydramine) oral tablet 25 mg</i>	1	OTC
<i>sleep ii oral tablet 25 mg</i>	1	OTC
<i>sleep tablet (diphenhydramine) oral tablet 25 mg</i>	1	OTC
SLEEP TIME ORAL CAPSULE 25 MG	1	OTC
SLEEP TIME ORAL LIQUID 50 MG/30 ML	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>sleep-tabs oral tablet 25 mg</i>	1	OTC
<i>sominex oral tablet 25 mg</i>	1	OTC
<i>sorbugen nr oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>sudogest oral tablet 30 mg, 60 mg</i>	1	MO; OTC
<i>suphedrin oral tablet 30 mg</i>	1	OTC
<i>suphedrine 12 hour oral tablet extended release 120 mg</i>	1	OTC
<i>suphedrine oral tablet 30 mg</i>	1	OTC
<i>suphedrine pe cold and allergy oral tablet 4-10 mg</i>	1	OTC
<i>suphedrine pe sinus and allergy oral tablet 4-10 mg</i>	1	OTC
<i>total allergy medicine oral tablet 25 mg</i>	1	OTC
<i>tusnel diabetic oral liquid 10-100 mg/5 ml</i>	1	MO; OTC
<i>tusnel-ex oral liquid 100 mg/5 ml</i>	1	OTC
<i>tussin cf (pe-dm-guaiif) oral liquid 5-10-100 mg/5 ml</i>	1	OTC
<i>tussin cf cough-cold oral liquid 5-10-100 mg/5 ml</i>	1	OTC
<i>tussin chest congestion oral liquid 100 mg/5 ml</i>	1	OTC
<i>tussin cough (dm only) oral capsule 15 mg</i>	1	OTC
<i>tussin cough (dm only) oral liquid 15 mg/5 ml</i>	1	OTC
<i>tussin cough-chest congestion oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>tussin dm clear oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>tussin dm cough and chest oral liquid 10-100 mg/5 ml</i>	1	OTC
<i>tussin dm cough and chest oral syrup 10-100 mg/5 ml</i>	1	OTC
<i>tussin dm max oral liquid 10-200 mg/5 ml</i>	1	OTC
<i>tussin dm oral liquid 10-100 mg/5 ml, 5-50 mg/5 ml</i>	1	OTC
<i>tussin dm oral syrup 10-100 mg/5 ml</i>	1	OTC
<i>tussin dm oral tablet 20-400 mg</i>	1	OTC
<i>tussin long-acting oral liquid 15 mg/5 ml</i>	1	OTC
<i>tussin mucus-chest congestion oral liquid 100 mg/5 ml</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tussin oral liquid 100 mg/5 ml</i>	1	OTC
<i>tussin oral tablet 400 mg</i>	1	OTC
<i>unisom sleepgels oral capsule 50 mg</i>	1	MO; OTC
<i>vicks dayquil cough oral syrup 5 mg/5 ml</i>	1	OTC
<i>vicks vaposteam liquid</i>	1	OTC
<i>wal-act d cold and allergy oral tablet 2.5-60 mg</i>	1	OTC
<i>wal-dryl allergy oral capsule 25 mg</i>	1	OTC
<i>wal-dryl allergy oral liquid 12.5 mg/5 ml</i>	1	OTC
<i>wal-dryl allergy oral tablet 25 mg</i>	1	OTC
<i>wal-dryl-d allergy and sinus oral tablet 25-10 mg</i>	1	OTC
<i>wal-fex allergy oral tablet 180 mg, 60 mg</i>	1	OTC
<i>wal-fex d 12 hour oral tablet extended release 12 hr 60-120 mg</i>	1	OTC
<i>wal-fex d 24 hour oral tablet extended release 24 hr 180-240 mg</i>	1	OTC
<i>wal-finatate oral tablet 4 mg</i>	1	OTC
<i>wal-finatate-d oral tablet 4-60 mg</i>	1	OTC
<i>wal-itin d 12 hour oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
<i>wal-itin d oral tablet extended release 24 hr 10-240 mg</i>	1	OTC
<i>wal-itin oral solution 5 mg/5 ml</i>	1	OTC
<i>wal-itin oral tablet 10 mg</i>	1	OTC
<i>wal-phed 12 hour oral tablet extended release 120 mg</i>	1	OTC
<i>wal-phed d oral tablet extended release 120 mg</i>	1	OTC
<i>wal-phed oral tablet 30 mg, 4-60 mg</i>	1	OTC
<i>wal-phed pe oral tablet 10 mg</i>	1	OTC
<i>wal-phed pe sinus and allergy oral tablet 4-10 mg</i>	1	OTC
WAL-SLEEP Z ORAL CAPSULE 25 MG	1	OTC
WAL-SLEEP Z ORAL LIQUID 50 MG/30 ML	1	OTC
WAL-SLEEP Z ORAL TABLET,DISINTEGRATING 25 MG	1	OTC
<i>wal-som (diphenhydramine) oral capsule 50 mg</i>	1	OTC
<i>wal-tap dm oral solution 1-2.5-5 mg/5 ml</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>wal-tussin cough and cold cf oral liquid 5-10-100 mg/5 ml</i>	1	OTC
<i>wal-tussin cough oral capsule 15 mg</i>	1	OTC
<i>wal-tussin cough oral liquid 15 mg/5 ml</i>	1	OTC
<i>wal-tussin dm oral syrup 10-100 mg/5 ml</i>	1	OTC
<i>wal-zyr (cetirizine) oral capsule 10 mg</i>	1	OTC
<i>wal-zyr (cetirizine) oral solution 1 mg/ml</i>	1	OTC
<i>wal-zyr (cetirizine) oral tablet 10 mg</i>	1	OTC
<i>wal-zyr d oral tablet extended release 12 hr 5-120 mg</i>	1	OTC
ZYNCOF ORAL LIQUID 20-400 MG/5 ML	1	OTC
ZZZQUIL ORAL CAPSULE 25 MG	1	OTC
ZZZQUIL ORAL LIQUID 50 MG/30 ML	1	MO; OTC
PULMONARY AGENTS		
<i>24 hour allergy relief nasal spray,suspension 50 mcg/actuation</i>	1	OTC
24 HOUR NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG	1	OTC
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	1	B/D PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	1	PA; MO; LA; NEDS
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	1	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	1	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	1	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	1	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	1	B/D PA
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	1	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	MO

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>aller-cort nasal aerosol,spray 55 mcg</i>	1	OTC
<i>aller-flo nasal spray,suspension 50 mcg/actuation</i>	1	OTC
<i>allergy relief (fluticasone) nasal spray,suspension 50 mcg/actuation</i>	1	OTC
<i>alyq oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NEDS
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; MO; LA; QL (30 per 30 days); NEDS
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	1	MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	1	B/D PA; MO
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	1	QL (30 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	1	MO; QL (25.8 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; MO; LA; NEDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	1	MO; QL (60 per 30 days)
<i>breynga inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	1	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	1	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	1	B/D PA; MO; QL (60 per 30 days)
<i>budesonide nasal spray,non-aerosol 32 mcg/actuation</i>	1	MO; OTC
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	1	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	1	PA; MO; NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	1	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	1	B/D PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	1	MO; QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	1	PA; MO; QL (1 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days); NEDS
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	1	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	1	B/D PA; MO
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	1	PA; MO; NEDS
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	1	MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	1	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	1	PA; MO; QL (56 per 28 days); NEDS
KALYDECO ORAL TABLET 150 MG	1	PA; MO; QL (60 per 30 days); NEDS
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	1	B/D PA; MO
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	1	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	1	MO
<i>montelukast oral tablet 10 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	1	MO
NASACORT NASAL AEROSOL, SPRAY 55 MCG	1	MO; OTC
<i>nasal allergy nasal aerosol, spray 55 mcg</i>	1	OTC
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	1	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days); NEDS
OFEV ORAL CAPSULE 100 MG, 150 MG	1	PA; MO; QL (60 per 30 days); NEDS
OPSUMIT ORAL TABLET 10 MG	1	PA; MO; LA; NEDS
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	1	PA; MO; QL (30 per 30 days); NEDS
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	1	PA; MO; QL (56 per 28 days); NEDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	1	PA; MO; QL (112 per 28 days); NEDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	1	PA; LA; NEDS
<i>pirfenidone oral capsule 267 mg</i>	1	PA; MO; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 267 mg</i>	1	PA; MO; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 801 mg</i>	1	PA; MO; QL (90 per 30 days); NEDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	1	MO
PULMOZYME INHALATION SOLUTION 1 MG/ML	1	B/D PA; MO; NEDS
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	1	PA; MO; NEDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	1	MO; QL (60 per 30 days)

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	1	PA; NEDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	1	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	1	PA; MO; QL (56 per 28 days); NEDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	1	PA; QL (60 per 30 days); NEDS
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	1	MO
<i>theophylline oral elixir 80 mg/15 ml</i>	1	MO
<i>theophylline oral solution 80 mg/15 ml</i>	1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	1	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	1	MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	1	MO; QL (60 per 30 days)
TRIAMCINOLONE ACETONIDE NASAL AEROSOL,SPRAY 55 MCG	1	MO; OTC
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	1	PA; MO; QL (84 per 28 days); NEDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	1	PA; MO; QL (112 per 28 days); NEDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	1	PA; MO; QL (504 per 365 days); NEDS
WINREVAIR SUBCUTANEOUS KIT 45 MG (2 PACK), 60 MG (2 PACK)	1	PA; QL (1 per 21 days); NEDS
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	1	PA; MO; QL (1 per 21 days); NEDS

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days); NEDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	1	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days); NEDS
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	1	B/D PA; MO; QL (90 per 30 days); NEDS
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	1	MO
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	1	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	1	MO
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	1	MO
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR	1	MO; OTC
<i>solifenacin oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	1	MO
<i>tropium oral capsule,extended release 24hr 60 mg</i>	1	MO
<i>tropium oral tablet 20 mg</i>	1	MO

BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY

<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	1	MO
<i>dutasteride oral capsule 0.5 mg</i>	1	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	1	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin oral capsule 0.4 mg</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	1	PA; LA
ELMIRON ORAL CAPSULE 100 MG	1	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	1	MO
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	1	OTC
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	1	MO
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	1	MO; OTC
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	1	MO
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	1	MO; OTC
<i>tadalafil oral tablet 5 mg</i>	1	PA; MO; QL (30 per 30 days)
<i>tricitrates oral solution 550-500-334 mg/5 ml</i>	1	MO; OTC
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 % intravenous parenteral solution 25 %</i>	1	
<i>alburx (human) 25 % intravenous parenteral solution 25 %</i>	1	
<i>alburx (human) 5 % intravenous parenteral solution 5 %</i>	1	
<i>albutein 25 % intravenous parenteral solution 25 %</i>	1	
<i>albutein 5 % intravenous parenteral solution 5 %</i>	1	
ELECTROLYTES		

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>alcalak oral tablet,chewable 168 mg calcium (420 mg)</i>	1	OTC
<i>antacid (calcium carbonate) oral tablet,chewable 200 mg calcium (500 mg)</i>	1	OTC
<i>antacid ext str (calcium carb) oral tablet,chewable 300 mg (750 mg)</i>	1	OTC
<i>antacid extra-strength oral tablet,chewable 168 mg calcium (420 mg), 300 mg (750 mg)</i>	1	OTC
<i>antacid ultra strength oral tablet,chewable 400 mg calcium (1,000 mg), 430 mg calcium (1,000 mg)</i>	1	OTC
<i>calcium 500 + d oral tablet 500 mg-5 mcg (200 unit)</i>	1	OTC
<i>calcium 500 + d oral tablet,chewable 500 mg-10 mcg (400 unit)</i>	1	OTC
<i>calcium 500 with d oral tablet 500 mg-10 mcg (400 unit)</i>	1	MO; OTC
<i>calcium 600 + d(3) oral tablet 600 mg-10 mcg (400 unit)</i>	1	OTC
<i>calcium 600 oral tablet 600 mg calcium (1,500 mg)</i>	1	OTC
<i>calcium 600 with vitamin d3 oral capsule 600 mg-12.5 mcg (500 unit)</i>	1	MO; OTC
CALCIUM ACETATE ORAL TABLET 667 MG, 668 MG (169 MG CALCIUM)	1	OTC
<i>calcium antacid oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg)</i>	1	MO; OTC
<i>calcium antacid oral tablet,chewable 320 mg calcium (750 mg), 400 mg calcium (1,000 mg)</i>	1	OTC
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	1	MO; OTC
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg)</i>	1	OTC
<i>calcium carbonate oral tablet 600 mg calcium (1,500 mg)</i>	1	MO; OTC
<i>calcium carbonate oral tablet,chewable 200 mg calcium (500 mg), 400 mg calcium (1,000 mg)</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-vitamin d3 oral tablet 250 mg-3.125 mcg (125 unit), 500 mg-15 mcg (600 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit)</i>	1	MO; OTC
<i>calcium carbonate-vitamin d3 oral tablet 500 mg-10 mcg (400 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit)</i>	1	OTC
CALCIUM CARBONATE-VITAMIN D3 ORAL TABLET 600 MG-5 MCG (200 UNIT)	1	MO; OTC
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500 mg-10 mcg (400 unit)</i>	1	MO; OTC
<i>calcium chloride intravenous solution 100 mg/ml (10 %)</i>	1	
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	1	
<i>calcium citrate + d oral tablet 315 mg-5 mcg (200 unit)</i>	1	OTC
<i>calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 315 mg-5 mcg (200 unit)</i>	1	MO; OTC
CALCIUM CITRATE-VITAMIN D3 ORAL TABLET 315 MG-6.25 MCG (250 UNIT)	1	MO; OTC
<i>calcium gluconate intravenous solution 100 mg/ml (10%)</i>	1	
<i>calcium-magnesium-zinc oral tablet 333-133-8.3 mg</i>	1	OTC
<i>cal-gest antacid oral tablet,chewable 200 mg calcium (500 mg)</i>	1	MO; OTC
<i>effe-r-k oral tablet, effervescent 25 meq</i>	1	MO
<i>flavor chews antacid oral tablet,chewable 300 mg (750 mg)</i>	1	OTC
<i>hi-cal plus vit d oral tablet 500 mg-5 mcg (200 unit)</i>	1	OTC
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	MO
<i>klor-con 8 oral tablet extended release 8 meq</i>	1	MO
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	1	MO
<i>klor-con oral packet 20 meq</i>	1	MO
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	1	MO
<i>k-phos-neutral oral tablet 250 mg</i>	1	MO; OTC
<i>lactated ringers intravenous parenteral solution</i>	1	MO
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	1	
<i>magnesium oral tablet 200 mg</i>	1	MO; OTC
<i>magnesium oxide oral capsule 500 mg</i>	1	MO; OTC
<i>magnesium oxide oral tablet 200 mg magnesium, 400 mg magnesium</i>	1	OTC
<i>magnesium oxide oral tablet 250 mg magnesium, 400 mg (241.3 mg magnesium), 420 mg</i>	1	MO; OTC
MAGNESIUM OXIDE ORAL TABLET 500 MG MAGNESIUM	1	MO; OTC
MAGNESIUM OXIDE ORAL TABLET,CHEWABLE 200 MG MAGNESIUM	1	OTC
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	1	
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	1	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	1	MO
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	1	
<i>mgo oral tablet 400 mg (241.3 mg magnesium)</i>	1	OTC
<i>oysco 500/d oral tablet 500 mg-5 mcg (200 unit)</i>	1	MO; OTC
<i>oyster shell + d3 oral tablet 250 mg-3.125 mcg (125 unit)</i>	1	OTC
<i>oyster shell calcium 500 oral tablet 500 mg calcium (1,250 mg)</i>	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>oyster shell calcium oral tablet 500 mg calcium (1,250 mg)</i>	1	OTC
<i>oyster shell calcium-vit d3 oral tablet 500 mg-10 mcg (400 unit), 500 mg-5 mcg (200 unit)</i>	1	MO; OTC
<i>phospha 250 neutral oral tablet 250 mg</i>	1	MO; OTC
<i>phosphorous oral tablet 250 mg</i>	1	MO; OTC
<i>phospho-trin 250 neutral oral tablet 250 mg</i>	1	MO; OTC
<i>potassium acetate intravenous solution 2 meq/ml</i>	1	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	1	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	1	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	1	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	1	MO
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	1	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	1	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	1	
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	1	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	1	
<i>ringer's intravenous parenteral solution</i>	1	
<i>smooth antacid oral tablet, chewable 300 mg (750 mg)</i>	1	OTC
<i>sodium acetate intravenous solution 2 meq/ml, 4 meq/ml</i>	1	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	1	
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 4.2 % (0.5 meq/ml), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	1	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	1	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	1	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	1	MO
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	1	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	1	MO
<i>super calcium oral tablet 600 mg calcium (1,500 mg)</i>	1	OTC
<i>thermotabs oral tablet 287-180-15 mg</i>	1	MO; OTC
TRIPLE MAGNESIUM COMPLEX ORAL CAPSULE 400 MG MAGNESIUM	1	OTC
<i>tums ultra oral tablet, chewable 400 mg calcium (1,000 mg)</i>	1	MO; OTC
<i>ultra strength antacid oral tablet, chewable 400 mg calcium (1,000 mg)</i>	1	OTC
<i>wes-phos 250 neutral oral tablet 250 mg</i>	1	MO; OTC
MISCELLANEOUS NUTRITION PRODUCTS		
AIRBORNE (LYSINE HCL) ORAL TABLET, EFFERVESCENT 1,000-50 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
AIRSHIELD IMMUNE ORAL TABLET, EFFERVESCENT 1,000-50 MG	1	OTC
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-14 %	1	B/D PA
EFFERVESCENT FORMULA ORAL TABLET, EFFERVESCENT 1,000-50 MG	1	OTC
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	1	
<i>fish oil extra strength oral capsule 435-880 mg</i>	1	OTC
FISH OIL ORAL CAPSULE 1,000 (120-180) MG, 1,200 (144-216) MG, 300-500 MG, 60-90-500 MG, 900 MG-360 MG- 455 MG-1,000 MG	1	OTC
<i>fish oil oral capsule 100-160-1,000 mg, 120-180 mg</i>	1	OTC
<i>fish oil oral capsule 300-1,000 mg</i>	1	MO; OTC
FISH OIL ORAL CAPSULE 360-1,200 MG	1	MO; OTC
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG-180 MG- 60 MG-1,200 MG, 300-1,000 MG, 900-1,400 MG	1	OTC
FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 360-1,200 MG	1	MO; OTC
FLORANEX ORAL GRANULES IN PACKET 100 MILLION CELL	1	MO; OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>inositol oral tablet 650 mg</i>	1	OTC
<i>intralipid intravenous emulsion 20 %</i>	1	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	1	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	1	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	1	
<i>lactobacillus acidophilus oral tablet 0.5 mg (100 million cell)</i>	1	MO; OTC
LACTOBACILLUS ACIDOPH-L.BULGAR ORAL GRANULES IN PACKET 100 MILLION CELL	1	OTC
MELATONIN (WITH B6) ORAL TABLET 5-1 MG	1	OTC
MELATONIN-PYRIDOXINE (VIT B6) ORAL TABLET 5-1 MG	1	MO; OTC
MENOPAUSE SUPPORT ORAL TABLET 30-400-80 UNIT-MCG-MG	1	OTC
<i>niacin (inositol niacinate) oral capsule 400 mg niacin (500 mg)</i>	1	OTC
<i>niacin flush free oral capsule 400 mg niacin (500 mg)</i>	1	MO; OTC
<i>omega 3-6-9 complex oral capsule 400-400-400 mg</i>	1	OTC
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE 1,000 (120-180) MG	1	MO; OTC
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE 1,200 (144-216) MG, 200-300-1,000 MG, 250-500-1,000 MG, 300 MG (120 MG-180MG)-1,000 MG	1	OTC
<i>omega 3-dha-epa-fish oil oral capsule 300-1,000 mg</i>	1	OTC
<i>omega 3-dha-epa-fish oil oral capsule, delayed release(dr/ec) 300 mg (120 mg- 180mg)-1,000 mg, 300-1,000 mg</i>	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
OMEGA 3-DHA-EPA-FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 600 MG-216 MG- 324 MG-1,200 MG	1	OTC
<i>omega-3 fatty acids-fish oil oral capsule 300-1,000 mg, 360-1,200 mg</i>	1	MO; OTC
OMEGA-3 FISH OIL ORAL CAPSULE 300-1,000 MG	1	OTC
OMEGA-3 FISH OIL ORAL CAPSULE 910-1,400 MG	1	MO; OTC
OMEGA-3S-DHA-EPA-FISH OIL ORAL CAPSULE 300-250-1,000 MG, 600-1,200 MG	1	OTC
OMEGA-3S-DHA-EPA-FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 1,000-1,400 MG, 980-253-647 MG	1	OTC
OMEGA-3S-DHA-EPA-FISH OIL ORAL CAPSULE,DELAYED RELEASE(DR/EC) 300-1,000 MG, 720-1,200 MG	1	MO; OTC
<i>omega-3s-dha-epa-fish oil-d3 oral capsule 360 mg-1,200 mg -1,000 unit</i>	1	OTC
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	1	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	1	B/D PA
<i>premasol 10 % intravenous parenteral solution 10 %</i>	1	B/D PA
<i>probiotic oral capsule 10 billion cell</i>	1	OTC
SALMON OIL-OMEGA-3 FATTY ACIDS ORAL CAPSULE 1,000-210 MG	1	OTC
<i>smart heart omega-3 oral capsule, delayed release(dr/ec) 115-172-1,000 mg</i>	1	OTC
<i>travasol 10 % intravenous parenteral solution 10 %</i>	1	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	1	B/D PA
<i>ultra omega-3 oral capsule 200-300-1,000 mg</i>	1	OTC
VITAMINS / HEMATINICS		
50 PLUS ADULT EYE HEALTH ORAL CAPSULE 250-5-1 MG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>a thru z advanced formula oral tablet 18-400 mg-mcg</i>	1	OTC
<i>a thru z high potency oral tablet</i>	1	OTC
A THRU Z MEN'S ULTIMATE ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
<i>a thru z oral tablet 18-500-300-250 mg-mcg-mcg-mcg</i>	1	OTC
<i>a thru z select 50plus formula oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
<i>a thru z select oral tablet , 500-300-250 mcg</i>	1	OTC
<i>a thru z select women's oral tablet</i>	1	OTC
ABC COMPLETE ADULT ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
ABC COMPLETE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
<i>abc complete senior 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
<i>abc complete women's oral tablet 18-400 mg-mcg</i>	1	OTC
<i>abc plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
ADULT 50 PLUS EYE HEALTH ORAL CAPSULE 250-5-1 MG	1	OTC
ADULT MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	MO; OTC
ADULT ONE DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
<i>adults 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
ADULTS MULTIVITAMIN ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
AIRBORNE (ASCORBIC ACID) ORAL TABLET,CHEWABLE 250-8.875 MG	1	OTC
AIRSHIELD ORAL TABLET,CHEWABLE 250-87.5 MG	1	OTC
ALIVE WOMEN'S 50 PLUS (BLEND) ORAL TABLET 240-120-300 MCG	1	MO; OTC
ALIVE WOMEN'S ENERGY ORAL TABLET 18 MG IRON- 240 MCG-120 MCG	1	OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>animal chews oral tablet,chewable</i>	1	OTC
<i>antioxidant a/c/e/selenium oral capsule</i>	1	OTC
<i>ascorbate calcium (vitamin c) oral tablet 500 mg</i>	1	OTC
<i>ascorbic acid (vitamin c) oral capsule, extended release 500 mg</i>	1	MO; OTC
<i>ascorbic acid (vitamin c) oral syrup 500 mg/5 ml</i>	1	OTC
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg</i>	1	MO; OTC
<i>ascorbic acid (vitamin c) oral tablet 500 mg</i>	1	OTC
<i>ascorbic acid (vitamin c) oral tablet extended release 1,500 mg</i>	1	OTC
<i>ascorbic acid (vitamin c) oral tablet,chewable 500 mg</i>	1	OTC
<i>ascorbic acid-ascorbate sodium oral tablet,chewable 500 mg</i>	1	OTC
<i>b complex 1 (with folic acid) oral tablet 0.4 mg</i>	1	MO; OTC
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	1	MO; OTC
<i>b-100 complex oral tablet extended release 100 mg</i>	1	OTC
<i>b-12 dots oral tablet 500 mcg</i>	1	OTC
B-12 PLUS SUBLINGUAL TABLET 5,000-100 MCG	1	MO; OTC
B12 SUBLINGUAL LOZENGE 5,000-100 MCG	1	OTC
<i>balance b-50 (with folic acid) oral tablet 0.4 mg</i>	1	OTC
<i>balanced b-50 oral tablet</i>	1	OTC
BARIATRIC MULTIVITAMINS ORAL CAPSULE 45 MG IRON- 800 MCG-120 MCG	1	OTC
<i>b-complex with vitamin c oral capsule</i>	1	OTC
<i>b-complex with vitamin c oral tablet , 400-500 mcg-mg</i>	1	OTC
<i>b-complex with vitamin c oral tablet extended release</i>	1	OTC
BIO-35, GLUTEN FREE ORAL CAPSULE 3-133-33-33 MG-MCG-MCG-MCG	1	OTC
BIOCAL ORAL CAPSULE 500 MG-100 UNIT - 45 MG-800 MCG	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>biotin oral capsule 5 mg</i>	1	MO; OTC
BODY, HAIR, SKIN AND NAILS ORAL CAPSULE 3-133 MG-MCG	1	OTC
<i>c complex oral tablet extended release 1,000 mg</i>	1	OTC
<i>c-1000 oral tablet 1,000 mg</i>	1	OTC
<i>c-1000 oral tablet extended release 1,000 mg</i>	1	MO; OTC
<i>c-1000 with rose hips oral tablet 1,000 mg</i>	1	MO; OTC
<i>c-500 oral tablet 500 mg</i>	1	OTC
<i>c-500 oral tablet extended release 500 mg</i>	1	OTC
<i>c-500 oral tablet, chewable 500 mg</i>	1	OTC
<i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet 600 mg calcium- 20 mcg-50 mg</i>	1	OTC
CA-D3-MAG OX-ZINC-COP-MANG-BOR ORAL TABLET,CHEWABLE 600 MG CALCIUM- 800 UNIT-40 MG	1	OTC
<i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet, chewable 600 mg-400 unit -40 mg-7.5 mg</i>	1	OTC
CALC-D3-MAGNES-B6-ZN-CU-MANGAN ORAL TABLET 250 MG-400 UNIT -40 MG-5 MG	1	OTC
<i>calcidol oral drops 200 mcg/ml (8,000 unit/ml)</i>	1	MO; OTC
<i>calcium 600 + minerals oral tablet 600 mg calcium- 200 unit</i>	1	OTC
<i>calcium 600-d3 plus (mag-zinc) oral tablet 600 mg calcium- 20 mcg-50 mg</i>	1	OTC
<i>calcium carbonate-vit d3-min oral tablet 600 mg-10 mcg (400 unit)</i>	1	OTC
<i>calcium for women oral tablet, chewable 500 mg-100 unit -40 mcg</i>	1	OTC
CALCIUM PHOSPHATE-VITAMIN D3 ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT)	1	OTC
<i>calcium-magnesium-copper-zinc oral tablet</i>	1	OTC
<i>calcium-vitamin d3-vitamin k oral tablet, chewable 500 mg-200 unit -40 mcg</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
CALTRATE GUMMY BITES ORAL TABLET,CHEWABLE 250 MG-10 MCG (400 UNIT)	1	MO; OTC
CENTRAL-VITE ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
<i>centratex oral capsule 106 mg iron- 1 mg</i>	1	MO; OTC
<i>centravites 50 plus oral tablet 0.4 mg-300 mcg-250 mcg</i>	1	OTC
CENTRAVITES ADULTS ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
CENTRUM COMPLETE ORAL TABLET 18-400 MG-MCG	1	OTC
CENTRUM KIDS (VIT D3, VIT K) ORAL TABLET,CHEWABLE 8 MG IRON- 10 MCG	1	MO; OTC
CENTRUM MEN ORAL TABLET 8 MG IRON-200 MCG-600 MCG	1	MO; OTC
CENTRUM ORAL LIQUID 9 MG IRON/15 ML	1	MO; OTC
<i>centrum oral tablet 18-400 mg-mcg</i>	1	MO; OTC
CENTRUM ULTRA MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	1	OTC
<i>centrum women oral tablet 18-400 mg-mcg</i>	1	MO; OTC
<i>century mature oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
<i>century oral tablet 18-400 mg-mcg</i>	1	OTC
<i>cerovite senior oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	MO; OTC
<i>certavite senior oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	MO; OTC
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG	1	MO; OTC
CHILD COMPLETE MULTIVITAMIN ORAL TABLET,CHEWABLE 18 MG IRON	1	OTC
<i>children's chew multivitamin oral tablet,chewable</i>	1	OTC
<i>children's chewable multivitmn oral tablet,chewable 300 mcg</i>	1	OTC
CHILDREN'S CHEWABLE VITAMIN ORAL TABLET,CHEWABLE	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>children's chewables extra c oral tablet,chewable 300 mcg</i>	1	OTC
<i>children's chewables oral tablet,chewable 300 mcg</i>	1	OTC
CHILDREN'S MULTI-VIT GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
CHILDREN'S MULTIVITAMIN ORAL TABLET,CHEWABLE	1	MO; OTC
CHILD'S OMEGA-3 DHA MULTIVITAM ORAL TABLET,CHEWABLE 250-3-50 UNIT,MG,UNIT	1	OTC
CHOLECALCIFEROL (VITAMIN D3) ORAL CAPSULE 1,250 MCG (50,000 UNIT)	1	MO; OTC
<i>cholecalciferol (vitamin d3) oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	OTC
<i>cholecalciferol (vitamin d3) oral capsule 125 mcg (5,000 unit), 250 mcg (10,000 unit), 50 mcg (2,000 unit)</i>	1	MO; OTC
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/ml (400 unit/ml), 125 mcg/ml (5,000 unit/ml)</i>	1	MO; OTC
CHOLECALCIFEROL (VITAMIN D3) ORAL DROPS 25 MCG/DROP (1000 UNIT/DROP)	1	OTC
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit)</i>	1	OTC
<i>cholecalciferol (vitamin d3) oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	MO; OTC
<i>cholecalciferol (vitamin d3) oral tablet,chewable 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	MO; OTC
<i>cod liver oil oral capsule</i>	1	MO; OTC
<i>cod liver oil oral oil</i>	1	MO; OTC
<i>complete multivitamin-mineral oral tablet 18-400 mg-mcg</i>	1	OTC
<i>complete mv adult 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 2.5 BILLION CELL, 5 BILLION CELL	1	OTC
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	1	MO; SUPP

