

Sentara Medicare Rx (PDP) 2025 Formulary (List of Covered Drugs or “Drug List”)

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

Formulary ID: **25518**, Version: **14**

This formulary was updated on **02/19/2025**. For more recent information or other questions, please contact Sentara Medicare Member Services at 1-800-543-3359 (TTY users should call 711), 24 hours per day, 7 days per week, or visit sentarahealthplans.com/cos.

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

When this drug list (formulary) refers to “we,” “us,” or “our,” it means Sentara Medicare. When it refers to “plan” or “our plan,” it means Sentara Medicare Rx (PDP).

This document includes a Drug List (formulary), for our plan which is current as of **03/01/2025**. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

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

What is the Sentara Medicare Rx formulary?

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

Can the formulary change?

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

Formulary ID: 25518, Version: 14
This formulary was updated on 02/19/2025

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

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug, or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Sentara Medicare Rx Formulary?”

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

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

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

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

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or

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

The enclosed formulary is current as of **03/01/2025**. To get updated information about the drugs covered by Sentara Medicare please contact us. Our contact information appears on the front and back cover pages. In the event of any CMS-approved, mid-year non-maintenance formulary changes a revised printable Comprehensive formulary document will be posted on our website at sentarahealthplans.com/cos. If you are impacted by the change, you will also be mailed a Negative Change letter 60 days prior to the change.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page **8**. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, **CARDIOVASCULAR AGENTS**. If you know what your drug is used for, look for the category name in the list that begins on page **8**. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page **129**. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

- For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Sentara Medicare requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Sentara Medicare before you fill your prescriptions. If you don't get approval, Sentara Medicare may not cover the drug.
- **Quantity Limits:** For certain drugs, Sentara Medicare limits the amount of the drug that Sentara Medicare will cover. For example, Sentara Medicare provides 90 capsules per prescription for *pregabalin oral capsule 100 mg*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Sentara Medicare 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, Sentara Medicare may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Sentara Medicare will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 8. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online a document that explains our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

What are over-the-counter (OTC) drugs?

OTC drugs are non-prescription drugs that are not normally covered by a Medicare Prescription Drug Plan. Sentara Medicare pays for certain OTC drugs. Sentara Medicare will provide these OTC drugs at no cost to you. The cost to Sentara Medicare of these OTC drugs will not count toward your total Part D drug costs.

What if my drug is not on the Formulary?

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

If you learn that Sentara Medicare does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Sentara Medicare. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Sentara Medicare.
- You can ask Sentara Medicare to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Sentara Medicare Rx Formulary?

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

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Sentara Medicare limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier.

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

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

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

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

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

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

For more information

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

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

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

Sentara Medicare 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 **129**.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE) and generic drugs are listed in lower-case italics (e.g., *atorvastatin calcium oral tablet*).

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 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 Customer Service.

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	B/D PA
<i>amphotericin b injection recon soln 50 mg</i>	4	B/D PA; MO
<i>amphotericin b liposome intravenous suspension for reconstitution 50 mg</i>	4	B/D PA
<i>caspofungin intravenous recon soln 50 mg, 70 mg</i>	4	
<i>clotrimazole mucous membrane troche 10 mg</i>	3	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	3	MO
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	MO
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	MO; NEDS
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	4	MO
<i>griseofulvin microsize oral tablet 500 mg</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet 165 mg</i>	4	
<i>itraconazole oral capsule 100 mg</i>	4	MO; QL (120 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	2	MO
<i>micafungin intravenous recon soln 100 mg, 50 mg</i>	4	MO
<i>nystatin oral suspension 100,000 unit/ml</i>	2	MO
<i>nystatin oral tablet 500,000 unit</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	5	PA; MO; QL (96 per 30 days); NEDS
<i>terbinafine hcl oral tablet 250 mg</i>	2	MO
<i>voriconazole intravenous recon soln 200 mg</i>	5	PA; MO; NEDS
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	5	PA; 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 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole oral tablet 200 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>voriconazole oral tablet 50 mg</i>	4	PA; MO; QL (480 per 30 days)
ANTIVIRALS		
<i>abacavir oral solution 20 mg/ml</i>	3	MO
<i>abacavir oral tablet 300 mg</i>	3	MO
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	4	MO
<i>acyclovir oral capsule 200 mg</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet 400 mg, 800 mg</i>	2	MO
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	4	B/D PA; MO
<i>adefovir oral tablet 10 mg</i>	4	MO
<i>amantadine hcl oral capsule 100 mg</i>	2	MO
<i>amantadine hcl oral solution 50 mg/5 ml</i>	2	MO
<i>amantadine hcl oral tablet 100 mg</i>	4	MO
APTIVUS ORAL CAPSULE 250 MG	5	MO; NEDS
<i>atazanavir oral capsule 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>atazanavir oral capsule 300 mg</i>	4	MO; QL (30 per 30 days)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	5	MO; NEDS
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	MO; NEDS
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 400 MG/2 ML- 600 MG/2 ML, 600 MG/3 ML- 900 MG/3 ML	5	MO; NEDS
<i>cidofovir intravenous solution 75 mg/ml</i>	5	MO; NEDS
CIMDUO ORAL TABLET 300-300 MG	5	MO; NEDS
COMPLERA ORAL TABLET 200-25-300 MG	5	MO; NEDS
<i>darunavir oral tablet 600 mg</i>	5	MO; QL (60 per 30 days); NEDS
<i>darunavir oral tablet 800 mg</i>	5	MO; QL (30 per 30 days); NEDS
DELSTRIGO ORAL TABLET 100-300-300 MG	5	MO; NEDS
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	MO; NEDS
DOVATO ORAL TABLET 50-300 MG	5	MO; NEDS
EDURANT ORAL TABLET 25 MG	5	MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz oral tablet 600 mg</i>	4	MO; QL (30 per 30 days)
<i>efavirenz-emtricitabin-tenofovir oral tablet 600-200-300 mg</i>	5	MO; NEDS
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	MO; NEDS
<i>emtricitabine oral capsule 200 mg</i>	4	MO
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	MO; QL (30 per 30 days); NEDS
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	4	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML	4	MO
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	4	MO
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	MO; NEDS
EVOTAZ ORAL TABLET 300-150 MG	5	MO; NEDS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	2	MO
<i>fosamprenavir oral tablet 700 mg</i>	5	MO; NEDS
FUZEON SUBCUTANEOUS RECON SOLN 90 MG	5	MO; NEDS
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	2	MO
<i>ganciclovir sodium intravenous solution 50 mg/ml</i>	2	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	MO; NEDS
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD ORAL TABLET 600 MG	5	MO; NEDS
ISENTRESS ORAL POWDER IN PACKET 100 MG	5	MO; NEDS
ISENTRESS ORAL TABLET 400 MG	5	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO; NEDS
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET 50-25 MG	5	MO; NEDS
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	3	QL (40 per 180 days)
<i>lamivudine oral solution 10 mg/ml</i>	3	MO
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	3	MO
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days); NEDS
LIVTENCITY ORAL TABLET 200 MG	5	PA; LA; QL (336 per 28 days); NEDS
<i>lopinavir-ritonavir oral solution 400-100 mg/5 ml</i>	4	MO
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	4	MO
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	MO; NEDS
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	5	PA; MO; QL (168 per 28 days); NEDS
MAVYRET ORAL TABLET 100-40 MG	5	PA; MO; QL (84 per 28 days); NEDS
<i>nevirapine oral suspension 50 mg/5 ml</i>	4	
<i>nevirapine oral tablet 200 mg</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO
NORVIR ORAL POWDER IN PACKET 100 MG	4	MO
ODEFSEY ORAL TABLET 200-25-25 MG	5	MO; NEDS
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	3	MO
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	3	QL (20 per 5 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	3	QL (30 per 5 days)
PIFELTRO ORAL TABLET 100 MG	5	MO; NEDS
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12 ML, 480 MG/24 ML	5	NEDS
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; MO; QL (30 per 30 days); NEDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	MO; NEDS
PREZISTA ORAL SUSPENSION 100 MG/ML	5	MO; NEDS
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	4	MO
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
REYATAZ ORAL POWDER IN PACKET 50 MG	5	MO; NEDS
<i>ribavirin oral capsule 200 mg</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine oral tablet 100 mg</i>	4	MO
<i>ritonavir oral tablet 100 mg</i>	3	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	5	MO; NEDS
SELZENTRY ORAL SOLUTION 20 MG/ML	5	MO; NEDS
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days); NEDS
STRIBILD ORAL TABLET 150-150-200-300 MG	5	MO; NEDS
SUNLENCA ORAL TABLET 300 MG, 300 MG (4-TABLET PACK)	5	NEDS
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	MO; NEDS
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML	5	MO; NEDS
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	4	MO
TIVICAY ORAL TABLET 50 MG	5	MO; NEDS
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	5	MO; NEDS
TRIUMEQ ORAL TABLET 600-50-300 MG	5	MO; NEDS
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	4	MO
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33 ML (150 MG/ML)	5	MO; NEDS
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln 50 mg/ml</i>	5	MO; QL (1080 per 30 days); NEDS
<i>valganciclovir oral tablet 450 mg</i>	3	MO; QL (120 per 30 days)
VEKLURY INTRAVENOUS RECON SOLN 100 MG	5	NEDS
VEMLIDY ORAL TABLET 25 MG	5	PA; MO; QL (30 per 30 days); NEDS
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	MO; NEDS

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

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	5	MO; NEDS
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO; NEDS
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; MO; QL (28 per 28 days); NEDS
<i>zidovudine oral capsule 100 mg</i>	3	MO
<i>zidovudine oral syrup 10 mg/ml</i>	3	MO
<i>zidovudine oral tablet 300 mg</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	3	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	4	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	4	MO
<i>cefadroxil oral capsule 500 mg</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 500 mg/5 ml</i>	3	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule 300 mg</i>	2	MO
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	3	MO
CEFEPIME IN DEXTROSE 5 % INTRAVENOUS PIGGYBACK 1 GRAM/50 ML, 2 GRAM/50 ML	4	MO
<i>cefepime in dextrose,iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/100 ml</i>	4	
<i>cefepime injection recon soln 1 gram, 2 gram</i>	4	MO
<i>cefixime oral capsule 400 mg</i>	4	MO
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	4	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cefoxitin in dextrose, iso-osm intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	
<i>cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	4	MO
<i>cefpodoxime oral tablet 100 mg, 200 mg</i>	4	MO
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	MO
<i>ceftazidime injection recon soln 6 gram</i>	4	
<i>ceftriaxone in dextrose, iso-os intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
CEFTRIAZONE INJECTION RECON SOLN 100 GRAM	4	
<i>ceftriaxone intravenous recon soln 1 gram, 2 gram</i>	4	MO
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>tazicef injection recon soln 1 gram, 2 gram, 6 gram</i>	4	MO
<i>tazicef intravenous recon soln 1 gram, 2 gram</i>	4	
TEFLARO INTRAVENOUS RECON SOLN 400 MG, 600 MG	5	MO; NEDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous recon soln 500 mg</i>	4	MO

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This drug list was last updated on 02/19/2025

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

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
AZTREONAM INJECTION RECON SOLN 2 GRAM	4	MO
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	5	PA; MO; LA; QL (84 per 56 days); NEDS
<i>chloramphenicol sod succinate intravenous recon soln 1 gram</i>	4	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	MO
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	2	MO
CLINDAMYCIN IN 0.9 % SOD CHLOR INTRAVENOUS PIGGYBACK 300 MG/50 ML, 600 MG/50 ML, 900 MG/50 ML	4	
<i>clindamycin in 5 % dextrose intravenous piggyback 300 mg/50 ml, 600 mg/50 ml, 900 mg/50 ml</i>	4	MO
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	4	
<i>clindamycin pediatric oral recon soln 75 mg/5 ml</i>	4	MO
<i>clindamycin phosphate injection solution 150 mg/ml</i>	4	MO
COARTEM ORAL TABLET 20-120 MG	4	MO
<i>colistin (colistimethate na) injection recon soln 150 mg</i>	4	MO; QL (30 per 10 days)
<i>dapsone oral tablet 100 mg, 25 mg</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO; NEDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO; NEDS
EMVERM ORAL TABLET,CHEWABLE 100 MG	5	MO; NEDS
<i>ertapenem injection recon soln 1 gram</i>	4	MO; QL (14 per 14 days)
<i>ethambutol oral tablet 100 mg, 400 mg</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	
<i>gentamicin injection solution 40 mg/ml</i>	4	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>gentamicin sulfate (ped) (pf) injection solution 20 mg/2 ml</i>	4	MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln 250 mg, 500 mg</i>	4	MO
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; MO; QL (84 per 28 days); NEDS
<i>isoniazid injection solution 100 mg/ml</i>	4	
<i>isoniazid oral solution 50 mg/5 ml</i>	2	MO
<i>isoniazid oral tablet 100 mg, 300 mg</i>	2	MO
<i>ivermectin oral tablet 3 mg</i>	2	PA; MO; QL (20 per 30 days)
<i>lincomycin injection solution 300 mg/ml</i>	4	
<i>linezolid in dextrose 5% intravenous piggyback 600 mg/300 ml</i>	4	MO
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	5	MO; QL (1800 per 30 days); NEDS
<i>linezolid oral tablet 600 mg</i>	4	MO; QL (60 per 30 days)
<i>linezolid-0.9% sodium chloride intravenous parenteral solution 600 mg/300 ml</i>	4	
<i>mefloquine oral tablet 250 mg</i>	2	
<i>meropenem intravenous recon soln 1 gram</i>	3	QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	QL (10 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 1 GRAM/50 ML	3	QL (30 per 10 days)
MEROPENEM-0.9% SODIUM CHLORIDE INTRAVENOUS PIGGYBACK 500 MG/50 ML	4	QL (10 per 10 days)
<i>metro i.v. intravenous piggyback 500 mg/100 ml</i>	4	MO
<i>metronidazole in nacl (iso-os) intravenous piggyback 500 mg/100 ml</i>	4	MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	MO
<i>neomycin oral tablet 500 mg</i>	2	MO
<i>nitazoxanide oral tablet 500 mg</i>	5	MO; NEDS
<i>pentamidine inhalation recon soln 300 mg</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln 300 mg</i>	4	MO
<i>praziquantel oral tablet 600 mg</i>	4	MO
PRIFTIN ORAL TABLET 150 MG	4	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
PRIMAQUINE ORAL TABLET 26.3 MG (15 MG BASE)	3	MO
<i>pyrazinamide oral tablet 500 mg</i>	4	MO
<i>pyrimethamine oral tablet 25 mg</i>	5	PA; MO; NEDS
<i>quinine sulfate oral capsule 324 mg</i>	4	MO
<i>rifabutin oral capsule 150 mg</i>	4	MO
<i>rifampin intravenous recon soln 600 mg</i>	4	MO
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	MO
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA; LA; NEDS
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM	5	MO; NEDS
<i>tigecycline intravenous recon soln 50 mg</i>	5	MO; NEDS
<i>tinidazole oral tablet 250 mg, 500 mg</i>	3	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	5	MO; QL (224 per 56 days); NEDS
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	5	PA; MO; QL (280 per 56 days); NEDS
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	5	PA; MO; QL (224 per 28 days); NEDS
<i>tobramycin sulfate injection recon soln 1.2 gram</i>	4	
<i>tobramycin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	4	MO
TRECTOR ORAL TABLET 250 MG	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	QL (3000 per 10 days)
VANCOMYCIN INJECTION RECON SOLN 100 GRAM	4	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	4	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	MO; QL (10 per 10 days)

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin intravenous recon soln 750 mg</i>	4	MO
<i>vancomycin oral capsule 125 mg</i>	4	MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	MO; QL (80 per 10 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	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>	2	MO
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 600-42.9 mg/5 ml</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 250-62.5 mg/5 ml</i>	4	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 400-57 mg/5 ml</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg</i>	3	MO
<i>amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable 400-57 mg</i>	2	
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ampicillin sodium injection recon soln 125 mg</i>	4	
<i>ampicillin sodium intravenous recon soln 1 gram, 2 gram</i>	4	
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	

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This drug list was last updated on 02/19/2025

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

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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>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback 200 mg/100 ml, 400 mg/200 ml</i>	4	MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	MO
<i>levofloxacin oral solution 250 mg/10 ml</i>	4	MO
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>moxifloxacin oral tablet 400 mg</i>	3	MO
MOXIFLOXACIN-SOD.ACE,SUL-WATER INTRAVENOUS PIGGYBACK 400 MG/250 ML	4	
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback 400 mg/250 ml</i>	4	MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine oral tablet 500 mg</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5 ml</i>	4	MO
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	2	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>	4	MO
<i>doxy-100 intravenous recon soln 100 mg</i>	4	MO
<i>doxycycline hyclate intravenous recon soln 100 mg</i>	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	2	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 75 mg</i>	2	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	4	MO
<i>mondoxyne nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule 250 mg, 500 mg</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate oral tablet 1 gram</i>	3	MO
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	3	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	2	MO
<i>trimethoprim oral tablet 100 mg</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>dexrazoxane hcl intravenous recon soln 250 mg, 500 mg</i>	5	B/D PA; MO; NEDS
ELITEK INTRAVENOUS RECON SOLN 1.5 MG, 7.5 MG	5	MO; NEDS
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	5	NEDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA; NEDS
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA; MO; NEDS
<i>levoleucovorin calcium intravenous solution 10 mg/ml</i>	5	B/D PA; NEDS
<i>mesna intravenous solution 100 mg/ml</i>	2	B/D PA; MO
MESNEX ORAL TABLET 400 MG	5	MO; NEDS
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML)	5	B/D PA; MO; NEDS
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days); NEDS

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This drug list was last updated on 02/19/2025

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

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
BELEODAQ INTRAVENOUS RECON SOLN 500 MG	5	B/D PA; NEDS
BENDEKA INTRAVENOUS SOLUTION 25 MG/ML	5	B/D PA; MO; NEDS
BESPONSA INTRAVENOUS RECON SOLN 0.9 MG (0.25 MG/ML INITIAL)	5	B/D PA; MO; NEDS
<i>bexarotene oral capsule 75 mg</i>	5	PA; MO; NEDS
<i>bexarotene topical gel 1 %</i>	5	PA; MO; QL (60 per 30 days); NEDS
<i>bicalutamide oral tablet 50 mg</i>	2	MO
BLINCYTO INTRAVENOUS KIT 35 MCG	5	NEDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA; NEDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO; NEDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (180 per 30 days); NEDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (360 per 30 days); NEDS
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days); NEDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days); NEDS
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days); NEDS
BRUKINSA ORAL CAPSULE 80 MG	5	PA; LA; QL (120 per 30 days); NEDS
<i>busulfan intravenous solution 60 mg/10 ml</i>	5	B/D PA; NEDS
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	5	PA; MO; LA; QL (30 per 30 days); NEDS
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days); NEDS
CALQUENCE ORAL CAPSULE 100 MG	5	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days); NEDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days); NEDS
<i>carboplatin intravenous solution 10 mg/ml</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO; NEDS
<i>cisplatin intravenous solution 1 mg/ml</i>	2	B/D PA; MO
<i>cladribine intravenous solution 10 mg/10 ml</i>	5	MO; NEDS
<i>clofarabine intravenous solution 1 mg/ml</i>	5	B/D PA; NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days); NEDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days); NEDS
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA; LA; QL (60 per 30 days); NEDS
COTELLIC ORAL TABLET 20 MG	5	PA; MO; LA; QL (63 per 28 days); NEDS
<i>cyclophosphamide intravenous recon soln 1 gram, 2 gram, 500 mg</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	B/D PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	3	B/D PA
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	4	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION 10 MG/ML	5	MO; NEDS
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	
<i>cytarabine injection solution 20 mg/ml</i>	2	MO
<i>dacarbazine intravenous recon soln 100 mg, 200 mg</i>	2	B/D PA; MO
<i>dactinomycin intravenous recon soln 0.5 mg</i>	2	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION 4 MG/ML	5	B/D PA; NEDS
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA; QL (120 per 30 days); NEDS
DARZALEX INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PA; MO; NEDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>dasatinib oral tablet 20 mg, 70 mg</i>	5	PA; MO; QL (60 per 30 days); NEDS
<i>daunorubicin intravenous solution 5 mg/ml</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days); NEDS
<i>decitabine intravenous recon soln 50 mg</i>	5	B/D PA; MO; NEDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	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>	5	B/D PA; MO; NEDS
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension 2 mg/ml</i>	5	B/D PA; MO; NEDS
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	3	MO
ELZONRIS INTRAVENOUS SOLUTION 1,000 MCG/ML	5	B/D PA; NEDS
EMPLICITI INTRAVENOUS RECON SOLN 300 MG, 400 MG	5	MO; NEDS
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG	4	B/D PA; MO
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HR 4 MG	5	B/D PA; MO; NEDS
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
ERBITUX INTRAVENOUS SOLUTION 100 MG/50 ML, 200 MG/100 ML	5	B/D PA; MO; NEDS
ERIVEDGE ORAL CAPSULE 150 MG	5	PA; MO; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days); NEDS
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days); NEDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days); NEDS
ERWINASE INJECTION RECON SOLN 10,000 UNIT	5	B/D PA; NEDS
ETOPOPHOS INTRAVENOUS RECON SOLN 100 MG	4	B/D PA; MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>etoposide intravenous solution 20 mg/ml</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	5	PA; MO; NEDS
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO; NEDS
<i>exemestane oral tablet 25 mg</i>	3	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO; NEDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA; MO
<i>floxuridine injection recon soln 0.5 gram</i>	2	
<i>fludarabine intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>fludarabine intravenous solution 50 mg/2 ml</i>	2	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML (1 ML), 40 MG/2 ML (20 MG/ML)	5	B/D PA; MO; NEDS
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA; LA; QL (21 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); NEDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); NEDS
<i>fulvestrant intramuscular syringe 250 mg/5 ml</i>	5	B/D PA; MO; NEDS
GAVRETO ORAL CAPSULE 100 MG	5	PA; LA; QL (120 per 30 days); NEDS
GAZYVA INTRAVENOUS SOLUTION 1,000 MG/40 ML	5	B/D PA; MO; NEDS
GEFITINIB ORAL TABLET 250 MG	5	PA; MO; QL (30 per 30 days); NEDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>gengraf oral capsule 100 mg, 25 mg</i>	3	B/D PA; MO
<i>gengraf oral solution 100 mg/ml</i>	3	B/D PA; MO
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA; MO; QL (30 per 30 days); NEDS
<i>gleostine oral capsule 10 mg, 100 mg, 40 mg</i>	4	MO
HALAVEN INTRAVENOUS SOLUTION 1 MG/2 ML (0.5 MG/ML)	5	B/D PA; MO; NEDS
<i>hydroxyurea oral capsule 500 mg</i>	2	MO
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA; MO; QL (21 per 28 days); NEDS
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA; MO; QL (21 per 28 days); NEDS
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA; QL (30 per 30 days); NEDS
<i>idarubicin intravenous solution 1 mg/ml</i>	2	B/D PA; MO
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA; MO; LA; QL (30 per 30 days); NEDS
<i>ifosfamide intravenous recon soln 1 gram, 3 gram</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	3	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days); NEDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); NEDS
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA; QL (324 per 30 days); NEDS
IMBRUVICA ORAL TABLET 280 MG, 420 MG	5	PA; QL (30 per 30 days); NEDS
IMFINZI INTRAVENOUS SOLUTION 50 MG/ML	5	B/D PA; MO; NEDS
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA; QL (280 per 28 days); NEDS
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days); NEDS
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days); NEDS
INQOVI ORAL TABLET 35-100 MG	5	PA; MO; QL (5 per 28 days); NEDS
INREBIC ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (120 per 30 days); NEDS

