



| Essential Plan |

Mutual of Omaha Rx (PDP)

2024 Formulary

(List of Covered Drugs)

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

Formulary ID Number: 24205, Version 26

This formulary was updated on 11/21/2024. For more recent information or other questions, please contact **Mutual of Omaha RxSM** (PDP) Customer Service at **1.855.864.6797** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **mutualofomaharx.com**.

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 Omaha Health Insurance Company (Omaha Life and Health Insurance Company in California). When it refers to “plan” or “our plan,” it means Mutual of Omaha Rx.

This document includes a list of the drugs (formulary) for our plan, which is current as of November 21, 2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1.855.864.6797** (TTY: **1.800.716.3231**).

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This drug list was updated in November 2024.

What is the Mutual of Omaha Rx Formulary?

A formulary is a list of covered drugs selected by Mutual of Omaha Rx in consultation with a team of healthcare providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Mutual of Omaha Rx will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Mutual of Omaha Rx 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 (drug list) change?

Most changes in drug coverage happen on January 1, but Mutual of Omaha Rx may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

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

- **New generic drugs.** We may immediately remove a brand-name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand-name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand-name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below entitled “How do I request an exception to the Mutual of Omaha Rx Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to the market to replace a brand-name drug currently on the formulary; or add new restrictions to the brand-name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
 - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand-name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Mutual of Omaha Rx Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these

drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of November 21, 2024. To get updated information about the drugs covered by Mutual of Omaha Rx, please contact us. Our contact information appears on the front and back cover pages. If there are additional changes made to the formulary that affect you and are not mentioned above, you will be notified in writing of these changes within a reasonable period of time from when the changes are made.

How do I use the formulary?

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

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular, Hypertension/Lipids.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 77. 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?

Mutual of Omaha Rx covers both brand-name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

Are there any restrictions on my coverage?

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

- **Prior Authorization:** Mutual of Omaha Rx requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Mutual of Omaha Rx before you fill your prescriptions. If you don't get approval, Mutual of Omaha Rx may not cover the drug.
- **Quantity Limits:** For certain drugs, Mutual of Omaha Rx limits the amount of the drug that Mutual of Omaha Rx will cover. For example, Mutual of Omaha Rx provides 30 tablets for a 1-month supply per prescription for *atorvastatin*. This may be in addition to a standard 1-month or 3-month supply.
- **Step Therapy:** In some cases, Mutual of Omaha Rx 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, Mutual of Omaha Rx may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Mutual of Omaha Rx will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Mutual of Omaha Rx 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 Mutual of Omaha Rx Formulary?” below for information about how to request an exception.

What if my drug is not on the formulary?

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

If you learn that Mutual of Omaha Rx does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by Mutual of Omaha Rx. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Mutual of Omaha Rx.
- You can ask Mutual of Omaha Rx 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 Mutual of Omaha Rx Formulary?

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

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

Generally, Mutual of Omaha Rx will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you request a formulary, tiering or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.** Generally,

we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believes that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

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

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

Other times when we will cover a temporary 30-day transition supply (or less, if you have a prescription written for fewer days) include:

- When you leave a long-term care facility
- When you are discharged from a hospital
- When you leave a skilled nursing facility
- When you cancel hospice care
- When you are discharged from a psychiatric hospital with a medication regimen that is highly individualized

If you are entering a long-term care facility, we will cover a 31-day transition supply.

The plan will send you a letter within 3 business days of your filling a temporary transition supply, notifying you that this was a temporary supply and explaining your options.

For more information

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

If you have questions about Mutual of Omaha 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>.

Mutual of Omaha Rx's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by Mutual of Omaha Rx. If you have trouble finding your drug in the list, turn to the Index that begins on page 77.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., JANUMET®) and generic drugs are listed in lowercase italics (e.g., *omeprazole*).

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

\$0 VAX: Zero dollar vaccines. These vaccines are covered at a \$0 cost to you, when all formulary criteria are met. This also includes the dispensing fee cost (if any).