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
CYANOCOBALAMIN (VITAMIN B-12) ORAL CAPSULE 1,000 MCG, 3,000 MCG, 5,000 MCG	1	MO; OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL LIQUID 1,000 MCG/15 ML	1	MO; OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL LOZENGE 500 MCG	1	OTC
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 250 mcg, 500 mcg</i>	1	MO; OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET 2,500 MCG	1	OTC
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg, 2,000 mcg</i>	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET,CHEWABLE 2,500 MCG	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) ORAL TABLET,DISINTEGRATING 5,000 MCG	1	MO; OTC
<i>cyanocobalamin (vitamin b-12) sublingual drops 3,000 mcg/ml</i>	1	MO; OTC
<i>cyanocobalamin (vitamin b-12) sublingual lozenge 2,500 mcg</i>	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL LOZENGE 3,000 MCG	1	MO; OTC
<i>cyanocobalamin (vitamin b-12) sublingual tablet 1,000 mcg</i>	1	MO; OTC
<i>cyanocobalamin (vitamin b-12) sublingual tablet 2,500 mcg</i>	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL TABLET 3,000 MCG, 5,000 MCG, 500 MCG	1	OTC
CYANOCOBALAMIN (VITAMIN B-12) SUBLINGUAL TABLET,DISINTEGRATING 500 MCG	1	MO; OTC
CYANOCOBALAMIN-COBAMAMIDE SUBLINGUAL TABLET 5,000-100 MCG	1	OTC
<i>d3-2000 oral capsule 50 mcg (2,000 unit)</i>	1	OTC
<i>d3-5000 oral capsule 125 mcg (5,000 unit)</i>	1	OTC
DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
DAILY MULTIPLE FOR WOMEN ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	1	OTC
DAILY MULTIVITAMIN ORAL CAPSULE 200-100-500 MCG	1	OTC
<i>daily multi-vitamin oral tablet</i>	1	OTC
<i>daily multivitamin with iron oral tablet 18-400 mg-mcg</i>	1	OTC
<i>daily multivitamin-minerals oral tablet</i>	1	OTC
<i>daily value oral tablet</i>	1	OTC
<i>daily vitamin formula oral tablet</i>	1	OTC
<i>daily vitamin formula-iron oral tablet 18-400 mg-mcg</i>	1	OTC
<i>daily vitamin formula-minerals oral tablet</i>	1	OTC
<i>daily vitamin with iron oral tablet</i>	1	OTC
<i>daily vites/iron oral tablet</i>	1	OTC
DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG	1	MO; OTC
<i>daily-vite oral tablet</i>	1	OTC
<i>decara oral capsule 1,250 mcg (50,000 unit)</i>	1	MO; OTC
DECUBI VITE ORAL CAPSULE 400-50-500 MCG-MG-MG	1	OTC
DEKAS BARIATRIC ORAL TABLET,CHEWABLE 22.5 MG-400 MCG -500 MCG-10 MG	1	OTC
DEKAS PLUS (FOLIC ACID) ORAL CAPSULE 200 MCG-1,000 MCG-10 MG	1	MO; OTC
DEKAS PLUS (FOLIC ACID) ORAL TABLET,CHEWABLE 200 MCG-1,000 MCG-10 MG	1	MO; OTC
DEKAS PLUS LIQUID ORAL LIQUID 500 MCG/ML	1	MO; OTC
<i>delta d3 oral tablet 10 mcg (400 unit)</i>	1	OTC
<i>dialyvite 800 oral tablet 0.8 mg</i>	1	MO; OTC
<i>dialyvite oral tablet 1-100-300-50 mg-mg-mcg-mg, 100-1 mg</i>	1	MO; OTC
<i>dialyvite vitamin d oral capsule 125 mcg (5,000 unit)</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>d-vi-sol oral drops 10 mcg/ml (400 unit/ml)</i>	1	MO; OTC
<i>e-400 c-500 and beta carotene oral tablet</i>	1	OTC
<i>elfolate oral tablet 15 mg, 7.5 mg</i>	1	MO; OTC
EMERGEN-C IMMUNE PLUS ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG	1	OTC
EMERGEN-C ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG	1	MO; OTC
<i>endur-c with rose hips oral tablet extended release 1,000 mg, 500 mg</i>	1	OTC
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	MO; SUPP
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	1	MO; OTC
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	1	OTC
ESSENCE C ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG	1	OTC
<i>essentia oral tablet 18-400 mg-mcg</i>	1	OTC
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	1	OTC
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG	1	OTC
<i>ezfe 200 oral capsule 200 mg iron</i>	1	MO; OTC
<i>fe c plus oral tablet 100-250-25-1 mg-mg-mcg-mg</i>	1	OTC
<i>ferate oral tablet 240 mg (27 mg iron)</i>	1	MO; OTC
<i>ferosul oral tablet 325 mg (65 mg iron)</i>	1	MO; OTC
<i>ferrex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	MO; OTC
<i>ferrex 150 oral capsule 150 mg iron</i>	1	MO; OTC
<i>ferric x-150 oral capsule 150 mg iron</i>	1	OTC
<i>ferrocite oral tablet 324 mg (106 mg iron)</i>	1	MO; OTC
<i>ferro-time oral tablet 325 mg (65 mg iron)</i>	1	OTC
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	1	OTC
<i>ferrous gluconate oral tablet 236 mg (27 mg iron), 240 mg (27 mg iron), 256 mg (28 mg iron), 324 mg (37.5 mg iron)</i>	1	OTC
<i>ferrous gluconate oral tablet 324 mg (38 mg iron)</i>	1	MO; OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	1	MO; OTC
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	1	MO; OTC
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	1	OTC
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	1	OTC
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	1	MO; OTC
<i>fe-vite oral drops 15 mg iron (75 mg)/ml</i>	1	OTC
<i>fish oil-dha-epa oral capsule 1,200-144-216 mg</i>	1	OTC
FLINTSTONES COMPLETE ORAL TABLET,CHEWABLE	1	MO; OTC
FLINTSTONES GUMMIES OMEGA-3 ORAL TABLET,CHEWABLE 16 MG	1	OTC
FLINTSTONES GUMMIES ORAL TABLET,CHEWABLE	1	OTC
FLINTSTONES MULTI-VIT GUMMIES ORAL TABLET,CHEWABLE 100 MCG, 200 MCG	1	OTC
FLINTSTONES PLUS CALCIUM ORAL TABLET,CHEWABLE	1	OTC
FLINTSTONES SOUR GUMMIES ORAL TABLET,CHEWABLE	1	OTC
FLINTSTONES TAB CHEW ORAL TABLET,CHEWABLE 100 MCG	1	OTC
FLINTSTONES WITH IRON ORAL TABLET,CHEWABLE 18 MG IRON	1	OTC
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE 100 MCG	1	OTC
FLORIVA PLUS ORAL DROPS 0.25MG FLUORIDE (0.55 MG)/ML	1	MO; OTC
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	MO; OTC
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	1	MO
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	1	MO; OTC
<i>folbee oral tablet 2.5-25-1 mg</i>	1	MO; OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>folbic oral tablet 2.5-25-2 mg</i>	1	MO; OTC
FOLIC ACID ORAL CAPSULE 20 MG	1	OTC
<i>folic acid oral tablet 1 mg</i>	1	MO; SUPP
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	1	MO; OTC
FOLIC ACID-VIT B6-VIT B12 (CA) ORAL TABLET	1	OTC
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	1	MO; OTC
<i>foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg</i>	1	MO; OTC
<i>fruit c-500 oral tablet, chewable 500 mg</i>	1	OTC
<i>full spectrum b-vitamin c oral tablet 0.8 mg</i>	1	MO; OTC
GENADEK STEP 1 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG	1	OTC
GENADEK STEP 2 ORAL CAPSULE 200 MCG-1,000 MCG-10 MG	1	OTC
<i>gummi bear multivitamin oral tablet, chewable</i>	1	OTC
GUMMIES CHILDREN MULTIVITAMIN ORAL TABLET, CHEWABLE	1	OTC
GUMMY DINOS ORAL TABLET, CHEWABLE	1	OTC
<i>hair vitamins oral tablet</i>	1	OTC
<i>hair, skin and nails oral tablet</i>	1	OTC
HEALTHY EYES LUTEIN-ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG	1	OTC
HEALTHY EYES ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	1	OTC
<i>healthy eyes supervision oral capsule 4,296 mcg-226 mg-90 mg</i>	1	OTC
HEALTHY EYES SUPERVISION2 ORAL CAPSULE 250-90-10-1 MG	1	MO; OTC
<i>hematinic plus vit/minerals oral tablet 106 mg iron- 1 mg</i>	1	MO; OTC
<i>hematinic/folic acid oral tablet 324 mg (106 mg iron)-1 mg</i>	1	MO; OTC
<i>high potency iron oral tablet 134 mg (27 mg iron)</i>	1	OTC
<i>high potency multivit (w-iron) oral tablet 18-400 mg-mcg</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
HIGH POTENCY MULTIVITAMIN ORAL TABLET 400 MCG	1	MO; OTC
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	MO; OTC
<i>iferex 150 oral capsule 150 mg iron</i>	1	MO; OTC
<i>iron (ferrous sulfate) oral tablet 325 mg (65 mg iron)</i>	1	OTC
<i>iron 100 plus oral tablet 100-250-25-1 mg-mg-mcg-mg</i>	1	MO; OTC
<i>iron chews oral tablet,chewable 15 mg</i>	1	MO; OTC
<i>iron oral tablet 325 mg (65 mg iron)</i>	1	OTC
<i>iron oral tablet extended release 159 mg (45 mg iron)</i>	1	OTC
<i>iron,carbonyl-vitamin c oral tablet 100-250 mg</i>	1	MO; OTC
KIDS' GUMMY ORAL TABLET,CHEWABLE	1	OTC
K-PAX IMMUNE SUPPORT ORAL TABLET 2.25 MG IRON- 100 MCG	1	OTC
<i>levomefolate calcium oral tablet 15 mg, 7.5 mg</i>	1	MO; OTC
LIQUID B-12 ORAL LIQUID 1,000 MCG/15 ML	1	OTC
<i>liquid multivitamin oral liquid 9 mg iron/ 15 ml (15 ml)</i>	1	OTC
<i>little animals oral tablet,chewable</i>	1	OTC
<i>little animals-iron oral tablet,chewable</i>	1	OTC
<i>ludent fluoride oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid)</i>	1	OTC
<i>lutein oral capsule 20 mg</i>	1	MO; OTC
LUTEIN ORAL TABLET 10 MG	1	MO; OTC
MACULAR HEALTH FORMULA ORAL CAPSULE 5-1-7.5 MG	1	OTC
<i>mega multi for women oral tablet 13.5-200-250 mg-mcg-mcg</i>	1	OTC
<i>mega multiple/chelated mineral oral tablet</i>	1	OTC
<i>mega multivitamin for men oral tablet 200-175-250 mcg</i>	1	OTC
MEN 50 PLUS ADVANCED ONE DAILY ORAL TABLET 400-20-370 MCG	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
MEN'S 50 PLUS DAILY FORMULA ORAL TABLET 400-20-370 MCG	1	OTC
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG	1	OTC
MEN'S DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
MEN'S DAILY ORAL CAPSULE 0.4-600 MG-MCG	1	OTC
MEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
MEN'S ONE DAILY ORAL TABLET 400-20-300 MCG	1	OTC
MEN'S PACK ORAL COMBO PACK 0.4-250 MG-MCG	1	OTC
<i>milltrium senior oral tablet</i>	1	MO; OTC
<i>multi complete with iron oral tablet 18-400 mg-mcg</i>	1	MO; OTC
MULTI FOR HER 50 PLUS ORAL CAPSULE 400-80 MCG	1	MO; OTC
MULTI FOR HER ORAL CAPSULE 18 MG IRON-600 MCG-40 MCG	1	OTC
<i>multi for her oral tablet 18 mg iron-600 mcg-80 mcg</i>	1	OTC
MULTI-DAY PLUS MINERALS ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
<i>multi-day with iron oral tablet 18-400 mg-mcg</i>	1	OTC
<i>multigen folic oral tablet 70-150-10-1-2 mg-mg-mcg-mg-mg</i>	1	MO; OTC
<i>multigen oral tablet 70 mg-150 mg-10 mcg-2 mg-75 mg</i>	1	MO; OTC
<i>multigen plus oral tablet 151-60-10-1 mg-mg-mcg-mg</i>	1	MO; OTC
<i>multiple vitamin-minerals oral tablet</i>	1	MO; OTC
<i>multiple vitamins oral tablet</i>	1	OTC
<i>multi-vit with fluoride-iron oral drops 0.25mg fluoride -10 mg iron/ml</i>	1	MO; OTC
<i>multivit with min-folic acid oral tablet 0.4 mg</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
MULTIVIT,CALC,MIN-FA-K1-LYCOP ORAL TABLET 240 MCG-30 MCG- 300 MCG	1	OTC
<i>multivitamin 50 plus oral tablet</i>	1	OTC
MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
<i>multi-vitamin hp/minerals oral capsule</i>	1	MO; OTC
<i>multivitamin oral tablet</i>	1	MO; OTC
<i>multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml</i>	1	MO; OTC
<i>multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	MO; OTC
<i>multivitamin with folic acid oral tablet 400 mcg</i>	1	OTC
<i>multivitamin with iron oral tablet</i>	1	OTC
<i>multivitamin with minerals oral liquid 9 mg iron/15 ml</i>	1	OTC
<i>multivitamin women 50 plus oral tablet 8 mg iron- 400 mcg-50 mcg</i>	1	OTC
MULTIVITAMIN-ZINC-STRESS ORAL TABLET 500 MG-400 MCG- 23.9 MG-3 MG	1	MO; OTC
MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML	1	MO; OTC
MULTIVIT-MIN-FERROUS FUMARATE ORAL TABLET 15 MG IRON	1	MO; OTC
MULTIVIT-MIN-FOLIC ACID-LUTEIN ORAL TABLET,CHEWABLE 200-137.5 MCG	1	OTC
<i>multivit-min-iron fum-folic ac oral tablet 7.5 mg iron-400 mcg</i>	1	MO; OTC
<i>mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	OTC
MVW COMPLETE FORMUL MULTIVIT ORAL CAPSULE 1,500-800 UNIT-MCG	1	MO; OTC
MVW COMPLETE FORMUL MULTIVIT ORAL CAPSULE 750-500 UNIT-MCG	1	OTC
MVW COMPLETE FORMUL MULTIVIT ORAL TABLET,CHEWABLE 1,500-1,000 UNIT-MCG	1	MO; OTC
MVW COMPLETE FORMUL PEDIATRIC ORAL DROPS 750-500 UNIT-MCG/0.5 ML	1	MO; OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE 3,000-800 UNIT-MCG	1	MO; OTC
MVW COMPLETE FORMULATION D3000 ORAL TABLET,CHEWABLE 3,000-1,000 UNIT-MCG	1	MO; OTC
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE 5,000-800 UNIT-MCG	1	MO; OTC
MVW COMPLETE FORMULATION D5000 ORAL TABLET,CHEWABLE 5,000 UNIT-1,000 MCG	1	MO; OTC
<i>my-vitalife oral capsule</i>	1	OTC
NANO VM 1-3 ORAL POWDER 3.5-75 MG-MCG	1	MO; OTC
NANO VM 4-8 ORAL POWDER 5-100 MG-MCG	1	MO; OTC
NANOVM 9-18 ORAL POWDER 2 MG IRON/ 2.6 GRAM	1	OTC
NANOVM T-F FEEDING TUBE POWDER 2.75 MG IRON/ 5.4 GRAM	1	OTC
<i>nephplex rx oral tablet 1-60-300-12.5 mg-mg-mcg-mg</i>	1	MO; OTC
NEPHRO VITAMINS ORAL TABLET 0.8 MG	1	OTC
<i>nephronex oral liquid 900 mcg/5 ml</i>	1	MO; OTC
NEPHRO-VITE ORAL TABLET 0.8 MG	1	MO; OTC
OCUVITE ADULT 50 PLUS ORAL CAPSULE 250 MG (90 MG-160 MG)	1	MO; OTC
OCUVITE EYE PLUS MULTI ORAL TABLET 200-15-150 MCG	1	OTC
OCUVITE LUTEIN AND ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG	1	OTC
OCUVITE WITH LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	1	MO; OTC
<i>omnicap oral tablet 0.4 mg</i>	1	OTC
<i>one daily calcium/iron oral tablet</i>	1	OTC
<i>one daily complete oral tablet , 18-0.4 mg</i>	1	OTC
<i>one daily energy oral tablet</i>	1	OTC
<i>one daily essential oral tablet , 0.4 mg, 400 mcg</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
ONE DAILY ESSENTIAL ORAL TABLET 0.5 MG	1	OTC
<i>one daily for men 50 plus adv oral tablet 400-600-120 mcg-mcg-mg</i>	1	OTC
<i>one daily for men oral tablet 0.4-600 mg-mcg</i>	1	MO; OTC
<i>one daily for women oral tablet 18-0.4 mg</i>	1	OTC
<i>one daily maximum oral tablet 18-0.4 mg</i>	1	OTC
<i>one daily men's 50 plus memory oral tablet 400-600-120 mcg-mcg-mg</i>	1	OTC
ONE DAILY MEN'S 50 PLUS W-D3 ORAL TABLET 400-20-370 MCG	1	OTC
ONE DAILY MEN'S HEALTH ORAL TABLET 240 MCG-30 MCG- 300 MCG	1	OTC
<i>one daily multi-vit w-mineral oral tablet 4.5 mg iron</i>	1	MO; OTC
<i>one daily multivitamin oral tablet</i>	1	OTC
ONE DAILY MULTIVITAMIN ORAL TABLET 400 MCG	1	OTC
ONE DAILY MULTIVITAMIN-IRON ORAL TABLET 18 MG IRON	1	MO; OTC
<i>one daily multivit-iron(folic) oral tablet 18-400 mg-mcg</i>	1	OTC
<i>one daily oral tablet 0.4-600 mg-mcg</i>	1	OTC
<i>one daily plus iron oral tablet 18-400 mg-mcg</i>	1	OTC
<i>one daily plus minerals oral tablet</i>	1	OTC
<i>one daily women 50 plus oral tablet 400-120 mcg-mg</i>	1	MO; OTC
ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	1	OTC
<i>one daily womens 50 plus oral tablet 0.4 mg</i>	1	OTC
<i>one daily women's health oral tablet 18 mg iron-400 mcg-450 mg ca</i>	1	OTC
ONE DAILY WOMEN'S ORAL TABLET 18 MG IRON-400 MCG-25 MCG	1	OTC
<i>one daily women's oral tablet 18 mg iron-400 mcg-450 mg ca</i>	1	OTC

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY ENERGY ORAL TABLET 9 MG IRON-400 MCG-200 MG	1	OTC
<i>one-a-day essential oral tablet</i>	1	OTC
ONE-A-DAY KID'S ORAL TABLET,CHEWABLE	1	OTC
<i>one-a-day maximum formula oral tablet</i>	1	OTC
ONE-A-DAY MEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG	1	MO; OTC
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET 400-60 MCG-MG	1	MO; OTC
ONE-A-DAY MEN'S COMPLETE ORAL TABLET 240 MCG-30 MCG- 300 MCG	1	MO; OTC
ONE-A-DAY MEN'S MULTIVITAMIN ORAL TABLET 400-20-300 MCG	1	OTC
ONE-A-DAY PROACTIVE 65 PLUS ORAL TABLET 200 MCG	1	MO; OTC
<i>one-a-day teen advantage oral tablet 18-400 mg- mcg, 9 mg iron-400 mcg</i>	1	OTC
ONE-A-DAY VITACRAVES IMMUNITY ORAL TABLET,CHEWABLE 200 MCG	1	OTC
ONE-A-DAY VITACRAVES OMEGA-3 ORAL TABLET,CHEWABLE 200-16 MCG-MG	1	OTC
ONE-A-DAY VITACRAVES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
ONE-A-DAY WEIGHTSMART ORAL TABLET 200-18-0.4 MG	1	OTC
ONE-A-DAY WOMEN VITACRAVES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
<i>one-a-day women's 50 plus oral tablet 0.4 mg</i>	1	MO; OTC
ONE-A-DAY WOMEN'S ACTIVE ORAL TABLET 18 MG IRON- 400 MCG-180 MG	1	OTC
ONE-A-DAY WOMENS FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG, 18 MG IRON-400 MCG-500 MG CA	1	OTC
ONE-A-DAY WOMEN'S HEALTHY SKIN ORAL TABLET 18 MG IRON-400 MCG-6 MG	1	OTC
ONE-A-DAY WOMEN'S PETITES ORAL TABLET 9 MG IRON-200 MCG	1	MO; OTC