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This drug list was last updated on 02/19/2025

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

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
KRAZATI ORAL TABLET 200 MG	5	PA; QL (180 per 30 days); NEDS
KYPROLIS INTRAVENOUS RECON SOLN 10 MG, 30 MG, 60 MG	5	B/D PA; NEDS
<i>lapatinib oral tablet 250 mg</i>	5	PA; MO; QL (180 per 30 days); NEDS
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30 per 30 days); NEDS
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60 per 30 days); NEDS
LENALIDOMIDE ORAL CAPSULE 10 MG, 15 MG, 25 MG, 5 MG	5	PA; MO; QL (28 per 28 days); NEDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	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)	5	PA; MO; NEDS
<i>letrozole oral tablet 2.5 mg</i>	2	MO
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	4	PA; MO
LIBTAYO INTRAVENOUS SOLUTION 50 MG/ML	5	B/D PA; NEDS
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	5	PA; MO; NEDS
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NEDS
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days); NEDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; MO; QL (120 per 30 days); NEDS
LUMAKRAS ORAL TABLET 240 MG	5	PA; QL (60 per 30 days); NEDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; MO; QL (90 per 30 days); NEDS
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG	5	PA; MO; NEDS
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG	5	PA; MO; NEDS
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG	5	PA; MO; NEDS
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG	5	PA; MO; NEDS

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This drug list was last updated on 02/19/2025

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

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>mitoxantrone intravenous concentrate 2 mg/ml</i>	2	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN 200 MG	5	B/D PA; NEDS
MYCAPSSA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	5	PA; LA; QL (120 per 30 days); NEDS
<i>mycophenolate mofetil (hcl) intravenous recon soln 500 mg</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule 250 mg</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	5	B/D PA; MO; NEDS
<i>mycophenolate mofetil oral tablet 500 mg</i>	3	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	4	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN 4.5 MG (1 MG/ML INITIAL CONC)	5	B/D PA; MO; NEDS
<i>nelarabine intravenous solution 250 mg/50 ml</i>	5	B/D PA; MO; NEDS
NERLYNX ORAL TABLET 40 MG	5	PA; MO; LA; QL (180 per 30 days); NEDS
<i>nilutamide oral tablet 150 mg</i>	5	PA; MO; NEDS
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA; MO; QL (3 per 28 days); NEDS
NUBEQA ORAL TABLET 300 MG	5	PA; MO; LA; QL (120 per 30 days); NEDS
NULOJIX INTRAVENOUS RECON SOLN 250 MG	5	B/D PA; MO; NEDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO; NEDS
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO; NEDS
<i>octreotide,microspheres intramuscular suspension,extended rel recon 20 mg, 30 mg</i>	5	PA; NEDS
ODOMZO ORAL CAPSULE 200 MG	5	PA; MO; LA; QL (30 per 30 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56 per 28 days); NEDS
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days); NEDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION 25 MG/ML	5	PA; QL (96 per 28 days); NEDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16 per 28 days); NEDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20 per 28 days); NEDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 28 days); NEDS
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA; QL (30 per 30 days); NEDS
ONCASPAR INJECTION SOLUTION 750 UNIT/ML	5	B/D PA; NEDS
ONIVYDE INTRAVENOUS DISPERSION 4.3 MG/ML	5	B/D PA; NEDS
ONUREG ORAL TABLET 200 MG, 300 MG	5	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	5	B/D PA; MO; NEDS
ORGOVYX ORAL TABLET 120 MG	5	PA; LA; QL (30 per 28 days); NEDS
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NEDS
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 90 days); NEDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel intravenous concentrate 6 mg/ml</i>	2	B/D PA; MO
PADCEV INTRAVENOUS RECON SOLN 20 MG, 30 MG	5	B/D PA; MO; NEDS
<i>paraplatin intravenous solution 10 mg/ml</i>	2	B/D PA
<i>pazopanib oral tablet 200 mg</i>	5	PA; MO; QL (120 per 30 days); NEDS
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA; LA; QL (14 per 21 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
PERJETA INTRAVENOUS SOLUTION 420 MG/14 ML (30 MG/ML)	5	B/D PA; MO; NEDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	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)	5	PA; MO; QL (56 per 28 days); NEDS
POLIVY INTRAVENOUS RECON SOLN 140 MG, 30 MG	5	B/D PA; MO; NEDS
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA; MO; LA; QL (21 per 28 days); NEDS
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50 ML (16 MG/ML)	5	MO; NEDS
POTELIGEO INTRAVENOUS SOLUTION 4 MG/ML	5	B/D PA; NEDS
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	4	B/D PA; MO
PURIXAN ORAL SUSPENSION 20 MG/ML	5	NEDS
QINLOCK ORAL TABLET 50 MG	5	PA; LA; QL (90 per 30 days); NEDS
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days); NEDS
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days); NEDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; MO; QL (60 per 30 days); NEDS
RETEVMO ORAL TABLET 40 MG	5	PA; MO; QL (90 per 30 days); NEDS
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days); NEDS
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days); NEDS
REZLIDHIA ORAL CAPSULE 150 MG	5	PA; QL (60 per 30 days); NEDS
REZUROCK ORAL TABLET 200 MG	5	PA; LA; QL (30 per 30 days); NEDS
<i>romidepsin intravenous recon soln 10 mg/2 ml</i>	5	B/D PA; NEDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (180 per 30 days); NEDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days); NEDS
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	5	PA; MO; QL (360 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 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA; MO; LA; QL (120 per 30 days); NEDS
RUXIENCE INTRAVENOUS SOLUTION 10 MG/ML	5	B/D PA; MO; NEDS
RYBREVANT INTRAVENOUS SOLUTION 50 MG/ML	5	B/D PA; MO; NEDS
RYDAPT ORAL CAPSULE 25 MG	5	PA; MO; QL (224 per 28 days); NEDS
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5 ML	5	B/D PA; NEDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG	5	PA; MO; NEDS
SARCLISA INTRAVENOUS SOLUTION 20 MG/ML	5	B/D PA; NEDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); NEDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600 per 30 days); NEDS
SCEMBLIX ORAL TABLET 40 MG	5	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)	5	PA; NEDS
SIMULECT INTRAVENOUS RECON SOLN 10 MG, 20 MG	3	B/D PA; MO
<i>sirolimus oral solution 1 mg/ml</i>	5	B/D PA; MO; NEDS
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	4	B/D PA; MO
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	5	MO; NEDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; MO; NEDS
<i>sorafenib oral tablet 200 mg</i>	5	PA; MO; QL (120 per 30 days); NEDS
STIVARGA ORAL TABLET 40 MG	5	PA; MO; QL (84 per 28 days); NEDS
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA; MO; QL (30 per 30 days); NEDS
TABLOID ORAL TABLET 40 MG	5	PA; MO; NEDS
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA; MO; QL (120 per 30 days); NEDS
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	5	PA; MO; QL (840 per 28 days); NEDS
TAGRISSO ORAL TABLET 40 MG, 80 MG	5	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	5	PA; MO; QL (30 per 30 days); NEDS
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days); NEDS
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days); NEDS
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days); NEDS
TAZVERIK ORAL TABLET 200 MG	5	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)	5	B/D PA; MO; NEDS
TEMODAR INTRAVENOUS RECON SOLN 100 MG	5	B/D PA; MO; NEDS
<i>temsirolimus intravenous recon soln 30 mg/3 ml (10 mg/ml) (first)</i>	5	B/D PA; MO; NEDS
TEPMETKO ORAL TABLET 225 MG	5	PA; LA; QL (60 per 30 days); NEDS
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days); NEDS
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA; NEDS
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO; NEDS
TIBSOVO ORAL TABLET 250 MG	5	PA; NEDS
TIVDAK INTRAVENOUS RECON SOLN 40 MG	5	B/D PA; MO; NEDS
<i>topotecan intravenous recon soln 4 mg</i>	5	B/D PA; MO; NEDS
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	B/D PA; MO; NEDS
<i>toremifene oral tablet 60 mg</i>	5	MO; NEDS
TRAZIMERA INTRAVENOUS RECON SOLN 150 MG, 420 MG	5	B/D PA; MO; NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
TREANDA INTRAVENOUS RECON SOLN 100 MG, 25 MG	5	B/D PA; MO; NEDS
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	5	MO; NEDS
TRODELVY INTRAVENOUS RECON SOLN 180 MG	5	B/D PA; NEDS
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA; QL (64 per 28 days); NEDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days); NEDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days); NEDS
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days); NEDS
UNITUXIN INTRAVENOUS SOLUTION 3.5 MG/ML	5	B/D PA; NEDS
<i>valrubicin intravesical solution 40 mg/ml</i>	5	B/D PA; MO; NEDS
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA; QL (56 per 28 days); NEDS
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML)	5	MO; NEDS
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days); NEDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days); NEDS
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	5	PA; LA; QL (42 per 180 days); NEDS
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA; MO; LA; QL (60 per 30 days); NEDS
VIJOICE ORAL GRANULES IN PACKET 50 MG	5	PA; QL (28 per 28 days); NEDS
VIJOICE ORAL TABLET 125 MG, 50 MG	5	PA; QL (28 per 28 days); NEDS
VIJOICE ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1)	5	PA; QL (56 per 28 days); NEDS
<i>vinblastine intravenous solution 1 mg/ml</i>	2	MO
<i>vincristine intravenous solution 1 mg/ml, 2 mg/2 ml</i>	2	MO
<i>vinorelbine intravenous solution 10 mg/ml, 50 mg/5 ml</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days); NEDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA; MO; LA; QL (300 per 30 days); NEDS
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA; MO; QL (30 per 30 days); NEDS
VONJO ORAL CAPSULE 100 MG	5	PA; QL (120 per 30 days); NEDS
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days); NEDS
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days); NEDS
VOTRIENT ORAL TABLET 200 MG	5	PA; MO; QL (120 per 30 days); NEDS
VYXEOS INTRAVENOUS RECON SOLN 44-100 MG	5	NEDS
WELIREG ORAL TABLET 40 MG	5	PA; LA; QL (90 per 30 days); NEDS
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA; MO; QL (60 per 30 days); NEDS
XALKORI ORAL PELLETT 150 MG	5	PA; MO; QL (180 per 30 days); NEDS
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days); NEDS
XATMEP ORAL SOLUTION 2.5 MG/ML	4	B/D PA; MO
XERMELO ORAL TABLET 250 MG	5	PA; LA; QL (90 per 30 days); NEDS
XOSPATA ORAL TABLET 40 MG	5	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)	5	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)	5	PA; LA; QL (4 per 28 days); NEDS
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	5	PA; LA; QL (24 per 30 days); NEDS
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA; QL (32 per 28 days); NEDS
XTANDI ORAL CAPSULE 40 MG	5	PA; MO; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days); NEDS
XTANDI ORAL TABLET 80 MG	5	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)	5	B/D PA; MO; NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
YONDELIS INTRAVENOUS RECON SOLN 1 MG	5	B/D PA; NEDS
YONSA ORAL TABLET 125 MG	5	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)	5	B/D PA; MO; NEDS
ZANOSAR INTRAVENOUS RECON SOLN 1 GRAM	4	B/D PA; MO
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days); NEDS
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days); NEDS
ZELBORAF ORAL TABLET 240 MG	5	PA; MO; QL (240 per 30 days); NEDS
ZEPZELCA INTRAVENOUS RECON SOLN 4 MG	5	B/D PA; NEDS
ZIRABEV INTRAVENOUS SOLUTION 25 MG/ML	5	B/D PA; MO; NEDS
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	B/D PA; MO
ZOLINZA ORAL CAPSULE 100 MG	5	PA; MO; NEDS
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA; MO; QL (60 per 30 days); NEDS
ZYKADIA ORAL TABLET 150 MG	5	PA; MO; QL (90 per 30 days); NEDS
ZYNLONTA INTRAVENOUS RECON SOLN 10 MG	5	B/D PA; NEDS

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days); NEDS
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days); NEDS
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days); NEDS
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5 ML	4	MO; QL (600 per 28 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	5	PA; MO; QL (600 per 30 days); NEDS
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	5	PA; MO; QL (60 per 30 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet 200 mg</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	4	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	MO
<i>clobazam oral suspension 2.5 mg/ml</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA; LA; QL (360 per 30 days); NEDS
DIACOMIT ORAL CAPSULE 500 MG	5	PA; LA; QL (180 per 30 days); NEDS
DIACOMIT ORAL POWDER IN PACKET 250 MG	5	PA; LA; QL (360 per 30 days); NEDS
DIACOMIT ORAL POWDER IN PACKET 500 MG	5	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>	4	MO
DILANTIN 30 MG ORAL CAPSULE 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	2	MO
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	2	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA; MO; LA; NEDS
<i>epitol oral tablet 200 mg</i>	2	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	4	MO
<i>ethosuximide oral capsule 250 mg</i>	3	MO
<i>ethosuximide oral solution 250 mg/5 ml</i>	3	MO
<i>felbamate oral suspension 600 mg/5 ml</i>	5	MO; NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>felbamate oral tablet 400 mg, 600 mg</i>	4	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA; LA; QL (360 per 30 days); NEDS
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	2	MO
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	MO; QL (720 per 30 days); NEDS
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days); NEDS
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days); NEDS
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20 ml</i>	3	MO; QL (1200 per 28 days)
<i>lacosamide oral solution 10 mg/ml</i>	4	MO; QL (1200 per 30 days)
LACOSAMIDE ORAL TABLET 100 MG, 150 MG, 200 MG	4	MO; QL (60 per 30 days)
LACOSAMIDE ORAL TABLET 50 MG	3	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>	4	MO
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	2	MO
<i>lamotrigine oral tablet, disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	MO
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	5	PA; MO; QL (10 per 30 days); NEDS
<i>methsuximide oral capsule 300 mg</i>	4	MO
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	4	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	4	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	MO
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	4	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable 50 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	4	MO; QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension 40 mg/ml</i>	5	PA; MO; QL (2400 per 30 days); NEDS
<i>rufinamide oral tablet 200 mg</i>	5	PA; MO; QL (480 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO; QL (240 per 30 days); NEDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	MO; QL (90 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG	4	MO; QL (60 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 500 MG	4	MO; QL (30 per 30 days)
SPRITAM ORAL TABLET FOR SUSPENSION 750 MG	4	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	5	PA; MO; QL (60 per 30 days); NEDS
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	4	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid oral capsule 250 mg</i>	2	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)	5	PA; MO; QL (10 per 30 days); NEDS
<i>vigabatrin oral powder in packet 500 mg</i>	5	PA; MO; LA; QL (180 per 30 days); NEDS
<i>vigabatrin oral tablet 500 mg</i>	5	PA; MO; LA; QL (180 per 30 days); NEDS
<i>vigadrone oral powder in packet 500 mg</i>	5	PA; LA; QL (180 per 30 days); NEDS
<i>vigadrone oral tablet 500 mg</i>	5	PA; LA; QL (180 per 30 days); NEDS
<i>vigpoder oral powder in packet 500 mg</i>	5	PA; LA; NEDS
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	PA; MO; QL (56 per 28 days); NEDS
XCOPRI ORAL TABLET 100 MG	5	PA; MO; QL (120 per 30 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
XCOPRI ORAL TABLET 150 MG, 200 MG	5	PA; MO; QL (60 per 30 days); NEDS
XCOPRI ORAL TABLET 25 MG, 50 MG	5	PA; MO; QL (30 per 30 days); NEDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	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)	5	PA; MO; QL (28 per 180 days); NEDS
ZONISADE ORAL SUSPENSION 100 MG/5 ML	5	MO; QL (900 per 30 days); NEDS
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	2	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA; LA; QL (1100 per 30 days); NEDS
ANTIPARKINSONISM AGENTS		
<i>benztropine injection solution 1 mg/ml</i>	2	MO
<i>benztropine oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO
<i>bromocriptine oral capsule 5 mg</i>	4	MO
<i>bromocriptine oral tablet 2.5 mg</i>	4	MO
<i>carbidopa oral tablet 25 mg</i>	4	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	4	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>	4	MO
<i>entacapone oral tablet 200 mg</i>	4	MO
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	2	MO
<i>rasagiline oral tablet 0.5 mg, 1 mg</i>	4	MO
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	4	MO
<i>selegiline hcl oral capsule 5 mg</i>	3	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>selegiline hcl oral tablet 5 mg</i>	3	MO
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	2	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection solution 1 mg/ml</i>	5	NEDS
<i>dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	5	PA; QL (8 per 28 days); NEDS
<i>eletriptan oral tablet 20 mg, 40 mg</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	3	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	3	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	4	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	4	MO; QL (18 per 28 days)

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG	5	PA; MO; QL (120 per 30 days); NEDS
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; QL (150 per 30 days); NEDS
AUSTEDO ORAL TABLET 9 MG	5	PA; MO; QL (60 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 24 MG	5	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	5	PA; MO; QL (30 per 30 days); NEDS
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HR 6 MG	5	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	5	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)	5	PA; QL (42 per 180 days); NEDS
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days); NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days); NEDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	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>	4	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	5	PA; MO; LA; NEDS
<i> fingolimod oral capsule 0.5 mg</i>	5	PA; MO; QL (30 per 30 days); NEDS
FIRDAPSE ORAL TABLET 10 MG	5	PA; LA; NEDS
<i>galantamine oral capsule, ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	4	MO; QL (30 per 30 days)

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine oral solution 4 mg/ml</i>	4	MO; QL (200 per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	4	MO; QL (60 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days); NEDS
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days); NEDS
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days); NEDS
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days); NEDS
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	5	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>	4	PA; MO; QL (30 per 30 days)
<i>memantine oral solution 2 mg/ml</i>	3	PA; MO; QL (300 per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	2	PA; MO; QL (60 per 30 days)
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7/14/21/28 MG-10 MG	3	PA; QL (30 per 30 days)
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	3	PA; MO; QL (30 per 30 days)
NUEDEXTA ORAL CAPSULE 20-10 MG	5	PA; MO; NEDS
OCREVUS INTRAVENOUS SOLUTION 30 MG/ML	5	PA; MO; QL (20 per 180 days); NEDS
RADICAVA INTRAVENOUS SOLUTION 30 MG/100 ML	5	PA; NEDS
RADICAVA ORS ORAL SUSPENSION 105 MG/5 ML	5	PA; MO; QL (70 per 28 days); NEDS
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION 105 MG/5 ML	5	PA; MO; QL (70 per 28 days); NEDS
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	3	MO; QL (60 per 30 days)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 9.5 mg/24 hour</i>	4	MO; QL (30 per 30 days)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24 hour</i>	4	QL (30 per 30 days)
SKYCLARYS ORAL CAPSULE 50 MG	5	PA; LA; QL (90 per 30 days); NEDS
TERIFLUNOMIDE ORAL TABLET 14 MG, 7 MG	5	PA; MO; QL (30 per 30 days); NEDS
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days); NEDS