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

HRM: High-Risk Medication. These medications will require prior authorization for patients 65 years of age or older. Medical experts have determined that these drugs may cause more side effects in those patients. If you are 65 or over and taking one or more of these drugs, ask your doctor if there are safer alternatives available.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult the *Pharmacy Directory* or call Customer Service at **1.855.864.6797**, 24 hours a day, 7 days a week. TTY users should call **1.800.716.3231**, or visit **mutualofomaharx.com**.

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

PA: Prior Authorization. The plan requires you or your doctor to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescription. 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 a certain drug 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.

Your costs

The amount you pay for a covered drug will depend on:

- **Your coverage stage.** Mutual of Omaha Rx has different stages of coverage. In each stage, the amount you pay for a drug may change.

- **The drug tier for your drug.** Each covered drug is in one of five drug tiers. Each tier may have a different copayment or coinsurance amount. The “Drug Tiers” chart below explains what types of drugs are included in each tier and shows how costs may change with each tier.

The *Evidence of Coverage* has more information about the plan’s coverage stages and lists the copayment and coinsurance amounts for each tier.

If you qualify for Extra Help

If you qualify for Extra Help for your prescription drugs, your copayments and coinsurance may be lower. Please refer to the “*Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs (LIS Rider)*” to find out what your costs are or you may contact Customer Service for more information.

Drug Tiers

Tier	Description
Tier 1: Preferred Generic Drugs	This tier includes commonly prescribed generic drugs. Use Tier 1 drugs for the lowest copayments.
Tier 2: Generic Drugs	This tier includes generic drugs. Use Tier 2 drugs to keep your copayments low.
Tier 3: Preferred Brand Drugs	This tier includes most of the plan’s covered insulins, preferred brand-name drugs as well as generic drugs. Drugs in this tier will generally have lower copayments than non-preferred drugs.
Tier 4: Non-Preferred Drugs	This tier includes non-preferred brand-name drugs as well as generic drugs. There may be lower-cost alternatives for you. Ask your doctor if switching to a lower-cost generic or preferred brand drug may be right for you. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.
Tier 5: Specialty Tier Drugs	This tier includes very high-cost brand-name and generic drugs. To learn more about medications in this tier, you may contact a pharmacist at the numbers listed on the front and back covers of this document. Drugs in this tier are limited to up to a 30-day supply from either your local retail network pharmacy or from our network home delivery service.

Key

The abbreviations listed below may appear on the following pages in the Requirements/Limits column that tells you if there are any special requirements for coverage of your drug. You can find information on what the symbols and abbreviations on these tables mean by going to page v.

\$0 VAX: Zero dollar vaccines	PA: Prior Authorization
B/D PA: Part B or Part D Prior Authorization	QL: Quantity Limit
HRM: High-Risk Medication	ST: Step Therapy
LA: Limited Availability	
MO: Mail-Order Drug	

Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
ABELCET	4	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL CAPSULE 186 MG	4	PA
CRESEMBA ORAL CAPSULE 74.5 MG	5	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	3	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO

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

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
BIKTARVY	5	MO
CIMDUO	5	MO
COMPLERA	4	MO
<i>darunavir</i>	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO; QL (30 per 30 days)
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitab-in-tenofovir</i>	5	MO
<i>efavirenz-lamivu-tenofovir disop</i>	5	MO
<i>emtricitabine</i>	4	MO
<i>emtricitabine-tenofovir (tdf)</i>	4	MO; QL (30 per 30 days)
EMTRIVA ORAL SOLUTION	4	MO
<i>entecavir</i>	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
<i>etravirine</i>	5	MO
EVOTAZ	5	MO