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
ONE-DAILY MULTI ORAL CAPSULE 800 MCG-1 MG- 500 MCG-500 MCG	1	OTC
ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG	1	OTC
<i>optimal d3 oral capsule 1,250 mcg (50,000 unit)</i>	1	OTC
<i>pedia d-vite oral drops 10 mcg/ml (400 unit/ml)</i>	1	OTC
<i>pedia iron oral drops 15 mg iron (75 mg)/ml</i>	1	OTC
PEDIA POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	1	OTC
<i>pediatric d-vite oral drops 10 mcg/ml (400 unit/ml)</i>	1	MO; OTC
PEDIATRIC MULTIVITAMIN NO.171 ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML	1	OTC
PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML	1	OTC
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	MO; OTC
<i>poly-iron oral capsule 150 mg iron</i>	1	MO; OTC
<i>polysaccharide iron complex oral capsule 150 mg iron</i>	1	MO; OTC
POLY-VI-SOL ORAL DROPS 250 MCG-50 MG-10 MCG/ML	1	MO; OTC
POLY-VI-SOL WITH IRON ORAL DROPS 11 MG IRON/ML	1	MO; OTC
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML	1	OTC
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	1	MO; OTC
<i>prenatal dha oral capsule 200 mg</i>	1	MO; OTC
<i>prenatal vitamin oral tablet oral tablet 27 mg iron-1 mg</i>	1	MO
PRESERVISION AREDS ORAL CAPSULE 4,296 MCG-226 MG-90 MG	1	MO; OTC
PRESERVISION AREDS ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG	1	OTC
PRESERVISION AREDS-2 ORAL CAPSULE 250-90-40-1 MG	1	MO; OTC

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
PRESERVISION LUTEIN ORAL CAPSULE 226-90-0.8-5 MG	1	MO; OTC
PRO-CAL ORAL TABLET 187.5-40-7.5 MG	1	OTC
PROCERV HP ORAL TABLET 9 MG IRON- 300 MCG-50 MCG	1	OTC
PRORENAL ORAL TABLET 8 MG IRON-800 MCG-1,000 UNIT	1	MO; OTC
PRORENAL QD ORAL CAPSULE 400-500 MCG-UNIT	1	MO; OTC
PROTECT CARDIO AF ORAL CAPSULE 0.5- 30-60-90 MG	1	OTC
PROTECT PLUS SO ORAL CAPSULE 0.5-15 MG	1	OTC
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	1	OTC
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 50 mg</i>	1	MO; OTC
<i>pyridoxine (vitamin b6) oral tablet 25 mg, 250 mg</i>	1	OTC
<i>pyridoxine (vitamin b6) oral tablet extended release 200 mg</i>	1	MO; OTC
QUFLORA PEDIATRIC DROPS ORAL DROPS 0.25MG FLUORIDE (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	1	OTC
QUINTABS ORAL TABLET 400 MCG	1	OTC
<i>quintabs-m iron free oral tablet 0.4 mg</i>	1	OTC
<i>renal caps oral capsule 1 mg</i>	1	MO; OTC
RENAL VITAMIN ORAL TABLET 0.8 MG	1	MO; OTC
RENAL-VITE ORAL TABLET 0.8 MG	1	OTC
RENAPLEX ORAL TABLET 800 MCG- 12.5 MG	1	OTC
RENAPLEX-D ORAL TABLET 800 MCG-12.5 MG -2,000 UNIT	1	OTC
<i>rena-vite oral tablet 0.8 mg</i>	1	MO; OTC
<i>rena-vite rx oral tablet 1-60-300 mg-mg-mcg</i>	1	MO; OTC
<i>reno caps oral capsule 1 mg</i>	1	MO; OTC
SCOOBY-DOO ONE A DAY KIDS ORAL TABLET,CHEWABLE	1	OTC
<i>senior tabs oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>sentry oral tablet 18-400 mg-mcg</i>	1	OTC
<i>sentry senior oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
<i>sentry senior oral tablet 500-300-250 mcg</i>	1	MO; OTC
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	1	MO; OTC
<i>slow release iron oral tablet extended release 142 mg (45 mg iron), 160 mg (50 mg iron)</i>	1	MO; OTC
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 143 MG (45 MG IRON)	1	OTC
<i>slow release iron oral tablet extended release 250 mg (50 mg iron)</i>	1	OTC
<i>soluvita a,c,d with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml</i>	1	OTC
<i>soluvita oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	1	OTC
<i>spectravite adult 50 plus oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
SPECTRAVITE ADULT 50 PLUS(LUT) ORAL TABLET,CHEWABLE 500-250 MCG	1	OTC
<i>spectravite adult oral tablet 18-400 mg-mcg</i>	1	OTC
<i>spectravite advanced formula oral tablet 18-400 mg-mcg</i>	1	OTC
<i>spectravite men's oral tablet 8 mg iron- 200 mcg- 600 mcg</i>	1	OTC
<i>spectravite women 50 plus oral tablet 8 mg iron- 400 mcg-50 mcg</i>	1	OTC
<i>spectravite women oral tablet 18-400 mg-mcg</i>	1	OTC
<i>stress formula oral tablet</i>	1	MO; OTC
<i>stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron</i>	1	OTC
<i>stress formula with zinc oral tablet</i>	1	MO; OTC
<i>super b/c oral capsule</i>	1	MO; OTC
<i>super b-50 complex oral capsule 400 mcg-20 mg- 50 mg</i>	1	OTC
<i>super multivitamin oral tablet</i>	1	OTC
<i>super quints b-50 oral tablet</i>	1	OTC
<i>super quints oral tablet 0.4 mg</i>	1	OTC
<i>super thera vite m oral tablet</i>	1	MO; OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 15 MG IRON- 400 MCG	1	MO; OTC
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG	1	OTC
<i>tab-a-vite oral tablet 400 mcg</i>	1	MO; OTC
<i>thera oral tablet 400 mcg</i>	1	OTC
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET 400-250-375 MCG	1	OTC
<i>theralogix companion oral tablet 0.4 mg</i>	1	OTC
<i>thera-m oral tablet 27-0.4 mg</i>	1	OTC
THERAMILL FORTE ORAL CAPSULE 67 MCG-12.5 MG -12.5 MG-17 MG	1	OTC
<i>therapeutic-m oral tablet 9 mg iron-400 mcg</i>	1	MO; OTC
<i>thera-tabs oral tablet</i>	1	MO; OTC
<i>theratrum complete 50 plus/lut oral tablet</i>	1	MO; OTC
<i>theratrum complete 50 plus-lyc oral tablet 0.4 mg-300 mcg- 250 mcg</i>	1	OTC
<i>theratrum complete with lutein oral tablet</i>	1	MO; OTC
<i>thera-vite max-m oral tablet 9 mg iron-400 mcg</i>	1	OTC
<i>therems multivitamin oral tablet 400 mcg</i>	1	MO; OTC
<i>triphrocaps oral capsule 1 mg</i>	1	MO; OTC
<i>tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	OTC
<i>tri-vite with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	MO; OTC
VISION HEALTH ORAL CAPSULE 250-90-40-2-5 MG	1	OTC
VIT A PALMITATE-VIT C-VIT D3 ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML	1	OTC
VITABEX PLUS ORAL CAPSULE 500-25-10 MCG-MG-MG	1	OTC
<i>vita-c oral crystals</i>	1	OTC
VITAJoy ADULT MULTI ORAL TABLET,CHEWABLE 200 MCG	1	OTC
<i>vitajoy daily d oral tablet,chewable 25 mcg (1,000 unit)</i>	1	MO; OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>vitalee oral tablet 0.4 mg</i>	1	OTC
<i>vitalets oral tablet, chewable , 10 mg iron</i>	1	OTC
<i>vitamin a oral capsule 2,400 mcg, 3,000 mcg (10,000 unit)</i>	1	MO; OTC
<i>vitamin b complex oral capsule</i>	1	MO; OTC
<i>vitamin b complex oral tablet</i>	1	MO; OTC
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	1	OTC
VITAMIN B-12 ORAL LOZENGE 500 MCG	1	OTC
<i>vitamin b-12 oral tablet 1,000 mcg, 100 mcg, 250 mcg, 50 mcg, 500 mcg</i>	1	OTC
<i>vitamin b-12 oral tablet extended release 1,000 mcg</i>	1	MO; OTC
<i>vitamin b-12 oral tablet extended release 2,000 mcg</i>	1	OTC
<i>vitamin b-12 sublingual tablet 2,500 mcg</i>	1	MO; OTC
VITAMIN B-12 SUBLINGUAL TABLET 5,000 MCG	1	MO; OTC
<i>vitamin b-6 oral tablet 100 mg, 50 mg</i>	1	OTC
<i>vitamin b-6 oral tablet 25 mg, 250 mg</i>	1	MO; OTC
<i>vitamin c drops oral lozenge 60 mg</i>	1	OTC
VITAMIN C FIZZY DRINK ORAL POWDER EFFERVESCENT IN PACKET 1,000 MG	1	OTC
<i>vitamin c oral powder</i>	1	OTC
<i>vitamin c oral tablet 1,000 mg, 100 mg, 250 mg</i>	1	OTC
<i>vitamin c oral tablet 500 mg</i>	1	MO; OTC
<i>vitamin c oral tablet extended release 1,000 mg, 500 mg</i>	1	OTC
<i>vitamin c oral tablet, chewable 250 mg</i>	1	OTC
<i>vitamin c oral tablet, chewable 500 mg</i>	1	MO; OTC
<i>vitamin c with rose hips oral tablet 1,000 mg, 500 mg</i>	1	MO; OTC
<i>vitamin c with rose hips oral tablet extended release 1,000 mg</i>	1	OTC
<i>vitamin c with rose hips oral tablet, chewable 500 mg</i>	1	OTC

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This drug list was last updated on 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
<i>vitamin d3 oral capsule 10 mcg (400 unit), 25 mcg (1,000 unit)</i>	1	MO; OTC
<i>vitamin d3 oral capsule 50 mcg (2,000 unit)</i>	1	OTC
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i>	1	MO; OTC
<i>vitamin d3 oral tablet 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	1	OTC
<i>vitamin d3 oral tablet,chewable 10 mcg (400 unit)</i>	1	OTC
<i>vitamin d3 oral tablet,chewable 25 mcg (1,000 unit)</i>	1	MO; OTC
<i>vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml</i>	1	MO; OTC
<i>vitamins b complex oral capsule</i>	1	OTC
<i>vitamins b complex oral tablet</i>	1	OTC
<i>vitamins for hair oral capsule 400-400 mcg</i>	1	MO; OTC
<i>wee care oral suspension 15 mg/1.25 ml</i>	1	MO; OTC
<i>weekly-d oral capsule 1,250 mcg (50,000 unit)</i>	1	MO; OTC
<i>wescaps oral capsule 1 mg</i>	1	MO; OTC
<i>westab max oral tablet 2.5-25-2 mg</i>	1	MO; OTC
<i>westab one oral tablet 2.5-25-1 mg</i>	1	MO; OTC
WOMEN'S 50 PLUS ADVANCED ORAL TABLET 400-20 MCG	1	OTC
WOMEN'S 50 PLUS DAILY FORMULA ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	1	OTC
WOMEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	1	OTC
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG	1	OTC
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	1	MO; OTC
<i>women's daily formula oral tablet 27-0.4 mg</i>	1	OTC
WOMENS DAILY GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
WOMEN'S DAILY PACK ORAL TABLET 400 MCG-800 MG -10 MCG	1	OTC

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 01/21/2025

Drug Name	Drug Tier	Requirements/Limits
WOMEN'S MULTIVITAMIN GUMMIES ORAL TABLET,CHEWABLE 200 MCG	1	OTC
WOMEN'S MULTIVITAMIN ORAL TABLET 18 MG-400 MCG- 500 MG-50 MCG	1	OTC
WOMEN'S MULTIVITAMIN W-BIOTIN ORAL TABLET,CHEWABLE 200-300 MCG	1	OTC
WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	1	OTC
YOGURT PLUS CALCIUM GUMMIES ORAL TABLET,CHEWABLE 250 MG-2.5 MCG (100 UNIT)	1	OTC
<i>zinc with vitamins a and c oral lozenge 15 mg</i>	1	OTC

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 01/21/2025

Index

1		ABILIFY ASIMTUFII.....57	ACTEMRA ACTPEN.....138
<i>12 hour decongestant</i>	155	ABILIFY MAINTENA.....57	ACTHIB (PF).....133
<i>12 hour nasal decongest (pse)</i>		<i>abiraterone</i>.....22, 23	<i>actidom dmx</i>.....156
.....	155	ABRAXANE.....23	ACTIMMUNE.....131
12-HOUR COUGH RELIEF		ABRYSVO (PF).....132	<i>acyclovir</i>.....9, 94
.....	155	<i>acamprosate</i>.....97	<i>acyclovir sodium</i>.....9
2		<i>acarbose</i>.....106	ADACEL(TDAP
<i>24 hour allergy relief</i>	168	<i>accutane</i>.....89	ADOLESN/ADULT)(PF)
24 HOUR NASAL ALLERGY		<i>acebutolol</i>.....67	.....133
.....	168	<i>acetaminophen</i>.....50, 51	ADBRY.....81
<i>24hour allergy</i>	155	ACETAMINOPHEN.....50	ADCETRIS.....23
<i>24hr allergy relief</i>	155	<i>acetaminophen extra strength</i>	<i>addaprin</i>.....51
<i>24hr allergy-congestion relief</i>		.....50	<i>adefovir</i>.....9
.....	155	<i>acetaminophen-codeine</i>.....48	ADEMPAS.....168
<i>2-in-1 laxative</i>	117	<i>acetazolamide</i>.....153	<i>adrenalin</i>.....156
3		<i>acetic acid</i>.....97, 104	ADULT 50 PLUS EYE
<i>3-day vaginal</i>	142	<i>acetylcysteine</i>.....97, 168	HEALTH.....183
5		<i>acid controller</i>.....129	ADULT 50 PLUS
50 PLUS ADULT EYE		<i>acid controller complete</i>.....129	PROBIOTIC.....114
HEALTH.....	182	<i>acid gone antacid</i>.....117	<i>adult aspirin regimen</i>.....51
8		<i>acid gone antacid e.strength</i>	ADULT MULTIVITAMIN
<i>8 hour pain reliever</i>	50	.....117	GUMMIES.....183
<i>8hr muscle aches-pain</i>	50	<i>acid reducer (cimetidine) ...</i> 129	ADULT ONE DAILY
A		<i>acid reducer (esomeprazole)</i>	GUMMIES.....183
<i>a and d (lanolin-petrolatum)</i> 81		.....129	<i>adult tussin cf</i>.....156
A AND D DIAPER RASH		<i>acid reducer (famotidine) ...</i> 129	<i>adult tussin chest congestion</i>
CREAM.....	81	<i>acid reducer (lansoprazole)</i> 129	.....156
<i>a thru z</i>	183	<i>acid reducer (omeprazole) .</i> 129	<i>adult wal-tussin</i>.....156
<i>a thru z advanced formula..</i> 183		<i>acid reducer complete (famot)</i>	<i>adult wal-tussin dm max</i>....156
<i>a thru z high potency</i>	183	.....129	<i>adults 50 plus</i>.....183
A THRU Z MEN'S		<i>acid-pep</i>.....129	ADULTS MULTIVITAMIN
ULTIMATE.....	183	<i>acitretin</i>.....78	.....183
<i>a thru z select</i>	183	<i>acne cleanser</i>.....80	ADVAIR HFA.....168
<i>a thru z select 50plus formula</i>		<i>acne cleansing bar</i>.....89	<i>advanced antacid-antigas</i> ...117
.....	183	ACNE CONTROL	<i>advanced exfoliating cleanser</i>
<i>a thru z select women's</i>	183	(SALICYLIC ACID).....80	.....89
<i>abacavir</i>	9	<i>acne control(benzoyl peroxide)</i>	<i>advanced eye relief</i>.....149
<i>abacavir-lamivudine</i>	9	.....89	<i>advanced healing (petrolatum)</i>
ABC COMPLETE ADULT		<i>acne foaming wash</i>.....89	.....81
.....	183	<i>acne medication</i>.....89	<i>advil junior strength</i>.....51
ABC COMPLETE MEN'S. 183		ACNE MEDICATION.....89	AIMOVIQ AUTOINJECTOR
<i>abc complete senior 50 plus</i>		<i>acne pads</i>.....80	.....45
.....	183	<i>acne treatment (benzoyl perox)</i>	AIRBORNE (ASCORBIC
<i>abc complete women's</i>	183	.....89	ACID).....183
<i>abc plus</i>	183	<i>acne-clear</i>.....89	AIRBORNE (LYSINE HCL)
ABELCET.....	8	ACTEMRA.....138	.....179

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 01/21/2025

AIRSHIELD.....	183	<i>allergy (chlorpheniramine)</i>	156	<i>amethyst (28)</i>	144
AIRSHIELD IMMUNE	180	<i>allergy (diphenhydramine)</i> .	156	<i>amikacin</i>	15
AKEEGA	23	<i>allergy and congestion relief</i>		<i>amiloride</i>	67
<i>ala-cort</i>	94	.....	157	<i>amiloride-hydrochlorothiazide</i>	
ALAHIST DM		<i>allergy d-12</i>	157	.....	67
(DEXBROMPHEN-PE-		<i>allergy eye (ketotifen)</i>	149	<i>aminocaproic acid</i>	72
DM).....	156	<i>allergy medication</i>	157	<i>aminofen</i>	51
<i>alavert</i>	156	<i>allergy medicine</i>	157	<i>amiodarone</i>	66
<i>alavert d-12 allergy-sinus</i> ..	156	<i>allergy relief (cetirizine)</i>	157	<i>amitriptyline</i>	57
<i>alaway</i>	149	<i>allergy relief (fexofenadine)</i>		<i>amlodipine</i>	67
<i>albendazole</i>	15	.....	157	<i>amlodipine-atorvastatin</i>	75
<i>albumin, human 25 %</i>	174	<i>allergy relief (fluticasone)</i> ..	169	<i>amlodipine-benazepril</i>	67
<i>alburx (human) 25 %</i>	174	<i>allergy relief (levocetirizin)</i>	157	<i>amlodipine-olmesartan</i>	67
<i>alburx (human) 5 %</i>	174	<i>allergy relief (loratadine)</i> ...	157	<i>amlodipine-valsartan</i>	67
<i>albutein 25 %</i>	174	<i>allergy relief d12</i>	157	<i>ammonium lactate</i>	81
<i>albutein 5 %</i>	174	<i>allergy relief d-24hr</i>	157	<i>amnesteem</i>	89
<i>albuterol sulfate</i>	168	<i>allergy relief(chlorpheniramn)</i>		<i>amoxapine</i>	57
<i>alcalak</i>	175	.....	157	<i>amoxicillin</i>	19
<i>alclometasone</i>	94	<i>allergy relief(diphenhydramin)</i>		<i>amoxicillin-pot clavulanate</i> ..	19
<i>alcohol pads</i>	106	.....	157	<i>amphotericin b</i>	8
ALDURAZYME.....	111	<i>allergy relief,nasal decongest</i>		<i>amphotericin b liposome</i>	8
ALECENSA	23	.....	157	<i>ampicillin</i>	19
<i>alendronate</i>	137	<i>allergy relief-d (cetirizine)</i> .	157	<i>ampicillin sodium</i>	19
<i>aler-cap</i>	156	<i>allergy relief-d (loratadine)</i>	157	<i>ampicillin-sulbactam</i>	19, 20
ALEVAZOL.....	91	<i>allergy relief-d(fexofenadine)</i>		<i>anagrelide</i>	97
<i>alfuzosin</i>	173	.....	157, 158	<i>analgesic balm (m.salic-menth)</i>	
ALIMTA	23	<i>allergy-congest relief-d(fexo)</i>		.....	81
ALIQOPA	23	.....	158	<i>analgesic creme</i>	81
<i>aliskiren</i>	67	<i>allergy-congestion relief-d</i> .	158	<i>anastrozole</i>	23
ALIVE WOMEN'S 50 PLUS		<i>allergy-time</i>	158	<i>anecream</i>	81
(BLEND).....	183	<i>aller-tec</i>	158	<i>animal chews</i>	184
ALIVE WOMEN'S ENERGY		<i>aller-tec d</i>	158	ANORO ELLIPTA.....	169
.....	183	<i>allopurinol</i>	137	<i>antacid</i>	117
<i>alka-seltzer original</i>	51	<i>almacone-2</i>	117	<i>antacid (calcium carb-mag</i>	
<i>all day allergy (cetirizine)</i> ..	156	<i>alosetron</i>	117	<i>hyd)</i>	117
<i>all day allergy-d</i>	156	ALPHAGAN P.....	154	<i>antacid (calcium carbonate)</i>	
<i>all day pain relief</i>	51	<i>alprazolam</i>	57	.....	175
<i>all day relief</i>	51	<i>altamist</i>	102	<i>antacid and pain relief</i>	51
<i>allegra-d 12 hour</i>	156	<i>altavera (28)</i>	143	<i>antacid anti-gas</i>	117
<i>aller-chlor</i>	156	<i>altazine</i>	154	ANTACID EXST (CA CARB-	
<i>allerclear</i>	156	<i>alum-mag hydroxide-simeth</i>		<i>MAG HYD)</i>	117
<i>allerclear d-12hr</i>	156	.....	117	<i>antacid exst (mag carb-al hyd)</i>	
<i>allerclear d-24hr</i>	156	ALUNBRIG	23	.....	117
<i>aller-cort</i>	169	ALVAIZ	72	<i>antacid ext str (calcium carb)</i>	
<i>aller-ease</i>	156	<i>alyacen 1/35 (28)</i>	143	.....	175
<i>aller-fex</i>	156	<i>alyacen 7/7/7 (28)</i>	144	<i>antacid extra-strength</i>	175
<i>aller-flo</i>	169	<i>alyq</i>	169	<i>antacid m</i>	117
<i>aller-g-time</i>	156	<i>amantadine hcl</i>	9	<i>antacid maximum strength</i> .	117
<i>allergy</i>	157	<i>ambrisentan</i>	169		