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

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Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	4	PA; MO; QL (4 per 28 days); NEDS
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	2	MO; QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	QL (360 per 30 days); NEDS
<i>endocet oral tablet 5-325 mg</i>	3	MO; QL (360 per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg</i>	5	PA; MO; QL (120 per 30 days); NEDS
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	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>	4	PA; MO; QL (10 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	4	NEDS
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	4	MO; QL (390 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days); NEDS
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	4	QL (360 per 30 days); NEDS
<i>hydromorphone oral liquid 1 mg/ml</i>	4	MO; QL (2400 per 30 days); NEDS
<i>hydromorphone oral tablet 2 mg, 4 mg</i>	2	MO; QL (180 per 30 days); NEDS
<i>hydromorphone oral tablet 8 mg</i>	4	MO; QL (180 per 30 days); NEDS
<i>methadone injection solution 10 mg/ml</i>	3	NEDS
<i>methadone intensol oral concentrate 10 mg/ml</i>	3	PA; MO; QL (90 per 30 days); NEDS
<i>methadone oral concentrate 10 mg/ml</i>	3	PA; QL (90 per 30 days); NEDS
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days); NEDS
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days); NEDS
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days); NEDS
<i>methadose oral concentrate 10 mg/ml</i>	3	PA; MO; QL (90 per 30 days); NEDS
<i>morphine injection syringe 4 mg/ml</i>	4	MO; NEDS
<i>morphine intravenous syringe 2 mg/ml, 4 mg/ml</i>	4	NEDS
<i>morphine oral tablet 15 mg, 30 mg</i>	2	MO; QL (180 per 30 days); NEDS
<i>morphine oral tablet extended release 100 mg, 200 mg</i>	4	PA; MO; QL (120 per 30 days); NEDS
<i>morphine oral tablet extended release 15 mg, 30 mg, 60 mg</i>	2	PA; MO; QL (120 per 30 days); NEDS
<i>oxycodone oral capsule 5 mg</i>	3	MO; QL (360 per 30 days); NEDS
<i>oxycodone oral concentrate 20 mg/ml</i>	4	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral solution 5 mg/5 ml</i>	3	MO; QL (1200 per 30 days); NEDS
<i>oxycodone oral tablet 10 mg, 15 mg</i>	2	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral tablet 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days); NEDS
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	3	MO; QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	3	QL (360 per 30 days); NEDS
<i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	2	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	3	PA; MO; QL (90 per 30 days); NEDS
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days); NEDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	4	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	4	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	4	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	4	MO; QL (10 per 28 days); NEDS
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac potassium oral tablet 50 mg</i>	3	MO
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	3	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	2	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	5	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>	4	MO
<i>diflunisal oral tablet 500 mg</i>	3	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	3	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	3	MO
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	4	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral suspension 100 mg/5 ml</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	2	MO
<i>ketorolac oral tablet 10 mg</i>	4	QL (20 per 30 days)
<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>nabumetone oral tablet 500 mg, 750 mg</i>	2	MO
<i>naloxone injection solution 0.4 mg/ml</i>	2	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	MO
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	2	MO
<i>naltrexone oral tablet 50 mg</i>	2	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	4	MO
<i>oxaprozin oral tablet 600 mg</i>	4	MO
<i>piroxicam oral capsule 10 mg, 20 mg</i>	3	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days); NEDS
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	2	MO; QL (240 per 30 days); NEDS
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 380 MG	5	MO; NEDS
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days); NEDS
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 300 MG, 400 MG	5	MO; QL (1 per 28 days); NEDS
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 300 MG, 400 MG	5	MO; QL (1 per 28 days); NEDS
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	2	MO; QL (150 per 30 days)
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	4	MO
<i>aripiprazole oral solution 1 mg/ml</i>	4	MO; QL (900 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	5	MO; QL (60 per 30 days); NEDS
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	5	MO; QL (4.8 per 365 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days); NEDS
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days); NEDS
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	5	PA; QL (60 per 30 days); NEDS
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	2	MO; QL (60 per 30 days)
<i>bupirone oral tablet 10 mg, 15 mg, 5 mg</i>	1	MO
<i>bupirone oral tablet 30 mg, 7.5 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	PA; MO; QL (30 per 30 days); NEDS
<i>chlorpromazine injection solution 25 mg/ml</i>	4	MO
<i>chlorpromazine oral concentrate 100 mg/ml, 30 mg/ml</i>	4	MO
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	MO
<i>citalopram oral solution 10 mg/5 ml</i>	3	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>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	MO; QL (360 per 30 days)
<i>clozapine oral tablet 100 mg, 25 mg</i>	2	
<i>clozapine oral tablet 200 mg</i>	4	
<i>clozapine oral tablet 50 mg</i>	3	
<i>clozapine oral tablet, disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	4	
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	PA; MO; QL (60 per 30 days); NEDS
COBENFY STARTER PACK ORAL CAPSULE, DOSE PACK 50 MG-20 MG /100 MG-20 MG	5	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>	3	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	3	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>	4	MO
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	3	MO
<i>diazepam injection solution 5 mg/ml</i>	2	
<i>diazepam injection syringe 5 mg/ml</i>	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	4	MO; QL (240 per 30 days)
<i>diazepam oral concentrate 5 mg/ml</i>	4	QL (240 per 30 days)

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	4	MO; QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	2	MO; QL (120 per 30 days)
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	3	MO
<i>doxepin oral concentrate 10 mg/ml</i>	3	MO
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	PA; MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	PA; MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR	5	MO; QL (30 per 30 days); NEDS
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	3	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>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	PA; MO; QL (60 per 30 days); NEDS
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	3	PA; MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	4	PA; QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	4	PA; QL (30 per 30 days)
<i>flumazenil intravenous solution 0.1 mg/ml</i>	2	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	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>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)

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This drug list was last updated on 02/19/2025

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

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days); NEDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	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>	4	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	2	QL (150 per 30 days)
<i>lorazepam oral concentrate 2 mg/ml</i>	2	MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	3	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	3	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA; MO; QL (30 per 30 days); NEDS
MARPLAN ORAL TABLET 10 MG	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	4	MO
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	4	MO
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO

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

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

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Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	3	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	4	MO
<i>tranylcypromine oral tablet 10 mg</i>	4	MO
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>trazodone oral tablet 300 mg</i>	4	MO
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	4	MO
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	4	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	4	PA; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days); NEDS
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days); NEDS
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	PA; MO; QL (30 per 30 days); NEDS
WAKIX ORAL TABLET 17.8 MG, 4.45 MG	5	PA; MO; LA; QL (60 per 30 days); NEDS
XYWAV ORAL SOLUTION 0.5 GRAM/ML	5	PA; LA; QL (540 per 30 days); NEDS
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	4	MO
<i>zolpidem oral tablet 10 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	4	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	5	PA; MO; QL (28 per 14 days); NEDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

<i>amiodarone oral tablet 100 mg</i>	4	MO
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	4	MO
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	2	MO
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	3	MO
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO
<i>propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg</i>	4	MO
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	2	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	MO
<i>sotalol af oral tablet 120 mg, 160 mg, 80 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	2	MO
<i>aliskiren oral tablet 150 mg, 300 mg</i>	4	MO
<i>amiloride oral tablet 5 mg</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	2	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>	2	MO
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	6	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>	2	MO
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	6	MO
<i>betaxolol oral tablet 10 mg, 20 mg</i>	3	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	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>	4	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	MO
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	2	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	2	MO
<i>cartia xt oral capsule,extended release 24hr 120 mg</i>	2	
<i>cartia xt oral capsule,extended release 24hr 180 mg, 240 mg, 300 mg</i>	2	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>chlorothiazide sodium intravenous recon soln 500 mg</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	4	MO; QL (4 per 28 days)
<i>diltiazem hcl intravenous recon soln 100 mg</i>	2	
<i>diltiazem hcl intravenous solution 5 mg/ml</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg</i>	4	MO; QL (90 per 30 days)
<i>diltiazem hcl oral capsule,extended release 12 hr 60 mg, 90 mg</i>	4	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>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	2	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	MO
<i>dilt-xr oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	6	MO
<i>enalaprilat intravenous solution 1.25 mg/ml</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	3	MO
<i>esmolol intravenous solution 100 mg/10 ml (10 mg/ml)</i>	2	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	2	MO
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	6	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	2	MO
<i>furosemide injection solution 10 mg/ml</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>guanfacine oral tablet 1 mg, 2 mg</i>	3	MO
<i>hydralazine injection solution 20 mg/ml</i>	2	MO
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	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>	6	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	6	MO
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	4	
KERENDIA ORAL TABLET 10 MG, 20 MG	4	PA; QL (30 per 30 days)
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	6	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	6	MO
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	6	MO
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	6	MO
<i>mannitol 20 % intravenous parenteral solution 20 %</i>	4	
<i>mannitol 25 % intravenous solution 25 %</i>	2	MO
<i>matzim la oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	4	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	2	MO
<i>metoprolol tartrate intravenous solution 5 mg/5 ml</i>	2	
<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>	5	PA; MO; NEDS
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	2	MO
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	2	MO
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	4	MO
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	MO
<i>nicardipine oral capsule 20 mg, 30 mg</i>	4	MO
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg</i>	2	MO
<i>nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg</i>	2	MO
<i>nimodipine oral capsule 30 mg</i>	4	MO
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 25.5 mg, 34 mg, 8.5 mg</i>	4	MO
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	6	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>	2	MO
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	6	MO
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	5	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)	5	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	5	PA; MO; QL (252 per 180 days); NEDS
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA; MO
<i>orenitram oral tablet extended release 0.25 mg, 1 mg, 2.5 mg, 5 mg</i>	5	PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<i>osmitrol 20 % intravenous parenteral solution 20 %</i>	4	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	6	MO
<i>phentolamine injection recon soln 5 mg</i>	2	
<i>pindolol oral tablet 10 mg, 5 mg</i>	3	MO
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO
<i>propranolol intravenous solution 1 mg/ml</i>	2	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	2	MO
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	2	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>	6	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	2	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	6	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	2	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	2	MO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	3	MO
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	3	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>	2	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	MO
<i>torse mide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	2	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	6	MO
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	5	B/D PA; MO; NEDS

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Drug Name	Drug Tier	Requirements/Limits
<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
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; MO; LA; NEDS
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	5	PA; MO; LA; NEDS
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	6	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>	6	MO
<i>verapamil intravenous solution 2.5 mg/ml</i>	2	
<i>verapamil intravenous syringe 2.5 mg/ml</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	4	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	4	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>	2	MO
COAGULATION THERAPY		
ALVAIZ ORAL TABLET 18 MG, 9 MG	5	PA; MO; QL (30 per 30 days); NEDS
ALVAIZ ORAL TABLET 36 MG, 54 MG	5	PA; MO; QL (60 per 30 days); NEDS
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	5	MO; NEDS
<i>aminocaproic acid oral tablet 1,000 mg</i>	5	MO; NEDS
<i>aminocaproic acid oral tablet 500 mg</i>	4	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	4	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	3	MO
CABLIVI INJECTION KIT 11 MG	5	PA; LA; NEDS
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT	3	PA; MO
<i>cilostazol oral tablet 100 mg, 50 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg, 150 mg, 75 mg</i>	4	MO; QL (60 per 30 days)
<i>dipyridamole intravenous solution 5 mg/ml</i>	2	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	4	MO
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG	5	PA; MO; LA; NEDS
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG	5	PA; MO; LA; NEDS
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG	5	PA; MO; LA; NEDS
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	3	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	MO; QL (60 per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	4	MO; QL (30 per 28 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	5	MO; QL (24 per 30 days); NEDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO; QL (15 per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	5	MO; QL (12 per 30 days); NEDS
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	5	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>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO

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

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Drug Name	Drug Tier	Requirements/Limits
TAVALISSE ORAL TABLET 100 MG, 150 MG	5	PA; LA; QL (60 per 30 days); NEDS
<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)	3	MO; QL (102 per 365 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	3	MO; QL (775 per 28 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>amlodipine-atorvastatin 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>	2	MO; QL (30 per 30 days)
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	MO
<i>cholestyramine (with sugar) oral powder 4 gram</i>	3	MO
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	3	MO
<i>cholestyramine light oral powder 4 gram</i>	3	
<i>cholestyramine light oral powder in packet 4 gram</i>	3	
<i>cholestyramine-aspartame oral powder in packet 4 gram</i>	3	MO
<i>colesevelam oral powder in packet 3.75 gram</i>	4	MO
<i>colesevelam oral tablet 625 mg</i>	4	MO
<i>colestipol oral granules 5 gram</i>	4	MO
<i>colestipol oral packet 5 gram</i>	4	
<i>colestipol oral tablet 1 gram</i>	4	MO
<i>ezetimibe oral tablet 10 mg</i>	2	MO
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	3	MO
<i>fenofibric acid oral tablet 35 mg</i>	2	
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
<i>icosapent ethyl oral capsule 0.5 gram, 1 gram</i>	3	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA; NEDS
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	6	MO
NEXLETOL ORAL TABLET 180 MG	3	PA; MO
NEXLIZET ORAL TABLET 180-10 MG	3	PA; MO
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	4	MO
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	2	MO
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	3	ST; MO; QL (30 per 30 days)
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	6	MO
<i>prevalite oral powder 4 gram</i>	3	MO
<i>prevalite oral powder in packet 4 gram</i>	3	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	3	PA; QL (3.5 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE 140 MG/ML	3	PA; QL (3 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	3	PA; QL (3 per 28 days)
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	6	MO
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	6	MO
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG	5	PA; MO; QL (30 per 30 days); NEDS
CORLANOR ORAL SOLUTION 5 MG/5 ML	4	PA; QL (450 per 30 days)
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	3	MO
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	2	
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	MO
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	QL (60 per 30 days)
FILSPARI ORAL TABLET 200 MG, 400 MG	5	PA; QL (30 per 30 days); NEDS
IVABRADINE ORAL TABLET 5 MG, 7.5 MG	4	PA; MO; QL (60 per 30 days)
LODOCO ORAL TABLET 0.5 MG	4	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>	2	
<i>milrinone intravenous solution 1 mg/ml</i>	2	
<i>norepinephrine bitartrate intravenous solution 1 mg/ml</i>	2	
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	3	MO
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	2	
VECAMYL ORAL TABLET 2.5 MG	5	NEDS
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	3	MO; QL (30 per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG	5	PA; MO; NEDS
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	
<i>nitroglycerin intravenous solution 50 mg/10 ml (5 mg/ml)</i>	2	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	MO
<i>nitroglycerin translingual spray,non-aerosol 400 mcg/spray</i>	4	MO

DERMATOLOGICALS/TOPICAL THERAPY

ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	4	MO
<i>calcipotriene scalp solution 0.005 %</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream 0.005 %</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment 0.005 %</i>	4	MO; QL (120 per 30 days)
<i>calcitriol topical ointment 3 mcg/gram</i>	4	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (10 per 28 days); NEDS
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (10 per 28 days); NEDS
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (10 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (10 per 28 days); NEDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; QL (2.5 per 28 days); NEDS
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (10 per 28 days); NEDS
<i>selenium sulfide topical lotion 2.5 %</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	5	PA; MO; QL (2 per 28 days); NEDS
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days); NEDS
STELARA INTRAVENOUS SOLUTION 130 MG/26 ML	5	PA; MO; QL (104 per 180 days); NEDS
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days); NEDS
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days); NEDS
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	5	PA; MO; QL (2 per 28 days); NEDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; MO; QL (2 per 28 days); NEDS
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	5	PA; MO; QL (2 per 28 days); NEDS
MISCELLANEOUS DERMATOLOGICALS		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	5	PA; MO; QL (6 per 28 days); NEDS
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (6 per 28 days); NEDS
<i>ammonium lactate topical cream 12 %</i>	2	MO
<i>ammonium lactate topical lotion 12 %</i>	2	MO
<i>chloroprocaine (pf) injection solution 20 mg/ml (2 %), 30 mg/ml (3 %)</i>	2	
<i>dermacinrx lidocan topical adhesive patch,medicated 5 %</i>	4	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days); NEDS
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days); NEDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days); NEDS
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution 2 %</i>	3	MO
<i>fluorouracil topical solution 5 %</i>	4	MO
<i>glydo mucous membrane jelly in applicator 2 %</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine hcl laryngotracheal solution 4 %</i>	3	
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment 5 %</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution 2 %</i>	2	
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	3	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated 5 %</i>	4	PA; QL (90 per 30 days)
<i>lidocan iv topical adhesive patch,medicated 5 %</i>	4	PA; QL (90 per 30 days)
<i>lidocan v topical adhesive patch,medicated 5 %</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen oral capsule,liqd-filled,rapid rel 10 mg</i>	5	MO; NEDS
PANRETIN TOPICAL GEL 0.1 %	5	PA; MO; NEDS
<i>pimecrolimus topical cream 1 %</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution 0.5 %</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf injection solution 10 mg/ml (1 %), 15 mg/ml (1.5 %), 20 mg/ml (2 %)</i>	2	
REGRANEX TOPICAL GEL 0.01 %	5	MO; NEDS
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM	4	MO; QL (180 per 30 days)
<i>silver sulfadiazine topical cream 1 %</i>	2	MO
<i>ssd topical cream 1 %</i>	2	MO
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	4	PA; MO; QL (100 per 30 days)
<i>tridacaine ii topical adhesive patch,medicated 5 %</i>	4	PA; QL (90 per 30 days)
VALCHLOR TOPICAL GEL 0.016 %	5	PA; MO; NEDS
THERAPY FOR ACNE		
<i>acutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	4	
<i>azelaic acid topical gel 15 %</i>	4	MO
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>clindacin etz topical swab 1 %</i>	2	MO
<i>clindacin p topical swab 1 %</i>	2	
<i>clindamycin phosphate topical gel 1 %</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily 1 %</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution 1 %</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical swab 1 %</i>	2	MO
<i>ery pads topical swab 2 %</i>	3	MO
<i>erythromycin with ethanol topical solution 2 %</i>	2	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	4	
<i>metronidazole topical cream 0.75 %</i>	3	MO
<i>metronidazole topical gel 0.75 %</i>	3	MO
<i>metronidazole topical gel 1 %</i>	4	MO
<i>metronidazole topical gel with pump 1 %</i>	4	MO
<i>metronidazole topical lotion 0.75 %</i>	4	MO
<i>tazarotene topical cream 0.05 %</i>	4	MO
<i>tazarotene topical cream 0.1 %</i>	4	PA; MO
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	4	PA; MO
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream 0.1 %</i>	3	MO; QL (60 per 30 days)
<i>gentamicin topical ointment 0.1 %</i>	3	MO; QL (60 per 30 days)
<i>mupirocin topical ointment 2 %</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclopirox topical cream 0.77 %</i>	2	MO; QL (90 per 28 days)

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox topical gel 0.77 %</i>	3	MO; QL (45 per 28 days)
<i>ciclopirox topical shampoo 1 %</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution 8 %</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension 0.77 %</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream 1 %</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution 1 %</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	4	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream 1 %</i>	4	MO; QL (85 per 28 days)
<i>ketconazole topical cream 2 %</i>	2	MO; QL (60 per 28 days)
<i>ketconazole topical shampoo 2 %</i>	2	MO; QL (120 per 28 days)
<i>klayesta topical powder 100,000 unit/gram</i>	3	MO; QL (180 per 30 days)
<i>naftifine topical cream 1 %, 2 %</i>	4	MO; QL (60 per 28 days)
<i>nyamyc topical powder 100,000 unit/gram</i>	3	MO; QL (180 per 30 days)
<i>nystatin topical cream 100,000 unit/gram</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment 100,000 unit/gram</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder 100,000 unit/gram</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	3	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	3	MO; QL (60 per 28 days)
<i>nystop topical powder 100,000 unit/gram</i>	3	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment 5 %</i>	4	MO; QL (30 per 30 days)
<i>penciclovir topical cream 1 %</i>	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>alclometasone topical cream 0.05 %</i>	3	MO
<i>alclometasone topical ointment 0.05 %</i>	3	
<i>betamethasone dipropionate topical cream 0.05 %</i>	4	MO; QL (180 per 30 days)
<i>betamethasone dipropionate topical lotion 0.05 %</i>	4	MO; QL (120 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate topical ointment 0.05 %</i>	4	MO; QL (180 per 30 days)
<i>betamethasone valerate topical cream 0.1 %</i>	2	MO; QL (120 per 30 days)
<i>betamethasone valerate topical lotion 0.1 %</i>	2	MO; QL (120 per 30 days)
<i>betamethasone valerate topical ointment 0.1 %</i>	2	MO; QL (180 per 30 days)
<i>betamethasone, augmented topical cream 0.05 %</i>	4	MO; QL (180 per 30 days)
<i>betamethasone, augmented topical gel 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical lotion 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>betamethasone, augmented topical ointment 0.05 %</i>	4	MO; QL (180 per 30 days)
<i>clobetasol scalp solution 0.05 %</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical ointment 0.05 %</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo 0.05 %</i>	4	MO; QL (236 per 28 days)
<i>clodan topical shampoo 0.05 %</i>	4	MO; QL (236 per 28 days)
<i>desonide topical cream 0.05 %</i>	4	MO; QL (60 per 30 days)
<i>desonide topical ointment 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	4	MO; QL (118.28 per 30 days)
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinolone topical oil 0.01 %</i>	4	MO; QL (118.28 per 30 days)
<i>fluocinolone topical ointment 0.025 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinolone topical solution 0.01 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e topical cream 0.05 %</i>	4	QL (120 per 30 days)
<i>fluocinonide-emollient topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream 0.05 %</i>	4	MO; QL (50 per 30 days)
<i>halobetasol propionate topical ointment 0.05 %</i>	4	MO; QL (50 per 30 days)
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2 %</i>	2	
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone valerate topical cream 0.2 %</i>	4	MO; QL (180 per 30 days)
<i>mometasone topical cream 0.1 %</i>	2	MO; QL (180 per 30 days)
<i>mometasone topical ointment 0.1 %</i>	2	MO; QL (180 per 30 days)
<i>mometasone topical solution 0.1 %</i>	2	MO; QL (180 per 30 days)
<i>triamcinolone acetonide topical cream 0.025 %</i>	2	MO; QL (454 per 30 days)
<i>triamcinolone acetonide topical cream 0.1 %, 0.5 %</i>	2	MO
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream 0.1 %</i>	2	
<i>triderm topical cream 0.5 %</i>	2	QL (454 per 30 days)
TOPICAL SCABICIDES / PEDICULICIDES		
CROTAN TOPICAL LOTION 10 %	2	
<i>malathion topical lotion 0.5 %</i>	4	MO
<i>permethrin topical cream 5 %</i>	3	MO
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous solution 200 mg/ml (20 %)</i>	3	
MISCELLANEOUS AGENTS		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	4	MO
<i>acetic acid irrigation solution 0.25 %</i>	2	MO
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	3	MO
<i>caffeine citrate intravenous solution 60 mg/3 ml (20 mg/ml)</i>	2	
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	2	MO
<i>carglumic acid oral tablet, dispersible 200 mg</i>	5	PA; MO; NEDS
<i>cevimeline oral capsule 30 mg</i>	4	MO
CHEMET ORAL CAPSULE 100 MG	3	PA