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

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO	PREZCOBIX	5	MO
JULUCA	5	MO	PREZISTA ORAL SUSPENSION	5	MO; QL (400 per 30 days)
<i>lamivudine</i>	3	MO	PREZISTA ORAL TABLET 150 MG	4	MO; QL (240 per 30 days)
<i>lamivudine-zidovudine</i>	3	MO	PREZISTA ORAL TABLET 75 MG	4	MO; QL (480 per 30 days)
<i>lopinavir-ritonavir oral solution</i>	4	MO	RELENZA DISKHALER	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO	RETROVIR INTRAVENOUS	3	MO
<i>maraviroc</i>	5	MO	REYATAZ ORAL POWDER IN PACKET	5	MO
<i>nevirapine oral suspension</i>	4		<i>ribavirin oral capsule</i>	3	MO
<i>nevirapine oral tablet</i>	3	MO	<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO	<i>rimantadine</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO	<i>ritonavir</i>	3	MO
ODEFSEY	5	MO	RUKOBIA	5	MO
<i>oseltamivir</i>	3	MO	SELZENTRY ORAL SOLUTION	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	1	QL (20 per 30 days)	SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)	STRIBILD	5	MO
PIFELTRO	5	MO	SUNLENCA	5	
PREVYMIS INTRAVENOUS	5	PA	SYMTUZA	4	MO
PREVYMIS ORAL	5	PA; MO; QL (30 per 30 days)	<i>tenofovir disoproxil fumarate</i>	4	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
<i>valacyclovir oral tablet 1 gram</i>	3	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	3	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
<i>zidovudine oral capsule</i>	4	MO
<i>zidovudine oral syrup</i>	4	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	3	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	4	
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	3	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose, iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	4	MO
<i>cefprozil</i>	3	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose,iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	3	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection</i>	4	PA; MO
<i>tazicef intravenous</i>	4	PA

Drug Name	Drug Tier	Requirements /Limits
TEFLARO	5	PA; MO
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	4	MO
<i>clarithromycin oral tablet</i>	3	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	3	MO
DIFCID ORAL TABLET	5	MO; QL (20 per 10 days)
e.e.s. 400 oral tablet	4	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
<i>ARIKAYCE</i>	4	PA; LA
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	PA; MO
<i>bacitracin intramuscular</i>	4	
<i>CAYSTON</i>	5	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	4	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin phosphate injection</i>	4	PA; MO
<i>COARTEM</i>	4	MO
<i>colistin (colistimethate na)</i>	4	PA; MO; QL (30 per 10 days)
<i>dapsone oral</i>	3	MO
DAPTO MYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO

Drug Name	Drug Tier	Requirements /Limits
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
<i>EMVERM</i>	5	MO
<i>ertapenem</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	3	MO
<i>imipenem-cilastatin</i>	4	PA; MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral solution</i>	4	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral</i>	3	PA; MO; QL (20 per 30 days)
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA; MO

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This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; QL (10 per 10 days)
<i>metro i.v.</i>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	4	
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
<i>PRIFTIN</i>	4	MO
<i>PRIMAQUINE</i>	4	MO
<i>pyrazinamide</i>	4	MO
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
<i>SIRTURO</i>	5	PA; LA

Drug Name	Drug Tier	Requirements /Limits
<i>STREPTOMYCIN</i>	5	PA; MO; QL (60 per 30 days)
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	3	MO
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
<i>TRECATOR</i>	4	MO
<i>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML</i>	3	PA; QL (4000 per 10 days)
<i>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML</i>	3	PA; QL (1000 per 10 days)
<i>VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML</i>	3	PA; QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)

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This drug list was updated in November 2024.