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 01/21/2025

ANTACID MULTI-SYMP TOM.....	117	<i>arformoterol</i>	169	<i>aspirin</i>	51
<i>antacid plus anti-gas</i>	117	ARIKAYCE	15	<i>aspirin childrens</i>	51
<i>antacid regular strength</i>	118	<i>aripiprazole</i>	57, 58	<i>aspirin-dipyridamole</i>	72
<i>antacid ultra strength</i> .	118, 175	ARISTADA.....	58	<i>atazanavir</i>	9
<i>antacid-antigas</i>	118	ARISTADA INITIO.....	58	<i>atenolol</i>	67
ANTACID-ANTIGAS.....	118	<i>armodafinil</i>	58	<i>atenolol-chlorthalidone</i>	67
<i>antibiotic (bacitracin zinc)</i> ...	90	ARNUIITY ELLIPTA.....	169	<i>athenol</i>	51
<i>antibiotic (neomy-bacit-polym)</i>	90	<i>arsenic trioxide</i>	23	<i>athlete's foot</i>	92
.....	90	<i>arthricream</i>	81	<i>athlete's foot (clotrimazole)</i> ..	92
<i>antibiotic plus (pramoxine)</i> ..	90	<i>arthricream rub</i>	81	ATHLETE'S FOOT	
ANTIBIOTIC PLUS PAIN		<i>arthritis</i>	81	(TERBINAFINE)	92
REL(PRAM)	90	<i>arthritis pain (diclofenac)</i>	51	<i>athlete's foot (tolnaftate)</i>	92
<i>antibiotic-pain relief (bacit)</i> .	90	<i>arthritis pain relief (acetam)</i> 51		<i>athletic foot cream</i>	92
<i>anti-diarrheal</i>	114	ARTHRITIS PAIN RELIEF		<i>atomoxetine</i>	58
<i>anti-diarrheal (lope)-anti-gas</i>	114	(HISTAM)	81	<i>atorvastatin</i>	75
.....	114	<i>arthritis pain relief(capsaic)</i> 81		<i>atovaquone</i>	15
<i>anti-diarrheal (loperamide)</i> 114		<i>arthritis pain reliever</i>	51	<i>atovaquone-proguanil</i>	15
ANTI-DIARRHEAL		<i>artificial eye lubricant</i>	149	<i>atropine</i>	114, 149
(LOPERAMIDE)	114	<i>artificial tears (pf)</i>	149	ATROVENT HFA.....	169
<i>antifungal</i>	92	ARTIFICIAL TEARS (PF) 149		<i>aubra eq</i>	144
<i>antifungal (clotrimazole)</i>	91	<i>artificial tears (polyvin alc)</i> 149		AUGMENTIN.....	20
<i>antifungal (terbinafine)</i>	91	<i>artificial tears(dext70-hypro)</i>		AUGTYRO.....	23
<i>antifungal (tolnaftate)</i>	91, 92	.....	149	AUSTEDO	46
<i>antifungal spray</i>	92	<i>artificial tears(glycerin-peg)</i>		AUSTEDO XR.....	46
ANTI-GAS ULTRA		.....	149	AUSTEDO XR TITRATION	
STRENGTH.....	118	ARTIFICIAL TEARS(PG-		KT(WK1-4)	46
<i>anti-itch (hc)</i>	94	HYPM-GLYC).....	149	AUVELITY	58
<i>anti-itch (menthol-camphor)</i> 81		<i>artificial tears(pvalch-povid)</i>		AVEENO MOISTURIZING82	
ANTI-ITCH (PRAMOXINE)		.....	149	<i>aviane</i>	144
.....	118	<i>ascorbate calcium (vitamin c)</i>		AVONEX	131
<i>anti-itch vaginal (benz-resor)</i>	81	.....	184	<i>ayr saline</i>	102
.....	94	<i>ascorbic acid (vitamin c)</i>	184	AYVAKIT	23
<i>anti-itch(hydrocortisone)-aloe</i>	94	<i>ascorbic acid-ascorbate</i>		<i>azacitidine</i>	23
.....	94	<i>sodium</i>	184	AZASITE	147
<i>anti-nausea</i>	118	<i>asenapine maleate</i>	58	<i>azathioprine</i>	23
<i>antioxidant a/c/e/selenium</i> ..	184	ASMANEX TWISTHALER		<i>azathioprine sodium</i>	23
<i>antitussive dm</i>	158	.....	169	<i>azelaic acid</i>	89
<i>apraclonidine</i>	154	ASPARLAS.....	23	<i>azelastine</i>	102, 149
<i>aprepitant</i>	118	<i>aspercreme</i>	81	<i>azithromycin</i>	14, 15
<i>apri</i>	144	ASPERCREME (LIDOCAINE		<i>aztreonam</i>	15
<i>aprodine</i>	158	HCL).....	81	AZTREONAM	15
APTIOM.....	39	ASPERCREME		<i>azurette (28)</i>	144
APTIVUS.....	9	(LIDOCAINE).....	81	B	
<i>aquagard</i>	81	<i>aspercreme arthritis pain</i>	51	<i>b complex 1 (with folic acid)</i>	
<i>aquaphor itch relief</i>	94	<i>asperflex (lidocaine)</i>	82	.....	184
<i>aranelle (28)</i>	144	ASPERFLEX (LIDOCAINE)		<i>b complex-vitamin c-folic acid</i>	
ARCALYST.....	131	.....	82	.....	184
AREXVY (PF).....	133	<i>asperflex(m.salicylat-menthol)</i>		<i>b-100 complex</i>	184
		.....	82	B12	184

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 01/21/2025

<i>b-12 dots</i>	184	<i>betamethasone valerate</i>	94	<i>bromocriptine</i>	44
B-12 PLUS.....	184	<i>betamethasone, augmented</i> ..	95	BRUKINSA.....	24
<i>baby ayr saline</i>	102	BETASERON.....	131	<i>budesonide</i>	118, 169
<i>baby skin protectant (pet)</i>	82	<i>betatemp</i>	52	<i>budesonide-formoterol</i>	169
<i>bacitracin</i>	90, 148	<i>betaxolol</i>	67, 148	<i>bumetanide</i>	67
<i>bacitracin zinc</i>	90	<i>bethanechol chloride</i>	174	<i>buprenorphine</i>	48
<i>bacitracin-polymyxin b</i>	148	<i>bexarotene</i>	24	<i>buprenorphine hcl</i>	48
<i>bacitraycin plus</i>	90	BEXSERO.....	133	<i>buprenorphine-naloxone</i>	52
<i>back and body pain reliever</i> .	51	<i>bicalutamide</i>	24	<i>bupropion hcl</i>	58
<i>backache relief extra strength</i>	51	BICILLIN C-R.....	20	<i>bupropion hcl (smoking deter)</i>	101
<i>baclofen</i>	48	BICILLIN L-A.....	20	<i>burn relief with aloe</i>	82
<i>balance b-50 (with folic acid)</i>	184	BIKTARVY.....	9	<i>buspirone</i>	58
<i>balanced b-50</i>	184	BIO-35, GLUTEN FREE...	184	<i>busulfan</i>	24
<i>balsalazide</i>	118	BIOCAL.....	184	<i>butalbital-acetaminophen-caff</i>	49
BALVERSA.....	23	<i>biocotron</i>	158	.....	92
<i>banophen</i>	158	<i>biofreeze (menthol)</i>	82	BUTENAFINE.....	92
BAQSIMI.....	106	<i>biofreeze overnight</i>	82	<i>butorphanol</i>	52
BARACLUDE.....	9	BION TEARS (PF).....	149	BYLVAY.....	118
BARIATRIC		BIOTENE MOISTURIZING		C	
MULTIVITAMINS.....	184	MOUTH.....	102	<i>c complex</i>	185
BAVENCIO.....	23	<i>biotin</i>	185	<i>c-1000</i>	185
<i>bayer aspirin</i>	51	<i>bisacodyl</i>	118	<i>c-1000 with rose hips</i>	185
<i>bayer low dose aspirin</i>	52	<i>bismuth subsalicylate</i>	114	<i>c-500</i>	185
<i>baza antifungal</i>	92	<i>bisoprolol fumarate</i>	67	CABENUVA.....	9
BCG VACCINE, LIVE (PF)		<i>bisoprolol-hydrochlorothiazide</i>		<i>cabergoline</i>	111
.....	133	.....	67	CABLIVI.....	72
<i>b-complex with vitamin c</i>	184	BLINCYTO.....	24	CABOMETYX.....	24
BELEODAQ.....	24	<i>blis-to-sol (tolnaftate)</i>	92	<i>ca-d3-mag ox-zinc-cop-mang-</i>	
<i>benadryl allergy</i>	158	BODY, HAIR, SKIN AND		<i>bor</i>	185
<i>benazepril</i>	67	NAILS.....	185	CA-D3-MAG OX-ZINC-COP-	
<i>benazepril-hydrochlorothiazide</i>		BOOSTRIX TDAP.....	133	MANG-BOR.....	185
.....	67	<i>bortezomib</i>	24	<i>caffeine citrate</i>	97
BENDEKA.....	24	BORTEZOMIB.....	24	<i>calamine phenolated</i>	82
<i>bengay ultra strength(menthol)</i>		<i>bosentan</i>	169	<i>calamine-zinc oxide</i>	82
.....	82	BOSULIF.....	24	<i>calamine-zinc oxide-phenol</i> ..	82
BENLYSTA.....	138	BOTOX.....	133	CALC-D3-MAGNES-B6-ZN-	
<i>benzonatate</i>	158	BOUDREAUXS BUTT		CU-MANGAN.....	185
<i>benzoyl peroxide</i>	89	PASTE.....	82	<i>calcidol</i>	185
<i>benztropine</i>	44	<i>bp</i>	89	<i>calcipotriene</i>	78, 79
<i>bepotastine besilate</i>	149	<i>bp wash</i>	89	<i>calcitonin (salmon)</i>	111
BESIVANCE.....	148	BRAFTOVI.....	24	<i>calcitriol</i>	79, 111
BESPONSA.....	24	BREO ELLIPTA.....	169	<i>calcium 500 + d</i>	175
BESREMI.....	131	<i>breyna</i>	169	<i>calcium 500 with d</i>	175
<i>beta care</i>	82	BREZTRI AEROSPHERE.	169	<i>calcium 600</i>	175
<i>beta-hc</i>	94	BRILINTA.....	72	<i>calcium 600 + d(3)</i>	175
BETAINE.....	118	<i>brimonidine</i>	154	<i>calcium 600 + minerals</i>	185
<i>betamethasone dipropionate</i> 94		<i>brimonidine-timolol</i>	153	<i>calcium 600 with vitamin d3</i>	
		BRIVIACT.....	39	.....	175
		<i>bromfenac</i>	152		

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 01/21/2025

<i>calcium 600-d3 plus (magnesium-zinc)</i>	185	<i>capzix</i>	82	CENTRUM KIDS (VIT D3, VIT K).....	186
CALCIUM ACETATE.....	175	<i>carbamazepine</i>	39, 40	CENTRUM MEN.....	186
<i>calcium antacid</i>	175	<i>carbidopa</i>	44	CENTRUM ULTRA MEN'S.....	186
<i>calcium carbonate</i>	175	<i>carbidopa-levodopa</i>	44	<i>centrum women</i>	186
<i>calcium carbonate-vit d3-min</i>	185	<i>carbidopa-levodopa-entacapone</i>	44	<i>century</i>	186
<i>calcium carbonate-vitamin d3</i>	176	<i>carboplatin</i>	24	<i>century mature</i>	186
CALCIUM CARBONATE-VITAMIN D3.....	176	<i>carboxymethylcellulose sodium</i>	149	<i>cephalexin</i>	14
<i>calcium chloride</i>	176	CARBOXYMETHYLCELLULOSE SODIUM.....	149	CEPROTIN (BLUE BAR) ..	72
<i>calcium citrate + d</i>	176	LOSE SODIUM.....	149	CEPROTIN (GREEN BAR)	72
<i>calcium citrate-vitamin d3</i>	176	<i>carglumic acid</i>	97	CERAMIDES 1,3,6-II.....	83
CALCIUM CITRATE-VITAMIN D3.....	176	<i>carisoprodol</i>	48	CERA VE.....	83
<i>calcium for women</i>	185	<i>carmustine</i>	24	CERA VE ACNE.....	89
<i>calcium gluconate</i>	176	<i>carteolol</i>	148	CERA VE DAILY MOISTURIZING.....	83
CALCIUM PHOSPHATE-VITAMIN D3.....	185	<i>cartia xt</i>	67	CERA VE PM.....	83
<i>calcium-magnesium-copper-zinc</i>	185	<i>carvedilol</i>	67	CERA VE PSORIASIS.....	80
<i>calcium-magnesium-zinc</i>	176	<i>caspofungin</i>	8	CERA VE SA (WITH NIACINAMIDE).....	83
<i>calcium-vitamin d3-vitamin k</i>	185	CAYSTON.....	16	<i>cerovite senior</i>	186
<i>cal-gest antacid</i>	176	<i>cefaclor</i>	13	<i>certavite senior</i>	186
<i>callus removers</i>	80	<i>cefadroxil</i>	13	CERTAVITE-ANTIOXIDANT.....	186
CALMOSEPTINE.....	82	<i>cefazolin</i>	13	CETAPHIL.....	83
<i>calprotect</i>	82	<i>cefazolin in dextrose (iso-os)</i>	13	CETAPHIL MOISTURIZING.....	83
CALQUENCE.....	24	<i>cefdinir</i>	13	<i>cetiri-d</i>	158
CALQUENCE (ACALABRUTINIB MAL).....	24	<i>cefepime</i>	13	<i>cetirizine</i>	158
CALTRATE GUMMY BITES.....	186	CEFEPIME IN DEXTROSE 5%.....	13	CETIRIZINE.....	158
<i>camila</i>	141	<i>cefepime in dextrose, iso-osm</i>	13	<i>cetirizine-pseudoephedrine</i>	158
<i>camphor</i>	82	<i>cefexime</i>	13	<i>cevimeline</i>	97
CAMZYOS.....	77	<i>cefoxitin</i>	14	CHEMET.....	97
<i>candesartan</i>	67	<i>cefoxitin in dextrose, iso-osm</i>	13	<i>cherry cough drops</i>	158
<i>candesartan-hydrochlorothiazid</i>	67	<i>cefpodoxime</i>	14	<i>chest congestion relief</i>	158
CAPLYTA.....	58	<i>cefprozil</i>	14	CHEST CONGESTION RELIEF.....	158
CAPRELSA.....	24	<i>ceftazidime</i>	14	<i>chest congestion relief dm</i> ..	158
<i>capsaicin</i>	82	<i>ceftriaxone</i>	14	<i>chest congestion-cough hbp</i>	158
CAPSAICIN.....	82	CEFTRIAOXONE.....	14	<i>chest congestion-cough relief</i>	158
<i>capsicum</i>	82	<i>ceftriaxone in dextrose, iso-os</i>	14	CHEST RUB.....	83
<i>captopril</i>	67	<i>cefuroxime axetil</i>	14	<i>child allergy relief (cetirizine)</i>	159
CAPZASIN.....	82	<i>cefuroxime sodium</i>	14	<i>child allergy relief (diphen)</i>	159
<i>capzasin-hp</i>	82	<i>celecoxib</i>	52	CHILD COMPLETE MULTIVITAMIN.....	186
		CENTRAL-VITE.....	186	<i>child fever reducer-pain relvr</i>	52
		<i>centratex</i>	186		
		<i>centravites 50 plus</i>	186		
		CENTRAVITES ADULTS.....	186		
		<i>centrum</i>	186		
		CENTRUM.....	186		
		CENTRUM COMPLETE ..	186		

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 01/21/2025

<i>child mucus relief expectorant</i>	<i>children's motrin jr strength</i> .52	<i>ciclopirox</i>.....92
..... 159	CHILDREN'S MUCINEX	<i>cidofovir</i>.....9
<i>child pain rel-fever reducer</i> ..52	MULTI-SYMP 160	<i>cilostazol</i>.....72
<i>child wal-tap cold-allergy</i> .. 159	CHILDREN'S MULTI-	CIMDUO.....9
<i>children's acetaminophen</i> 52	SYMPTOM COLD 160	<i>cimetidine</i> 130
<i>children's advil</i> 52	CHILDREN'S MULTI-VIT	<i>cimetidine hcl</i>.....130
<i>children's alaway</i> 149	GUMMIES 187	CIMZIA 119
<i>children's allegra allergy</i> ... 159	CHILDREN'S	CIMZIA POWDER FOR
<i>children's allergy (diphenhyd)</i>	MULTIVITAMIN 187	RECONST..... 119
..... 159	<i>children's non-aspirin</i> 52, 53	CIMZIA STARTER KIT ...119
<i>children's allergy relief(fex)</i> 159	<i>children's pain relief</i>.....53	<i>cinacalcet</i>.....111
<i>children's allergy relief(lor)</i> 159	<i>children's pain reliever</i>.....53	CINRYZE.....169
<i>children's allergy(cetirizine)</i>	<i>children's pain-fever relief</i> ...53	CINVANTI.....119
..... 159	<i>children's profen ib</i>.....53	<i>ciprofloxacin hcl</i>.....21, 148
<i>children's aller-tec</i> 159	<i>children's saline nasal spray</i>	<i>ciprofloxacin in 5 % dextrose</i>
<i>children's aspirin</i> 52	..... 102	.....21
<i>children's benadryl allergy</i> . 159	CHILDREN'S SLEEP	<i>ciprofloxacin-dexamethasone</i>
<i>children's cetirizine</i> 159	(MELATONIN).....97	..... 104
<i>children's chest congestion</i> .159	<i>children's tylenol</i> .....53	<i>cisplatin</i> .....24
<i>children's chew multivitamin</i>	<i>children's wal-dryl allergy</i> .160	<i>citalopram</i>.....59
..... 186	<i>children's wal-fex</i> 160	<i>citrate of magnesia</i> 119
<i>children's chewable multivitmn</i>	<i>children's wal-zyr</i> 160	<i>citroma</i>.....119
..... 186	<i>child's all day allergy(cetir)</i> 160	<i>citrucel</i>.....119
CHILDREN'S CHEWABLE	CHILD'S COUGH..... 101	<i>cladribine</i>.....24
VITAMIN..... 186	CHILD'S MUCUS RELIEF M-	<i>claravis</i> .....89
<i>children's chewables</i> 187	S COLD..... 160	<i>clarithromycin</i> .....15
<i>children's chewables extra c</i>	CHILD'S OMEGA-3 DHA	<i>cleansing eyelid</i> .....150
..... 187	MULTIVITAM 187	CLEANSING EYELID
<i>children's cold and cough (pe)</i>	<i>childs triacting cold-cough</i> .160	MOIST PADS .....150
..... 159	<i>chloramphenicol sod succinate</i>	CLEANSING EYELID
<i>children's cold and cough dm</i>	..... 16	WIPES EXT STR..... 150
..... 159	<i>chlorhexidine gluconate</i> 102	<i>clear eyes natural tears</i> .....150
<i>children's cold-allergy (pe)</i> 159	<i>chlorhist</i>.....160	CLEAR EYES REDNESS
CHILDREN'S COUGH DM	<i>chloroprocaine (pf)</i>.....83	RELIEF.....154
ER..... 159	<i>chloroquine phosphate</i> 16	CLEAR EYES TRIPLE
CHILDREN'S COUGH-	<i>chlorothiazide sodium</i> .....67	ACTION .....155
MUCUS..... 101	<i>chlorpheniramine maleate</i> ..160	<i>clearasil daily clear(benzoyl)</i>
CHILDREN'S DELSYM	<i>chlorpromazine</i>.....58, 59	.....89
COUGH..... 159	<i>chlortabs</i>.....160	<i>clearcanal earwax softener</i> 104
<i>children's dibromm cold-allerg</i>	<i>chlorthalidone</i> .....67	<i>clearlax</i> .....119
..... 159	<i>chlorzoxazone</i>.....48	<i>clindacin etz</i>.....89
<i>children's dibromm dm cold-</i>	<i>chocolate laxative</i> 118	<i>clindacin p</i> .....89
<i>cou</i> 160	CHOLBAM..... 118	<i>clindamycin hcl</i>.....16
<i>children's easy-melts</i> 52	<i>cholecalciferol (vitamin d3)</i> 187	CLINDAMYCIN IN 0.9 %
<i>children's fever reducing</i> 52	CHOLECALCIFEROL	SOD CHLOR..... 16
<i>children's giltuss cough-chest</i>	(VITAMIN D3) 187	<i>clindamycin in 5 % dextrose</i> .16
..... 160	<i>cholestyramine (with sugar)</i> .75	<i>clindamycin palmitate hcl</i>....16
<i>children's ibuprofen</i> 52	<i>cholestyramine light</i> .....75	<i>clindamycin pediatric</i> .....16
<i>children's mapap</i> 52	<i>cholestyramine-aspartame</i> ...75	

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 01/21/2025

<i>clindamycin phosphate</i> .. 16, 89, 142	COMETRIQ .....25	CULTURELLE KIDS
CLINIMIX 5%/D15W	<i>comfort gel</i> 119	PROBIOTIC-MV .....187
SULFITE FREE 180	<i>comfort gel extra strength</i> .. 119	CUVRIOR .....97
CLINIMIX 4.25%/D10W	COMPLERA .....9	<i>cyanocobalamin (vitamin b-12)</i>
SULF FREE 180	<i>complete</i> 130	..... 187, 188
CLINIMIX 4.25%/D5W	<i>complete allergy</i> 160	CYANOCOBALAMIN
SULFITE FREE..... 97	<i>complete allergy medicine</i> .. 160	(VITAMIN B-12) .....188
CLINIMIX 5%-	<i>complete lice treatment</i> 96	CYANOCOBALAMIN-
D20W(SULFITE-FREE) 180	<i>complete multivitamin-mineral</i>	COBAMAMIDE .....188
CLINIMIX 6%-D5W	..... 187	<i>cyclobenzaprine</i> .....48
(SULFITE-FREE) 180	<i>complete mv adult 50 plus</i> .. 187	<i>cyclophosphamide</i> .....25
CLINIMIX 8%-	<i>compound w</i> 80	CYCLOPHOSPHAMIDE ...25
D10W(SULFITE-FREE) 180	<i>compro</i> 119	<i>cyclosporine</i>.....25
CLINIMIX 8%-	<i>constulose</i> 119	CYCLOSPORINE .....150
D14W(SULFITE-FREE) 180	<i>cool and heat</i> 83	<i>cyclosporine modified</i>.....25
<i>clobazam</i> 40	<i>cool heat (m-salicylate-menth)</i>	CYLTEZO(CF) .....138
<i>clobetasol</i> 95	..... 83	CYLTEZO(CF) PEN .....138
<i>clodan</i> 95	COPIKTRA .....25	CYLTEZO(CF) PEN
<i>clofarabine</i> 24	CORLANOR .....77	CROHN'S-UC-HS .....138
<i>clomipramine</i> 59	<i>corn remover</i> 80	CYLTEZO(CF) PEN
<i>clonazepam</i> 40	CORTIFOAM 119	PSORIASIS-UV .....138
<i>clonidine</i> 68	<i>cortisone (hydrocortisone)</i> ...95	<i>cyproheptadine</i> .....160
<i>clonidine hcl</i> 67	<i>cortisone cooling</i> 95	CYRAMZA .....25
<i>clopidogrel</i> 73	<i>cortisone with aloe</i> 95	<i>cyred eq</i> 144
<i>clorazepate dipotassium</i> 59	<i>cortizone-10</i> 95	CYSTAGON .....174
<i>clotrimazole</i> 8, 92, 142	<i>cortizone-10 feminine itch</i> ....95	CYSTARAN.....150
<i>clotrimazole 3 day</i> 142	<i>cortizone-10 with aloe</i> .....95	<i>cytarabine</i> .....25
<i>clotrimazole af</i> 92	<i>cortrophin gel</i> 104	<i>cytarabine (pf)</i> .....25
<i>clotrimazole-3</i> 142	COSENTYX.....79	D
<i>clotrimazole-7</i> 142	COSENTYX (2 SYRINGES)	<i>d10 %-0.45 % sodium chloride</i>
<i>clotrimazole-betamethasone</i> . 92	..... 79	..... 97
<i>clozapine</i> 59	COSENTYX PEN 79	<i>d2.5 %-0.45 % sodium</i>
COARTEM 16	COSENTYX PEN (2 PENS) 79	<i>chloride</i> 97
COBENFY 59	COSENTYX UNOREADY	<i>d3-2000</i> 188
COBENFY STARTER PACK	PEN 79	<i>d3-5000</i> 188
..... 59	COTELIC.....25	<i>d5 % and 0.9 % sodium</i>
<i>cod liver oil</i> 187	COUGH DM ER 160	<i>chloride</i> 98
COLACE CLEAR..... 119	<i>cough drops</i> 102	<i>d5 %-0.45 % sodium chloride</i>
<i>colchicine</i> 137	COUGH DROPS 102	..... 98
<i>cold and cough elixir</i> 160	<i>cough drops (with eucalyptus)</i>	<i>dabigatran etexilate</i> 73
<i>cold and hot (m.salic-menthol)</i>	..... 160	<i>dacarbazine</i> 25
..... 83	COUGH DROPS (WITH	<i>dactinomycin</i> 25
<i>cold and hot (menthol)</i> 83	EUCALYPTUS)..... 160	DAILY ACNE WASH .....80
<i>colesevelam</i> 75	<i>creamy acne face</i> 89	<i>daily face wash</i> 80
<i>colestipol</i> 75	CREON 119	<i>daily fiber</i> 119
<i>colistin (colistimethate na)</i> ... 16	<i>cromolyn</i> 119, 150, 170	DAILY FIBER .....119
<i>col-rite</i> 119	CROTAN.....96	DAILY FIBER (PSYLLIUM-
COMBIVENT RESPIMAT170	<i>cryselle (28)</i> 144	ASPART) 119
	CRYSVITA 111	