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Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D5W SULFIT FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B/D PA
CUVRIOR ORAL TABLET 300 MG	5	PA; LA; QL (300 per 30 days); NEDS
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	5	PA; MO; NEDS
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO; NEDS
DEFERIPRONE ORAL TABLET 1,000 MG	5	PA; MO; NEDS
<i>deferiprone oral tablet 500 mg</i>	5	PA; MO; NEDS
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	4	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution 10 %</i>	4	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	4	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback 5 %</i>	4	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	4	
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; MO; NEDS
FABHALTA ORAL CAPSULE 200 MG	5	PA; QL (60 per 30 days); NEDS
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	5	PA; MO; QL (900 per 30 days); NEDS
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	5	PA; LA; NEDS
JOENJA ORAL TABLET 70 MG	5	PA; LA; QL (60 per 30 days); NEDS
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet 330 mg</i>	4	MO
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM	3	MO
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	3	MO
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA; MO; NEDS
OLPRUVA ORAL PELLETS IN PACKET 2 GRAM, 3 GRAM, 4 GRAM, 5 GRAM, 6 GRAM, 6.67 GRAM	5	PA; LA; NEDS
PHEBURANE ORAL GRANULES 483 MG/GRAM	5	PA; MO; NEDS
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	4	MO
PROLASTIN-C INTRAVENOUS SOLUTION 1,000 MG (+/-)/20 ML	5	PA; MO; LA; NEDS
RAVICTI ORAL LIQUID 1.1 GRAM/ML	5	PA; MO; NEDS
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML)	5	PA; LA; NEDS
<i>riluzole oral tablet 50 mg</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>sodium benzoate-sod phenylacet intravenous solution 10-10 %</i>	5	NEDS
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	MO
<i>sodium chloride irrigation solution 0.9 %</i>	4	MO
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	5	PA; MO; NEDS
<i>sodium phenylbutyrate oral tablet 500 mg</i>	5	PA; NEDS
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG	5	PA; LA; QL (60 per 30 days); NEDS
SOHONOS ORAL CAPSULE 2.5 MG, 5 MG	5	PA; LA; QL (30 per 30 days); NEDS
<i>sps (with sorbitol) oral suspension 15-20 gram/60 ml</i>	3	MO
<i>sps (with sorbitol) rectal enema 30-40 gram/120 ml</i>	3	
TAVNEOS ORAL CAPSULE 10 MG	5	PA; LA; QL (180 per 30 days); NEDS
<i>trientine oral capsule 250 mg</i>	5	PA; MO; NEDS
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	3	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	3	
XIAFLEX INJECTION RECON SOLN 0.9 MG	5	PA; NEDS
MISCELLANEOUS CARDIOVASCULAR AGENTS		
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	5	PA; MO; QL (2 per 28 days); NEDS
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	5	PA; MO; QL (3 per 28 days); NEDS
MISCELLANEOUS NEUROLOGICAL THERAPY		
ZEPBOUND 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	5	PA; MO; QL (2 per 28 days); NEDS
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	4	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	4	MO
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	4	
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
<i>azelastine nasal spray, non-aerosol 137 mcg (0.1 %)</i>	2	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	1	MO
<i>denta 5000 plus dental cream 1.1 %</i>	2	MO
<i>dentagel dental gel 1.1 %</i>	2	MO
<i>fluoride (sodium) dental cream 1.1 %</i>	2	
<i>fluoride (sodium) dental gel 1.1 %</i>	2	
<i>fluoride (sodium) dental paste 1.1 %</i>	2	MO
<i>ipratropium bromide nasal spray, non-aerosol 21 mcg (0.03 %), 42 mcg (0.06 %)</i>	2	MO; QL (30 per 30 days)
<i>kourzeq dental paste 0.1 %</i>	2	
<i>olopatadine nasal spray, non-aerosol 0.6 %</i>	4	MO
<i>periogard mucous membrane mouthwash 0.12 %</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 %	4	MO
PREVIDENT 5000 DRY MOUTH DENTAL PASTE 1.1 %	4	MO
<i>sf 5000 plus dental cream 1.1 %</i>	2	MO
<i>sf dental gel 1.1 %</i>	2	MO
<i>sodium fluoride 5000 dry mouth dental paste 1.1 %</i>	2	MO
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	2	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	2	MO
<i>triamcinolone acetonide dental paste 0.1 %</i>	2	MO
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear) solution 2 %</i>	2	MO
<i>flac otic oil otic (ear) drops 0.01 %</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	4	MO
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	3	MO
<i>ofloxacin otic (ear) drops 0.3 %</i>	3	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortrophin gel injection gel 80 unit/ml</i>	5	PA; MO; QL (35 per 28 days); NEDS
<i>dexamethasone intensol oral drops 1 mg/ml</i>	2	MO
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	2	MO
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	2	MO
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 4 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection syringe 4 mg/ml</i>	2	MO
<i>fludrocortisone oral tablet 0.1 mg</i>	2	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO
<i>hydrocortisone sod succinate injection recon soln 100 mg</i>	3	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	2	MO
<i>methylprednisolone acetate injection suspension 80 mg/ml</i>	4	MO
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	4	MO
<i>methylprednisolone sodium succ intravenous recon soln 1,000 mg, 500 mg</i>	4	MO
<i>prednisolone oral solution 15 mg/5 ml</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 5 mg base/5 ml (6.7 mg/5 ml)</i>	4	MO
<i>prednisone intensol oral concentrate 5 mg/ml</i>	4	MO
<i>prednisone oral solution 5 mg/5 ml</i>	4	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>	2	MO
<i>prednisone oral tablets,dose pack 5 mg, 5 mg (48 pack)</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	4	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	3	PA; MO
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	3	MO
<i>diazoxide oral suspension 50 mg/ml</i>	4	MO
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	6	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glipizide oral tablet 10 mg</i>	6	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML, 1 MG/0.2 ML	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	3	MO
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML)	3	MO
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	3	MO
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	MO
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	3	MO

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Drug Name	Drug Tier	Requirements/Limits
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	MO
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	MO
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	MO
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MO
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO
HUMULIN R REGULAR U-100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	MO
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	MO
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	3	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	MO
INSULIN ASP PRT-INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	MO
INSULIN ASPART U-100 SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	MO
INSULIN ASPART U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MO
INSULIN ASPART U-100 SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
INSULIN LISPRO PROTAMIN-LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	3	MO
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	MO

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Drug Name	Drug Tier	Requirements/Limits
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	3	MO
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG	3	MO; QL (60 per 30 days)
JENTADUETO ORAL TABLET 2.5-850 MG	3	MO
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	MO
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	MO
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
<i>metformin oral tablet 1,000 mg</i>	6	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	3	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	MO
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	3	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MO
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	3	MO
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	3	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	3	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	6	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; MO; QL (30 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	3	MO; QL (90 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML	5	PA; MO; QL (10.8 per 30 days); NEDS
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML	5	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	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	3	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	3	MO
TRADJENTA ORAL TABLET 5 MG	3	MO; QL (30 per 30 days)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	3	MO
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	3	MO
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY 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	3	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML	5	PA; MO; NEDS
<i>cabergoline oral tablet 0.5 mg</i>	3	MO
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	3	MO; QL (3.7 per 28 days)
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	2	MO
<i>calcitriol oral solution 1 mcg/ml</i>	4	
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	4	MO; QL (60 per 30 days)
<i>cinacalcet oral tablet 90 mg</i>	5	MO; QL (120 per 30 days); NEDS
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML	5	PA; MO; NEDS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	4	MO
<i>desmopressin injection solution 4 mcg/ml</i>	2	MO
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	3	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	3	MO
<i>doxercalciferol intravenous solution 4 mcg/2 ml</i>	2	MO
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	4	MO
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3 ML	5	PA; MO; NEDS
FABRAZYME INTRAVENOUS RECON SOLN 35 MG, 5 MG	5	PA; MO; NEDS
GALAFOLD ORAL CAPSULE 123 MG	5	PA; MO; LA; NEDS
ISTURISA ORAL TABLET 1 MG	5	PA; LA; QL (240 per 30 days); NEDS
ISTURISA ORAL TABLET 5 MG	5	PA; LA; QL (360 per 30 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
KANUMA INTRAVENOUS SOLUTION 2 MG/ML	5	PA; MO; NEDS
LUMIZYME INTRAVENOUS RECON SOLN 50 MG	5	PA; MO; NEDS
MEPSEVII INTRAVENOUS SOLUTION 2 MG/ML	5	PA; MO; NEDS
<i>mifepristone oral tablet 300 mg</i>	5	PA; MO; QL (120 per 30 days); NEDS
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	5	PA; MO; LA; NEDS
NAGLAZYME INTRAVENOUS SOLUTION 5 MG/5 ML	5	PA; MO; NEDS
ORILISSA ORAL TABLET 150 MG	5	PA; MO; QL (730 per 730 days); NEDS
ORILISSA ORAL TABLET 200 MG	5	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>	2	MO
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	2	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	MO
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	5	PA; MO; NEDS
<i>sapropterin oral tablet, soluble 100 mg</i>	5	PA; MO; NEDS
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; MO; NEDS
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	5	PA; NEDS
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	5	PA; MO; NEDS
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	3	PA; MO
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	3	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	3	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	5	PA; MO; NEDS
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5 ML (1 MG/ML)	5	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
<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>	2	MO
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	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	3	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		

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Drug Name	Drug Tier	Requirements/Limits
<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	
<i>atropine intravenous solution 0.4 mg/ml</i>	2	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	2	
<i>dicyclomine oral capsule 10 mg</i>	2	MO
<i>dicyclomine oral solution 10 mg/5 ml</i>	4	MO
<i>dicyclomine oral tablet 20 mg</i>	2	MO
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	4	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection solution 0.2 mg/ml</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
<i>loperamide oral capsule 2 mg</i>	2	MO
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO; NEDS
<i>aprepitant oral capsule 125 mg, 40 mg</i>	4	B/D PA; MO; QL (2 per 28 days)
<i>aprepitant oral capsule 80 mg</i>	4	B/D PA; MO; QL (4 per 28 days)
<i>aprepitant oral capsule, dose pack 125 mg (1)- 80 mg (2)</i>	4	B/D PA; MO; QL (6 per 28 days)
<i>balsalazide oral capsule 750 mg</i>	3	MO
BETAINE ORAL POWDER 1 GRAM/SCOOP	5	MO; NEDS
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	4	MO
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	5	MO; NEDS
BYLVAY ORAL CAPSULE 1,200 MCG	5	PA; MO; LA; QL (180 per 30 days); NEDS
BYLVAY ORAL CAPSULE 400 MCG	5	PA; MO; LA; QL (450 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
BYLVAY ORAL PELLETT 200 MCG	5	PA; MO; LA; QL (240 per 30 days); NEDS
BYLVAY ORAL PELLETT 600 MCG	5	PA; MO; LA; QL (120 per 30 days); NEDS
CHOLBAM ORAL CAPSULE 250 MG	5	PA; NEDS
CHOLBAM ORAL CAPSULE 50 MG	5	PA; QL (120 per 30 days); NEDS
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	5	PA; MO; QL (2 per 28 days); NEDS
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; MO; QL (2 per 28 days); NEDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; MO; QL (2 per 28 days); NEDS
CINVANTI INTRAVENOUS EMULSION 130 MG/18 ML (7.2 MG/ML)	3	MO
<i>compro rectal suppository 25 mg</i>	4	MO
<i>constulose oral solution 10 gram/15 ml</i>	2	MO
CORTIFOAM RECTAL FOAM 10 % (80 MG)	3	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	3	MO
<i>cromolyn oral concentrate 100 mg/5 ml</i>	4	MO
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	B/D PA; MO
<i>droperidol injection solution 2.5 mg/ml</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.)	4	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN 300 MG	5	PA; MO; QL (2 per 28 days); NEDS
<i>emulose oral solution 10 gram/15 ml</i>	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; MO; NEDS
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	5	PA; MO; NEDS
<i>gavilyte-c oral recon soln 240-22.72-6.72 -5.84 gram</i>	2	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>gavilyte-g oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO
<i>gavilyte-n oral recon soln 420 gram</i>	2	
<i>generlac oral solution 10 gram/15 ml</i>	2	MO
<i>granisetron hcl oral tablet 1 mg</i>	3	B/D PA; MO
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator 1 %, 2.5 %</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	MO; QL (30 per 30 days)
LIVMARLI ORAL SOLUTION 19 MG/ML	5	PA; LA; QL (60 per 30 days); NEDS
LIVMARLI ORAL SOLUTION 9.5 MG/ML	5	PA; LA; QL (90 per 30 days); NEDS
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	3	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	4	MO
<i>mesalamine oral capsule, extended release 500 mg</i>	4	
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	4	MO
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram, 800 mg</i>	4	MO
<i>mesalamine rectal enema 4 gram/60 ml</i>	4	MO
<i>mesalamine rectal suppository 1,000 mg</i>	4	MO
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	4	MO
<i>metoclopramide hcl injection solution 5 mg/ml</i>	2	MO
<i>metoclopramide hcl injection syringe 5 mg/ml</i>	2	
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	2	MO
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	MO
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	MO; QL (30 per 30 days)
<i>nitroglycerin rectal ointment 0.4 % (w/w)</i>	3	MO
OCALIVA ORAL TABLET 10 MG, 5 MG	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection syringe 4 mg/2 ml</i>	2	
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	4	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet, disintegrating 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous syringe 0.25 mg/5 ml</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	
<i>peg-electrolyte oral recon soln 420 gram</i>	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	4	MO
<i>prochlorperazine maleate oral oral tablet 10 mg, 5 mg</i>	2	MO
<i>prochlorperazine rectal suppository 25 mg</i>	4	MO
<i>procto-med hc topical cream with perineal applicator 2.5 %</i>	2	MO
<i>proctosol hc topical cream with perineal applicator 2.5 %</i>	2	MO
<i>proctozone-hc topical cream with perineal applicator 2.5 %</i>	2	MO
REMICADE INTRAVENOUS RECON SOLN 100 MG	5	PA; MO; QL (20 per 28 days); NEDS
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	5	MO; NEDS
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	4	MO; QL (10 per 30 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days); NEDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days); NEDS
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	5	PA; NEDS
<i>sulfasalazine oral tablet 500 mg</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	2	MO
<i>ursodiol oral capsule 300 mg</i>	4	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	3	MO
VARUBI ORAL TABLET 90 MG	3	B/D PA
VIBERZI ORAL TABLET 100 MG, 75 MG	5	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	3	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
VOWST ORAL CAPSULE	5	PA; NEDS
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	3	MO
ULCER THERAPY		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	3	MO
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	3	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO
<i>famotidine (pf) intravenous solution 20 mg/2 ml</i>	2	MO
<i>famotidine (pf)-nacl (iso-os) intravenous piggyback 20 mg/50 ml</i>	2	MO
<i>famotidine intravenous solution 10 mg/ml</i>	2	MO
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	4	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	3	MO
<i>nizatidine oral capsule 150 mg, 300 mg</i>	3	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<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

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Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	2	MO; QL (60 per 30 days)
<i>sucralfate oral suspension 100 mg/ml</i>	4	MO
<i>sucralfate oral tablet 1 gram</i>	2	MO

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	5	PA; MO; NEDS
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	5	PA; NEDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NEDS
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NEDS
BESREMI SUBCUTANEOUS SYRINGE 500 MCG/ML	5	PA; LA; NEDS
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; MO; QL (14 per 28 days); NEDS
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML	5	PA; MO; QL (2 per 28 days); NEDS
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML)	5	B/D PA; MO; NEDS
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	5	PA; MO; NEDS
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; MO; NEDS
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	5	PA; MO; NEDS
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	5	PA; MO; NEDS
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	MO; QL (4 per 28 days); NEDS
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	5	MO; QL (2 per 28 days); NEDS
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NEDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	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	3	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	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	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; NEDS
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	5	PA; MO; NEDS
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	5	PA; MO; NEDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	3	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	3	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	3	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG	3	V

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Drug Name	Drug Tier	Requirements/Limits
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	3	V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML	3	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	3	V
BOTOX INJECTION RECON SOLN 100 UNIT, 200 UNIT	3	PA; MO
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	3	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	3	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML	3	B/D PA; V
<i>fomepizole intravenous solution 1 gram/ml</i>	2	
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE	3	MO
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	5	PA; MO; NEDS
GAMMAGARD S-D (IGA < 1 MCG/ML) INTRAVENOUS RECON SOLN 10 GRAM, 5 GRAM	5	PA; MO; NEDS
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	3	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	3	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	3	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML	3	

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	5	B/D PA; 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 %)	5	B/D PA; 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 %)	5	B/D PA; MO; NEDS
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT	3	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML	3	
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	3	V
IXCHIQ (PF) INTRAMUSCULAR RECON SOLN 1,000 TCID50/0.5 ML	3	V
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML	3	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION 0.5X TO 3.95X 10EXP8 UNIT/0.5	3	V
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML	3	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	3	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	3	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	3	V
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	3	V
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	3	V
OCTAGAM INTRAVENOUS SOLUTION 10 %, 5 %	5	PA; MO; NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
PANZYGA INTRAVENOUS SOLUTION 10 %, 10 % (100 ML), 10 % (200 ML), 10 % (25 ML), 10 % (300 ML), 10 % (50 ML)	5	PA; MO; NEDS
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML	3	
PENBRAYA (PF) INTRAMUSCULAR KIT 5-120 MCG/0.5 ML	3	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	3	V
PRIVIGEN INTRAVENOUS SOLUTION 10 %	5	PA; MO; NEDS
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE 15 LF-48 MCG- 5 LF UNIT/0.5ML	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT	3	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML	3	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML	3	B/D PA; V
ROTARIX ORAL SUSPENSION 10EXP6 CCID50 /1.5 ML	3	
ROTATEQ VACCINE ORAL SOLUTION 2 ML	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	3	V
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML	3	V

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	3	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	3	V
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION 50 MG	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	3	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	3	V
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML	3	V
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML	3	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	3	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	3	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	3	V
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT	3	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)	3	V

MISCELLANEOUS SUPPLIES

MISCELLANEOUS SUPPLIES

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
GAUZE PADS 2 X 2	3	PA; MO
INSULIN PEN NEEDLE	3	PA; MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	PA; MO
NEEDLES, INSULIN DISP.,SAFETY	3	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>	2	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	3	MO
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML	5	MO; NEDS
<i>probenecid oral tablet 500 mg</i>	2	MO
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	2	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral solution 70 mg/75 ml</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML	4	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet 60 mg</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL (2.48 per 28 days); NEDS
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	5	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)	5	PA; MO; QL (160 per 28 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	5	PA; MO; QL (3.6 per 28 days); NEDS
BENLYSTA INTRAVENOUS RECON SOLN 120 MG, 400 MG	5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML	5	PA; MO; NEDS
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML	5	PA; MO; NEDS
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	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	5	PA; QL (4 per 180 days); NEDS
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days); NEDS
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML, 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days); NEDS
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	5	PA; MO; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	5	PA; MO; QL (8 per 28 days); NEDS
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	5	PA; MO; QL (8 per 28 days); NEDS
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	5	PA; MO; QL (8 per 28 days); NEDS
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days); NEDS
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days); NEDS
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (3 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	5	PA; MO; QL (3 per 180 days); NEDS

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
HUMIRA(CF) PEN SUBCUTANEOUS INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NEDS
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days); NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days); NEDS
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NEDS
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG	5	PA; MO; QL (12 per 28 days); NEDS
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	5	PA; MO; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days); NEDS
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days); NEDS
OTEZLA ORAL TABLET 20 MG, 30 MG	5	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)	5	PA; MO; QL (55 per 180 days); NEDS
<i>penicillamine oral tablet 250 mg</i>	3	PA; MO
RIDAURA ORAL CAPSULE 3 MG	5	MO; NEDS
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; MO; QL (360 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days); NEDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (168 per 365 days); NEDS
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	3	QL (55 per 180 days)
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA; MO; QL (300 per 30 days); NEDS
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA; MO; QL (60 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	5	PA; MO; QL (30 per 30 days); NEDS
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (3 per 180 days); NEDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days); NEDS
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; QL (2 per 28 days); NEDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; QL (2 per 28 days); NEDS
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days); NEDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