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

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

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML	4	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE 600,000 UNIT/ML	4	PA
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>oxacillin in dextrose(iso-osm)</i>	4	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	PA; MO
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	3	MO
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>sulfamethoxazole-trimethoprim oral suspension</i>	3	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	2	MO
TETRACYCLINES		
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	3	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	3	MO
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	3	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	3	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>monodoxine nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	4	MO
URINARY TRACT AGENTS		
<i>methenamine hippurate</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
<i>leucovorin calcium oral</i>	3	MO
<i>mesna</i>	2	B/D PA; MO
<i>MESNEX ORAL</i>	5	MO
<i>XGEVA</i>	5	B/D PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
<i>abiraterone oral tablet 250 mg</i>	4	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>ADSTILADRIN</i>	5	PA
<i>AKEEGA</i>	4	PA; LA; QL (60 per 30 days)
<i>ALECENSA</i>	5	PA; MO; QL (240 per 30 days)
<i>ALUNBRIG ORAL TABLET 180 MG, 90 MG</i>	5	PA; QL (30 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days)
<i>anastrozole</i>	3	MO
ANKTIVA	5	PA; MO
AUGTYRO ORAL CAPSULE 40 MG	5	PA; MO; QL (240 per 30 days)
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA; MO
BALVERSA ORAL TABLET 3 MG	5	PA; LA; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA; LA; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA; LA; QL (28 per 28 days)
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
<i>bleomycin</i>	2	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA; QL (120 per 30 days)
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
COLUMVI	5	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET 25 MG	3	B/D PA
CYCLOPHOSPHA MIDE ORAL TABLET 50 MG	3	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	4	B/D PA; MO
<i>cyclosporine modified oral solution</i>	4	B/D PA
<i>cyclosporine oral capsule</i>	4	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA; MO
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg, 70 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>daunorubicin</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>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
DROXIA	3	MO
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ELREXFIO	5	PA	everolimus <i>(antineoplastic) oral tablet for suspension</i> 5 mg	5	PA; MO; QL (180 per 30 days)
ENVARSUS XR	4	B/D PA; MO	everolimus <i>(immunosuppressive) oral tablet 0.25 mg</i>	4	B/D PA; MO
<i>epirubicin intravenous solution</i> 200 mg/100 ml	2	B/D PA	everolimus <i>(immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO
EPKINLY	5	PA	exemestane	4	MO
<i>eribulin</i>	5	B/D PA	FIRMAGON KIT W DILUENT SYRINGE	4	PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)	floxuridine	2	B/D PA
ERLEADA ORAL TABLET 240 MG	4	PA; MO; QL (30 per 30 days)	fludarabine <i>intravenous recon soln</i>	2	B/D PA; MO
ERLEADA ORAL TABLET 60 MG	4	PA; MO; QL (120 per 30 days)	fludarabine <i>intravenous solution</i>	2	B/D PA
<i>erlotinib oral tablet</i> 100 mg, 150 mg	5	PA; MO; QL (30 per 30 days)	fluorouracil <i>intravenous solution</i> 1 gram/20 ml, 500 mg/10 ml	2	B/D PA; MO
<i>erlotinib oral tablet</i> 25 mg	5	PA; MO; QL (60 per 30 days)	fluorouracil <i>intravenous solution</i> 2.5 gram/50 ml, 5 gram/100 ml	2	B/D PA
ETOPOPHOS	4	B/D PA; MO	FOTIVDA	5	PA; LA; QL (21 per 28 days)
<i>etoposide intravenous</i>	2	B/D PA; MO	FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)	FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
<i>everolimus (antineoplastic) oral tablet for suspension</i> 2 mg	5	PA; MO; QL (330 per 30 days)	GAVRETO	5	PA; LA; QL (120 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension</i> 3 mg	5	PA; MO; QL (240 per 30 days)			