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 01/21/2025

DAILY FIBER (PSYLLIUM-SUCROSE).....	119	<i>deferoxamine</i>	98	<i>dextrose 25 % in water (d25w)</i>	.....98
DAILY GUMMIES.....	188	DEKAS BARIATRIC	189	<i>dextrose 5 % in water (d5w)</i>	98
DAILY MULTIPLE FOR WOMEN	189	DEKAS PLUS (FOLIC ACID)	189	<i>dextrose 5 %-lactated ringers</i>	.....98
<i>daily multi-vitamin</i>	189	DEKAS PLUS LIQUID	189	<i>dextrose 5%-0.2 % sod chloride</i>	98
DAILY MULTIVITAMIN	189	DELSTRIGO.....	9	<i>dextrose 5%-0.3 % sod.chloride</i>	98
<i>daily multivitamin with iron</i>	189	DELSYM 12 HOUR	161	<i>dextrose 50 % in water (d50w)</i>	.....98
<i>daily multivitamin-minerals</i>	189	<i>delta d3</i>	189	<i>dextrose 70 % in water (d70w)</i>	.....98
<i>daily probiotic (s. boulardii)</i>	..... 114	<i>demeclocycline</i>	21	<i>diabetic tussin dm</i>	161
<i>daily value</i>	189	<i>denta 5000 plus</i>	103	DIACOMIT	40
<i>daily vitamin formula</i>	189	<i>dentagel</i>	103	<i>dialyvit</i>	189
<i>daily vitamin formula-iron</i>	189	DEPO-SUBQ PROVERA	141	<i>dialyvit 800</i>	189
<i>daily vitamin formula-minerals</i>	..... 189	<i>dermabase</i>	83	<i>dialyvit vitamin d</i>	189
<i>daily vitamin with iron</i>	189	<i>dermacerin</i>	83	<i>diamode</i>	114
<i>daily vites/iron</i>	189	<i>dermacinrx lidocan</i>	83	<i>diaper rash</i>	83
<i>daily-vite</i>	189	<i>dermarest eczema (hydrocort)</i>	.....95	<i>diarrhea relief (bismuth subs)</i>	.....114
DAILY-VITE (WITH FOLIC ACID).....	189	<i>dermarest psoriasis medicated</i>	.....80	<i>diazepam</i>	40, 59
<i>dalfampridine</i>	46	<i>dermavantage</i>	83	<i>diazepam intensol</i>	59
<i>danazol</i>	112	DESCOVY	9	<i>diazoxide</i>	106
<i>dantrolene</i>	48	<i>desenex</i>	92	<i>dibucaine</i>	83, 119
DANYELZA	25	<i>desipramine</i>	59	<i>diclofenac potassium</i>	53
<i>dapsone</i>	16	<i>desmopressin</i>	112	<i>diclofenac sodium</i> ...	53, 83, 153
DAPTACEL (DTAP PEDIATRIC) (PF).....	133	<i>desog-e.estradiol/e.estradiol</i>	.....144	<i>diclofenac-misoprostol</i>	53
<i>daptomycin</i>	16	<i>desonide</i>	95	<i>dicloxacillin</i>	20
DAPTOMYCIN	16	<i>desvenlafaxine succinate</i>	59	<i>dicyclomine</i>	115
<i>darunavir</i>	9	<i>dexamethasone</i>	104, 105	DIFICID	15
DARZALEX	25	<i>dexamethasone intensol</i>	104	<i>diflunisal</i>	53
<i>dasatinib</i>	25	<i>dexamethasone sodium phos (pf)</i>	.....105	<i>difluprednate</i>	154
<i>dasetta 1/35 (28)</i>	144	<i>dexamethasone sodium phosphate</i>	105, 154	<i>digest probiotic (s.boulardii)</i>	.....115
<i>dasetta 7/7/7 (28)</i>	144	DEXBROMPHENIRAMINE-PHENYLEP-DM.....	161	DIGESTIVE ADVANTAGE IMMUNE	115
<i>daunorubicin</i>	25	<i>dextrazoxane hcl</i>	22	DIGESTIVE ADVANTAGE KID PROBIO	115
DAURISMO.....	25	<i>dextroamphetamine-amphetamine</i>	59	DIGESTIVE ADVANTAGE PROB GUMMY	115
<i>dayhist allergy</i>	161	<i>dextromethorphan hbr</i>	161	DIGESTIVE PROBIOTIC	115
<i>daylogic advanced healing</i> ...	83	DEXTROMETHORPHAN POLISTIREX	161	<i>digestive relief</i>	115
<i>daysee</i>	144	<i>dextromethorphan-guaifenesin</i>	.....161	<i>digoxin</i>	77
<i>day-time cough</i>	161	<i>dextrose 10 % and 0.2 % nacl</i>	.....98	<i>dihydroergotamine</i>	45
<i>deblitane</i>	141	<i>dextrose 10 % in water (d10w)</i>	.....98	DILANTIN 30 MG.....	40
<i>decara</i>	189	.....	98	<i>diltiazem hcl</i>	68
<i>decitabine</i>	26	<i>deferiprone</i>	98	<i>dilt-xr</i>	68
DECUBI VITE	189	DEFERIPRONE.....	98		
<i>deep sea nasal</i>	102				
<i>deferasirox</i>	98				

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 01/21/2025

<i>dimaphen dm</i>	161	<i>driminate</i>	120	EDURANT	9
<i>dimenhydrinate</i>	119	DRIZALMA SPRINKLE.....	60	<i>efavirenz</i>	9
<i>dimetapp dm cold-cough (pe)</i>	161	<i>dronabinol</i>	120	<i>efavirenz-emtricitabin-tenofov</i>	10
DIMETHICONE	83	<i>droperidol</i>	120	<i>efavirenz-lamivu-tenofov disop</i>	10
<i>dimethyl fumarate</i>	46	<i>drospirenone-e.estradiol-lm.fa</i>	144	<i>effe-r-k</i>	176
<i>diotame</i>	115	<i>drospirenone-ethinyl estradiol</i>	144	EFFERVESCENT FORMULA	180
<i>diphedryl</i>	161	DROXIA	26	ELAPRASE	112
<i>diphedryl allergy</i>	161	<i>droxidopa</i>	99	<i>electrolyte-48 in d5w</i>	180
<i>diphen</i>	161	DRY EYE RELIEF	150	<i>eletriptan</i>	45
<i>diphenhydramine hcl</i>	161	<i>dry skin therapy(with lanolin)</i>	84	<i>elfolate</i>	190
<i>diphenoxylate-atropine</i>	115	DRY SKIN THERAPY(W- PETROLATUM).....	84	<i>elinest</i>	144
<i>dipyridamole</i>	73	<i>dss</i>	120	ELIQUIS.....	73
<i>disulfiram</i>	98	<i>dual action complete</i>	130	ELIQUIS DVT-PE TREAT 30D START.....	73
<i>divalproex</i>	40	DUAVEE.....	141	ELITEK	22
<i>dobutamine</i>	77	<i>dulcolax (magnesium hydroxide)</i>	120	ELMIRON.....	174
<i>dobutamine in d5w</i>	77	<i>dulcolax stool softener (dss)</i>	120	<i>eluryng</i>	142
<i>docetaxel</i>	26	DULERA.....	170	ELZONRIS.....	26
<i>docosanol</i>	94	<i>duloxetine</i>	60	EMEND.....	120
<i>docusate calcium</i>	120	<i>duofilm</i>	80	EMERGEN-C	190
<i>docusate sodium</i>	120	DUPIXENT PEN	84	EMERGEN-C IMMUNE PLUS	190
<i>docuzen</i>	120	DUPIXENT SYRINGE.....	84	EMGALITY PEN.....	45
<i>dofetilide</i>	66	<i>duragel callus removers</i>	80	EMGALITY SYRINGE	45
<i>dok</i>	120	<i>dutasteride</i>	173	EMPLICITI	26
<i>dometuss-dmx</i>	161	<i>dutasteride-tamsulosin</i>	174	EMSAM	60
<i>donepezil</i>	46	<i>d-vi-sol</i>	190	<i>emtricitabine</i>	10
<i>dopamine</i>	77	<i>dynarub</i>	84	<i>emtricitabine-tenofovir (tdf)</i> .	10
<i>dopamine in 5 % dextrose</i> ...	77	E		EMTRIVA.....	10
DOPTELET (10 TAB PACK)	73	<i>e.e.s. 400</i>	15	EMVERM.....	16
DOPTELET (15 TAB PACK)	73	<i>e-400 c-500 and beta carotene</i>	190	<i>enalapril maleate</i>	68
DOPTELET (30 TAB PACK)	73	<i>ear drops (carbamide peroxide)</i>	104	<i>enalaprilat</i>	68
<i>dorzolamide</i>	153	<i>ear wax drops</i>	104	<i>enalapril-hydrochlorothiazide</i>	68
<i>dorzolamide-timolol</i>	153	<i>ear wax removal drops</i>	104	ENBREL.....	139
<i>dotti</i>	141	<i>ear wax removal kit</i>	104	ENBREL MINI	139
DOUBLE ANTIBIOTIC (B.TRACN ZN).....	91	EASY FIBER	120	ENBREL SURECLICK	139
DOVATO	9	<i>econazole nitrate</i>	92	<i>endacof - dm</i>	161
<i>doxazosin</i>	68	<i>ecotrin low strength</i>	53	<i>endocet</i>	49
<i>doxepin</i>	60	ECZEMA CARE	84	<i>endur-acin</i>	75
<i>doxercalciferol</i>	112	ECZEMA RELIEF	84	<i>endur-c with rose hips</i>	190
<i>doxorubicin</i>	26	<i>ed a-hist</i>	161	<i>enema</i>	120
<i>doxorubicin, peg-liposomal</i> ..	26	<i>ed chlorped jr</i>	161	<i>enema disposable</i>	120
<i>doxy-100</i>	21	<i>ed-apap</i>	53	ENGERIX-B (PF)	133
<i>doxycycline hyclate</i>	21			ENGERIX-B PEDIATRIC (PF).....	133
<i>doxycycline monohydrate</i>	21				
<i>dr scholl's clear away</i>	80				

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 01/21/2025

<i>enilloring</i>	142	<i>etonogestrel-ethinyl estradiol</i>	<i>falmina (28)</i>	144
<i>enoxaparin</i>	73	.....	<i>famciclovir</i>	10
<i>enpresse</i>	144	ETOPOPHOS.....	<i>famotidine</i>	130
<i>enskyce</i>	144	<i>etoposide</i>	<i>famotidine (pf)</i>	130
<i>entacapone</i>	44	<i>etravirine</i>	<i>famotidine (pf)-nacl (iso-os)</i>	
<i>entecavir</i>	10	<i>eucalyptus oil</i>.....	.....	130
<i>enteric coated aspirin</i>	53	EUCERIN.....	FANAPT.....	60
ENTRESTO.....	77	EUCERIN BABY ECZEMA	FARXIGA.....	106
ENTYVIO.....	120	RELIEF.....	FASENRA.....	170
<i>emulose</i>	120	EUCERIN ECZEMA RELIEF	FASENRA PEN.....	170
ENVARUSUS XR.....	26	.....	<i>fe c plus</i>	190
EPIDIOLEX.....	40	<i>eucerin original</i>	<i>febuxostat</i>	137
<i>epinastine</i>	150	<i>euthyrox</i>	<i>felbamate</i>	40
<i>epinephrine</i>	162	<i>evac-u-gen (sennosides)</i>	<i>felodipine</i>	68
<i>epirubicin</i>	26	<i>everolimus (antineoplastic)</i> ..	FEMININE ANTI-ITCH.....	84
<i>epitol</i>	40	<i>everolimus</i>	<i>fenesin ir</i>	162
<i>eplerenone</i>	68	(<i>immunosuppressive</i>).....	<i>fenofibrate</i>	76
EPRONTIA.....	40	EVOTAZ.....	<i>fenofibrate micronized</i>	75
ERBITUX.....	26	EVRYSDI.....	<i>fenofibrate nanocrystallized</i> ..	75
<i>ergocalciferol (vitamin d2)</i> ..	190	EXCEDRIN TENSION	<i>fenofibric acid</i>	76
ERIVEDGE.....	26	HEADACHE.....	<i>fenofibric acid (choline)</i>	76
ERLEADA.....	26	<i>excel-gel</i>	<i>fentanyl</i>	49
<i>erlotinib</i>	26	<i>exemestane</i>	<i>fentanyl citrate</i>	49
<i>errin</i>	141	EXIGENCE.....	<i>ferate</i>	190
<i>ertapenem</i>	16	<i>expectorant</i>	<i>ferosul</i>	190
ERWINASE.....	26	<i>eye allergy itch relief</i>	<i>ferrex 150</i>	190
<i>ery pads</i>	89	<i>eye allergy itch-redness rlf</i> ..	<i>ferrex 150 forte</i>	190
<i>ery-tab</i>	15	<i>eye drops (tetrahydrozoline)</i>	<i>ferric x-150</i>	190
<i>erythrocin (as stearate)</i>	15	.....	<i>ferrocite</i>	190
<i>erythromycin</i>	15, 148	<i>eye drops (with povidone)</i> ..	<i>ferro-time</i>	190
<i>erythromycin ethylsuccinate</i> ..	15	<i>eye drops advanced relief</i> ..	<i>ferrous fumarate</i>	190
<i>erythromycin with ethanol</i> ...	90	<i>eye drops irritation relief</i> ..	<i>ferrous gluconate</i>	190
<i>escitalopram oxalate</i>	60	<i>eye drops(tetrahydrozolin-peg)</i>	<i>ferrous sulfate</i>	191
<i>esmolol</i>	68	.....	FETZIMA.....	60
<i>esomeprazole magnesium</i> ...	130	<i>eye drops(tetrahydroz-zn sulf)</i>	<i>feverall</i>	54
ESSENCE C.....	190	.....	<i>fe-vite</i>	191
<i>essentia</i>	190	EYE HEALTH PLUS	<i>fexofenadine</i>	162
<i>estarylla</i>	144	LUTEIN.....	<i>fexofenadine-pseudoephedrine</i>	
<i>estradiol</i>	141	<i>eye itch relief</i>.....	.....	162
<i>estradiol valerate</i>	141	EYE MULTIVITAMIN.....	<i>fiber (calcium polycarbophil)</i>	
<i>estradiol-norethindrone acet</i>		EYELID WIPES (WITH	.....	120
.....	141	CHAMOMILE).....	<i>fiber (dextrin)</i>	120
<i>eszopiclone</i>	60	<i>eyes alive</i>	<i>fiber (psyllium husk)</i>	120
<i>ethambutol</i>	16	<i>ezetimibe</i>	FIBER (PSYLLIUM HUSK)	
<i>ethosuximide</i>	40	<i>ezetimibe-simvastatin</i>.....	.....	120
<i>ethynodiol diac-eth estradiol</i>		<i>ezfe 200</i>	FIBER (PSYLLIUM HUSK-	
.....	144	F	SUGAR).....	120
<i>etodolac</i>	53	FABHALTA.....	<i>fiber (with aspartame)</i>	120
		FABRAZYME.....		

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 01/21/2025

FIBER (WITH ASPARTAME)	FLINTSTONES GUMMIES	FOLIC ACID-VIT B6-VIT
..... 120	OMEGA-3 191	B12 (CA) 192
<i>fiber laxative (ca polycarbo)</i>	FLINTSTONES MULTI-VIT	FOLOTYN 27
..... 121	GUMMIES 191	<i>folplex 2.2</i> 192
<i>fiber laxative (psyllium husk)</i>	FLINTSTONES PLUS	<i>foltabs 800</i> 192
..... 121	CALCIUM..... 191	<i>fomepizole</i> 133
<i>fiber laxative(methylcellulos)</i>	FLINTSTONES SOUR	<i>fondaparinux</i> 73
..... 121	GUMMIES 191	<i>foot and sneaker</i> 92
<i>fiber supplement (inulin)</i> 121	FLINTSTONES TAB CHEW	<i>formoterol fumarate</i> 170
<i>fiber therapy (ca polycarboph)</i>	..... 191	<i>formula 3</i> 92
..... 121	FLINTSTONES WITH IRON	<i>fosamprenavir</i> 10
<i>fiber therapy (m-cell/sugar)</i> 121	..... 191	<i>fosinopril</i> 68
<i>fiber therapy (m-cellulose)</i> . 121	FLINTSTONES/EXTRA C 191	<i>fosinopril-hydrochlorothiazide</i>
FIBER THERAPY	FLORANEX..... 180	..... 68
(PSYLLIUM-SUCRO)... 121	<i>florastor</i> 115	<i>fosphenytoin</i> 41
<i>fiber therapy laxative (husk)</i>	FLORIVA PLUS 191	FOTIVDA..... 27
..... 121	<i>floxuridine</i> 27	<i>fruit c-500</i> 192
<i>fiber-caps (psyllium husk)</i> .. 121	<i>fluconazole</i> 8	FRUZAQLA 27
<i>fiber-lax</i> 121	<i>fluconazole in nacl (iso-osm)</i> .8	<i>full spectrum b-vitamin c</i> 192
<i>fiber-tabs</i> 121	<i>flucytosine</i> 8	<i>fulvestrant</i> 27
FILSPARI..... 77	<i>fludarabine</i> 27	<i>fungi-nail (tolnaftate)</i> 92
<i>finasteride</i> 174	<i>fludrocortisone</i> 105	<i>furosemide</i> 68, 69
<i>finger cream</i> 84	<i>flumazenil</i> 60	FUZEON 10
<i>fungolimod</i> 46	<i>flunisolide</i> 170	<i>fyavolv</i> 141
FINTEPLA 40	<i>fluocinolone</i> 95	FYCOMPA 41
FIRDAPSE 46	<i>fluocinolone acetonide oil</i> .. 104	G
FIRMAGON KIT W	<i>fluocinolone and shower cap</i> 95	<i>gabapentin</i> 41
DILUENT SYRINGE 27	<i>fluocinonide</i> 95	GALAFOLD..... 112
FIRST AID (LIDOCAINE-	<i>fluocinonide-e</i> 95	<i>galantamine</i> 46, 47
BENZALK)..... 84	<i>fluocinonide-emollient</i> 95	GAMASTAN 133
FIRST AID ANTIBIOTIC ... 91	<i>fluoride (sodium)</i> 103, 191	GAMMAGARD LIQUID .. 133
<i>first aid antibiotic-pain rlf</i> ... 91	<i>fluorometholone</i> 154	GAMMAGARD S-D (IGA < 1
<i>fish oil</i> 180	<i>fluorouracil</i> 27, 84	MCG/ML)..... 133
FISH OIL..... 180	<i>fluoxetine</i> 60	<i>ganciclovir sodium</i> 10
<i>fish oil extra strength</i> 180	<i>fluoxetine (pmd)</i> 60	GARDASIL 9 (PF)..... 134
<i>fish oil-dha-epa</i> 191	<i>fluphenazine decanoate</i> 60	<i>gas relief (simethicone)</i> 121
<i>flac otic oil</i> 104	<i>fluphenazine hcl</i> 60, 61	<i>gas relief 80 (simethicone)</i> . 121
<i>flanax (naproxen)</i> 54	<i>flurbiprofen</i> 54	<i>gas relief extra strength</i> 121
FLANDERS BUTTOCKS ... 84	<i>flurbiprofen sodium</i> 153	<i>gas relief ultra strength</i> 121
<i>flavor chews antacid</i> 176	<i>fluticasone propionate</i> 170	GAS-X ULTRA-STRENGTH
<i>flecainide</i> 66	<i>fluticasone propion-salmeterol</i>	..... 121
<i>fleet bisacodyl</i> 121	..... 170	<i>gatifloxacin</i> 148
<i>fleet docusate</i> 121	<i>fluvoxamine</i> 61	GATTEX 30-VIAL 122
<i>fleet enema</i> 121	<i>foaming acne face wash</i> 90	GATTEX ONE-VIAL 122
<i>fleet glycerin (adult)</i> 121	<i>foaming antacid</i> 121	GAUZE PAD..... 137
FLINTSTONES COMPLETE	<i>folbee</i> 191	<i>gavilax</i> 122
..... 191	<i>folbic</i> 192	<i>gavilyte-c</i> 122
FLINTSTONES GUMMIES	<i>folic acid</i> 192	<i>gavilyte-g</i> 122
..... 191	FOLIC ACID..... 192	<i>gavilyte-n</i> 122

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 01/21/2025

GAVISCON EXTRA	<i>glycopyrrolate (pf) in water</i> 115	<i>heartburn relief</i>.....123
STRENGTH..... 122	<i>glydo</i> .....85	HEARTBURN RELIEF .....122
GAVRETO.....27	GLYXAMBI .....106	<i>heartburn relief (famotidine)</i>
GAZYVA.....27	GOLD BOND MEDICATED	.....130
GEFITINIB .....27	FOOT.....85	<i>heather</i> .....141
<i>gemcitabine</i> .....27	GOLD BOND MEDICATED	<i>hematinic plus vit/minerals</i> .192
GEMCITABINE .....27	PAIN-ITCH.....85	<i>hematinic/folic acid</i> .....192
<i>gemfibrozil</i>.....76	<i>gordons-vite e</i> .....85	<i>hemorrhoidal-analgesic</i> .....85
GENADEK STEP 1 .....192	<i>granisetron hcl</i> .....122	<i>heparin (porcine)</i>.....74
GENADEK STEP 2 .....192	<i>griseofulvin microsize</i>.....8	<i>heparin (porcine) in 5 % dex</i> 73
<i>generlac</i>.....122	<i>griseofulvin ultramicrosize</i>.....8	<i>heparin (porcine) in nacl (pf)</i>
<i>gengraf</i> .....27, 28	<i>guaiasorb dm</i>.....162	.....73
<i>gentamicin</i> .....16, 91, 148	<i>guaifenesin</i>.....162	<i>heparin(porcine) in 0.45% nacl</i>
<i>gentamicin in nacl (iso-osm)</i> 16	<i>guanfacine</i> .....61, 69	.....74
<i>gentamicin sulfate (ped) (pf)</i> 16	<i>gummi bear multivitamin</i> ...192	HEPARIN(PORCINE) IN
GENTEAL TEARS	GUMMIES CHILDREN	0.45% NACL.....74
MODERATE (PF)..... 150	MULTIVITAMIN .....192	<i>heparin, porcine (pf)</i>.....74
GENTEAL TEARS	GUMMY DINOS .....192	HEPARIN, PORCINE (PF)..74
SEVERE(PETROLAT).. 150	GVOKE .....107	HEPLISAV-B (PF).....134
<i>gentian violet</i>.....93	GVOKE HYPOPEN 1-PACK	HIBERIX (PF).....134
<i>gentle laxative (bisacodyl)</i> .122	.....106	<i>hi-cal plus vit d</i> .....176
<i>gentle laxative (mag hydrox)</i>	GVOKE HYPOPEN 2-PACK	<i>high potency iron</i>.....192
.....122	.....106	<i>high potency multivit (w-iron)</i>
<i>gentlelax</i> .....122	GVOKE PFS 1-PACK	.....192
GENVOYA .....10	SYRINGE.....107	HIGH POTENCY
<i>geri-dryl</i>.....162	GVOKE PFS 2-PACK	MULTIVITAMIN .....193
<i>geri-kot</i> .....122	SYRINGE.....107	HIZENTRA .....134
<i>geri-lanta</i>.....122	H	HOT AND COLD PAIN
<i>geri-mox antacid-antigas</i> ...122	<i>hair vitamins</i>.....192	RELIEF.....85
GERI-MUCIL (SUGAR) ...122	<i>hair,skin and nails</i> .....192	HUMALOG JUNIOR
<i>geri-tussin</i>.....162	HALAVEN.....28	KWIKPEN U-100 .....107
<i>geri-tussin dm</i>.....162	HALLS COUGH DROPS..103	HUMALOG KWIKPEN
GILOTRIF.....28	<i>halobetasol propionate</i>.....95	INSULIN .....107
<i>giltuss cough-congestion</i>....162	<i>haloette</i> .....142	HUMALOG MIX 50-50
<i>giltuss diabetic</i>.....162	<i>haloperidol</i> .....61	KWIKPEN.....107
<i>giltuss hbp</i> .....162	<i>haloperidol decanoate</i>.....61	HUMALOG MIX 75-25
<i>giltuss honey dm cough</i> .....162	<i>haloperidol lactate</i> .....61	KWIKPEN.....107
<i>glatiramer</i>.....47	HAVRIX (PF) .....134	HUMALOG MIX 75-25(U-
<i>glatopa</i>.....47	<i>headache relief (asa-acet-caf)</i>	100)INSULN .....107
<i>gleostine</i> .....28	.....54	HUMALOG U-100 INSULIN
<i>glimepiride</i> .....106	HEALTHY EYES .....192	.....107
<i>glipizide</i>.....106	HEALTHY EYES LUTEIN-	HUMIRA.....139
<i>glipizide-metformin</i> .....106	ZEAXANTHIN .....192	HUMIRA PEN .....139
<i>glutamine (sickle cell)</i> .....99	<i>healthy eyes supervision</i>.....192	HUMIRA(CF) .....139
GLYCERIN.....84	HEALTHY EYES	HUMIRA(CF) PEN.....139
<i>glycerin (adult)</i>.....122	SUPERVISION2 .....192	HUMIRA(CF) PEN
<i>glycerin (child)</i> .....122	<i>healthylax</i> .....122	CROHNS-UC-HS.....139
<i>glycopyrrolate</i> .....115	<i>heartburn antacid</i>.....122	HUMIRA(CF) PEN
GLYCOPYRROLATE.....115	<i>heartburn prevention</i>.....130	PEDIATRIC UC.....139