<i>camila oral tablet 0.35 mg</i>	2	MO
<i>deblitane oral tablet 0.35 mg</i>	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	3	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>	3	MO; QL (8 per 28 days)
DUAVEE ORAL TABLET 0.45-20 MG	3	MO
<i>errin oral tablet 0.35 mg</i>	2	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	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>	3	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>	3	MO; QL (4 per 28 days)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	4	MO
<i>estradiol vaginal tablet 10 mcg</i>	4	MO
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	3	MO
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	MO
<i>heather oral tablet 0.35 mg</i>	2	MO
<i>incassia oral tablet 0.35 mg</i>	2	MO
<i>jinteli oral tablet 1-5 mg-mcg</i>	4	MO
<i>lyleq oral tablet 0.35 mg</i>	2	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>	3	MO; QL (8 per 28 days)
<i>lyza oral tablet 0.35 mg</i>	2	
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	2	MO
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	2	MO
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	3	MO
<i>mimvey oral tablet 1-0.5 mg</i>	3	MO
<i>nora-be oral tablet 0.35 mg</i>	2	MO
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	2	
<i>norethindrone acetate oral tablet 5 mg</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	MO
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	3	MO
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	3	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	MO
<i>progesterone intramuscular oil 50 mg/ml</i>	2	MO
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	2	MO
<i>sharobel oral tablet 0.35 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>yuvafem vaginal tablet 10 mcg</i>	4	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal cream 2 %</i>	3	MO
<i>eluryng vaginal ring 0.12-0.015 mg/24 hr</i>	4	MO
<i>enilloring vaginal ring 0.12-0.015 mg/24 hr</i>	4	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	3	
<i>haloette vaginal ring 0.12-0.015 mg/24 hr</i>	4	MO
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	3	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	MO
NEXPLANON SUBDERMAL IMPLANT 68 MG	3	
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	MO
<i>terconazole vaginal suppository 80 mg</i>	4	MO
<i>tranexamic acid oral tablet 650 mg</i>	3	MO
<i>vandazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	MO
<i>xulane transdermal patch weekly 150-35 mcg/24 hr</i>	4	
<i>zafemy transdermal patch weekly 150-35 mcg/24 hr</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28) oral tablet 0.15-0.03 mg</i>	2	MO
<i>alyacen 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	MO
<i>alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	MO
<i>amethyst (28) oral tablet 90-20 mcg (28)</i>	2	MO
<i>apri oral tablet 0.15-0.03 mg</i>	2	MO
<i>aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg</i>	2	MO
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>aviane oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>azurette (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>cryselle (28) oral tablet 0.3-30 mg-mcg</i>	2	MO
<i>cyred eq oral tablet 0.15-0.03 mg</i>	2	MO
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	MO
<i>dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	MO
<i>daysee oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	MO
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	2	MO
<i>enpresse oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	MO
<i>enskyce oral tablet 0.15-0.03 mg</i>	2	MO
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	2	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	2	
<i>falmina (28) oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>introvale oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>isibloom oral tablet 0.15-0.03 mg</i>	2	MO
<i>jasmiel (28) oral tablet 3-0.02 mg</i>	2	MO
<i>jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	MO
<i>juleber oral tablet 0.15-0.03 mg</i>	2	MO
<i>kalliga oral tablet 0.15-0.03 mg</i>	2	
<i>kariva (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	
<i>kelnor 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	MO
<i>kelnor 1/50 (28) oral tablet 1-50 mg-mcg</i>	2	MO
<i>kurvelo (28) oral tablet 0.15-0.03 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<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>	2	
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	MO
<i>larin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	MO
<i>larin 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	MO
<i>larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	MO
<i>larin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>lessina oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonest (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	
<i>levonorg-eth estradiol triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	MO
<i>levora-28 oral tablet 0.15-0.03 mg</i>	2	MO
<i>loryna (28) oral tablet 3-0.02 mg</i>	2	MO
<i>low-ogestrel (28) oral tablet 0.3-30 mg-mcg</i>	2	MO
<i>lo-zumandimine (28) oral tablet 3-0.02 mg</i>	2	MO
<i>lutera (28) oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>marlissa (28) oral tablet 0.15-0.03 mg</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg</i>	2	MO
<i>microgestin 1/20 (21) oral tablet 1-20 mg-mcg</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	2	MO
<i>microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>mili oral tablet 0.25-35 mg-mcg</i>	2	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	2	MO
<i>nikki (28) oral tablet 3-0.02 mg</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	2	MO
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)</i>	2	MO
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg</i>	2	MO
<i>philith oral tablet 0.4-35 mg-mcg</i>	2	MO
<i>pimtreea (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	MO
<i>portia 28 oral tablet 0.15-0.03 mg</i>	2	MO
<i>reclipsen (28) oral tablet 0.15-0.03 mg</i>	2	MO
<i>setlakin oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	2	MO
<i>sprintec (28) oral tablet 0.25-35 mg-mcg</i>	2	MO
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	2	
<i>syeda oral tablet 3-0.03 mg</i>	2	MO
<i>tarina 24 fe oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	2	MO
<i>tarina fe 1-20 eq (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	MO
<i>tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	MO
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	2	MO
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	MO
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	MO
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	2	
<i>tri-sprintec (28) oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>trivora (28) oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	2	
<i>turqoz (28) oral tablet 0.3-30 mg-mcg</i>	2	MO
<i>velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg</i>	2	MO
<i>vestura (28) oral tablet 3-0.02 mg</i>	2	MO
<i>vienva oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>viorele (28) oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	2	MO
<i>wera (28) oral tablet 0.5-35 mg-mcg</i>	2	MO
<i>zovia 1-35 (28) oral tablet 1-35 mg-mcg</i>	2	MO
<i>zumandimine (28) oral tablet 3-0.03 mg</i>	2	MO
OXYTOCICS		
<i>methylergonovine oral tablet 0.2 mg</i>	4	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	4	MO
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	4	
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	MO
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	4	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	4	MO
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	2	MO; QL (70 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	4	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	3	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	3	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	3	MO
<i>neo-polycin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	3	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	2	MO
<i>polycin ophthalmic (eye) ointment 500-10,000 unit/gram</i>	2	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	2	MO
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	3	MO
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>carteolol ophthalmic (eye) drops 1 %</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	2	MO
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	2	MO
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	3	MO
<i>cromolyn ophthalmic (eye) drops 4 %</i>	2	MO
CYCLOSPORINE OPHTHALMIC (EYE) DROPPERETTE 0.05 %	3	MO; QL (60 per 30 days)

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	5	PA; NEDS
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	3	MO
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 %	5	PA; MO; NEDS
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	2	MO
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	3	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	2	MO
XDEMVIY OPHTHALMIC (EYE) DROPS 0.25 %	5	PA; QL (10 per 42 days); NEDS
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	3	MO
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	4	MO
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	2	MO
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	3	MO
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	2	MO
ORAL DRUGS FOR GLAUCOMA		
<i>acetazolamide oral capsule, extended release 500 mg</i>	3	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	3	MO
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	MO
OTHER GLAUCOMA DRUGS		
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	4	MO
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	2	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	4	
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	4	
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	4	MO
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	4	MO
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	4	
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	3	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	3	MO
<i>neo-polycin hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	3	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	3	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	2	MO
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	4	MO
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	3	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	3	MO
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	4	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	4	MO

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	4	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	2	MO
SYMPATHOMIMETICS		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	4	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>benzonatate oral capsule 100 mg, 200 mg</i>	1	MO; EX; QL (90 per 30 days)
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	1	MO; EX; QL (120 per 30 days)
<i>cypheptadine oral tablet 4 mg</i>	4	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe 50 mg/ml</i>	2	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml, 1 mg/ml (1 ml)</i>	2	
<i>g tussin ac oral liquid 10-100 mg/5 ml</i>	1	EX; QL (120 per 30 days)
<i>guaifenesin ac oral liquid 10-100 mg/5 ml</i>	1	EX; QL (120 per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	4	MO
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	2	MO
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	3	MO
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levocetirizine oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>maxi-tuss ac oral liquid 10-100 mg/5 ml</i>	1	EX; QL (120 per 30 days)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	4	MO
<i>promethazine oral syrup 6.25 mg/5 ml</i>	4	MO
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	2	MO
<i>virtussin ac oral liquid 10-100 mg/5 ml</i>	1	EX; QL (120 per 30 days)
PULMONARY AGENTS		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	3	B/D PA; MO
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; MO; LA; NEDS
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	2	MO
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	4	MO
<i>alyq oral tablet 20 mg</i>	5	PA; QL (60 per 30 days); NEDS
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	5	PA; MO; LA; QL (30 per 30 days); NEDS
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	3	MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	4	B/D PA; MO
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	3	QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	4	QL (2 per 28 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	4	MO; QL (25.8 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; MO; LA; NEDS
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	3	MO; QL (60 per 30 days)
<i>breyndra inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	2	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	5	PA; MO; NEDS
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	3	QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	3	B/D PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	3	MO; QL (13 per 30 days)
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	5	PA; MO; QL (1 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days); NEDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; MO; QL (1 per 28 days); NEDS
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	3	MO; QL (50 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	2	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>	2	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	4	B/D PA; MO
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	5	PA; MO; NEDS
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	3	MO
<i>ipratropium bromide inhalation solution 0.02 %</i>	2	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; MO; QL (56 per 28 days); NEDS
KALYDECO ORAL TABLET 150 MG	5	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>	4	B/D PA; MO
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	3	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet 4 mg</i>	4	MO
<i>montelukast oral tablet 10 mg</i>	1	MO
<i>montelukast oral tablet,chewable 4 mg, 5 mg</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS RECON SOLN 100 MG	5	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days); NEDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days); NEDS
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; MO; QL (60 per 30 days); NEDS
OPSUMIT ORAL TABLET 10 MG	5	PA; MO; LA; NEDS
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	5	PA; MO; QL (30 per 30 days); NEDS

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Drug Name	Drug Tier	Requirements/Limits
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	5	PA; MO; QL (56 per 28 days); NEDS
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	5	PA; MO; QL (112 per 28 days); NEDS
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	5	PA; LA; NEDS
<i>pirfenidone oral capsule 267 mg</i>	5	PA; MO; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days); NEDS
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days); NEDS
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION	3	MO
PULMOZYME INHALATION SOLUTION 1 MG/ML	5	B/D PA; MO; NEDS
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe 30 mg/3 ml</i>	5	PA; MO; NEDS
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	3	MO; QL (60 per 30 days)
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA; NEDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	3	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	5	PA; MO; QL (56 per 28 days); NEDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days); NEDS
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	4	MO
<i>theophylline oral elixir 80 mg/15 ml</i>	4	MO
<i>theophylline oral solution 80 mg/15 ml</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	4	MO
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	3	MO
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	5	PA; MO; QL (84 per 28 days); NEDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 32 MCG, 48 MCG, 64 MCG	5	PA; MO; QL (112 per 28 days); NEDS
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16(112)-32(112) -48(28) MCG	5	PA; MO; QL (504 per 365 days); NEDS
WINREVAIR SUBCUTANEOUS KIT 45 MG (2 PACK), 60 MG (2 PACK)	5	PA; QL (1 per 21 days); NEDS
WINREVAIR SUBCUTANEOUS KIT 45 MG, 60 MG	5	PA; MO; QL (1 per 21 days); NEDS
<i>wixela inhub inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	2	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days); NEDS
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG	5	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days); NEDS
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days); NEDS
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	5	B/D PA; MO; QL (90 per 30 days); NEDS
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	MO

UROLOGICALS

ANTICHOLINERGICS / ANTISPASMODICS

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Drug Name	Drug Tier	Requirements/Limits
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	3	MO
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	2	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>	2	MO
<i>solifenacin oral tablet 10 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>tolterodine oral tablet 1 mg, 2 mg</i>	3	MO
<i>trospium oral capsule,extended release 24hr 60 mg</i>	4	MO
<i>trospium oral tablet 20 mg</i>	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	2	MO
<i>dutasteride oral capsule 0.5 mg</i>	2	MO; QL (30 per 30 days)
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	4	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>	2	MO
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	4	PA; LA
ELMIRON ORAL CAPSULE 100 MG	3	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG	3	MO
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	3	MO
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML	3	MO
<i>sildenafil oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO; EX; QL (6 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	3	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
BLOOD DERIVATIVES		
<i>albumin, human 25 % intravenous parenteral solution 25 %</i>	4	
<i>alburx (human) 25 % intravenous parenteral solution 25 %</i>	4	
<i>alburx (human) 5 % intravenous parenteral solution 5 %</i>	4	
<i>albutein 25 % intravenous parenteral solution 25 %</i>	4	
<i>albutein 5 % intravenous parenteral solution 5 %</i>	4	
ELECTROLYTES		
<i>calcium chloride intravenous solution 100 mg/ml (10 %)</i>	2	
<i>calcium chloride intravenous syringe 100 mg/ml (10 %)</i>	2	
<i>calcium gluconate intravenous solution 100 mg/ml (10%)</i>	2	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10 oral tablet extended release 10 meq</i>	2	MO
<i>klor-con 8 oral tablet extended release 8 meq</i>	2	MO
<i>klor-con m10 oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>klor-con m15 oral tablet,er particles/crystals 15 meq</i>	2	MO
<i>klor-con m20 oral tablet,er particles/crystals 20 meq</i>	2	MO
<i>klor-con oral packet 20 meq</i>	4	MO
<i>klor-con/ef oral tablet, effervescent 25 meq</i>	2	MO
<i>lactated ringers intravenous parenteral solution</i>	4	MO
<i>magnesium chloride injection solution 200 mg/ml (20 %)</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water intravenous parenteral solution 20 gram/500 ml (4 %), 40 gram/1,000 ml (4 %)</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)</i>	4	
<i>magnesium sulfate injection solution 500 mg/ml (50 %)</i>	4	MO
<i>magnesium sulfate injection syringe 500 mg/ml (50 %)</i>	4	
<i>potassium acetate intravenous solution 2 meq/ml</i>	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution 10 meq/l, 20 meq/l, 30 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	
<i>potassium chloride intravenous solution 2 meq/ml, 2 meq/ml (20 ml)</i>	4	
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	4	MO
<i>potassium chloride oral packet 20 meq</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride-d5-0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>ringer's intravenous parenteral solution</i>	4	
<i>sodium acetate intravenous solution 2 meq/ml, 4 meq/ml</i>	4	
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %), 4.2 %</i>	4	
<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>	4	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	4	MO
<i>sodium chloride 3 % hypertonic intravenous parenteral solution 3 %</i>	4	
<i>sodium chloride 5 % hypertonic intravenous parenteral solution 5 %</i>	4	MO
<i>sodium chloride intravenous solution 2.5 meq/ml, 4 meq/ml</i>	4	
<i>sodium phosphate intravenous solution 3 mmol/ml</i>	4	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE INTRAVENOUS PARENTERAL SOLUTION 4.25 %	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 5 %	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 6-5 %	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8-10 %	4	B/D PA

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This drug list was last updated on 02/19/2025

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION 8- 14 %	4	B/D PA
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	4	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION 5 %	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION 15 %	4	B/D PA
<i>premasol 10 % intravenous parenteral solution 10 %</i>	4	B/D PA
<i>travasol 10 % intravenous parenteral solution 10 %</i>	4	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>cyanocobalamin (vitamin b-12) injection solution</i>	2	MO; EX
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	1	MO; EX
<i>fluoride (sodium) oral tablet 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>folic acid oral tablet 1 mg</i>	1	MO; EX; QL (30 per 30 days)
<i>prenatal vitamin oral tablet oral tablet 27 mg iron- 1 mg</i>	2	MO

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

This drug list was last updated on 02/19/2025

Index

A		
<i>abacavir</i>	9	
<i>abacavir-lamivudine</i>	9	
ABELCET.....	8	
ABILIFY ASIMTUFII.....	52	
ABILIFY MAINTENA.....	52	
<i>abiraterone</i>	22, 23	
ABRAXANE.....	23	
ABRYSVO (PF).....	100	
<i>acamprosate</i>	79	
<i>acarbose</i>	85	
<i>accutane</i>	75	
<i>acebutolol</i>	62	
<i>acetaminophen-codeine</i>	48	
<i>acetazolamide</i>	116	
<i>acetic acid</i>	79, 83	
<i>acetylcysteine</i>	79, 119	
<i>acitretin</i>	73	
ACTEMRA.....	105, 106	
ACTEMRA ACTPEN.....	105	
ACTHIB (PF).....	100	
ACTIMMUNE.....	99	
<i>acyclovir</i>	9, 77	
<i>acyclovir sodium</i>	9	
ADACEL(TDAP ADOLESN/ADULT)(PF)	100	
ADBRY.....	74	
ADCETRIS.....	23	
<i>adefovir</i>	9	
ADEMPAS.....	119	
<i>adrenalin</i>	118	
ADVAIR HFA.....	119	
AIMOVIG AUTOINJECTOR	45	
AKEEGA.....	23	
<i>ala-cort</i>	77	
<i>albendazole</i>	15	
<i>albumin, human 25 %</i>	125	
<i>alburx (human) 25 %</i>	125	
<i>alburx (human) 5 %</i>	125	
<i>albutein 25 %</i>	125	
<i>albutein 5 %</i>	125	
<i>albuterol sulfate</i>	119	
<i>alclometasone</i>	77	
<i>alcohol pads</i>	85	
ALDURAZYME.....	91	
ALECENSA.....	23	
<i>alendronate</i>	105	
<i>alfuzosin</i>	124	
ALIMTA.....	23	
ALIQOPA.....	23	
<i>aliskiren</i>	62	
<i>allopurinol</i>	105	
<i>alosetron</i>	94	
ALPHAGAN P.....	118	
<i>alprazolam</i>	52	
<i>altavera (28)</i>	110	
ALUNBRIG.....	23	
ALVAIZ.....	67	
<i>alyacen 1/35 (28)</i>	110	
<i>alyacen 7/7/7 (28)</i>	110	
<i>alyq</i>	119	
<i>amantadine hcl</i>	9	
<i>ambrisentan</i>	119	
<i>amethyst (28)</i>	110	
<i>amikacin</i>	15	
<i>amiloride</i>	62	
<i>amiloride-hydrochlorothiazide</i>	62	
<i>aminocaproic acid</i>	67	
<i>amiodarone</i>	61	
<i>amitriptyline</i>	52	
<i>amlodipine</i>	62	
<i>amlodipine-atorvastatin</i>	70	
<i>amlodipine-benazepril</i>	62	
<i>amlodipine-olmesartan</i>	62	
<i>amlodipine-valsartan</i>	62	
<i>ammonium lactate</i>	74	
<i>amnesteem</i>	76	
<i>amoxapine</i>	52	
<i>amoxicillin</i>	19	
<i>amoxicillin-pot clavulanate</i> ..	19	
<i>amphotericin b</i>	8	
<i>amphotericin b liposome</i>	8	
<i>ampicillin</i>	19	
<i>ampicillin sodium</i>	19	
<i>ampicillin-sulbactam</i>	19, 20	
<i>anagrelide</i>	79	
<i>anastrozole</i>	23	
ANORO ELLIPTA.....	119	
<i>apraclonidine</i>	118	
<i>aprepitant</i>	94	
<i>apri</i>	110	
APTIOM.....	39	
APTIVUS.....	9	
<i>aranelle (28)</i>	110	
ARCALYST.....	99	
AREXVY (PF).....	100	
<i>arformoterol</i>	119	
ARIKAYCE.....	15	
<i>aripiprazole</i>	52, 53	
ARISTADA.....	53	
ARISTADA INITIO.....	53	
<i>armodafinil</i>	53	
ARNUITY ELLIPTA.....	119	
<i>arsenic trioxide</i>	23	
<i>asenapine maleate</i>	53	
ASMANEX TWISTHALER	120	
ASPARLAS.....	23	
<i>aspirin-dipyridamole</i>	67	
<i>atazanavir</i>	9	
<i>atenolol</i>	62	
<i>atenolol-chlorthalidone</i>	62	
<i>atomoxetine</i>	53	
<i>atorvastatin</i>	70	
<i>atovaquone</i>	15	
<i>atovaquone-proguanil</i>	15	
<i>atropine</i>	94, 115	
ATROVENT HFA.....	120	
<i>aubra eq</i>	110	
AUGMENTIN.....	20	
AUGTYRO.....	23	
AUSTEDO.....	46	
AUSTEDO XR.....	46	
AUSTEDO XR TITRATION KT(WK1-4).....	46	
AUVELITY.....	53	
<i>aviane</i>	110	
AVONEX.....	99	
AYVAKIT.....	23	
<i>azacitidine</i>	23	
AZASITE.....	114	
<i>azathioprine</i>	23	