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>genograf</i>	4	B/D PA; MO
GILOTRIF	5	PA; MO; QL (30 per 30 days)
GLEOSTINE	4	MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMDELLTRA	5	PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO	KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
IWILFIN	5	PA; LA; QL (240 per 30 days)	KOSELUGO	5	PA
JAKAFI	5	PA; MO; QL (60 per 30 days)	KRAZATI	5	PA; QL (180 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)	<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; MO
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)	<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
JYLAMVO	4	B/D PA; MO	LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)	LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60 per 30 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)	<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)	<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)	LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)	LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	PA; MO; QL (90 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	5	PA; MO; QL (60 per 30 days)	<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>letrozole</i>	2	MO	<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
LEUKERAN	5	MO	<i>megestrol oral tablet</i>	3	PA; MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO	MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1260 per 30 days)
LONSURF	5	PA; MO	MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
LOQTORZI	5	PA	MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)	MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)	<i>mercaptopurine</i>	4	MO
LUMAKRAS ORAL TABLET 120 MG	5	PA; MO; QL (240 per 30 days)	<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
LUMAKRAS ORAL TABLET 320 MG	5	PA; MO; QL (90 per 30 days)	<i>methotrexate sodium (pf) injection solution</i>	3	B/D PA; MO
LUPRON DEPOT	5	PA; MO	<i>methotrexate sodium injection</i>	3	B/D PA; MO
LYNPARZA	5	PA; MO; QL (120 per 30 days)	<i>methotrexate sodium oral</i>	2	B/D PA; MO
LYSODREN	5		<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
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	<i>mitoxantrone</i>	2	B/D PA; MO
MATULANE	5		<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO
			<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium</i>	4	B/D PA; MO
MYHIBBIN	5	B/D PA
NERLYNX	5	PA; MO; LA; QL (180 per 30 days)
<i>nilutamide</i>	5	PA; MO
NINLARO	5	PA; MO; QL (3 per 28 days)
NUBEQA	5	PA; MO; LA; QL (120 per 30 days)
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
<i>octreotide,microspheres</i>	5	PA
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56 per 28 days)
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 28 days)
OJJAARA	5	PA; QL (30 per 30 days)
ONUREG	4	PA; MO; QL (14 per 28 days)
ORGOVYX	4	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
<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

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO
<i>paraplatin</i>	2	B/D PA
<i>pazopanib</i>	5	PA; MO; QL (120 per 30 days)
PEMAZYRE	5	PA; LA; QL (14 per 21 days)
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; MO; QL (56 per 28 days)
POMALYST	5	PA; MO; LA; QL (21 per 28 days)
PRALATREXATE	5	B/D PA; MO
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN	5	

Drug Name	Drug Tier	Requirements /Limits
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA; MO; LA; QL (90 per 30 days)
REVLIMID	5	PA; MO; QL (28 per 28 days)
REZLIDHIA	5	PA; QL (60 per 30 days)
REZUROCK	5	PA; LA; QL (30 per 30 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MO; QL (336 per 28 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYDAPT	5	PA; MO; QL (224 per 28 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
RYTELO	5	
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days)
SIGNIFOR	5	PA
SIMULECT	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	5	MO
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate</i>	5	PA; MO; QL (30 per 30 days)
TABLOID	4	MO
TABRECTA	5	PA; MO; QL (112 per 28 days)
<i>tacrolimus oral capsule</i>	4	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALVEY	5	PA
TALZENNA	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TECENTRIQ HYBREZA	5	B/D PA
TEPMETKO	5	PA; LA
TEVIMBRA	5	PA
THALOMID ORAL CAPSULE 100 MG	5	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; QL (56 per 28 days)
THALOMID ORAL CAPSULE 50 MG	5	PA; MO; QL (28 per 28 days)
TIBSOVO	5	PA; QL (60 per 30 days)
<i>toremifene</i>	5	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>torpenz</i>	5	PA; QL (30 per 30 days)
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRUQAP	5	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
VANFLYTA	5	PA; QL (56 per 28 days)
VECTIBIX	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vinblastine</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days)
WELIREG	5	PA; LA
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	5	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; LA; QL (84 per 28 days)
XOSPATA	5	PA; LA; QL (90 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 80 MG/WEEK (40 MG X 2)	4	PA; LA; QL (8 per 28 days)
XPOVIO ORAL TABLET 60 MG/WEEK (60 MG X 1)	4	PA; LA; QL (4 per 28 days)
XPOVIO ORAL TABLET 60MG TWICE WEEK (120 MG/WEEK)	4	PA; LA; QL (24 per 28 days)
XPOVIO ORAL TABLET 80MG TWICE WEEK (160 MG/WEEK)	4	PA; LA; QL (32 per 28 days)
XTANDI ORAL CAPSULE	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	4	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	4	PA; MO; QL (60 per 30 days)
ZANOSAR	4	B/D PA; MO
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days)
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA	5	PA; MO; QL (90 per 30 days)

AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	4	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	4	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	4	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	4	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	4	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	4	MO
<i>carbamazepine oral tablet</i>	4	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	4	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>carbamazepine oral tablet, chewable 100 mg</i>	3	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	4	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	4	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	4	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	4	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	MO
EPIDIOLEX	4	PA; MO; LA
<i>epitol</i>	4	MO
EPRONTIA	4	PA; MO
<i>ethosuximide</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	4	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	4	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG, 4 MG, 6 MG	4	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>lacosamide intravenous</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	2	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO	<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA; HRM
<i>lamotrigine oral tablet, disintegrating</i>	4	MO	<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO; HRM
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO	<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2		<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO	<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	3	MO	<i>phenytoin oral tablet, chewable</i>	3	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	3		<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>levetiracetam oral tablet</i>	3	MO	<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>levetiracetam oral tablet extended release 24 hr</i>	3	MO	<i>phenytoin sodium intravenous solution</i>	2	
LIBERVANT	5	PA; QL (10 per 30 days)	<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>methsuximide</i>	4	MO	<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
NAYZILAM	4	PA; MO; QL (10 per 30 days)	<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO	PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO			
<i>phenobarbital oral elixir</i>	4	PA; MO; HRM			

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	3	MO
<i>rufinamide</i>	4	PA; MO
SPRITAM	4	MO
<i>subvenite oral tablet 100 mg, 200 mg, 25 mg</i>	2	MO
<i>subvenite oral tablet 150 mg</i>	2	
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	3	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
VALTOCO	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA
<i>vigadronе</i>	5	PA; LA
<i>vigpoder</i>	5	PA
XCOPRI MAINTENANCE PACK	4	MO; QL (56 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 25 MG	4	MO; QL (30 per 30 days)
XCOPRI TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	4	MO; QL (28 per 180 days)
ZONISADE	5	PA; MO
<i>zonisamide</i>	3	PA; MO
ZTALMY	5	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
APOKYN	5	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine</i>	5	PA; QL (90 per 30 days)
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	3	PA; MO; HRM
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	4	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	3	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	4	
<i>carbidopa-levodopa-entacapone</i>	4	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>entacapone</i>	4	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	4	PA; QL (300 per 30 days)
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>selegiline hcl</i>	3	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
<i>dihydroergotamine injection</i>	5	
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	3	MO; QL (36 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUBAGIO	5	PA; MO; QL (30 per 30 days)
BRIUMVI	4	PA; MO; QL (24 per 180 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>dalfampridine</i>	3	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	2	MO
<i>donepezil oral tablet,disintegrating</i>	2	MO
<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
<i>memantine oral capsule,sprinkle,er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	4	PA; MO
<i>memantine oral tablet</i>	3	PA; MO
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK	4	PA

Drug Name	Drug Tier	Requirements /Limits
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR	4	PA; MO
NUEDEXTA	4	PA; MO
RADICAVA ORS	5	PA; MO
RADICAVA ORS STARTER KIT SUSP	5	PA; MO
rivastigmine	4	MO
rivastigmine tartrate	3	MO
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO; HRM
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	3	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO	<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>pyridostigmine bromide oral tablet extended release</i>	3		<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>revonto</i>	2				
<i>tizanidine oral tablet</i>	2	MO	<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	3	QL (5550 per 30 days)
NARCOTIC ANALGESICS					
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	3	MO; QL (4500 per 30 days)	<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	4	MO; QL (5550 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	3	MO; QL (360 per 30 days)	<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	3	MO; QL (180 per 30 days)	<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2		<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)
<i>buprenorphine hcl sublingual</i>	3	MO	<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	4	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	QL (360 per 30 days)	<i>hydromorphone injection solution 2 mg/ml</i>	4	MO
<i>endocet oral tablet 5-325 mg</i>	3	MO; QL (360 per 30 days)	<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO
<i>fentanyl citrate (pf) injection solution</i>	2		<i>hydromorphone injection syringe 2 mg/ml</i>	4	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2				
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 600 mcg</i>	5	PA; MO; QL (120 per 30 days)			