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 01/21/2025

HUMIRA(CF) PEN PSOR-UV-ADOL HS.....	139	ICY HOT PATCH (LIDO-MENTHOL)	85	INTELENCE	10
HUMULIN 70/30 U-100		<i>idarubicin</i>	28	<i>intralipid</i>	181
INSULIN	107	IDHIFA	28	<i>introvale</i>	144
HUMULIN 70/30 U-100		<i>iferex 150</i>	193	INVEGA HAFYERA	61
KWIKPEN	107	<i>iferex 150 forte</i>	193	INVEGA SUSTENNA	61
HUMULIN N NPH INSULIN		<i>ifosfamide</i>	28	INVEGA TRINZA	62
KWIKPEN	107	ILARIS (PF)	131	INVELTYS	154
HUMULIN N NPH U-100		<i>imatinib</i>	28	<i>inzo antifungal</i>	93
INSULIN	107	IMBRUVICA	28	IPOL	134
HUMULIN R REGULAR U-100		IMCIVREE	101	<i>ipratropium bromide</i> ..	103, 170
INSULIN	107	IMFINZI	28	<i>ipratropium-albuterol</i> ..	170
HUMULIN R U-500 (CONC)		<i>imipenem-cilastatin</i> ..	17	<i>i-prin</i>	54
INSULIN	107	<i>imipramine hcl</i>	61	<i>irbesartan</i>	69
HUMULIN R U-500 (CONC)		<i>imipramine pamoate</i> ..	61	<i>irbesartan-hydrochlorothiazide</i>	69
KWIKPEN	108	<i>imiquimod</i>	85	.....	69
<i>hydralazine</i>	69	IMODIUM A-D	115	<i>irinotecan</i>	28, 29
<i>hydrochlorothiazide</i> ..	69	IMOYAX RABIES VACCINE		<i>iron</i>	193
<i>hydrocodone-acetaminophen</i>	49	(PF)	134	<i>iron (ferrous sulfate)</i> ..	193
<i>hydrocortisone</i>	96, 105, 123	IMPAVIDO	17	<i>iron 100 plus</i>	193
<i>hydrocortisone acetate</i> ..	96	<i>incassia</i>	141	<i>iron chews</i>	193
<i>hydrocortisone plus</i>	96	INCRELEX	99	<i>iron, carbonyl-vitamin c</i> ..	193
<i>hydrocortisone sod succinate</i>		INCRUSE ELLIPTA	170	ISENTRESS	10
.....	105	<i>indapamide</i>	69	ISENTRESS HD	10
<i>hydrocortisone valerate</i> ..	96	<i>indomethacin</i>	54	<i>isibloom</i>	144
<i>hydrocortisone-acetic acid</i>	104	INFANRIX (DTAP) (PF) ..	134	ISOLYTE S PH 7.4	181
<i>hydrocortisone-aloe vera</i> ..	96	<i>infant fever reducer-pain relf</i>	54	ISOLYTE-P IN 5 %	
<i>hydrocream</i>	96	<i>infant's acetaminophen</i> ..	54	DEXTROSE	181
<i>hydrolatum</i>	85	<i>infants gas relief</i>	123	ISOLYTE-S	181
<i>hydromorphone</i>	49	<i>infant's ibuprofen</i>	54	<i>isoniazid</i>	17
<i>hydroseptine</i>	85	<i>infant's motrin</i>	54	<i>isosorbide dinitrate</i>	78
<i>hydroxychloroquine</i>	17	<i>infants' mylicon</i>	123	<i>isosorbide mononitrate</i> ..	78
<i>hydroxyurea</i>	28	<i>infants' pain and fever</i> ..	54	<i>isotretinoin</i>	90
<i>hydroxyzine hcl</i>	162	<i>infants' pain relief</i>	54	<i>isradipine</i>	69
<i>hydroxyzine pamoate</i>	162	<i>infants profenib</i>	54	ISTODAX	29
HYQVIA	134	<i>infants simethicone</i>	123	ISTURISA	112
I		INLYTA	28	<i>itch relief (clotrimazole)</i> ..	93
<i>ibandronate</i>	137	<i>inositol</i>	181	<i>itch relief (hc)</i>	96
IBRANCE	28	INQOVI	28	<i>itch relief (hc) with aloe</i> ..	96
<i>ibu</i>	54	INREBIC	28	ITOVEBI	29
<i>ibu-200</i>	54	INSULIN ASP PRT-INSULIN		<i>itraconazole</i>	8
<i>ibuprofen</i>	54	ASPART	108	IVABRADINE	77
<i>ibuprofen ib</i>	54	INSULIN ASPART U-100	108	<i>ivermectin</i>	17, 96
<i>ibuprofen jr strength</i>	54	INSULIN LISPRO	108	IWILFIN	29
<i>icatibant</i>	170	INSULIN LISPRO		IXCHIQ (PF)	134
<i>ice blue gel</i>	85	PROTAMIN-LISPRO	108	IXEMPRA	29
ICLUSIG	28	INSULIN PEN NEEDLE ..	137	IXIARO (PF)	134
<i>icosapent ethyl</i>	76	INSULIN SYRINGE (DISP)		J	
<i>icy hot (menthol)</i>	85	U-100	137	JAKAFI	29
				<i>jantoven</i>	74

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 01/21/2025

JANUMET	108	<i>klayesta</i>	93	<i>laxaclear</i>	123
JANUMET XR.....	108	<i>klor-con</i>	177	<i>laxative (bisacodyl)</i>	123
JANUVIA.....	108	<i>klor-con 10</i>	176	<i>laxative (sennosides)</i>	123
JARDIANCE.....	108	<i>klor-con 8</i>	176	<i>laxative peg 3350</i>	123
<i>jasmiel (28)</i>	144	<i>klor-con m10</i>	176	<i>laxative pills</i>	123
JAYPIRCA.....	29	<i>klor-con m15</i>	176	<i>laxative pills regular</i>	123
JEMPERLI	29	<i>klor-con m20</i>	177	LAZCLUZE	30
JENTADUETO	108	<i>klor-con/ef</i>	177	LEDIPASVIR-SOFOSBUVIR	
JENTADUETO XR.....	108	KOSELUGO	29	.....	11
JEVTANA.....	29	<i>kourzeq</i>	103	<i>leflunomide</i>	139
<i>jinteli</i>	141	K-PAX IMMUNE SUPPORT		<i>lenalidomide</i>	30
<i>jock itch</i>	93	.....	193	LENALIDOMIDE.....	30
<i>jock itch (clotrimazole)</i>	93	<i>k-pec antidiarrheal (bism sub)</i>		LENVIMA.....	30
<i>jock itch (terbinafine)</i>	93	.....	115	<i>lessina</i>	145
JOENJA.....	99	K-PHOS ORIGINAL	174	<i>letrozole</i>	30
<i>johnson's baby oil</i>	85	<i>k-phos-neutral</i>	177	<i>leucovorin calcium</i>	22
JOINT HEALTH.....	99	KRAZATI	29	<i>leuprolide</i>	30
<i>jolessa</i>	145	KRYSTEXXA.....	137	<i>levalbuterol hcl</i>	170
<i>jr. strength pain reliever</i>	54	<i>kurvelo (28)</i>	145	<i>levetiracetam</i>	41
<i>juleber</i>	145	KYPROLIS	30	<i>levetiracetam in nacl (iso-os)</i>	
JULUCA.....	10	L		.....	41
JUXTAPID.....	76	<i>l norgest/e.estradiol-e.estrad</i>		<i>levobunolol</i>	148
JYLAMVO.....	29	.....	145	<i>levocarnitine</i>	99
JYNNEOS (PF).....	134	<i>labetalol</i>	69	<i>levocarnitine (with sugar)</i>	99
K		<i>lacosamide</i>	41	<i>levocetirizine</i>	162
KADCYLA	29	LACOSAMIDE.....	41	<i>levofloxacin</i>	21, 148
<i>kalliga</i>	145	<i>lactated ringers</i>	177	<i>levofloxacin in d5w</i>	21
KALYDECO	170	<i>lactobacillus acidophilus</i>	181	<i>levoleucovorin calcium</i>	22
KANUMA.....	112	LACTOBACILLUS		<i>levomefolate calcium</i>	193
<i>kaopectate (bismuth subsalicy)</i>		ACIDOPH-L.BULGAR. 181		<i>levonest (28)</i>	145
.....	115	<i>lactulose</i>	123	<i>levonorgestrel-ethinyl estrad</i>	
<i>kariva (28)</i>	145	LAGEVRIO (EUA).....	10	.....	145
<i>kelnor 1/35 (28)</i>	145	<i>lamisil af</i>	93	<i>levonorg-eth estrad triphasic</i>	
<i>kelnor 1/50 (28)</i>	145	<i>lamisil at</i>	93	.....	145
KEPIVANCE	22	<i>lamivudine</i>	10	<i>levora-28</i>	145
KERENDIA	69	<i>lamivudine-zidovudine</i>	10	<i>levo-t</i>	114
KESIMPTA PEN	47	<i>lamotrigine</i>	41	<i>levothyroxine</i>	114
<i>ketoconazole</i>	8, 93	<i>lansoprazole</i>	130	<i>levoxyl</i>	114
<i>ketorolac</i>	54, 153	LANTUS SOLOSTAR U-100		LIBERVANT	42
<i>ketotifen fumarate</i>	150	INSULIN	109	LIBTAYO.....	30
KEYTRUDA.....	29	LANTUS U-100 INSULIN 109		<i>lice bedding spray</i>	96
KHAPZORY	22	<i>lapatinib</i>	30	<i>lice killing</i>	97
KIDS' GUMMY	193	<i>larin 1.5/30 (21)</i>	145	<i>lice killing (permethrin)</i>	96
KIMMTRAK.....	29	<i>larin 1/20 (21)</i>	145	<i>lice pyrinyl shampoo</i>	97
<i>kindermid kids pain-fever</i>	55	<i>larin 24 fe</i>	145	<i>lice solution</i>	97
KINRIX (PF).....	134	<i>larin fe 1.5/30 (28)</i>	145	<i>lice treatment</i>	97
KISQALI.....	29	<i>larin fe 1/20 (28)</i>	145	<i>lice treatment (permethrin)</i> ...97	
KISQALI FEMARA CO-		<i>latanoprost</i>	153	<i>lidocaine</i>	85
PACK	29	<i>laxacin</i>	123	LIDOCAINE	85

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 01/21/2025

<i>lidocaine hcl</i>	85	<i>loperamide-simethicone</i>	115	LUPRON DEPOT (6	
LIDOCAINE HCL	85	<i>lopinavir-ritonavir</i>	11	MONTH)	30
LIDOCAINE PAIN RELIEF	85	<i>loradamed</i>	162	LUPRON DEPOT-PED	31
<i>lidocaine viscous</i>	85	<i>lorata-d</i>	162	LUPRON DEPOT-PED (3	
LIDOCAINE-MENTHOL ...	85	<i>loratadine</i>	163	MONTH)	31
<i>lidocaine-prilocaine</i>	85	<i>lorata-dine d</i>	163	<i>lurasidone</i>	62
<i>lidocan iii</i>	85	<i>loratadine-d</i>	163	<i>lutein</i>	193
<i>lidocan iv</i>	86	<i>lorazepam</i>	62	LUTEIN	193
<i>lidocan v</i>	86	<i>lorazepam intensol</i>	62	<i>lutera (28)</i>	146
LIDOCARE	86	LORBRENA	30	LYBALVI	62
LIDOCORE	86	<i>loryna (28)</i>	145	<i>lyleq</i>	141
LIDOPRO (LIDOCAINE-		<i>losartan</i>	69	<i>lyllana</i>	141
MENTHOL)	86	<i>losartan-hydrochlorothiazide</i>		LYNPARZA	31
LIDOZALL	86	.....	69	LYSODREN	31
LIDOZENPATCH	86	LOTEMAX SM	154	LYTGOBI	31
LILETTA	142	<i>loteprednol etabonate</i>	154	LYUMJEV KWIKPEN U-100	
<i>lincomycin</i>	17	LOTRIMIN AF	93	INSULIN	109
<i>linezolid</i>	17	LOTRIMIN ULTRA	93	LYUMJEV KWIKPEN U-200	
<i>linezolid in dextrose 5%</i>	17	<i>lovastatin</i>	76	INSULIN	109
<i>linezolid-0.9% sodium chloride</i>		<i>low-ogestrel (28)</i>	145	LYUMJEV U-100 INSULIN	
.....	17	<i>loxapine succinate</i>	62	.....	109
LINZESS	123	<i>lo-zumandimine (28)</i>	145	<i>lyza</i>	141
<i>liothyronine</i>	114	<i>lubiprostone</i>	123	M	
<i>liquid antacid</i>	123	<i>lubricant (p-glycol-glycerin)</i>		MAALOX ADVANCED ...	123
LIQUID B-12	193	.....	150	MACULAR HEALTH	
<i>liquid corn and callus remover</i>		LUBRICANT EYE	151	FORMULA	193
.....	80	LUBRICANT EYE (PG-PEG		<i>magnesium</i>	124, 177
<i>liquid multivitamin</i>	193	400)	150	<i>magnesium chloride</i>	177
<i>lisinopril</i>	69	LUBRICANT EYE (PG-PEG		<i>magnesium citrate</i>	123
<i>lisinopril-hydrochlorothiazide</i>		400)(PF)	150	<i>magnesium hydroxide</i>	124
.....	69	LUBRICANT EYE (PROPYL		<i>magnesium oxide</i>	177
<i>lithium carbonate</i>	62	GLYCOL)	151	MAGNESIUM OXIDE	177
<i>lithium citrate</i>	62	<i>lubricant eye drops</i>	151	<i>magnesium sulfate</i>	177
<i>little animals</i>	193	LUBRICANT EYE DROPS		MAGNESIUM SULFATE IN	
<i>little animals-iron</i>	193	.....	151	D5W	177
<i>little remedies</i>	103	LUBRICANT GEL	151	<i>magnesium sulfate in water</i>	177
<i>little remedies fever and pain</i>		<i>lubricant redness reliever</i> ..	155	<i>malathion</i>	97
.....	55	<i>lubrifresh pm</i>	151	<i>mannitol 20 %</i>	69
<i>little remedies gas relief</i>	123	<i>lubrisilk</i>	86	<i>mannitol 25 %</i>	69
<i>little remedies saline</i>	103	<i>ludent fluoride</i>	193	<i>mapap (acetaminophen)</i>	55
<i>little tummys gas relief</i>	123	LUMAKRAS	30	<i>maraviroc</i>	11
LIVMARLI	123	LUMIGAN	153	MARGENZA	31
LIVTENCITY	11	LUMIZYME	112	<i>marlissa (28)</i>	146
LMX 4	86	LUPRON DEPOT	30	MARPLAN	62
LODOCO	78	LUPRON DEPOT (3		MATULANE	31
<i>lohist-dm</i>	162	MONTH)	30	<i>matzim la</i>	69
LOKELMA	99	LUPRON DEPOT (4		MAVYRET	11
LONSURF	30	MONTH)	30	MAX SLEEP JUNIOR	99
<i>loperamide</i>	115			<i>maxallergy kids</i>	163

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 01/21/2025

<i>maxi-tuss g</i>	163	MEN'S 50 PLUS	<i>methylprednisolone</i>	105
<i>maxi-tuss gmx</i>	163	MULTIVITAMIN	<i>methylprednisolone acetate</i>	105
<i>maxi-tuss tr</i>	163	MEN'S DAILY.....	<i>methylprednisolone sodium</i>	
<i>maxrelief junior</i>	55	MEN'S DAILY GUMMIES	<i>succ</i>	105
<i>maxtussin</i>	163	.....	<i>metoclopramide hcl</i>	124
<i>maxtussin dm</i>	163	MEN'S MULTIVITAMIN	<i>metolazone</i>	69
<i>m-dryl</i>	163	GUMMIES.....	<i>metoprolol succinate</i>	69
<i>meclizine</i>	124	MEN'S ONE DAILY.....	<i>metoprolol ta-hydrochlorothiaz</i>	
MEDICATED HEAT PATCH		MEN'S PACK.....	.....	69
.....	86	<i>menstrual pain relief</i>	<i>metoprolol tartrate</i>	69, 70
MEDICATED RELIEF.....	86	<i>menstrual relief(pamabr-pyridil)</i>	<i>metro i.v.</i>	17
MEDIKOFF (MENTHOL) 103		.....	<i>metronidazole</i>	17, 90, 143
<i>medikoff drops</i>	163	<i>menthol-zinc oxide</i>	<i>metronidazole in nacl (iso-os)</i>	
<i>medi-meclizine</i>	124	.....	.....	17
<i>mediplast corn-callus-wart</i> ..	80	MENVEO A-C-Y-W-135-DIP	<i>metyrosine</i>	70
<i>mediproxen</i>	55	(PF).....	<i>mexiletine</i>	66
<i>medi-seltzer</i>	55	MEPSEVII.....	<i>mgo</i>	177
<i>medroxyprogesterone</i>	141	<i>mercaptopurine</i>	<i>micafungin</i>	8
<i>mefloquine</i>	17	<i>meropenem</i>	<i>micatin</i>	93
<i>mega multi for women</i>	193	MEROPENEM-0.9%	<i>micomitin</i>	93
<i>mega multiple/chelated</i>		SODIUM CHLORIDE.....	<i>miconazole nitrate</i>	93, 143
<i>mineral</i>	193	<i>mesalamine</i>	MICONAZOLE NITRATE	143
<i>mega multivitamin for men</i> .	193	<i>mesalamine with cleansing</i>	<i>miconazole-3</i>	143
<i>megestrol</i>	31	<i>wipe</i>	MICONAZOLE-3	
MEKINIST.....	31	<i>mesna</i>	PREFIL, CREAM, WIPE.	143
MEKTOVI.....	31	MESNEX.....	<i>miconazole-7</i>	143
<i>meladox</i>	99	META APPETITE CTRL	<i>miconazole-skin clnsr17</i>	143
<i>melatonin</i>	99, 100	(ASPARTAME).....	<i>miconazorb af</i>	93
MELATONIN.....	99, 100	METAMUCIL.....	<i>micotrin ac</i>	93
MELATONIN (WITH B6) 181		METAMUCIL (WITH	<i>micotrin al</i>	93
MELATONIN-LEMON		SUGAR).....	<i>micotrin ap</i>	93
BALM LEAF EXTR.....	101	METAMUCIL FIBER	<i>microgestin 1.5/30 (21)</i>	146
MELATONIN-PYRIDOXINE		SINGLES.....	<i>microgestin 1/20 (21)</i>	146
(VIT B6).....	181	METAMUCIL SUGAR-FREE	<i>microgestin fe 1.5/30 (28)</i> ...	146
<i>melatonin-pyridoxine hcl (b6)</i>		(ASPART).....	<i>microgestin fe 1/20 (28)</i>	146
.....	100, 101	<i>metformin</i>	<i>micro-guard</i>	93
MELATONIN-PYRIDOXINE		<i>methadone</i>	<i>midodrine</i>	100
HCL (B6).....	101	<i>methadone intensol</i>	<i>mifepristone</i>	112
<i>meloxicam</i>	55	<i>methadose</i>	<i>migraine formula</i>	55
<i>melphalan hcl</i>	31	<i>methazolamide</i>	<i>migraine relief</i>	55
<i>memantine</i>	47	<i>methenamine hippurate</i>	<i>mili</i>	146
MEN 50 PLUS ADVANCED		<i>methenamine mandelate</i>	<i>milk of magnesia</i>	124
ONE DAILY.....	193	<i>methimazole</i>	<i>milk of magnesia concentrated</i>	
MENACTRA (PF).....	134	<i>methocarbamol</i>.....	.....	124
MENEST.....	142	<i>methotrexate sodium</i>	<i>milltrium senior</i>	194
MENOPAUSE SUPPORT. 181		<i>methotrexate sodium (pf)</i>	<i>milrinone</i>	78
MENQUADFI (PF).....	135	<i>methoxsalen</i>	<i>milrinone in 5 % dextrose</i>	78
MEN'S 50 PLUS DAILY		<i>methsuximide</i>	<i>mimvey</i>	142
FORMULA.....	194	<i>methylergonovine</i>	<i>mineral oil</i>	125
		<i>methylphenidate hcl</i>		

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 01/21/2025

<i>mineral oil heavy</i>	125	MOXIFLOXACIN-		MULTIVITAMIN GUMMIES	
<i>minerin</i>	86	SOD.ACE,SUL-WATER.	21	.....	195
MINERIN CREME	86	<i>moxifloxacin-sod.chloride(iso)</i>	.....	<i>multi-vitamin hp/minerals</i> ..	195
<i>minocycline</i>	22	.....	21	<i>multi-vitamin with fluoride</i> .	195
<i>minoxidil</i>	70	MOZOBIL	131	<i>multivitamin with folic acid</i> 195	
<i>mintox</i>	125	<i>m-pap</i>	55	<i>multivitamin with iron</i>	195
<i>mintox maximum strength</i> ..	125	MRESVIA (PF).....	135	<i>multivitamin with minerals</i> .	195
<i>mintox plus</i>	125	<i>mucinex</i>	163	<i>multivitamin women 50 plus</i>	
<i>miralax</i>	125	MUCINEX	163	.....	195
<i>mirtazapine</i>	62, 63	<i>mucinex dm</i>	163	MULTIVITAMIN-ZINC-	
<i>misoprostol</i>	130	MUCINEX FAST-MAX		STRESS.....	195
<i>mitomycin</i>	31	CONGEST-COUGH	163	MULTI-VITE	195
<i>mitoxantrone</i>	32	<i>mucinex fast-max sv cong-</i>		MULTIVIT-MIN-FERROUS	
<i>mix-in laxative</i>	125	<i>cough</i>	163	FUMARATE	195
M-M-R II (PF).....	135	<i>mucosa</i>	163	MULTIVIT-MIN-FOLIC	
<i>mobisyl</i>	86	<i>mucosa dm</i>	163	ACID-LUTEIN.....	195
<i>modafinil</i>	63	<i>mucus dm</i>	163	<i>multivit-min-iron fum-folic ac</i>	
<i>moexipril</i>	70	<i>mucus dm max er</i>	163	.....	195
<i>moisture barrier ointment</i>	86	<i>mucus relief</i>	164	<i>mupirocin</i>	91
<i>moisture drops</i>	151	MUCUS RELIEF		<i>murine ear wax removal</i>	
MOISTURIZING CREAM..	86	CONGESTION-COUGH		<i>system</i>	104
MOISTURIZING		.....	163	MURO 128	151
LUBRICANT	151	<i>mucus relief dm</i>	163	<i>muscle rub</i>	86
MOISTURIZING NORMAL-		<i>mucus relief dm cough</i>	163	<i>muscle rub ultra-strength</i>	86
DRY SKIN	86	<i>mucus relief er</i>	164	<i>mvc-fluoride</i>	195
<i>moiturizing lotion</i>	86	MUCUS RELIEF ER	164	MVW COMPLETE FORMUL	
<i>molindone</i>	63	MUCUS-CHEST		MULTIVIT	195
<i>mometasone</i>	96, 170	CONGESTION	164	MVW COMPLETE FORMUL	
<i>mondoxyne nl</i>	22	<i>multi antibiotic plus</i>	91	PEDIATRIC	195
MONISTAT 1 COMBO		<i>multi complete with iron</i>	194	MVW COMPLETE FORMUL	
PACK	143	<i>multi for her</i>	194	PROBIOTIC	116
MONJUVI.....	32	MULTI FOR HER.....	194	MVW COMPLETE	
<i>mono-lynyah</i>	146	MULTI FOR HER 50 PLUS		FORMULATION D3000	
<i>montelukast</i>	170, 171	.....	194	.....	196
MOOD SUPPORT		MULTI-DAY PLUS		MVW COMPLETE	
PROBIOTIC.....	115	MINERALS.....	194	FORMULATION D5000	
<i>morphine</i>	49, 50	<i>multi-day with iron</i>	194	.....	196
<i>motion sickness</i>	125	<i>multigen</i>	194	MYALEPT	112
<i>motion sickness (meclizine)</i> 125		<i>multigen folic</i>	194	MYCAPSSA.....	32
<i>motion sickness relief</i>	125	<i>multigen plus</i>	194	<i>mycophenolate mofetil</i>	32
<i>motion sickness relief(mecliz)</i>		MULTIHEALTH FIBER... 125		<i>mycophenolate mofetil (hcl)</i> .	32
.....	125	<i>multiple vitamin-minerals</i> ... 194		<i>mycophenolate sodium</i>	32
<i>motion-time</i>	125	<i>multiple vitamins</i>	194	<i>mylanta maximum strength</i> .125	
<i>motrin arthritis pain</i>	55	<i>multi-vit with fluoride-iron</i> .	194	MYLOTARG	32
<i>motrin ib</i>	55	<i>multivit with min-folic acid</i> .194		MYRBETRIQ.....	173
MOUNJARO.....	109	MULTIVIT,CALC,MIN-FA-		<i>my-vitalife</i>	196
MOVANTIK	125	K1-LYCOP.....	195	N	
<i>moxifloxacin</i>	21, 148	<i>multivitamin</i>	195	<i>nabumetone</i>	55
		<i>multivitamin 50 plus</i>	195	<i>nadolol</i>	70