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

<i>azathioprine sodium</i>	23	BOOSTRIX TDAP.....	101	CAMZYOS.....	71
<i>azelaic acid</i>	76	<i>bortezomib</i>	24	<i>candesartan</i>	62
<i>azelastine</i>	83, 115	BORTEZOMIB	24	<i>candesartan-</i>	
<i>azithromycin</i>	14, 15	<i>bosentan</i>	120	<i>hydrochlorothiazid</i>	62
<i>aztreonam</i>	15	BOSULIF	24	CAPLYTA.....	54
AZTREONAM.....	16	BOTOX	101	CAPRELSA.....	24
<i>azurette (28)</i>	110	BRAFTOVI.....	24	<i>captopril</i>	62
B		BREO ELLIPTA	120	<i>carbamazepine</i>	40
<i>bacitracin</i>	114	<i>breyna</i>	120	<i>carbidopa</i>	44
<i>bacitracin-polymyxin b</i>	114	BREZTRI AEROSPHERE.120		<i>carbidopa-levodopa</i>	44
<i>baclofen</i>	48	BRILINTA	67	<i>carbidopa-levodopa-</i>	
<i>balsalazide</i>	94	<i>brimonidine</i>	118	<i>entacapone</i>	44
BALVERSA.....	23	<i>brimonidine-timolol</i>	116	<i>carboplatin</i>	24
BAQSIMI	85	BRIVIACT	39	<i>carglumic acid</i>	79
BARACLUDGE	9	<i>bromfenac</i>	116	<i>carisoprodol</i>	48
BAVENCIO	23	<i>bromocriptine</i>	44	<i>carmustine</i>	24
BCG VACCINE, LIVE (PF)		BRUKINSA.....	24	<i>carteolol</i>	115
.....	100	<i>budesonide</i>	94, 120	<i>cartia xt</i>	62
BELEODAQ	24	<i>budesonide-formoterol</i>	120	<i>carvedilol</i>	62
<i>benazepril</i>	62	<i>bumetanide</i>	62	<i>casprofungin</i>	8
<i>benazepril-hydrochlorothiazide</i>		<i>buprenorphine</i>	49	CAYSTON	16
.....	62	<i>buprenorphine hcl</i>	48	<i>cefaclor</i>	13
BENDEKA.....	24	<i>buprenorphine-naloxone</i>	50	<i>cefadroxil</i>	13
BENLYSTA	106	<i>bupropion hcl</i>	53	<i>cefazolin</i>	13
<i>benzonatate</i>	118	<i>bupropion hcl (smoking deter)</i>		<i>cefazolin in dextrose (iso-os)</i> 13	
<i>benztropine</i>	44	.....	82	<i>cefdinir</i>	13
<i>bepotastine besilate</i>	115	<i>bupirone</i>	53	<i>cefepime</i>	13
BESIVANCE	114	<i>busulfan</i>	24	CEFEPIME IN DEXTROSE 5	
BESPONSA	24	<i>butalbital-acetaminophen-caff</i>		%.....	13
BESREMI.....	99	.....	49	<i>cefepime in dextrose,iso-osm</i> 13	
BETAINE.....	94	<i>butorphanol</i>	50	<i>cefixime</i>	13
<i>betamethasone dipropionate</i> 77,		BYLVAY	94, 95	<i>cefoxitin</i>	14
78		C		<i>cefoxitin in dextrose, iso-osm</i>	
<i>betamethasone valerate</i>	78	CABENUVA.....	9	.....	14
<i>betamethasone, augmented</i> ..78		<i>cabergoline</i>	91	<i>cefpodoxime</i>	14
BETASERON	99	CABLIVI.....	67	<i>cefprozil</i>	14
<i>betaxolol</i>	62, 115	CABOMETYX.....	24	<i>ceftazidime</i>	14
<i>bethanechol chloride</i>	124	<i>caffeine citrate</i>	79	<i>ceftriaxone</i>	14
<i>bexarotene</i>	24	<i>calcipotriene</i>	73	CEFTRIAZONE	14
BEXSERO.....	101	<i>calcitonin (salmon)</i>	91	<i>ceftriaxone in dextrose,iso-os</i>	
<i>bicalutamide</i>	24	<i>calcitriol</i>	73, 91	.....	14
BICILLIN C-R	20	<i>calcium chloride</i>	125	<i>cefuroxime axetil</i>	14
BICILLIN L-A	20	<i>calcium gluconate</i>	125	<i>cefuroxime sodium</i>	14
BIKTARVY	9	CALQUENCE.....	24	<i>celecoxib</i>	50
<i>bisoprolol fumarate</i>	62	CALQUENCE		<i>cephalexin</i>	14
<i>bisoprolol-hydrochlorothiazide</i>		(ACALABRUTINIB MAL)		CEPROTIN (BLUE BAR) ...67	
.....	62	.....	24	CEPROTIN (GREEN BAR) 68	
BLINCYTO.....	24	<i>camila</i>	108	<i>cetirizine</i>	118

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

<i>cevimeline</i>	79	CLINIMIX 5%/D15W	COSENTYX PEN	73
CHEMET	79	SULFITE FREE	COSENTYX PEN (2 PENS)	73
<i>chloramphenicol sod succinate</i>		CLINIMIX 4.25%/D10W	COSENTYX UNOREADY	
.....	16	SULF FREE	PEN.....	73
<i>chlorhexidine gluconate</i>	83	CLINIMIX 4.25%/D5W	COTELLIC	25
<i>chloroprocaine (pf)</i>	74	SULFIT FREE.....	CREON.....	95
<i>chloroquine phosphate</i>	16	CLINIMIX 5%-	<i>cromolyn</i>	95, 115, 120
<i>chlorothiazide sodium</i>	63	D20W(SULFITE-FREE)	CROTAN.....	79
<i>chlorpromazine</i>	54	CLINIMIX 6%-D5W	<i>cryselle (28)</i>	111
<i>chlorthalidone</i>	63	(SULFITE-FREE)	CRYSVITA	91
<i>chlorzoxazone</i>	48	CLINIMIX 8%-	CUVRIOR	80
CHOLBAM.....	95	D10W(SULFITE-FREE)	<i>cyanocobalamin (vitamin b-12)</i>	
<i>cholestyramine (with sugar)</i> .	70	CLINIMIX 8%-	.....	128
<i>cholestyramine light</i>	70	D14W(SULFITE-FREE)	<i>cyclobenzaprine</i>	48
<i>cholestyramine-aspartame</i> ..	70	<i>clobazam</i>	<i>cyclophosphamide</i>	25
<i>ciclopirox</i>	76, 77	<i>clobetasol</i>	CYCLOPHOSPHAMIDE	25
<i>cidofovir</i>	9	<i>clodan</i>	<i>cyclosporine</i>	25
<i>cilostazol</i>	68	<i>clofarabine</i>	CYCLOSPORINE	115
CIMDUO.....	9	<i>clomipramine</i>	<i>cyclosporine modified</i>	25
<i>cimetidine</i>	98	<i>clonazepam</i>	CYLTEZO(CF)	106
<i>cimetidine hcl</i>	98	<i>clonidine</i>	CYLTEZO(CF) PEN.....	106
CIMZIA.....	95	<i>clonidine hcl</i>	CYLTEZO(CF) PEN	
CIMZIA POWDER FOR		<i>clopidogrel</i>	CROHN'S-UC-HS.....	106
RECONST.....	95	<i>clorazepate dipotassium</i>	CYLTEZO(CF) PEN	
CIMZIA STARTER KIT	95	<i>clotrimazole</i>	PSORIASIS-UV	106
<i>cinacalcet</i>	91	<i>clotrimazole-betamethasone</i> .	<i>cyproheptadine</i>	118
CINRYZE.....	120	<i>clozapine</i>	CYRAMZA	25
CINVANTI.....	95	COARTEM	<i>cyred eq</i>	111
<i>ciprofloxacin hcl</i>	21, 114	COBENFY	CYSTAGON	124
<i>ciprofloxacin in 5 % dextrose</i>		COBENFY STARTER PACK	CYSTARAN.....	116
.....	21	.....	<i>cytarabine</i>	25
<i>ciprofloxacin-dexamethasone</i>		<i>codeine-guaifenesin</i>	<i>cytarabine (pf)</i>	25
.....	84	<i>colchicine</i>	D	
<i>cisplatin</i>	24	<i>colesevelam</i>	<i>d10 %-0.45 % sodium chloride</i>	
<i>citalopram</i>	54	<i>colestipol</i> .....	.....	80
<i>cladribine</i>	24	<i>colistin (colistimethate na)</i> ...	<i>d2.5 %-0.45 % sodium</i>	
<i>claravis</i>	76	COMBIVENT RESPIMAT	<i>chloride</i>	80
<i>clarithromycin</i>	15	COMETRIQ	<i>d5 % and 0.9 % sodium</i>	
<i>clindacin etz</i>	76	COMPLERA	<i>chloride</i>	80
<i>clindacin p</i>	76	<i>compro</i>	<i>d5 %-0.45 % sodium chloride</i>	
<i>clindamycin hcl</i>	16	<i>constulose</i> .....	.....	80
CLINDAMYCIN IN 0.9 %		COPIKTRA	<i>dabigatran etexilate</i>	68
SOD CHLOR	16	CORLANOR.....	<i>dacarbazine</i>	25
<i>clindamycin in 5 % dextrose</i> .	16	CORTIFOAM	<i>dactinomycin</i>	25
<i>clindamycin palmitate hcl</i>	16	<i>cortrophin gel</i>	<i>dalfampridine</i>	46
<i>clindamycin pediatric</i>	16	COSENTYX.....	<i>danazol</i>	91
<i>clindamycin phosphate</i> ..	16, 76,	COSENTYX (2 SYRINGES)	<i>dantrolene</i>	48
110		.....	DANYELZA	25

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

DANZITEN.....	25	<i>dextrose 25 % in water (d25w)</i>	80	DOPTELET (30 TAB PACK)	68
<i>dapson</i> e.....	16	.....	80	<i>dorzolamide</i>	116
DAPTACEL (DTAP		<i>dextrose 5 % in water (d5w)</i>	80	<i>dorzolamide-timolol</i>	116
PEDIATRIC) (PF).....	101	<i>dextrose 5 %-lactated ringers</i>	80	<i>dotti</i>	108
<i>daptomycin</i>	16	.....	80	DOVATO	9
DAPTOMYCIN	16	<i>dextrose 5%-0.2 % sod</i>		<i>doxazosin</i>	63
<i>darunavir</i>	9	<i>chloride</i>	80	<i>doxepin</i>	55
DARZALEX	25	<i>dextrose 5%-0.3 %</i>		<i>doxercalciferol</i>	91
<i>dasatinib</i>	25	<i>sod.chloride</i>	80	<i>doxorubicin</i>	26
<i>dasetta 1/35 (28)</i>	111	<i>dextrose 50 % in water (d50w)</i>	81	<i>doxorubicin, peg-liposomal</i> ..	26
<i>dasetta 7/7/7 (28)</i>	111	.....	81	<i>doxy-100</i>	21
<i>daunorubicin</i>	25	<i>dextrose 70 % in water (d70w)</i>	81	<i>doxycycline hyclate</i>	21
DAURISMO.....	25, 26	.....	81	<i>doxycycline monohydrate</i>	21
<i>daysee</i>	111	DIACOMIT	40	DRIZALMA SPRINKLE	55
<i>deblitane</i>	108	<i>diazepam</i>	40, 54, 55	<i>dronabinol</i>	95
<i>decitabine</i>	26	<i>diazepam intensol</i>	54	<i>droperidol</i>	95
<i>deferasirox</i>	80	<i>diazoxide</i>	85	<i>drospirenone-e.estradiol-lm.fa</i>	
<i>deferiprone</i>	80	<i>diclofenac potassium</i>	51	.....	111
DEFERIPRONE.....	80	<i>diclofenac sodium</i> ...51, 74, 116		<i>drospirenone-ethinyl estradiol</i>	
<i>deferoxamine</i>	80	<i>diclofenac-misoprostol</i>	51	.....	111
DELSTRIGO.....	9	<i>dicloxacillin</i>	20	DROXIA.....	26
<i>demeclocycline</i>	21	<i>dicyclomine</i>	94	<i>droxidopa</i>	81
<i>denta 5000 plus</i>	83	DIFICID	15	DUAVEE.....	108
<i>dentagel</i>	83	<i>diflunisal</i>	51	DULERA.....	120
DEPO-SUBQ PROVERA 104		<i>difluprednate</i>	117	<i>duloxetine</i>	55
.....	108	<i>digoxin</i>	71	DUPIXENT PEN.....	74
<i>dermacinrx lidocan</i>	74	<i>dihydroergotamine</i>	45	DUPIXENT SYRINGE.....	74
DESCOVY	9	DILANTIN 30 MG	40	<i>dutasteride</i>	124
<i>desipramine</i>	54	<i>diltiazem hcl</i>	63	<i>dutasteride-tamsulosin</i>	124
<i>desmopressin</i>	91	<i>dilt-xr</i>	63	E	
<i>desog-e.estradiol/e.estradiol</i>		<i>dimethyl fumarate</i>	46	<i>e.e.s. 400</i>	15
.....	111	<i>diphenhydramine hcl</i>	118	<i>econazole nitrate</i>	77
<i>desonide</i>	78	<i>diphenoxylate-atropine</i>	94	EDURANT	9
<i>desvenlafaxine succinate</i>	54	<i>dipyridamole</i>	68	<i>efavirenz</i>	10
<i>dexamethasone</i>	84	<i>disulfiram</i>	81	<i>efavirenz-emtricitabin-tenofov</i>	
<i>dexamethasone intensol</i>	84	<i>divalproex</i>	40	.....	10
<i>dexamethasone sodium phos</i>		<i>dobutamine</i>	72	<i>efavirenz-lamivu-tenofov disop</i>	
(pf)	84	<i>dobutamine in d5w</i>	72	.....	10
<i>dexamethasone sodium</i>		<i>docetaxel</i>	26	<i>effe</i> r-k.....	125
<i>phosphate</i>	84, 117	<i>dofetilide</i>	61	ELAPRASE.....	91
<i>dextrazoxane hcl</i>	22	<i>donepezil</i>	46	<i>electrolyte-48 in d5w</i>	128
<i>dextroamphetamine-</i>		<i>dopamine</i>	72	<i>ele</i> triptan.....	45
<i>amphetamine</i>	54	<i>dopamine in 5 % dextrose</i>	72	<i>elinest</i>	111
<i>dextrose 10 % and 0.2 % nacl</i>		DOPTELET (10 TAB PACK)		ELIQUIS.....	68
.....	80	.....	68	ELIQUIS DVT-PE TREAT	
<i>dextrose 10 % in water (d10w)</i>		DOPTELET (15 TAB PACK)		30D START.....	68
.....	80	.....	68	ELITEK	22

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

ELMIRON.....	124	<i>ery pads</i>	76	<i>felodipine</i>	63
<i>eluryng</i>	110	<i>ery-tab</i>	15	<i>fenofibrate</i>	70
ELZONRIS.....	26	<i>erythrocin (as stearate)</i>	15	<i>fenofibrate micronized</i>	70
EMEND.....	95	<i>erythromycin</i>	15, 114	<i>fenofibrate nanocrystallized</i> .	70
EMGALITY PEN	45	<i>erythromycin ethylsuccinate</i> .	15	<i>fenofibric acid</i>	71
EMGALITY SYRINGE.....	45	<i>erythromycin with ethanol</i>	76	<i>fenofibric acid (choline)</i>	71
EMPLICITI	26	<i>escitalopram oxalate</i>	55	<i>fentanyl</i>	49
EMSAM	55	<i>esmolol</i>	63	<i>fentanyl citrate</i>	49
<i>emtricitabine</i>	10	<i>esomeprazole magnesium</i>	98	FETZIMA.....	55
<i>emtricitabine-tenofovir (tdf)</i> .	10	<i>estarylla</i>	111	FILSPARI.....	72
EMTRIVA.....	10	<i>estradiol</i>	108	<i>finasteride</i>	124
EMVERM	16	<i>estradiol valerate</i>	108	<i> fingolimod</i>	46
<i>enalapril maleate</i>	63	<i>estradiol-norethindrone acet</i>	109	FINTEPLA	41
<i>enalaprilat</i>	63	.....	109	FIRDAPSE	46
<i>enalapril-hydrochlorothiazide</i>	63	<i>eszopiclone</i>	55	FIRMAGON KIT W	
.....	63	<i>ethambutol</i>	16	DILUENT SYRINGE	27
ENBREL	106	<i>ethosuximide</i>	40	<i>flac otic oil</i>	83
ENBREL MINI	106	<i>ethynodiol diac-eth estradiol</i>	111	<i>flecainide</i>	61
ENBREL SURECLICK	106	.....	111	<i>floxuridine</i>	27
<i>endocet</i>	49	<i>etodolac</i>	51	<i>fluconazole</i>	8
ENGERIX-B (PF).....	101	<i>etonogestrel-ethinyl estradiol</i>	110	<i>fluconazole in nacl (iso-osm)</i> ..	8
ENGERIX-B PEDIATRIC		.....	110	<i>flucytosine</i>	8
(PF).....	101	ETOPOPPOS.....	26	<i>fludarabine</i>	27
<i>enilloring</i>	110	<i>etoposide</i>	27	<i>fludrocortisone</i>	84
<i>enoxaparin</i>	68	<i>etravirine</i>	10	<i>flumazenil</i>	55
<i>enpresse</i>	111	<i>euthyrox</i>	93	<i>flunisolide</i>	120
<i>enskyce</i>	111	<i>everolimus (antineoplastic)</i> ..	27	<i>fluocinolone</i>	78
<i>entacapone</i>	44	<i>everolimus</i>	27	<i>fluocinolone acetonide oil</i> ...	84
<i>entecavir</i>	10	(<i>immunosuppressive</i>)	27	<i>fluocinolone and shower cap</i>	78
ENTRESTO	72	EVOTAZ.....	10	<i>fluocinonide</i>	78
ENTYVIO.....	95	EVRYSDI.....	46	<i>fluocinonide-e</i>	78
<i>enulose</i>	95	<i>exemestane</i>	27	<i>fluocinonide-emollient</i>	78
ENVARBUS XR	26	<i>ezetimibe</i>	70	<i>fluoride (sodium)</i>	83, 128
EPIDIOLEX.....	40	<i>ezetimibe-simvastatin</i>	70	<i>fluorometholone</i>	117
<i>epinastine</i>	116	F		<i>fluorouracil</i>	27, 75
<i>epinephrine</i>	118	FABHALTA.....	81	<i>fluoxetine</i>	55
<i>epirubicin</i>	26	FABRAZYME	91	<i>fluoxetine (pmdd)</i>	55
<i>epitol</i>	40	<i>falmina (28)</i>	111	<i>fluphenazine decanoate</i>	56
<i>eplerenone</i>	63	<i>famciclovir</i>	10	<i>fluphenazine hcl</i>	56
EPRONTIA	40	<i>famotidine</i>	98	<i>flurbiprofen</i>	51
ERBITUX.....	26	<i>famotidine (pf)</i>	98	<i>flurbiprofen sodium</i>	116
<i>ergocalciferol (vitamin d2)</i> .	128	<i>famotidine (pf)-nacl (iso-os)</i>	98	<i>fluticasone propionate</i>	121
ERIVEDGE.....	26	FANAPT	55	<i>fluticasone propion-salmeterol</i>	121
ERLEADA	26	FARXIGA	85	.....	121
<i>erlotinib</i>	26	FASENRA.....	120	<i>fluvoxamine</i>	56
<i>errin</i>	108	FASENRA PEN	120	<i>folic acid</i>	128
<i>ertapenem</i>	16	<i>febuxostat</i>	105	FOLOTYN	27
ERWINASE	26	<i>felbamate</i>	40, 41	<i>fomepizole</i>	101

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

<i>fondaparinux</i>	68	<i>glimepiride</i>	85	HUMALOG KWIKPEN	
<i>formoterol fumarate</i>	121	<i>glipizide</i>	86	INSULIN	86
<i>fosamprenavir</i>	10	<i>glipizide-metformin</i>	86	HUMALOG MIX 50-50	
<i>fosinopril</i>	63	<i>glutamine (sickle cell)</i>	81	KWIKPEN.....	86
<i>fosinopril-hydrochlorothiazide</i>		<i>glycopyrrolate</i>	94	HUMALOG MIX 75-25	
.....	64	GLYCOPYRROLATE.....	94	KWIKPEN.....	86
<i>fosphenytoin</i>	41	<i>glycopyrrolate (pf) in water</i> .	94	HUMALOG MIX 75-25(U-	
FOTIVDA	27	<i>glydo</i>	75	100)INSULN	86
FRUZAQLA.....	27	GLYXAMBI	86	HUMALOG U-100 INSULIN	
<i>fulvestrant</i>	27	<i>granisetron hcl</i>	96	.....	87
<i>furosemide</i>	64	<i>griseofulvin microsize</i>	8	HUMIRA.....	106
FUZEON	10	<i>griseofulvin ultramicrosize</i>	8	HUMIRA PEN	106
<i>fyavolv</i>	109	<i>guaifenesin ac</i>	118	HUMIRA(CF)	107
FYCOMPA	41	<i>guanfacine</i>	56, 64	HUMIRA(CF) PEN.....	107
G		GVOKE	86	HUMIRA(CF) PEN	
<i>g tussin ac</i>	118	GVOKE HYOPEN 1-PACK		CROHNS-UC-HS.....	106
<i>gabapentin</i>	41	.....	86	HUMIRA(CF) PEN PSOR-	
GALAFOLD	91	GVOKE HYOPEN 2-PACK		UV-ADOL HS.....	106
<i>galantamine</i>	46, 47	.....	86	HUMULIN 70/30 U-100	
GAMASTAN	101	GVOKE PFS 1-PACK		INSULIN	87
GAMMAGARD LIQUID..	101	SYRINGE.....	86	HUMULIN 70/30 U-100	
GAMMAGARD S-D (IGA < 1		GVOKE PFS 2-PACK		KWIKPEN.....	87
MCG/ML)	101	SYRINGE.....	86	HUMULIN N NPH INSULIN	
<i>ganciclovir sodium</i>	10	H		KWIKPEN.....	87
GARDASIL 9 (PF).....	101	HALAVEN.....	28	HUMULIN N NPH U-100	
<i>gatifloxacin</i>	114	<i>halobetasol propionate</i>	78	INSULIN	87
GATTEX 30-VIAL	95	<i>haloette</i>	110	HUMULIN R REGULAR U-	
GATTEX ONE-VIAL.....	95	<i>haloperidol</i>	56	100 INSULN	87
GAUZE PAD	105	<i>haloperidol decanoate</i>	56	HUMULIN R U-500 (CONC)	
<i>gavilyte-c</i>	95	<i>haloperidol lactate</i>	56	INSULIN	87
<i>gavilyte-g</i>	96	HAVRIX (PF)	101	HUMULIN R U-500 (CONC)	
<i>gavilyte-n</i>	96	<i>heather</i>	109	KWIKPEN.....	87
GAVRETO.....	27	<i>heparin (porcine)</i>	69	<i>hydralazine</i>	64
GAZYVA	27	<i>heparin (porcine) in 5 % dex</i> 68		<i>hydrochlorothiazide</i>	64
GEFITINIB	27	<i>heparin (porcine) in nacl (pf)</i>		<i>hydrocodone-acetaminophen</i> 49	
<i>gemcitabine</i>	27	.....	68, 69	<i>hydrocortisone</i>	78, 84, 96
GEMCITABINE	27	<i>heparin(porcine) in 0.45% nacl</i>		<i>hydrocortisone sod succinate</i>	
<i>gemfibrozil</i>	71	.....	69	.....	84
<i>generlac</i>	96	HEPARIN(PORCINE) IN		<i>hydrocortisone valerate</i>	79
<i>gengraf</i>	28	0.45% NACL.....	69	<i>hydrocortisone-acetic acid</i> ...	84
<i>gentamicin</i>	16, 76, 114	<i>heparin, porcine (pf)</i>	69	<i>hydromorphone</i>	49
<i>gentamicin in nacl (iso-osm)</i> 16		HEPARIN, PORCINE (PF) .	69	<i>hydroxychloroquine</i>	17
<i>gentamicin sulfate (ped) (pf)</i> 17		HEPLISAV-B (PF).....	101	<i>hydroxyurea</i>	28
GENVOYA	10	HIBERIX (PF).....	101	<i>hydroxyzine hcl</i>	118
GILOTRIF.....	28	HIZENTRA	102	<i>hydroxyzine pamoate</i>	118
<i>glatiramer</i>	47	HUMALOG JUNIOR		HYQVIA	102
<i>glatopa</i>	47	KWIKPEN U-100	86	I	
<i>gleostine</i>	28			<i>ibandronate</i>	105

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

IBRANCE	28	<i>ipratropium-albuterol</i>	121	K	
<i>ibu</i>	51	<i>irbesartan</i>	64	KADCYLA.....	29
<i>ibuprofen</i>	51	<i>irbesartan-hydrochlorothiazide</i>	64	<i>kalliga</i>	111
<i>icatibant</i>	121	.....	64	KALYDECO	121
ICLUSIG	28	<i>irinotecan</i>	29	KANUMA	92
<i>icosapent ethyl</i>	71	ISENTRESS	10	<i>kariva (28)</i>	111
<i>idarubicin</i>	28	ISENTRESS HD	10	<i>kelnor 1/35 (28)</i>	111
IDHIFA	28	<i>isibloom</i>	111	<i>kelnor 1/50 (28)</i>	111
<i>ifosfamide</i>	28	ISOLYTE S PH 7.4.....	128	KEPIVANCE	22
ILARIS (PF).....	99	ISOLYTE-P IN 5 %		KERENDIA.....	64
<i>imatinib</i>	28	DEXTROSE	128	KESIMPTA PEN.....	47
IMBRUVICA	28	ISOLYTE-S.....	128	<i>ketoconazole</i>	8, 77
IMFINZI.....	28	<i>isoniazid</i>	17	<i>ketorolac</i>	51, 116
<i>imipenem-cilastatin</i>	17	<i>isosorbide dinitrate</i>	72	KEYTRUDA	29
<i>imipramine hcl</i>	56	<i>isosorbide mononitrate</i>	73	KHAPZORY	22
<i>imipramine pamoate</i>	56	<i>isotretinoin</i>	76	KIMMTRAK.....	29
<i>imiquimod</i>	75	<i>isradipine</i>	64	KINRIX (PF).....	102
IMKELDI	28	ISTODAX	29	KISQALI	29
IMOVAX RABIES VACCINE		ISTURISA	91	KISQALI FEMARA CO-	
(PF).....	102	ITOVEBI	29	PACK	29
IMPAVIDO.....	17	<i>itraconazole</i>	8	<i>klayesta</i>	77
<i>incassia</i>	109	IVABRADINE	72	<i>klor-con</i>	125
INCRELEX	81	<i>ivermectin</i>	17	<i>klor-con 10</i>	125
INCRUSE ELLIPTA.....	121	IWILFIN.....	29	<i>klor-con 8</i>	125
<i>indapamide</i>	64	IXCHIQ (PF).....	102	<i>klor-con m10</i>	125
<i>indomethacin</i>	51	IXEMPRA	29	<i>klor-con m15</i>	125
INFANRIX (DTAP) (PF)...	102	IXIARO (PF).....	102	<i>klor-con m20</i>	125
INLYTA	28	J		<i>klor-con/ef</i>	125
INQOVI.....	28	JAKAFI	29	KOSELUGO.....	29
INREBIC	28	<i>jantoven</i>	69	<i>kourzeq</i>	83
INSULIN ASP PRT-INSULIN		JANUMET	88	K-PHOS ORIGINAL	124
ASPART.....	87	JANUMET XR.....	88	KRAZATI.....	30
INSULIN ASPART U-100 ..	87	JANUVIA.....	88	KRYSTEXXA.....	105
INSULIN LISPRO	87, 88	JARDIANCE.....	88	<i>kurvelo (28)</i>	111
INSULIN LISPRO		<i>jasmiel (28)</i>	111	KYPROLIS.....	30
PROTAMIN-LISPRO.....	87	JAYPIRCA.....	29	L	
INSULIN PEN NEEDLE... 105		JEMPERLI	29	<i>l norgest/e.estradiol-e.estrad</i>	
INSULIN SYRINGE (DISP)		JENTADUETO	88	.....	112
U-100.....	105	JENTADUETO XR.....	88	<i>labetalol</i>	64
INTELENCE	10	JEVTANA	29	<i>lacosamide</i>	41
<i>intralipid</i>	128	<i>jinteli</i>	109	LACOSAMIDE.....	41
<i>introvale</i>	111	JOENJA.....	81	<i>lactated ringers</i>	125
INVEGA HAFYERA.....	56	<i>jolessa</i>	111	<i>lactulose</i>	96
INVEGA SUSTENNA... 56, 57		<i>juleber</i>	111	LAGEVRIO (EUA).....	10
INVEGA TRINZA	57	JULUCA.....	10	<i>lamivudine</i>	10
INVELTYS	117	JUXTAPID.....	71	<i>lamivudine-zidovudine</i>	11
IPOL	102	JYLAMVO.....	29	<i>lamotrigine</i>	41
<i>ipratropium bromide</i>	83, 121	JYNNEOS (PF)	102	<i>lansoprazole</i>	98

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

LANTUS SOLOSTAR U-100 INSULIN.....	88	<i>lidocan iv</i>	75	LUPRON DEPOT-PED (3 MONTH).....	31
LANTUS U-100 INSULIN..	88	<i>lidocan v</i>	75	<i>lurasidone</i>	57
<i>lapatinib</i>	30	LILETTA.....	110	<i>lutea (28)</i>	112
<i>larin 1.5/30 (21)</i>	112	<i>lincomycin</i>	17	LYBALVI.....	57
<i>larin 1/20 (21)</i>	112	<i>linezolid</i>	17	<i>lyleq</i>	109
<i>larin 24 fe</i>	112	<i>linezolid in dextrose 5%</i>	17	<i>lyllana</i>	109
<i>larin fe 1.5/30 (28)</i>	112	<i>linezolid-0.9% sodium chloride</i>	17	LYNPARZA.....	31
<i>larin fe 1/20 (28)</i>	112	LINZESS.....	96	LYSODREN.....	31
<i>latanoprost</i>	117	<i>liothyronine</i>	93	LYTGOBI.....	31
LAZCLUZE.....	30	<i>lisinopril</i>	64	LYUMJEV KWIKPEN U-100 INSULIN.....	88
LEDIPASVIR-SOFOSBUVIR	11	<i>lisinopril-hydrochlorothiazide</i>	64	LYUMJEV KWIKPEN U-200 INSULIN.....	88
<i>leflunomide</i>	107	<i>lithium carbonate</i>	57	LYUMJEV U-100 INSULIN	88
<i>lenalidomide</i>	30	<i>lithium citrate</i>	57	<i>lyza</i>	109
LENALIDOMIDE.....	30	LIVMARLI.....	96	M	
LENVIMA.....	30	LIVTENCITY.....	11	<i>magnesium chloride</i>	125
<i>lessina</i>	112	LODOCO.....	72	<i>magnesium sulfate</i>	126
<i>letrozole</i>	30	LOKELMA.....	81	MAGNESIUM SULFATE IN D5W.....	125
<i>leucovorin calcium</i>	22	LONSURF.....	30	<i>magnesium sulfate in water</i>	125, 126
<i>leuprolide</i>	30	<i>loperamide</i>	94	<i>malathion</i>	79
<i>levabuterol hcl</i>	121	<i>lopinavir-ritonavir</i>	11	<i>mannitol 20 %</i>	64
<i>levetiracetam</i>	41, 42	<i>lorazepam</i>	57	<i>mannitol 25 %</i>	64
<i>levetiracetam in nacl (iso-os)</i>	41	<i>lorazepam intensol</i>	57	<i>maraviroc</i>	11
<i>levobunolol</i>	115	LORBRENA.....	30	MARGENZA.....	31
<i>levocarnitine</i>	81	<i>loryna (28)</i>	112	<i>marlissa (28)</i>	112
<i>levocarnitine (with sugar)</i>	81	<i>losartan</i>	64	MARPLAN.....	57
<i>levocetirizine</i>	118, 119	<i>losartan-hydrochlorothiazide</i>	64	MATULANE.....	31
<i>levofloxacin</i>	21, 115	LOTEMAX SM.....	117	<i>matzim la</i>	64
<i>levofloxacin in d5w</i>	21	<i>loteprednol etabonate</i>	117, 118	MAVYRET.....	11
<i>levoleucovorin calcium</i>	22	<i>lovastatin</i>	71	<i>maxi-tuss ac</i>	119
<i>levonest (28)</i>	112	<i>low-ogestrel (28)</i>	112	<i>meclizine</i>	96
<i>levonorgestrel-ethinyl estrad</i>	112	<i>loxapine succinate</i>	57	<i>medroxyprogesterone</i>	109
<i>levonorg-eth estrad triphasic</i>	112	<i>lo-zumandimine (28)</i>	112	<i>mefloquine</i>	17
<i>levora-28</i>	112	<i>lubiprostone</i>	96	<i>megestrol</i>	31
<i>levo-t</i>	93	LUMAKRAS.....	30	MEKINIST.....	31
<i>levothyroxine</i>	93	LUMIGAN.....	117	MEKTOVI.....	31
<i>levoxyl</i>	93	LUMIZYME.....	92	<i>meloxicam</i>	51
LIBERVANT.....	42	LUPRON DEPOT.....	30	<i>melphalan hcl</i>	31
LIBTAYO.....	30	LUPRON DEPOT (3 MONTH).....	30	<i>memantine</i>	47
<i>lidocaine</i>	75	LUPRON DEPOT (4 MONTH).....	30	MENACTRA (PF).....	102
<i>lidocaine hcl</i>	75	LUPRON DEPOT (6 MONTH).....	30	MENEST.....	109
<i>lidocaine viscous</i>	75	LUPRON DEPOT-PED.....	31	MENQUADFI (PF).....	102
<i>lidocaine-prilocaine</i>	75				
<i>lidocan iii</i>	75				

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

MENVEO A-C-Y-W-135-DIP (PF).....	102	<i>midodrine</i>	81	NAMZARIC.....	47
MEPSEVII	92	<i>mifepristone</i>	92	<i>naproxen</i>	51, 52
<i>mercaptapurine</i>	31	<i>mili</i>	112	<i>naproxen sodium</i>	52
<i>meropenem</i>	17	<i>milrinone</i>	72	<i>naratriptan</i>	45
MEROPENEM-0.9% SODIUM CHLORIDE.....	17	<i>milrinone in 5 % dextrose</i>	72	<i>nateglinide</i>	89
<i>mesalamine</i>	96	<i>mimvey</i>	109	NAYZILAM.....	42
<i>mesalamine with cleansing wipe</i>	96	<i>minocycline</i>	22	<i>nebivolol</i>	65
<i>mesna</i>	22	<i>minoxidil</i>	65	NEEDLES, INSULIN DISP.,SAFETY	105
MESNEX	22	<i>mirtazapine</i>	58	<i>nefazodone</i>	58
<i>metformin</i>	88	<i>misoprostol</i>	98	<i>nelarabine</i>	32
<i>methadone</i>	49, 50	<i>mitomycin</i>	31	<i>neomycin</i>	17
<i>methadone intensol</i>	49	<i>mitoxantrone</i>	32	<i>neomycin-bacitracin-poly-hc</i>	117
<i>methadose</i>	50	M-M-R II (PF).....	102	<i>neomycin-bacitracin- polymyxin</i>	115
<i>methazolamide</i>	116	<i>modafinil</i>	58	<i>neomycin-polymyxin b- dexameth</i>	117
<i>methenamine hippurate</i>	22	<i>moexipril</i>	65	<i>neomycin-polymyxin- gramicidin</i>	115
<i>methenamine mandelate</i>	22	<i>molindone</i>	58	<i>neomycin-polymyxin-hc 84,</i>	117
<i>methimazole</i>	85	<i>mometasone</i>	79, 121	<i>neo-polycin</i>	115
<i>methocarbamol</i>	48	<i>mondoxyne nl</i>	22	<i>neo-polycin hc</i>	117
<i>methotrexate sodium</i>	31	MONJUVI.....	32	NERLYNX	32
<i>methotrexate sodium (pf)</i>	31	<i>mono-lynyah</i>	113	<i>nevirapine</i>	11
<i>methoxsalen</i>	75	<i>montelukast</i>	121	NEXLETOL	71
<i>methsuximide</i>	42	<i>morphine</i>	50	NEXLIZET	71
<i>methylergonovine</i>	114	MOUNJARO.....	89	NEXPLANON.....	110
<i>methylphenidate hcl</i>	57, 58	MOVANTIK	96	<i>niacin</i>	71
<i>methylprednisolone</i>	84	<i>moxifloxacin</i>	21, 115	<i>nicardipine</i>	65
<i>methylprednisolone acetate</i> ..	84	MOXIFLOXACIN- SOD.ACE,SUL-WATER.21		NICOTROL NS.....	83
<i>methylprednisolone sodium succ</i>	85	<i>moxifloxacin-sod.chloride(iso)</i>	21	<i>nifedipine</i>	65
<i>metoclopramide hcl</i>	96	MOZOBIL.....	99	<i>nikki (28)</i>	113
<i>metolazone</i>	64	MRESVIA (PF).....	102	<i>nilutamide</i>	32
<i>metoprolol succinate</i>	64	<i>mupirocin</i>	76	<i>nimodipine</i>	65
<i>metoprolol ta-hydrochlorothiaz</i>	65	MYALEPT	92	NINLARO	32
<i>metoprolol tartrate</i>	65	MYCAPSSA	32	<i>nisoldipine</i>	65
<i>metro i.v.</i>	17	<i>mycophenolate mofetil</i>	32	<i>nitazoxanide</i>	17
<i>metronidazole</i>	17, 76, 110	<i>mycophenolate mofetil (hcl)</i> .	32	<i>nitisnone</i>	81
<i>metronidazole in nacl (iso-os)</i>	17	<i>mycophenolate sodium</i>	32	<i>nitro-bid</i>	73
<i>metyrosine</i>	65	MYLOTARG	32	<i>nitrofurantoin macrocrystal</i> .	22
<i>mexiletine</i>	61	MYRBETRIQ	124	<i>nitrofurantoin monohyd/m- cryst</i>	22
<i>micafungin</i>	8	N		<i>nitroglycerin</i>	73, 96
<i>microgestin 1.5/30 (21)</i>	112	<i>nabumetone</i>	51	<i>nitroglycerin in 5 % dextrose</i>	73
<i>microgestin 1/20 (21)</i>	112	<i>nadolol</i>	65	NIVESTYM	99
<i>microgestin fe 1.5/30 (28)</i> ..	112	<i>nafcillin</i>	20	<i>nizatidine</i>	98
<i>microgestin fe 1/20 (28)</i>	112	<i>nafcillin in dextrose iso-osm.</i>	20		
		<i>naftifine</i>	77		
		NAGLAZYME.....	92		
		<i>naloxone</i>	51		
		<i>naltrexone</i>	51		

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

<i>nora-be</i>	109	<i>nystop</i>	77	ORENITRAM MONTH 3	
<i>norelgestromin-ethin.estradiol</i>		NYVEPRIA.....	99	TITRATION KT	65
.....	110	O		ORGOVYX	33
<i>norepinephrine bitartrate</i>	72	OCALIVA	96	ORLISSA	92
<i>norethindrone (contraceptive)</i>		OCREVUS	47	ORKAMBI	122
.....	109	OCTAGAM.....	102	ORLADEYO	122
<i>norethindrone acetate</i>	109	<i>octreotide acetate</i>	32	ORPHENADRINE CITRATE	
<i>norethindrone ac-eth estradiol</i>		<i>octreotide,microspheres</i>	32	.....	48
.....	109, 113	ODEFSEY	11	ORSERDU	33
<i>norethindrone-e.estradiol-iron</i>		ODOMZO	32	<i>oseltamivir</i>	11
.....	113	OFEV.....	121	<i>osmitrol 20 %</i>	66
<i>norgestimate-ethinyl estradiol</i>		<i>ofloxacin</i>	84, 115	OTEZLA.....	107
.....	113	OGSIVEO	33	OTEZLA STARTER.....	107
<i>nortrel 0.5/35 (28)</i>	113	OJEMDA.....	33	<i>oxacillin</i>	20
<i>nortrel 1/35 (21)</i>	113	OJJAARA.....	33	<i>oxacillin in dextrose(iso-osm)</i>	
<i>nortrel 1/35 (28)</i>	113	<i>olanzapine</i>	58	.....	20
<i>nortrel 7/7/7 (28)</i>	113	<i>olmesartan</i>	65	<i>oxalipatin</i>	33
<i>nortriptyline</i>	58	<i>olmesartan-amlodipin-</i>		<i>oxaprozin</i>	52
NORVIR.....	11	<i>hcthiazid</i>	65	<i>oxcarbazepine</i>	42
NOVOLIN 70/30 U-100		<i>olmesartan-</i>		OXERVATE.....	116
INSULIN.....	89	<i>hydrochlorothiazide</i>	65	<i>oxybutynin chloride</i>	124
NOVOLIN 70-30 FLEXPEN		<i>olopatadine</i>	83	<i>oxycodone</i>	50
U-100.....	89	OLPRUVA	81	<i>oxycodone-acetaminophen</i> ...	50
NOVOLIN N FLEXPEN	89	<i>omega-3 acid ethyl esters</i>	71	OXYCONTIN	50
NOVOLIN N NPH U-100		<i>omeprazole</i>	98	OZEMPIC.....	89
INSULIN.....	89	OMNITROPE.....	99	P	
NOVOLIN R FLEXPEN	89	ONCASPAR.....	33	<i>pacerone</i>	61
NOVOLIN R REGULAR		<i>ondansetron</i>	97	<i>paclitaxel</i>	33
U100 INSULIN.....	89	<i>ondansetron hcl</i>	96, 97	PADCEV	33
NOVOLOG FLEXPEN U-100		<i>ondansetron hcl (pf)</i>	96	<i>paliperidone</i>	58
INSULIN.....	89	ONIVYDE.....	33	<i>palonosetron</i>	97
NOVOLOG MIX 70-30 U-100		ONUREG	33	<i>pamidronate</i>	92
INSULN	89	OPDIVO.....	33	PANRETIN	75
NOVOLOG MIX 70-		<i>opium tincture</i>	94	<i>pantoprazole</i>	98
30FLEXPEN U-100	89	OPSUMIT	121	PANZYGA	103
NOVOLOG PENFILL U-100		OPSYNVI.....	121	<i>paraplatin</i>	33
INSULIN.....	89	OPVEE	52	<i>paricalcitol</i>	92
NOVOLOG U-100 INSULIN		ORENCIA	107	<i>paroxetine hcl</i>	58
ASPART.....	89	ORENCIA (WITH		PAXLOVID.....	11
NUBEQA	32	MALTOSE).....	107	<i>pazopanib</i>	33
NUCALA	121	ORENCIA CLICKJECT ...	107	PEDIARIX (PF)	103
NUDEXTA	47	<i>orenitram</i>	65	PEDVAX HIB (PF).....	103
NULOJIX.....	32	ORENITRAM	65	<i>peg 3350-electrolytes</i>	97
NUPLAZID.....	58	ORENITRAM MONTH 1		PEGASYS	99
NURTEC ODT.....	45	TITRATION KT	65	<i>peg-electrolyte</i>	97
<i>nyamyc</i>	77	ORENITRAM MONTH 2		PEMAZYRE.....	33
<i>nystatin</i>	8, 77	TITRATION KT	65	PENBRAYA (PF)	103
<i>nystatin-triamcinolone</i>	77			<i>penciclovir</i>	77