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 01/21/2025

<i>nafcillin</i>	20	<i>neomycin-bacitracin-poly-hc</i>	153	NIGHTTIME SLEEP AID	
<i>nafcillin in dextrose iso-osm</i>	20	.....		(DIPHEN).....	164
<i>naftifine</i>	93	<i>neomycin-bacitracin-</i>		<i>nighttime sleep-aid (doxylamn)</i>	
NAGLAZYME.....	112	<i>polymyxin</i>	148	.....	63
<i>naloxone</i>	55	<i>neomycin-polymyxin b-</i>		<i>nikki (28)</i>	146
<i>naltrexone</i>	55	<i>dexameth</i>	153	<i>nilutamide</i>	32
NAMZARIC.....	47	<i>neomycin-polymyxin-</i>		<i>nimodipine</i>	70
NANO VM 1-3.....	196	<i>gramicidin</i>	148	NINLARO	32
NANO VM 4-8.....	196	<i>neomycin-polymyxin-hc</i>	104, 154	<i>nisoldipine</i>	70
NANOVM 9-18.....	196	<i>neo-polycin</i>	148	<i>nitazoxanide</i>	17
NANOVM T-F	196	<i>neo-polycin hc</i>	154	<i>nitisinone</i>	100
<i>naproxen</i>	55	<i>neosporin plus burn relief</i> ...	91	<i>nitro-bid</i>	78
<i>naproxen sodium</i>	55	NEOSPORIN PLUS PAIN		<i>nitrofurantoin macrocrystal</i> ..	22
NARAMIN.....	164	RELIEF	91	<i>nitrofurantoin monohyd/m-</i>	
<i>naratriptan</i>	45	<i>neosporin plus painrelief(bac)</i>		<i>cryst</i>	22
NASACORT	171	.....	91	<i>nitroglycerin</i>	78, 125
<i>nasal allergy</i>	171	<i>nephplex rx</i>	196	<i>nitroglycerin in 5 % dextrose</i>	
<i>nasal decongestant (pe)</i>	164	NEPHRO VITAMINS	196	.....	78
<i>nasal decongestant</i>		<i>nephronex</i>	196	NIVESTYM	131
(<i>pseudoeph</i>)	164	NEPHRO-VITE.....	196	<i>nizatidine</i>	130
NASAL DECONGESTANT		NERLYNX.....	32	<i>no sting barrier film</i>	86
(PSEUDOEPH).....	164	NEUTROGENA OIL-FREE		<i>non-aspirin</i>	56
NASAL MIST	103	ACNE WASH	80	<i>non-aspirin extra strength</i> ...	55
<i>nasal moisturizing</i>	103	<i>nevirapine</i>	11	<i>non-aspirin pain relief</i>	56
<i>nasal spray (sodium chloride)</i>		NEXLETOL	76	<i>nora-be</i>	142
.....	103	NEXLIZET.....	76	<i>norelgestromin-ethin.estradiol</i>	
<i>nateglinide</i>	109	NEXPLANON.....	143	.....	143
NATURAL DAILY FIBER		<i>niacin</i>	76	<i>norepinephrine bitartrate</i>	78
.....	125	NIACIN	76	<i>norethindrone (contraceptive)</i>	
<i>natural fiber laxative</i>	125	<i>niacin (inositol niacinate)</i> ...	76, 181	.....	142
<i>natural fiber laxative (sugar)</i>		NIACIN (INOSITOL		<i>norethindrone acetate</i>	142
.....	125	NIACINATE).....	76	<i>norethindrone ac-eth estradiol</i>	
NATURAL FIBER		<i>niacin flush free</i>	181	.....	142, 146
SUPPLEMENT	125	<i>niacinamide</i>	76	<i>norethindrone-e.estradiol-iron</i>	
NATURAL TEARS (PF) ...	151	<i>niavasc</i>	76	.....	146
<i>natural veg laxative(sennosid)</i>		<i>niavasc 750</i>	76	<i>norgestimate-ethinyl estradiol</i>	
.....	125	<i>nicardipine</i>	70	.....	146
<i>natura-lax</i>	125	<i>nicotine</i>	102	<i>nortrel 0.5/35 (28)</i>	146
<i>nausea relief</i>	125	<i>nicotine (polacrilex)</i> ...	101, 102	<i>nortrel 1/35 (21)</i>	146
NAYZILAM.....	42	NICOTROL NS.....	102	<i>nortrel 1/35 (28)</i>	146
<i>nebivolol</i>	70	<i>nifedipine</i>	70	<i>nortrel 7/7/7 (28)</i>	146
NEEDLES, INSULIN		<i>nighttime sleep</i>	164	<i>nortriptyline</i>	63
DISP.,SAFETY	137	<i>nighttime allergy relief</i>	164	NORVIR.....	11
<i>nefazodone</i>	63	NIGHTTIME DRY-EYE		NOVOLIN 70/30 U-100	
<i>neilmed pediat sinus rinse ref</i>		RELIEF	151	INSULIN	109
.....	103	<i>nighttime sleep aid (diphen)</i>		NOVOLIN 70-30 FLEXPEN	
<i>neilmed sinus rinse refill</i>	103	.....	164	U-100	109
<i>nelarabine</i>	32			NOVOLIN N FLEXPEN ...	109
<i>neomycin</i>	17				

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 01/21/2025

NOVOLIN N NPH U-100	<i>olanzapine</i>	63	ONE DAILY
INSULIN.....	<i>olive oil</i>	86	MULTIVITAMIN.....
NOVOLIN R FLEXPEN ...	<i>olmesartan</i>	70	ONE DAILY
NOVOLIN R REGULAR	<i>olmesartan-amlodipin-</i>		MULTIVITAMIN-IRON
U100 INSULIN.....	<i>hcthiazyd</i>	70	.....
NOVOLOG FLEXPEN U-100	<i>olmesartan-</i>		<i>one daily multivit-iron(folic)</i>
INSULIN.....	<i>hydrochlorothiazide</i>	70	.....
NOVOLOG MIX 70-30 U-100	<i>olopatadine</i>	103, 151	<i>one daily plus iron</i>
INSULN	OLPRUVA	100	<i>one daily plus minerals</i>
NOVOLOG MIX 70-	<i>omega 3-6-9 complex</i>	181	<i>one daily women 50 plus</i>
30FLEXPEN U-100	<i>omega 3-dha-epa-fish oil</i>	181	ONE DAILY WOMEN 50
NOVOLOG PENFILL U-100	OMEGA 3-DHA-EPA-FISH		PLUS(VIT K)
INSULIN.....	OIL	181, 182	<i>one daily women's</i>
NOVOLOG U-100 INSULIN	<i>omega-3 acid ethyl esters</i>	76	ONE DAILY WOMEN'S ...
ASPART.....	<i>omega-3 fatty acids</i>	76	<i>one daily womens 50 plus</i> ...
NUBEQA	<i>omega-3 fatty acids-fish oil</i>	182	<i>one daily women's health</i>
NUCALA	OMEGA-3 FISH OIL.....	182	ONE-A-DAY ENERGY
NUDEXTA	OMEGA-3S-DHA-EPA-FISH		<i>one-a-day essential</i>
NULIDO PATCH	OIL	182	ONE-A-DAY KID'S.....
NULOJIX.....	<i>omega-3s-dha-epa-fish oil-d3</i>		<i>one-a-day maximum formula</i>
NUPLAZID.....	.....	182	.....
NURTEC ODT.....	<i>omeprazole</i>	130, 131	ONE-A-DAY MEN
<i>nyamyc</i>	<i>omeprazole magnesium</i>	130	VITACRAVES.....
<i>nystatin</i>	<i>omnicap</i>	196	ONE-A-DAY MENOPAUSE
<i>nystatin-triamcinolone</i>	OMNITROPE.....	132	FORMULA.....
<i>nystop</i>	ONCASPAR.....	33	ONE-A-DAY MEN'S
<i>nytol</i>	<i>ondansetron</i>	126	COMPLETE
NYVEPRIA.....	<i>ondansetron hcl</i>	125	ONE-A-DAY MEN'S
O	<i>ondansetron hcl (pf)</i>	125	MULTIVITAMIN
OCALIVA.....	<i>one daily</i>	197	ONE-A-DAY PROACTIVE
OCREVUS	<i>one daily calcium/iron</i>	196	65 PLUS
OCTAGAM.....	<i>one daily complete</i>	196	<i>one-a-day teen advantage</i> ...
<i>octreotide acetate</i>	<i>one daily energy</i>	196	ONE-A-DAY VITACRAVES
<i>octreotide,microspheres</i>	<i>one daily essential</i>	196	.....
OCUVITE ADULT 50 PLUS	ONE DAILY ESSENTIAL	197	ONE-A-DAY VITACRAVES
.....	<i>one daily for men</i>	197	IMMUNITY
OCUVITE EYE PLUS MULTI	<i>one daily for men 50 plus adv</i>		ONE-A-DAY VITACRAVES
.....	.....	197	OMEGA-3
OCUVITE LUTEIN AND	<i>one daily for women</i>	197	ONE-A-DAY
ZEAXANTHIN.....	<i>one daily maximum</i>	197	WEIGHTSMART.....
OCUVITE WITH LUTEIN	<i>one daily men's 50 plus</i>		ONE-A-DAY WOMEN
ODEFSEY.....	<i>memory</i>	197	VITACRAVES.....
ODOMZO	ONE DAILY MEN'S 50 PLUS		<i>one-a-day women's 50 plus</i> 198
<i>odor control foot-sneaker</i>	W-D3	197	ONE-A-DAY WOMEN'S
OFEV	ONE DAILY MEN'S		ACTIVE
<i>ofloxacin</i>	HEALTH.....	197	ONE-A-DAY WOMENS
OGSIVEO	<i>one daily multi-vit w-mineral</i>		FORMULA.....
OJEMDA.....	.....	197	ONE-A-DAY WOMEN'S
OJJAARA.....	<i>one daily multivitamin</i>	197	HEALTHY SKIN

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 01/21/2025

ONE-A-DAY WOMEN'S	<i>oxycodone</i>	50	<i>pedia iron</i>	199
PETITES	<i>oxycodone-acetaminophen</i> ...	50	PEDIA POLY-VITE WITH	
ONE-DAILY MULTI	OXYCONTIN	50	IRON	199
<i>onelax bisacodyl</i>	OXYTROL FOR WOMEN	173	PEDIARIX (PF)	135
<i>onelax magnesium citrate</i> ...	<i>oysco 500/d</i>	177	<i>pediatric d-vite</i>	199
<i>onelax senna</i>	<i>oyster shell + d3</i>	177	PEDIATRIC	
ONEVITE DAILY	<i>oyster shell calcium</i>	178	MULTIVITAMIN NO.171	
MULTIVITAMIN.....	<i>oyster shell calcium 500</i>	177	.....	199
ONIVYDE.....	<i>oyster shell calcium-vit d3</i> ..	178	PEDIATRIC TRI-VITE	199
ONUREG	OZEMPIC	110	PEDVAX HIB (PF).....	135
OPDIVO.....	P		<i>peg 3350-electrolytes</i>	126
<i>opium tincture</i>	<i>pacerone</i>	66	PEGASYS	132
OPSUMIT	<i>paclitaxel</i>	33	<i>peg-electrolyte</i>	126
OPSYNVI.....	PADCEV	33	PEMAZYRE.....	33
<i>optimal d3</i>	<i>pain relief (acetaminophen)</i> .	56	PENBRAYA (PF)	135
OPVEE	<i>pain relief (ibuprofen)</i>	56	<i>penciclovir</i>	94
ORENCIA	PAIN RELIEF (LIDOCAINE)		<i>penicillamine</i>	140
ORENCIA (WITH	.....	87	PENICILLIN G POT IN	
MALTOSE).....	<i>pain relief (trolamine salicy)</i>	87	DEXTROSE	20
ORENCIA CLICKJECT ...	<i>pain relief adult</i>	56	<i>penicillin g potassium</i>	20
<i>orenitram</i>	<i>pain relief es (acetaminophen)</i>	56	<i>penicillin g sodium</i>	20
ORENITRAM.....	.....	56	<i>penicillin v potassium</i>	20
ORENITRAM MONTH 1	<i>pain reliever (acetam-aspirin)</i>	56	PENTACEL (PF).....	135
TITRATION KT .....	.....	56	<i>pentamidine</i>	17
ORENITRAM MONTH 2	<i>pain reliever (acetaminophen)</i>	56	PENTASA	126
TITRATION KT .....	.....	56	<i>pentoxifylline</i>	74
ORENITRAM MONTH 3	<i>pain reliever es(acetaminophn)</i>	56	<i>pepcid ac</i>	131
TITRATION KT .....	.....	56	<i>pepto-bismol</i>	116
ORGOVYX.....	<i>pain reliever plus</i>	56	<i>pepto-bismol to-go</i>	116
ORLISSA.....	<i>pain relieving (benzocaine)</i> ..	87	<i>percogesic backache relief</i> ...	56
ORKAMBI.....	<i>pain relieving (menthol)</i>	87	PERIANAL CLEANSING...87	
ORLADEYO.....	<i>pain relieving cream</i>	87	PERIFRESH	87
ORPHENADRINE CITRATE	<i>pain relieving(cam-m.sal-ment)</i>	87	<i>perindopril erbumine</i>	70
.....	.....	87	<i>periogard</i>	103
ORSERDU	<i>pain-off</i>	56	PERJETA	34
<i>oseltamivir</i>	<i>paliperidone</i>	63	<i>permethrin</i>	97
<i>osmitrol 20 %</i>	<i>palonosetron</i>	126	<i>perphenazine</i>	63
OTEZLA	<i>pamidronate</i>	112	<i>petroleum jelly</i>	87
OTEZLA STARTER.....	<i>panoxyl</i>	90	<i>petroleum jelly, white</i>	87
OVERNIGHT	PANRETIN	87	<i>pfizerpen-g</i>	20
LUBRICATING EYE ...	<i>pantoprazole</i>	131	<i>pharbecchlor</i>	164
<i>oxacillin</i>	PANZYGA.....	135	<i>pharbedryl</i>	164
<i>oxacillin in dextrose(iso-osm)</i>	<i>paraplatin</i>	33	<i>pharbetol</i>	56
.....	<i>paricalcitol</i>	113	PHAZYME.....	126
<i>oxaliplatin</i>	<i>paroxetine hcl</i>	63	PHEBURANE	100
<i>oxaprozin</i>	PAXLOVID.....	11	<i>phenelzine</i>	63
<i>oxcarbazepine</i>	<i>pazopanib</i>	33	<i>phenobarbital</i>	42
OXERVATE	<i>p-col rite</i>	126	<i>phenobarbital sodium</i>	42
<i>oxybutynin chloride</i>	<i>pedia d-vite</i>	199	<i>phentolamine</i>	71

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

This drug list was last updated on 01/21/2025

<i>phenylephrine hcl</i>	164	POLY-VI-SOL WITH IRON	<i>premasol 10 %</i>	182
<i>phenytoin</i>	42	.....	<i>pre-menstrual relief</i>	56
<i>phenytoin sodium</i>	42	POLY-VITA DROPS.....	PREMPHASE.....	142
<i>phenytoin sodium extended</i> ..	42	POLY-VITA WITH IRON	PREMPRO	142
<i>philith</i>	146	POMALYST	<i>prenatal dha</i>	199
<i>phospha 250 neutral</i>	178	<i>portia 28</i>	<i>prenatal vitamin oral tablet</i>	199
<i>phosphate laxative</i>	126	PORTRAZZA	PRESERVISION AREDS..	199
<i>phosphorous</i>	178	<i>posaconazole</i>	PRESERVISION AREDS-2	.....
<i>phospho-trin 250 neutral</i>	178	<i>pot,sodium citrate-citric acid</i>	.....	199
<i>phytonadione (vitamin k1)</i>	74	.....	PRESERVISION LUTEIN	200
PIFELTRO	11	<i>potassium acetate</i>	<i>prevalite</i>	76
<i>pilocarpine hcl</i>	100, 151	<i>potassium chlorid-d5-</i>	PREVIDENT 5000 BOOSTER	.....
<i>pimecrolimus</i>	87	<i>0.45%nacl</i>	PLUS	103
<i>pimozide</i>	63	<i>potassium chloride</i>	PREVIDENT 5000 DRY	.....
<i>pimtree (28)</i>	146	<i>potassium chloride in</i>	MOUTH	103
<i>pinaway</i>	17	<i>0.9%nacl</i>	PREVYMIS	11
<i>pindolol</i>	71	<i>potassium chloride in 5 % dex</i>	PREZCOBIX.....	11
<i>pink bismuth</i>	116	.....	PREZISTA	11
<i>pink bismuth maximum</i>	.....	<i>potassium chloride in lr-d5</i>	PRIFTIN	17
<i>strength</i>	116	<i>potassium chloride in water</i>	PRIMAQUINE	18
<i>pinworm treatment</i>	17	<i>potassium chloride-0.45 %</i>	<i>primidone</i>	42
<i>pioglitazone</i>	110	<i>nacl</i>	PRIORIX (PF).....	135
<i>piperacillin-tazobactam</i>	20	<i>potassium chloride-d5-</i>	PRIVIGEN	135
PIPERACILLIN-	.....	<i>0.2%nacl</i>	<i>probenecid</i>	137
TAZOBACTAM	20	<i>potassium chloride-d5-</i>	<i>probenecid-colchicine</i>	137
PIQRAY	34	<i>0.9%nacl</i>	<i>probiotic</i>	116, 182
<i>pirfenidone</i>	171	<i>potassium citrate</i>	PROBIOTIC	116
<i>piroxicam</i>	56	<i>potassium citrate-citric acid</i>	PROBIOTIC (B.	.....
<i>pitavastatin calcium</i>	76	.....	COAGULANS).....	116
<i>plantar wart remover</i>	80	<i>potassium phosphate m-/d-</i>	<i>probiotic (s.boulardii)</i>	116
PLASMA-LYTE A	182	<i>basic</i>	<i>probiotic colon care</i>	116
PLEGRIDY	132	POTELIGEO.....	<i>probiotic colon support</i>	116
PLENAMINE.....	182	<i>powderlax</i>	PRO-CAL	200
<i>podofilox</i>	87	<i>pramipexole</i>	PROCERV HP.....	200
POLIVY	34	<i>prasugrel hcl</i>	<i>prochlorperazine</i>	126
<i>polocaine</i>	87	<i>pravastatin</i>	<i>prochlorperazine maleate oral</i>	.....
<i>polocaine-mpf</i>	87	PRAX .....	.....	126
POLY BACITRACIN (ZINC)	.....	<i>praziquantel</i>	PROCRIT	132
.....	91	<i>prazosin</i>	<i>procto-med hc</i>	126
<i>polycin</i>	148	PREBIOTIC FIBER.....	<i>proctosol hc</i>	126
<i>polyethylene glycol 3350</i>	126	<i>prednisolone</i>	<i>proctozone-hc</i>	126
<i>poly-iron</i>	199	<i>prednisolone acetate</i>	<i>progesterone</i>	142
<i>poly-iron 150 forte</i>	199	<i>prednisolone sodium</i>	<i>progesterone micronized</i>	142
<i>polymyxin b sulf-trimethoprim</i>	.....	<i>phosphate</i>	PROGRAF.....	34
.....	148	<i>prednisone</i>	PROLASTIN-C	100
<i>polysaccharide iron complex</i>	.....	<i>prednisone intensol</i>	PROLIA.....	138
.....	199	<i>pregabalin</i>	PROMACTA.....	74
<i>polyvinyl alcohol</i>	151	PREHEVBRIO (PF).....	<i>promethazine</i>	164
POLY-VI-SOL	199	PREMARIN	<i>promethazine-codeine</i>	164

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 01/21/2025

<i>promethazine-dm</i>	164	RADICAVA ORS	47	RESISTANCE FORMULA	
<i>promolaxin</i>	126	RADICAVA ORS STARTER		PROBIOTIC	116
<i>propafenone</i>	66	KIT SUSP.....	47	<i>rest simply nighttime sleep</i> .	165
<i>propranolol</i>	71	<i>raloxifene</i>	138	RETACRIT.....	132
<i>propylthiouracil</i>	106	<i>ramelteon</i>	64	RETEVMO.....	34
PROQUAD (PF)	135	<i>ramipril</i>	71	RETROVIR	11
PRORENAL.....	200	<i>ranolazine</i>	78	REVCovi	100
PRORENAL QD.....	200	<i>rapid clear treatment pads</i> ..	80	REXULTI	64
<i>protamine</i>	74	<i>rasagiline</i>	44	REYATAZ	11
PROTECT CARDIO AF... 200		RAVICTI.....	100	REZLIDHIA	34
PROTECT PLUS SO	200	<i>ready-to-use enema</i>	127	REZUROCK.....	34
<i>protective ointment</i>	87	<i>reclipsen (28)</i>	146	RHOPRESSA	153
<i>protriptyline</i>	63	RECOMBIVAX HB (PF) ..	136	<i>ribavirin</i>	12
<i>pseudoephedrine hcl</i>	164	<i>redness relief</i>	155	<i>rid complete lice elim kit</i>	97
<i>psoriasis medicated</i>	80	REDNESS RELIEF.....	155	<i>rid lice killing</i>	97
<i>psyllium husk</i>	126	<i>redness reliever eye drops</i> ..	155	RIDAURA	140
PSYLLIUM HUSK.....	126	<i>redness reliever lubricant</i> ..	155	<i>rifabutin</i>	18
PULMICORT FLEXHALER		<i>reese's pinworm medicine</i>	18	<i>rifampin</i>	18
.....	171	<i>refenesen</i>	165	<i>riluzole</i>	100
PULMOZYME.....	171	<i>refenesen dm</i>	165	<i>rimantadine</i>	12
<i>pure and gentle (saline)</i>	126	REFRESH CLASSIC (PF) .	151	<i>ringer's</i>	179
<i>pure and gentle eye</i>	151	REFRESH LIQUIGEL.....	151	<i>ringworm</i>	94
<i>purelax</i>	126, 127	REFRESH P.M.....	151	RINVOQ.....	140
<i>purevit dualfe plus</i>	200	REFRESH TEARS.....	151	RINVOQ LQ	140
PURIXAN	34	REGANEX	87	<i>risedronate</i>	100, 138
<i>pyrazinamide</i>	18	REGULOID (ASPARTAME)		RISPERDAL CONSTA	64
<i>pyridostigmine bromide</i>	48	.....	127	<i>risperidone</i>	64
<i>pyridoxine (vitamin b6)</i>	200	REGULOID (PSYLLIUM		<i>ritonavir</i>	12
<i>pyrimethamine</i>	18	HUSK).....	127	<i>rivastigmine</i>	47
Q		REGULOID (PSYLLIUM		<i>rivastigmine tartrate</i>	47
QINLOCK.....	34	HUSK-SUCRO).....	127	<i>rizatriptan</i>	45
QUADRACEL (PF)	135	RELENZA DISKHALER	11	<i>robafen cf (phenylephrine)</i> .	165
<i>quetiapine</i>	63, 64	RE-LIEVED LIDOCAINE ..	87	<i>robafen dm</i>	165
QUFLORA PEDIATRIC		<i>remedy phytoplex antifungal</i> 94		<i>robafen dm cough</i>	165
DROPS	200	REMICADE	127	<i>robafen dm cough-chest</i>	
<i>quinapril</i>	71	RENACIDIN	174	<i>congest</i>	165
<i>quinapril-hydrochlorothiazide</i>		<i>renal caps</i>	200	<i>robitussin cough-chest cong</i>	
.....	71	RENAL VITAMIN	200	<i>dm</i>	165
<i>quinidine sulfate</i>	66	RENAL-VITE	200	ROBITUSSIN ER	165
<i>quinine sulfate</i>	18	RENAPLEX	200	ROCKLATAN	153
QUINTABS.....	200	RENAPLEX-D.....	200	<i>roflumilast</i>	171
<i>quintabs-m iron free</i>	200	<i>rena-vite</i>	200	ROLAIDS EXTRA	
<i>quit 2</i>	102	<i>rena-vite rx</i>	200	STRENGTH	127
<i>quit 4</i>	102	<i>reno caps</i>	200	<i>romidepsin</i>	34
QULIPTA.....	45	<i>repaglinide</i>	110	<i>ropinirole</i>	44
R		REPATHA.....	77	<i>rosuvastatin</i>	77
RABAVERT (PF)	136	REPATHA PUSHTRONEX	76	ROTARIX	136
<i>rabeprazole</i>	131	REPATHA SURECLICK	77	ROTATEQ VACCINE.....	136
RADICAVA.....	47			<i>roweepra</i>	42

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 01/21/2025

ROZLYTREK.....	34	<i>senna with docusate sodium</i>	<i>sleep ii</i>	165
RUBRACA.....	34	.....	<i>sleep tablet (diphenhydramine)</i>	.....
<i>rufinamide</i>	42	<i>senna-s</i>.....	.....	165
RUKOBIA.....	12	<i>senna-time s</i>	SLEEP TIME.....	165
RUXIENCE.....	35	<i>sennosides</i>	<i>sleep-tabs</i>	166
RYBELSUS	110	<i>sennosides-docusate sodium</i>	<i>slo-niacin</i>	77
RYBREVANT	35	.....	<i>slow release iron</i>	201
RYDAPT.....	35	<i>sentry</i>	SLOW RELEASE IRON ..	201
RYLAZE.....	35	<i>sentry senior</i>	<i>smart heart omega-3</i>	182
<i>rynex dm</i>	165	SEREVENT DISKUS	<i>smooth antacid</i>	179
<i>rynex pe</i>	165	<i>sertraline</i>	<i>smoothlax</i>	128
S		<i>se-tan plus</i>	<i>sodium acetate</i>	179
<i>saccharomyces boulardii</i>	116	<i>setlakin</i>	<i>sodium benzoate-sod</i>	
<i>sajazir</i>	171	SEVERE COUGH-	<i>phenylacet</i>	100
<i>saline mist</i>	103	CONGESTION	<i>sodium bicarbonate</i>	128, 179
<i>saline nasal</i>	103	<i>sf</i> 103	<i>sodium chloride</i> ..	100, 152, 179
<i>saline nasal mist</i>	103	<i>sf</i> 5000 <i>plus</i>	<i>sodium chloride 0.45 %</i>	179
<i>saline nose</i>	103	<i>sharobel</i>	<i>sodium chloride 0.9 %</i>	100
SALMON OIL-OMEGA-3		SHINGRIX (PF).....	<i>sodium chloride 3 %</i>	
FATTY ACIDS	182	SIGNIFOR.....	<i>hypertonic</i>	179
SALONPAS	87	<i>siladryl sa</i>	<i>sodium chloride 5 %</i>	
SALONPAS (LIDOCAINE) 87		<i>sildenafil (pulmonary arterial</i>	<i>hypertonic</i>	179
SANCUSO	127	<i>hypertension)</i>	<i>sodium citrate-citric acid</i> ...	174
SANDOSTATIN LAR		<i>siltussin sa</i>	<i>sodium fluoride 5000 dry</i>	
DEPOT	35	<i>silver sulfadiazine</i>	<i>mouth</i>	104
SANTYL	87	SIMBRINZA	<i>sodium fluoride 5000 plus</i> ..	104
<i>sapropterin</i>	113	<i>simethicone</i>	<i>sodium fluoride-pot nitrate</i> .	104
SARCLISA.....	35	SIMPLY SALINE	<i>sodium nitroprusside</i>	78
SARNA SENSITIVE	127	<i>simply sleep</i>	SODIUM OXYBATE	64
SAVELLA.....	140	SIMULECT	<i>sodium phenylbutyrate</i>	100
SCSEMBLIX.....	35	<i>simvastatin</i>	<i>sodium phosphate</i>	179
SCOOBY-DOO ONE A DAY		<i>sinus 12 hour</i>	<i>sodium polystyrene sulfonate</i>	
KIDS.....	200	<i>sinus and allergy pe</i>.....	.....	100
<i>scopolamine base</i>	127	<i>sinus decongestant (pe)</i>	SOFOSBUVIR-	
<i>sebex</i>	80	<i>sinus pe decongestant</i>	VELPATASVIR.....	12
SECUADO	64	<i>sinus rinse</i>	SOHONOS	100
<i>selegiline hcl</i>	44	<i>sinus wash</i>	<i>solifenacin</i>	173
<i>selenium sulfide</i>	79	<i>sirolimus</i>	SOLIQUEA 100/33	110
<i>selsun blue (salicylic acid)</i> ...	80	SIRTURO	SOLTAMOX.....	35
<i>selsun blue naturals</i>	80	<i>skin protectant a-d (pet, lan)</i> 87	<i>soluvita</i>	201
SELZENTRY	12	<i>skin treatment</i>	<i>soluvita a,c,d with fluoride</i> .	201
<i>senexon-s</i>	127	SKYCLARYS	SOMATULINE DEPOT	35
<i>senior probiotic</i>	116	SKYRIZI	SOMAVERT	113
<i>senior tabs</i>	200	<i>sleep aid (diphenhydramine)</i>	<i>sominex</i>	166
<i>senna</i>	127	.....	<i>soothe (bismuth subsalicylate)</i>	
<i>senna lax</i>	127	SLEEP AID	.....	116
<i>senna laxative</i>	127	(DIPHENHYDRAMINE)	<i>soothe regular strength</i>	116
<i>senna plus</i>	127	.....	<i>sorafenib</i>	35
		<i>sleep aid (doxylamine)</i>	<i>sorbidon hydrate</i>	87

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 01/21/2025

<i>sorbugen nr</i>	166	<i>sudogest</i>	166	SYSTANE NIGHTTIME ...	152
<i>sotalol</i>	66	<i>sulfacetamide sodium</i>	152	SYSTANE ULTRA.....	152
<i>sotalol af</i>	66	<i>sulfacetamide sodium (acne)</i>	91	SYSTANE ULTRA (PF)....	152
<i>spectravite adult</i>	201	<i>sulfacetamide-prednisolone</i>	152	T	
<i>spectravite adult 50 plus</i>	201	<i>sulfadiazine</i>	21	<i>tab-a-vite</i>	202
SPECTRAVITE ADULT 50		<i>sulfamethoxazole-trimethoprim</i>		TAB-A-VITE	
PLUS(LUT).....	201	.....	21	MULTIVITAMIN W-IRON	
<i>spectravite advanced formula</i>		<i>sulfasalazine</i>	128	.....	202
.....	201	<i>sulindac</i>	56	TABRECTA	35
<i>spectravite men's</i>	201	<i>sumatriptan</i>	45	<i>tacrolimus</i>	35, 88
<i>spectravite women</i>	201	<i>sumatriptan succinate</i>	45	<i>tadalafil</i>	174
<i>spectravite women 50 plus</i>	201	<i>sunitinib malate</i>	35	<i>tadalafil (pulmonary arterial</i>	
SPIRIVA RESPIMAT	172	SUNLENCA.....	12	<i>hypertension) oral tablet</i>	20
<i>spironolactone</i>	71	SUNOSI.....	64	<i>mg</i>	172
<i>spironolacton-</i>		<i>super b/c</i>	201	TAFINLAR	35, 36
<i>hydrochlorothiaz</i>	71	<i>super b-50 complex</i>	201	<i>tagamet hb</i>	131
<i>sprintec (28)</i>	146	<i>super calcium</i>	179	TAGRISSE.....	36
SPRITAM.....	43	<i>super multivitamin</i>	201	TALZENNA	36
<i>sps (with sorbitol)</i>	100, 101	<i>super omega-3</i>	77	<i>tamoxifen</i>	36
<i>sronyx</i>	146	<i>super probiotic</i>	117	<i>tamsulosin</i>	174
<i>ssd</i>	87	<i>super quints</i>	201	<i>targeted acne spot treatment</i>	90
<i>st joseph aspirin</i>	56	<i>super quints b-50</i>	201	<i>tarina 24 fe</i>	147
<i>st. joseph aspirin</i>	56	<i>super thera vite m</i>	201	<i>tarina fe 1-20 eq (28)</i>	147
STELARA.....	79	<i>suphedrin</i>	166	TASIGNA.....	36
<i>sterile eye drops</i>	155	<i>suphedrine</i>	166	<i>tasimelteon</i>	64
<i>stimulant laxative plus</i>	128	<i>suphedrine 12 hour</i>	166	TAVALISSE	74
STIOLTO RESPIMAT	172	<i>suphedrine pe cold and allergy</i>		TAVNEOS	101
STIVARGA.....	35	.....	166	<i>tazarotene</i>	90
<i>stomach relief</i>	117	<i>suphedrine pe sinus and allergy</i>		<i>tazicef</i>	14
<i>stomach relief max strength</i>	116	.....	166	TAZVERIK	36
<i>stomach relief original</i>	117	<i>surfak</i>	128	TDVAX	136
<i>stool softener</i>	128	<i>syeda</i>	146	TECENTRIQ.....	36
STOOL SOFTENER.....	128	SYMDEKO	172	<i>teeny tummy infant gas relief</i>	
<i>stool softener (docusate cal)</i>		SYMLINPEN 120	110	.....	128
.....	128	SYMLINPEN 60	110	TEFLARO	14
<i>stool softener-laxative</i>	128	SYMPAZAN.....	43	<i>telmisartan</i>	71
<i>stool softener-stimulant laxat</i>		SYMTUZA.....	12	<i>telmisartan-amlodipine</i>	71
.....	128	SYNAGIS.....	12	<i>telmisartan-hydrochlorothiazid</i>	
<i>stop smoking aid</i>	102	SYNAREL.....	113	.....	71
STRENSIQ.....	113	SYNJARDY	110	<i>temazepam</i>	64
STREPTOMYCIN	18	SYNJARDY XR.....	110	TEMODAR	36
<i>stress formula</i>	201	SYNTHROID.....	114	<i>temsirolimus</i>	36
<i>stress formula with iron</i>	201	SYSTANE (PF).....	152	TENIVAC (PF)	136
<i>stress formula with zinc</i>	201	SYSTANE (PROPYLENE		<i>tenofovir disoproxil fumarate</i>	
STRIBILD.....	12	GLYCOL)	152	.....	12
STRIVERDI RESPIMAT ..	172	SYSTANE BALANCE	152	TENSION HEADACHE	56
<i>subvenite</i>	43	SYSTANE COMPLETE....	152	TENSION HEADACHE PAIN	
SUCRAID	128	SYSTANE HYDRATION		RELIEVER.....	56
<i>sucralfate</i>	131	(PF).....	152	TEPMETKO.....	36

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

This drug list was last updated on 01/21/2025

<i>terazosin</i>	71	TICOVAC	136	TREMFYA PEN	79
<i>terbinafine hcl</i>	8	<i>tigecycline</i>	18	<i>treprostinil sodium</i>	71
TERBINAFINE HCL.....	94	<i>tiger balm</i>	88	TRESIBA FLEXTOUCH U-	
<i>terbutaline</i>	172	<i>tilia fe</i>	147	100	111
<i>terconazole</i>	143	<i>timolol maleate</i>	71, 148, 149	TRESIBA FLEXTOUCH U-	
TERIFLUNOMIDE	47	<i>tinactin</i>	94	200	111
TERIPARATIDE	138	<i>tinidazole</i>	18	TRESIBA U-100 INSULIN	
<i>testosterone</i>	113	<i>tioconazole</i>	143	.....	111
<i>testosterone cypionate</i>	113	TIOCONAZOLE-1	143	<i>tretinoin (antineoplastic)</i>	36
<i>testosterone enanthate</i>	113	TIVDAK.....	36	<i>tretinoin topical</i>	90
<i>tetrabenazine</i>	47	TIVICAY.....	12	<i>triamcinolone acetonide</i>	96,
<i>tetracycline</i>	22	TIVICAY PD	12	104, 106	
THALOMID.....	36	<i>tizanidine</i>	48	TRIAMCINOLONE	
<i>the magic bullet</i>	128	TOBI PODHALER	18	ACETONIDE	172
<i>theophylline</i>	172	<i>tobramycin</i>	18, 148	<i>triamterene-hydrochlorothiazid</i>	
<i>thera</i>	202	<i>tobramycin in 0.225 % nacl</i> .	18	.....	71
<i>thera-derm</i>	88	<i>tobramycin sulfate</i>	18	<i>tri-buffered aspirin</i>	57
<i>thera-gel</i>	79	<i>tobramycin-dexamethasone</i>	154	<i>tricitrates</i>	174
THERAGRAN-M PREMIER		<i>toe area treatment antifungal</i>		<i>tridacaine ii</i>	88
50 PLUS	202	.....	94	<i>triderm</i>	96
<i>theralogix companion</i>	202	<i>tolnafi-al</i>	94	<i>trientine</i>	101
<i>thera-m</i>	202	<i>tolnaftate</i>	94	<i>tri-estarylla</i>	147
THERAMILL FORTE	202	<i>tolterodine</i>	173	<i>trifluoperazine</i>	65
<i>therapeutic dandruff shampoo</i>		<i>tolvaptan</i>	113	<i>trifluridine</i>	148
.....	80	<i>topiramate</i>	43	<i>trihexyphenidyl</i>	44
<i>therapeutic moisturizing</i>	88	<i>topotecan</i>	36	TRIJARDY XR	111
THERAPEUTIC		<i>toremifene</i>	36	TRIKAFTA	172
MOISTURIZING CREAM		<i>torse mide</i>	71	<i>tri-legest fe</i>	147
.....	88	<i>total allergy medicine</i>	166	<i>tri-linyah</i>	147
<i>therapeutic shampoo</i>	79	TOUJEO MAX U-300		<i>tri-lo-estarylla</i>	147
<i>therapeutic-m</i>	202	SOLOSTAR	110	<i>tri-lo-marzia</i>	147
<i>thera-tabs</i>	202	TOUJEO SOLOSTAR U-300		<i>tri-lo-sprintec</i>	147
THERATEARS.....	152	INSULIN	111	<i>trimethoprim</i>	22
<i>theratrum complete 50 plus/lut</i>		TRADJENTA.....	111	<i>trimipramine</i>	65
.....	202	<i>tramadol</i>	57	TRINTELLIX.....	65
<i>theratrum complete 50 plus-lyc</i>		<i>tramadol-acetaminophen</i>	57	<i>triphrocaps</i>	202
.....	202	<i>trandolapril</i>	71	<i>triple antibiotic</i>	91
<i>theratrum complete with lutein</i>		<i>tranexamic acid</i>	143	<i>triple antibiotic plus</i>	91
.....	202	<i>tranylcypromine</i>	65	<i>triple antibiotic-pain relief</i> ..	91
<i>thera-vite max-m</i>	202	<i>travasol 10 %</i>	182	TRIPLE MAGNESIUM	
<i>therems multivitamin</i>	202	<i>travel sickness</i>	128	COMPLEX	179
<i>thermotabs</i>	179	<i>travel-ease (meclizine)</i>	128	<i>tri-sprintec (28)</i>	147
<i>thioridazine</i>	64	<i>travoprost</i>	153	TRIUMEQ.....	12
<i>thiotepa</i>	36	TRAZIMERA.....	36	TRIUMEQ PD.....	12
<i>thiothixene</i>	64	<i>trazodone</i>	65	<i>tri-vitamin with fluoride</i>	202
<i>tiadylt er</i>	71	TREANDA.....	36	<i>tri-vite with fluoride</i>	202
<i>tiagabine</i>	43	TRECTOR.....	18	<i>trivora (28)</i>	147
TIBSOVO.....	36	TRELEGY ELLIPTA.....	172	TRODELVY	37
TICE BCG.....	136	TREMFYA.....	79	TROGARZO	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 01/21/2025

TROPHAMINE 10 %	182	<i>valproic acid (as sodium salt)</i>	37	<i>vincristine</i>	37
<i>tropium</i>	173	.....	43	<i>vinorelbine</i>	37
TRULICITY	111	<i>valrubicin</i>	37	VIOKACE	128
TRUMENBA	136	<i>valsartan</i>	72	<i>viorele (28)</i>	147
TRUQAP.....	37	<i>valsartan-hydrochlorothiazide</i>	72	VIRACEPT.....	12
TUKYSA.....	37	.....	72	VIREAD	12, 13
<i>tums dual action (famotidine)</i>	131	VALTOCO.....	43	VISION HEALTH.....	202
.....	131	<i>vancomycin</i>	18, 19	VIT A PALMITATE-VIT C-	
<i>tums ultra</i>	179	VANCOMYCIN	18	VIT D3.....	202
TURALIO	37	VANCOMYCIN IN 0.9 %		VIT E-WHEAT GERM-ALOE	
<i>turqoz (28)</i>	147	SODIUM CHL	18	VERA	88
<i>tusnel diabetic</i>	166	<i>vandazole</i>	143	VITABEX PLUS.....	202
<i>tusnel-ex</i>	166	VANFLYTA	37	<i>vita-c</i>	202
<i>tussin</i>	167	<i>vanicream</i>	88	VITAJoy ADULT MULTI	
<i>tussin cf (pe-dm-guaif)</i>	166	<i>vanquish</i>	57	.....	202
<i>tussin cf cough-cold</i>	166	VAQTA (PF).....	136, 137	<i>vitajoy daily d</i>	202
<i>tussin chest congestion</i>	166	<i>varenicline tartrate</i>	102	<i>vitalee</i>	203
<i>tussin cough (dm only)</i>	166	VARIVAX (PF)	137	<i>vitalets</i>	203
<i>tussin cough-chest congestion</i>	166	VARUBI.....	128	<i>vitamin a</i>	203
.....	166	VAXCHORA VACCINE..	137	<i>vitamin a and d</i>	88
<i>tussin dm</i>	166	VECAMYL	78	<i>vitamin a and d diaper rash</i> ..	88
<i>tussin dm clear</i>	166	VECTIBIX	37	<i>vitamin b complex</i>	203
<i>tussin dm cough and chest</i> ..	166	<i>vegetable laxative</i>	128	<i>vitamin b complex-folic acid</i>	
<i>tussin dm max</i>	166	<i>vegetable lax-stool softener</i>	128	.....	203
<i>tussin long-acting</i>	166	VEKLURY	12	<i>vitamin b-12</i>	203
<i>tussin mucus-chest congestion</i>	166	<i>velivet triphasic regimen (28)</i>	147	VITAMIN B-12.....	203
.....	166	.....	147	<i>vitamin b-6</i>	203
TWINRIX (PF)	136	VELTASSA.....	101	<i>vitamin c</i>	203
TYPHIM VI	136	VEMLIDY.....	12	<i>vitamin c drops</i>	203
TYSABRI.....	48	VENCLEXTA	37	VITAMIN C FIZZY DRINK	
TYVASO DPI.....	172	VENCLEXTA STARTING		.....	203
U		PACK	37	<i>vitamin c with rose hips</i>	203
<i>ultra fresh</i>	152	<i>venlafaxine</i>	65	<i>vitamin d3</i>	204
<i>ultra lubricant eye</i>	152	<i>verapamil</i>	72	<i>vitamins a,c,d and fluoride</i> .	204
<i>ultra omega-3</i>	182	VERQUVO	78	<i>vitamins b complex</i>	204
<i>ultra strength antacid</i>	179	VERSACLOZ	65	<i>vitamins for hair</i>	204
<i>unisom sleepgels</i>	167	VERZENIO	37	VITRAKVI.....	37
<i>unithroid</i>	114	<i>vestura (28)</i>	147	<i>vits a and d-white pet-lanolin</i>	
UNITUXIN	37	VIBERZI	128	.....	88
UPTRAVI.....	72	<i>vicks dayquil cough</i>	167	VIVITROL	57
<i>ursodiol</i>	128	<i>vicks vaposteam</i>	167	VIZIMPRO.....	38
UZEDY	65	<i>vienna</i>	147	VONJO	38
V		<i>vigabatrin</i>	43	VORANIGO.....	38
<i>vagicaïne</i>	88	<i>vigadrone</i>	43	<i>voriconazole</i>	8, 9
VAGICAINE.....	88	<i>vigpoder</i>	43	VOSEVI	13
<i>valacyclovir</i>	12	VIJOICE.....	37	VOTRIENT	38
VALCHLOR	88	<i>vilazodone</i>	65	VOWST	128
<i>valganciclovir</i>	12	VIMIZIM.....	113	VRAYLAR.....	65
<i>valproic acid</i>	43	<i>vinblastine</i>	37	VUMERITY	48

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

This drug list was last updated on 01/21/2025

VYNDAMAX.....	78	<i>wee care</i>	204	XCOPRI MAINTENANCE	
VYXEOS.....	38	<i>weekly-d</i>	204	PACK	43
VYZULTA.....	153	WEGOVY	101	XCOPRI TITRATION PACK	
W		WELIREG.....	38	.....	44
WAKIX.....	66	<i>wera (28)</i>	147	XDEMVY.....	152
<i>wal-act d cold and allergy</i> ..	167	<i>wescaps</i>	204	XELJANZ.....	140
<i>wal-dram</i>	129	<i>wes-phos 250 neutral</i>	179	XELJANZ XR.....	140
<i>wal-dram 2</i>	129	<i>westab max</i>	204	XERAC AC.....	88
<i>wal-dryl allergy</i>	167	<i>westab one</i>	204	XERMELO.....	38
<i>wal-dryl-d allergy and sinus</i>		<i>white petrolatum</i>	88	XGEVA	22
.....	167	WHITE PETROLATUM	88	XIAFLEX.....	101
<i>wal-fex allergy</i>	167	<i>white petroleum jelly</i>	88	XIFAXAN.....	19
<i>wal-fex d 12 hour</i>	167	WHITE WAX (BEESWAX)		XIGDUO XR.....	111
<i>wal-fex d 24 hour</i>	167	.....	101	XIIDRA	152
<i>wal-finate</i>	167	WINREVAIR.....	172	XOLAIR.....	173
<i>wal-finate-d</i>	167	<i>wixela inhub</i>	173	XOSPATA.....	38
<i>walgreens dry skin treatment</i>	88	<i>woman's laxative (bisacodyl)</i>		XPOVIO	38
<i>wal-itin</i>	167	.....	129	XTANDI.....	38
<i>wal-itin d</i>	167	WOMEN'S 50 PLUS		<i>xulane</i>	143
<i>wal-itin d 12 hour</i>	167	ADVANCED.....	204	XYWAV	66
<i>wal-mucil fiber</i>	129	WOMEN'S 50 PLUS DAILY		Y	
<i>wal-mucil fiber (aspartame)</i>		FORMULA	204	YERVOY	38
.....	129	WOMEN'S 50 PLUS		YF-VAX (PF).....	137
<i>wal-mucil fiber (sugar)</i>	129	MULTIVITAMIN	204	YOGURT PLUS CALCIUM	
<i>wal-mucil natural fiber lax</i> ..	129	<i>women's daily formula</i>	204	GUMMIES	205
<i>wal-mucil with calcium</i>	129	WOMEN'S DAILY		YONDELIS	38
<i>wal-phed</i>	167	FORMULA	204	YONSA	39
<i>wal-phed 12 hour</i>	167	WOMENS DAILY		YUFLYMA(CF).....	140
<i>wal-phed d</i>	167	GUMMIES.....	204	YUFLYMA(CF) AI	
<i>wal-phed pe</i>	167	WOMEN'S DAILY PACK	204	CROHN'S-UC-HS.....	140
<i>wal-phed pe sinus and allergy</i>		<i>women's gentle laxative(bisac)</i>		YUFLYMA(CF)	
.....	167	.....	129	AUTOINJECTOR.....	140
<i>wal-profen</i>	57	<i>women's laxative (bisacodyl)</i>		YUPELRI	173
<i>wal-proxen</i>	57	.....	129	<i>yuvafem</i>	142
WAL-SLEEP Z	167	WOMEN'S MULTIVITAMIN		Z	
<i>wal-som (diphenhydramine)</i>		.....	205	<i>zafemy</i>	143
.....	167	WOMEN'S MULTIVITAMIN		<i>zafirlukast</i>	173
<i>wal-som (doxylamine)</i>	66	GUMMIES	205	<i>zaleplon</i>	66
<i>wal-sporin</i>	91	WOMEN'S MULTIVITAMIN		ZALTRAP	39
<i>wal-tap dm</i>	167	W-BIOTIN	205	ZANOSAR	39
<i>wal-tussin cough</i>	168	WOMEN'S ONE DAILY...205		<i>zantac-360 (famotidine)</i>	131
<i>wal-tussin cough and cold cf</i>		X		ZARXIO	132
.....	168	XALKORI.....	38	<i>zeasorb af</i>	94
<i>wal-tussin dm</i>	168	XARELTO	75	ZEJULA	39
<i>wal-zyr (cetirizine)</i>	168	XARELTO DVT-PE TREAT		ZELBORAF	39
<i>wal-zyr (ketotifen)</i>	152	30D START	75	<i>zenatane</i>	90
<i>wal-zyr d</i>	168	XATMEP.....	38	ZENPEP	129
<i>warfarin</i>	75	XCOPRI	43	ZEPOSIA.....	48
<i>wart remover</i>	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 01/21/2025

ZEPOSIA STARTER KIT (28-DAY).....	48	<i>ziprasidone mesylate</i>	66	ZUBSOLV.....	57
ZEPOSIA STARTER PACK (7-DAY).....	48	ZIRABEV.....	39	<i>zumandimine (28)</i>	147
ZEPZELCA.....	39	ZIRGAN.....	148	ZURZUVAE.....	66
<i>zidovudine</i>	13	ZOLADEX.....	39	ZYDELIG.....	39
ZIEXTENZO.....	132	ZOLINZA.....	39	ZYKADIA.....	39
<i>zinc oxide</i>	88	<i>zolmitriptan</i>	45	ZYLOTROL	88
ZINC OXIDE DIAPER CREAM.....	88	<i>zolpidem</i>	66	ZYNCOF	168
<i>zinc with vitamins a and c</i> ..	205	ZONISADE	44	ZYNLONTA	39
<i>ziprasidone hcl</i>	66	<i>zonisamide</i>	44	ZYPREXA RELPREVV	66
		<i>zostrix-hp</i>	88	ZZZQUIL	168
		<i>zovia 1-35 (28)</i>	147		
		ZTALMY	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 01/21/2025

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Multi-Language Insert

Multi-language Interpreter Services

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Farsi: ما خدمات مترجم شفاهی رایگان داریم تا به هر سؤالی که ممکن است در مورد طرح سلامت یا داروی خود داشته باشید پاسخ دهیم. برای دریافت خدمات مترجم شفاهی، فقط با شماره 1-866-650-1274 (TTY: 711) با ما تماس بگیرید. فردی که فارسی صحبت می کند می تواند به شما کمک کند. این خدمات رایگان است.

Nepali: तपाईंसँग हाम्रा स्वास्थ्य वा औषधिको योजनाका बारेमा तपाईंसँग भएका कुनै पनि प्रश्नका जवाफ दिनका लागि हामीसँग नि:शुल्क दोभासे हुन्छ। दोभासे प्राप्त गर्नका लागि, हामीलाई 1-866-650-1274 (TTY: 711) मा फोन गर्नुहोस्। नेपाली बोल्ने कोही व्यक्तिले तपाईंलाई मद्दत गर्न सक्नुहुन्छ। यो नि:शुल्क सेवा हो।

Urdu: ہماری صحت یا دواؤں کے پلان کے متعلق آپ کے کسی بھی سوال کا جواب دینے کے لیے مفت ترجمان کی خدمات دستیاب ہیں۔ ترجمان کی خدمت حاصل کرنے کے لیے، ہمیں اس نمبر پر کال کریں 1-866-650-1274 (TTY: 711)۔ کوئی ایسا شخص جو اردو بولتا ہو، آپ کی مدد کر سکتا ہے۔ یہ ایک مفت سروس ہے۔

Telegu: మా హెల్త్ మరియు డ్రగ్ గురించి మీకున్న ఏవైనా ప్రశ్నలకు సమాధానాలను అందించడానికి మా వద్ద ఉచిత ఇంటర్ప్రిటర్ సేవలు అందుబాటులో ఉన్నాయి. ఇంటర్ప్రిటర్ను పొందడానికి 1-866-650-1274 (TTY: 711) పై మాకు కాల్ చేయండి. తెలుగు మాట్లాడే ఎవరైనా మీకు సహాయపడగలరు. ఇది ఉచిత సేవ.

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This formulary was updated on **01/21/2025**. For more recent information or other questions, please contact Sentara Medicare Member Services at 1-866-650-1274 (TTY users should call 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m., or visit: sentarahealthplans.com/plans/medicare/prescription-drugs.

If you have questions, please call Sentara Medicare at 1-866-650-1274 (TTY: 711), October 1 to March 31, 7 days per week, 8 a.m. to 8 p.m., and from April 1 to September 30, Monday through Friday, 8 a.m. to 8 p.m. The call is free. **For more information**, visit sentarahealthplans.com/plans/medicare/prescription-drugs.



Last formulary update 01/21/2025