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

<i>penicillamine</i>	107	<i>polymyxin b sulf-trimethoprim</i>	115	PREVYMIS.....	11
PENICILLIN G POT IN				PREZCOBIX.....	11
DEXTROSE.....	20	POMALYST.....	34	PREZISTA.....	11
<i>penicillin g potassium</i>	20	<i>portia 28</i>	113	PRIFTIN.....	17
<i>penicillin g sodium</i>	20	PORTRAZZA.....	34	PRIMAQUINE.....	18
<i>penicillin v potassium</i>	20	<i>posaconazole</i>	8	<i>primidone</i>	42
PENTACEL (PF).....	103	<i>potassium acetate</i>	126	PRIORIX (PF).....	103
<i>pentamidine</i>	17	<i>potassium chlorid-d5-</i>		PRIVIGEN.....	103
PENTASA.....	97	<i>0.45%nacl</i>	126	<i>probenecid</i>	105
<i>pentoxifylline</i>	69	<i>potassium chloride</i>	126	<i>probenecid-colchicine</i>	105
<i>perindopril erbumine</i>	66	<i>potassium chloride in</i>		<i>prochlorperazine</i>	97
<i>periogard</i>	83	<i>0.9%nacl</i>	126	<i>prochlorperazine maleate oral</i>	
PERJETA.....	34	<i>potassium chloride in 5 % dex</i>		.....	97
<i>permethrin</i>	79	.....	126	PROCRIT.....	100
<i>perphenazine</i>	58	<i>potassium chloride in lr-d5</i>	126	<i>procto-med hc</i>	97
<i>pfizerpen-g</i>	20	<i>potassium chloride in water</i>	126	<i>proctosol hc</i>	97
PHEBURANE.....	81	<i>potassium chloride-0.45 %</i>		<i>proctozone-hc</i>	97
<i>phenelzine</i>	58	<i>nacl</i>	126	<i>progesterone</i>	109
<i>phenobarbital</i>	42	<i>potassium chloride-d5-</i>		<i>progesterone micronized</i>	109
<i>phenobarbital sodium</i>	42	<i>0.2%nacl</i>	126	PROGRAF.....	34
<i>phentolamine</i>	66	<i>potassium chloride-d5-</i>		PROLASTIN-C.....	81
<i>phenytoin</i>	42	<i>0.9%nacl</i>	127	PROLIA.....	105
<i>phenytoin sodium</i>	42	<i>potassium citrate</i>	124	PROMACTA.....	69
<i>phenytoin sodium extended</i> ..	42	<i>potassium phosphate m-/d-</i>		<i>promethazine</i>	119
<i>philith</i>	113	<i>basic</i>	127	<i>propafenone</i>	61
PIFELTRO.....	11	POTELIGEO.....	34	<i>propranolol</i>	66
<i>pilocarpine hcl</i>	81, 116	<i>pramipexole</i>	44	<i>propylthiouracil</i>	85
<i>pimecrolimus</i>	75	<i>prasugrel hcl</i>	69	PROQUAD (PF).....	103
<i>pimozide</i>	58	<i>pravastatin</i>	71	<i>protamine</i>	69
<i>pimtree (28)</i>	113	<i>praziquantel</i>	17	<i>protriptyline</i>	59
<i>pindolol</i>	66	<i>prazosin</i>	66	PULMICORT FLEXHALER	
<i>pioglitazone</i>	89	<i>prednisolone</i>	85	.....	122
<i>piperacillin-tazobactam</i>	20	<i>prednisolone acetate</i>	118	PULMOZYME.....	122
PIPERACILLIN-		<i>prednisolone sodium</i>		PURIXAN.....	34
TAZOBACTAM.....	20	<i>phosphate</i>	85, 118	<i>pyrazinamide</i>	18
PIQRAY.....	34	<i>prednisone</i>	85	<i>pyridostigmine bromide</i>	48
<i>pirfenidone</i>	122	<i>prednisone intensol</i>	85	<i>pyrimethamine</i>	18
<i>piroxicam</i>	52	<i>pregabalin</i>	42	Q	
<i>pitavastatin calcium</i>	71	PREMARIN.....	109	QINLOCK.....	34
PLASMA-LYTE A.....	128	<i>premasol 10 %</i>	128	QUADRACEL (PF).....	103
PLEGRIDY.....	99, 100	PREMPHASE.....	109	<i>quetiapine</i>	59
PLENAMINE.....	128	PREMPRO.....	109	<i>quinapril</i>	66
<i>podofilox</i>	75	<i>prenatal vitamin oral tablet</i>	128	<i>quinapril-hydrochlorothiazide</i>	
POLIVY.....	34	<i>prevalite</i>	71	.....	66
<i>polocaine</i>	75	PREVIDENT 5000 BOOSTER		<i>quinidine sulfate</i>	61
<i>polocaine-mpf</i>	75	PLUS.....	83	<i>quinine sulfate</i>	18
<i>polycin</i>	115	PREVIDENT 5000 DRY		QULIPTA.....	45
		MOUTH.....	83		

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

R		
RABAVERT (PF)	103	
<i>rabeprazole</i>	99	
RADICAVA.....	47	
RADICAVA ORS.....	47	
RADICAVA ORS STARTER KIT SUSP.....	47	
<i>raloxifene</i>	105	
<i>ramelteon</i>	59	
<i>ramipril</i>	66	
<i>ranolazine</i>	72	
<i>rasagiline</i>	44	
RAVICTI.....	81	
<i>reclipsen (28)</i>	113	
RECOMBIVAX HB (PF) ..	103	
REGRANEX.....	75	
RELENZA DISKHALER....	11	
REMICADE.....	97	
RENACIDIN.....	124	
<i>repaglinide</i>	89, 90	
REPATHA	71	
REPATHA PUSHTRONEX	71	
REPATHA SURECLICK....	71	
RETACRIT	100	
RETEVMO.....	34	
RETROVIR.....	11	
REVCIVI.....	81	
REVUFORJ.....	34	
REXULTI.....	59	
REYATAZ	12	
REZLIDHIA.....	34	
REZUROCK	34	
RHOPRESSA.....	117	
<i>ribavirin</i>	12	
RIDAURA.....	107	
<i>rifabutin</i>	18	
<i>rifampin</i>	18	
<i>riluzole</i>	81	
<i>rimantadine</i>	12	
<i>ringer's</i>	127	
RINVOQ	107	
RINVOQ LQ.....	107	
<i>risedronate</i>	81, 105	
RISPERDAL CONSTA	59	
<i>risperidone</i>	59	
<i>ritonavir</i>	12	
<i>rivastigmine</i>	47	
<i>rivastigmine tartrate</i>	47	
<i>rizatriptan</i>	45	
ROCKLATAN	117	
<i>roflumilast</i>	122	
<i>romidepsin</i>	34	
<i>ropinirole</i>	44	
<i>rosuvastatin</i>	71	
ROTARIX	103	
ROTATEQ VACCINE.....	103	
<i>roweepra</i>	42	
ROZLYTREK	34	
RUBRACA.....	35	
<i>rufinamide</i>	42, 43	
RUKOBIA.....	12	
RUXIENCE.....	35	
RYBELSUS.....	90	
RYBREVANT.....	35	
RYDAPT	35	
RYLAZE	35	
S		
<i>sajazir</i>	122	
SANCUSO	97	
SANDOSTATIN LAR DEPOT	35	
SANTYL	75	
<i>sapropterin</i>	92	
SARCLISA.....	35	
SAVELLA.....	107	
SCSEMBLIX.....	35	
<i>scopolamine base</i>	97	
SECUADO	59	
<i>selegiline hcl</i>	44, 45	
<i>selenium sulfide</i>	73	
SELZENTRY	12	
SEREVENT DISKUS	122	
<i>sertraline</i>	59	
<i>setlakin</i>	113	
<i>sf 83</i>		
<i>sf 5000 plus</i>	83	
<i>sharobel</i>	109	
SHINGRIX (PF).....	103	
SIGNIFOR.....	35	
<i>sildenafil</i>	124	
<i>sildenafil (pulmonary arterial hypertension)</i>	122	
<i>silver sulfadiazine</i>	75	
SIMBRINZA	117	
SIMULECT	35	
<i>simvastatin</i>	71	
<i>sirolimus</i>	35	
SIRTURO	18	
SKYCLARYS	47	
SKYRIZI	74, 97	
<i>sodium acetate</i>	127	
<i>sodium benzoate-sod phenylacet</i>	82	
<i>sodium bicarbonate</i>	127	
<i>sodium chloride</i>	82, 127	
<i>sodium chloride 0.45 %</i>	127	
<i>sodium chloride 0.9 %</i>	82	
<i>sodium chloride 3 % hypertonic</i>	127	
<i>sodium chloride 5 % hypertonic</i>	127	
<i>sodium fluoride 5000 dry mouth</i>	83	
<i>sodium fluoride 5000 plus</i>	83	
<i>sodium fluoride-pot nitrate</i> ...83		
<i>sodium nitroprusside</i>	72	
SODIUM OXYBATE	59	
<i>sodium phenylbutyrate</i>	82	
<i>sodium phosphate</i>	127	
<i>sodium polystyrene sulfonate</i> 82		
SOFOSBUVIR- VELPATASVIR.....	12	
SOHONOS	82	
<i>solifenacin</i>	124	
SOLQUA 100/33	90	
SOLTAMOX.....	35	
SOMATULINE DEPOT	35	
SOMAVERT	92	
<i>sorafenib</i>	35	
<i>sotalol</i>	62	
<i>sotalol af</i>	61	
SPIRIVA RESPIMAT.....	122	
<i>spironolactone</i>	66	
<i>spironolacton- hydrochlorothiaz</i>	66	
<i>sprintec (28)</i>	113	
SPRITAM.....	43	
<i>sps (with sorbitol)</i>	82	
<i>sronyx</i>	113	
<i>ssd</i>	75	
STELARA	74	
STIOLTO RESPIMAT.....	122	
STIVARGA	35	
STRENSIQ	92	

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

STREPTOMYCIN	18	TAVNEOS	82	<i>tobramycin</i>	18, 115
STRIBILD	12	<i>tazarotene</i>	76	<i>tobramycin in 0.225 % nacl.</i>	18
STRIVERDI RESPIMAT ..	122	<i>tazicef</i>	14	<i>tobramycin sulfate</i>	18
<i>subvenite</i>	43	TAZVERIK	36	<i>tobramycin-dexamethasone</i>	117
SUCRAID	97	TDVAX	103	<i>tolterodine</i>	124
<i>sucralfate</i>	99	TECENTRIQ	36	<i>tolvaptan</i>	93
<i>sulfacetamide sodium</i>	116	TEFLARO	14	<i>topiramate</i>	43
<i>sulfacetamide sodium (acne)</i>	76	<i>telmisartan</i>	66	<i>topotecan</i>	36
<i>sulfacetamide-prednisolone</i>	116	<i>telmisartan-amlodipine</i>	66	<i>toremifene</i>	36
<i>sulfadiazine</i>	21	<i>telmisartan-hydrochlorothiazid</i>	66	<i>torsemide</i>	66
<i>sulfamethoxazole-trimethoprim</i>	21	<i>temazepam</i>	59	TOUJEO MAX U-300	
<i>sulfasalazine</i>	97	TEMODAR	36	SOLOSTAR	90
<i>sulindac</i>	52	<i>temsirolimus</i>	36	TOUJEO SOLOSTAR U-300	
<i>sumatriptan</i>	45	TENIVAC (PF)	104	INSULIN	90
<i>sumatriptan succinate</i>	45	<i>tenofovir disoproxil fumarate</i>	12	TRADJENTA	90
<i>sunitinib malate</i>	35	TEPMETKO	36	<i>tramadol</i>	52
SUNLENCA	12	<i>terazosin</i>	66	<i>tramadol-acetaminophen</i>	52
SUNOSI	59	<i>terbinafine hcl</i>	8	<i>trandolapril</i>	66
<i>syeda</i>	113	<i>terbutaline</i>	122	<i>tranexamic acid</i>	110
SYMDEKO	122	<i>terconazole</i>	110	<i>tranylcypromine</i>	60
SYMLINPEN 120	90	TERIFLUNOMIDE	47	<i>travasol 10 %</i>	128
SYMLINPEN 60	90	TERIPARATIDE	105	<i>travoprost</i>	117
SYMPAZAN	43	<i>testosterone</i>	92, 93	TRAZIMERA	36
SYMTUZA	12	<i>testosterone cypionate</i>	92	<i>trazodone</i>	60
SYNAGIS	12	<i>testosterone enanthate</i>	92	TREANDA	37
SYNAREL	92	<i>tetrabenazine</i>	47, 48	TRECTOR	18
SYNJARDY	90	<i>tetracycline</i>	22	TRELEGY ELLIPTA	123
SYNJARDY XR	90	THALOMID	36	TREMFYA	74
SYNTHROID	93	<i>theophylline</i>	122, 123	TREMFYA PEN	74
T		<i>thioridazine</i>	60	<i>treprostinil sodium</i>	66
TABLOID	35	<i>thiotepa</i>	36	TRESIBA FLEXTOUCH U-	
TABRECTA	35	<i>thiothixene</i>	60	100	90
<i>tacrolimus</i>	36, 75	<i>tiadylt er</i>	66	TRESIBA FLEXTOUCH U-	
<i>tadalafil</i>	124	<i>tiagabine</i>	43	200	90
<i>tadalafil (pulmonary arterial</i> <i>hypertension) oral tablet 20</i> <i>mg</i>	122	TIBSOVO	36	TRESIBA U-100 INSULIN	90
TAFINLAR	36	TICE BCG	104	<i>tretinoin (antineoplastic)</i>	37
TAGRISSE	36	TICOVAC	104	<i>tretinoin topical</i>	76
TALZENNA	36	<i>tigecycline</i>	18	<i>triamcinolone acetonide</i> 79, 83, 85	
<i>tamoxifen</i>	36	<i>tilia fe</i>	113	<i>triamterene-hydrochlorothiazid</i>	67
<i>tamsulosin</i>	124	<i>timolol maleate</i>	66, 115	<i>tridacaine ii</i>	75
<i>tarina 24 fe</i>	113	<i>tinidazole</i>	18	<i>triderm</i>	79
<i>tarina fe 1-20 eq (28)</i>	113	TIVDAK	36	<i>trientine</i>	82
TASIGNA	36	TIVICAY	12	<i>tri-estarylla</i>	113
<i>tasimelteon</i>	59	TIVICAY PD	12	<i>trifluoperazine</i>	60
TAVALISSE	70	<i>tizanidine</i>	48	<i>trifluridine</i>	115
		TOBI PODHALER	18	<i>trihexyphenidyl</i>	45

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

TRIJARDY XR.....	90	VANCOMYCIN IN 0.9 %		VOTRIENT	38
TRIKAFTA	123	SODIUM CHL	18	VOWST	98
<i>tri-legest fe</i>	113	<i>vandazole</i>	110	VRAYLAR.....	61
<i>tri-linyah</i>	113	VANFLYTA	37	VUMERITY	48
<i>tri-lo-estarylla</i>	114	VAQTA (PF).....	104	VYNDAMAX	72
<i>tri-lo-marzia</i>	114	<i>varenicline tartrate</i>	83	VYXEOS.....	38
<i>tri-lo-sprintec</i>	114	VARIVAX (PF)	104	VYZULTA	117
<i>trimethoprim</i>	22	VARUBI.....	97	W	
<i>trimipramine</i>	60	VAXCHORA VACCINE... 104		WAKIX	61
TRINTELLIX.....	60	VECAMYL	72	<i>warfarin</i>	70
<i>tri-sprintec (28)</i>	114	VECTIBIX	37	WEGOVY	82
TRIUMEQ.....	12	VEKLURY.....	12	WELIREG	38
TRIUMEQ PD.....	12	<i>velivet triphasic regimen (28)</i>		<i>wera (28)</i>	114
<i>trivora (28)</i>	114	.....	114	WINREVAIR	123
TRODELVY	37	VELTASSA.....	82	<i>wixela inhub</i>	123
TROGARZO	12	VEMLIDY.....	12	X	
TROPHAMINE 10 %	128	VENCLEXTA	37	XALKORI	38
<i>trosapium</i>	124	VENCLEXTA STARTING		XARELTO	70
TRULICITY.....	90	PACK	37	XARELTO DVT-PE TREAT	
TRUMENBA	104	<i>venlafaxine</i>	60	30D START.....	70
TRUQAP.....	37	<i>verapamil</i>	67	XATMEP.....	38
TUKYSA.....	37	VERQUVO	72	XCOPRI	43, 44
TURALIO	37	VERSACLOZ	60	XCOPRI MAINTENANCE	
<i>turqoz (28)</i>	114	VERZENIO	37	PACK	43
TWINRIX (PF)	104	<i>vestura (28)</i>	114	XCOPRI TITRATION PACK	
TYPHIM VI	104	VIBERZI	97	.....	44
TYSABRI.....	48	<i>vienna</i>	114	XDEMVY.....	116
TYVASO DPI	123	<i>vigabatrin</i>	43	XELJANZ.....	107
U		<i>vigadrone</i>	43	XELJANZ XR.....	108
<i>unithroid</i>	93	<i>vigpoder</i>	43	XERMELO.....	38
UNITUXIN	37	VIJOICE.....	37	XGEVA	22
UPTRAVI.....	67	<i>vilazodone</i>	61	XIAFLEX	82
<i>ursodiol</i>	97	VIMIZIM.....	93	XIFAXAN	19
UZEDY	60	<i>vinblastine</i>	37	XIGDUO XR.....	91
V		<i>vincristine</i>	37	XIIDRA	116
<i>valacyclovir</i>	12	<i>vinorelbine</i>	37	XOLAIR	123
VALCHLOR.....	75	VIOKACE	97	XOSPATA.....	38
<i>valganciclovir</i>	12	<i>vioele (28)</i>	114	XPOVIO	38
<i>valproic acid</i>	43	VIRACEPT	12	XTANDI.....	38
<i>valproic acid (as sodium salt)</i>		VIREAD.....	13	<i>xulane</i>	110
.....	43	<i>virtussin ac</i>	119	XYWAV	61
<i>valrubicin</i>	37	VITRAKVI.....	37, 38	Y	
<i>valsartan</i>	67	VIVITROL	52	YERVOY	38
<i>valsartan-hydrochlorothiazide</i>		VIZIMPRO.....	38	YF-VAX (PF).....	104
.....	67	VONJO.....	38	YONDELIS	39
VALTOCO.....	43	VORANIGO.....	38	YONSA	39
<i>vancomycin</i>	18, 19	<i>voriconazole</i>	8, 9	YUFLYMA(CF).....	108
VANCOMYCIN	18	VOSEVI	13		

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

YUFLYMA(CF) AI	<i>zenatane</i>	ZOLADEX
CROHN'S-UC-HS.....	ZENPEP	ZOLINZA.....
YUFLYMA(CF)	ZEPBOUND.....	<i>zolmitriptan</i>
AUTOINJECTOR.....	ZEPOSIA.....	<i>zolpidem</i>
YUPELRI	ZEPOSIA STARTER KIT (28-	ZONISADE
<i>yuvafem</i>	DAY).....	<i>zonisamide</i>
Z	ZEPOSIA STARTER PACK	<i>zovia 1-35 (28)</i>
<i>zafemy</i>	(7-DAY)	ZTALMY
<i>zafirlukast</i>	ZEPZELCA	ZUBSOLV.....
<i>zaleplon</i>	<i>zidovudine</i>	<i>zumandimine (28)</i>
ZALTRAP.....	ZIEXTENZO.....	ZURZUVAE.....
ZANOSAR.....	<i>ziprasidone hcl</i>	ZYDELIG.....
ZARXIO.....	<i>ziprasidone mesylate</i>	ZYKADIA.....
ZEJULA	ZIRABEV.....	ZYNLONTA
ZELBORAF	ZIRGAN.....	ZYPREXA RELPREVV

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

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**Notice Informing Individuals About Nondiscrimination and Accessibility Requirements
Discrimination is Against the Law**

Sentara Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Sentara Medicare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Sentara Medicare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, contact:
 - Sentara Medicare Member Services
 - PO Box 66189, Virginia Beach, VA 23466
 - 757-552-7401 or toll free 1-877-552-7401
 - TTY Relay 1-800-828-1140 or 711

If you believe that Sentara Medicare has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, or sex, you can file a grievance with:

Sentara Medicare
1557 Coordinator/Compliance
PO Box 66189
Virginia Beach, VA 23466
757-552-7485

You can file a grievance in person or by mail. If you need help filing a grievance, please contact the 1557 Coordinator at the information listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

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

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

If you are visually impaired and need large print or other assistance to view this document, please contact us at 1-855-687-6260.



Multi-Language Insert Multi-language Interpreter Services

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 1-800-927-6048 (TTY: 711). Someone who speaks English/Language 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 1-800-927-6048. 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 1-800-927-6048。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 1-800-927-6048。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 1-800-927-6048. 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 1-800-927-6048. 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 1-800-927-6048 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 1-800-927-6048. 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 1-800-927-6048 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 1-800-927-6048. 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 1-800-927-6048. 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 1-800-927-6048 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 1-800-927-6048. 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 1-800-927-6048. 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 1-800-927-6048. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

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 1-800-927-6048. 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、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、1-800-927-6048 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。

Sentara Medicare
P.O. Box 66189
Virginia Beach, VA 23466
sentarahealthplans.com

This formulary was updated on **02/19/2025**. For more recent information or other questions, please contact Sentara Medicare Member Services at 1-800-543-3359 (TTY users should call 711), 24 hours per day, 7 days per week, or visit: sentarahealthplans.com/cos.