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	3	
<i>methadone intensol</i>	3	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	3	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>morphine injection syringe 4 mg/ml</i>	4	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	4	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)

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

This drug list was updated in November 2024.

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

Drug Name	Drug Tier	Requirements /Limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO
meloxicam oral tablet	1	MO; QL (30 per 30 days)
nabumetone	2	MO
nalbuphine	2	
naloxone injection solution	2	MO
naloxone injection syringe 0.4 mg/ml (prefilled syringe)	2	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	2	MO
naloxone nasal	2	MO
naltrexone	2	MO
naproxen oral tablet	1	MO
naproxen oral tablet, delayed release (dr/ec)	2	MO
oxaprozin oral tablet	4	MO
piroxicam	3	MO
salsalate	1	MO
sulindac	2	MO
tramadol oral tablet 50 mg	2	MO; QL (240 per 30 days)
tramadol-acetaminophen	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY	4	MO; QL (1 per 28 days)
MAINTENA		
amitriptyline	2	MO
amoxapine	3	MO

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This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	4	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY	5	ST; QL (60 per 30 days)
BELSOMRA	3	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone</i>	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	4	PA; MO; HRM; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	4	PA; MO; HRM; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	4	PA; MO; HRM; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet,disintegrating</i>	4	
<i>desipramine</i>	4	MO
<i>desvenlafaxine succinate</i>	4	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA; HRM
<i>diazepam intensol</i>	2	PA; MO; HRM; QL (240 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>diazepam oral concentrate</i>	2	PA; HRM; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; HRM; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; HRM; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	4	MO; QL (60 per 30 days)
EMSAM	5	MO
<i>escitalopram oxalate oral solution</i>	4	MO
<i>escitalopram oxalate oral tablet</i>	2	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	4	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	4	QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	3	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	4	

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This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO
<i>haloperidol oral tablet 20 mg</i>	3	MO
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO
<i>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML</i>	4	MO; QL (3.5 per 180 days)
<i>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML</i>	4	MO; QL (5 per 180 days)
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML</i>	4	MO; QL (0.75 per 28 days)
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML</i>	4	MO; QL (1 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML</i>	4	MO; QL (1.5 per 28 days)
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</i>	4	MO; QL (0.25 per 28 days)
<i>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML</i>	4	MO; QL (0.5 per 28 days)
<i>INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML</i>	4	MO; QL (0.88 per 90 days)
<i>INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML</i>	4	MO; QL (1.32 per 90 days)
<i>INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML</i>	4	MO; QL (1.75 per 90 days)
<i>INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML</i>	4	MO; QL (2.63 per 90 days)
<i>lithium carbonate</i>	2	MO
<i>lithium citrate</i>	4	
<i>lorazepam injection</i>	2	PA; MO; HRM
<i>lorazepam intensol</i>	2	PA; HRM; QL (150 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>lorazepam oral concentrate</i>	2	PA; MO; HRM; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; HRM; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; HRM; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
<i>MARPLAN</i>	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO
<i>mirtazapine oral tablet 7.5 mg</i>	2	MO
<i>mirtazapine oral tablet,disintegrating</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
<i>NUPLAZID</i>	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO
<i>olanzapine oral tablet</i>	3	MO; QL (30 per 30 days)
<i>olanzapine oral tablet,disintegrating</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>pentobarbital sodium injection solution</i>	4		<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>perphenazine</i>	4	MO	<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
<i>phenelzine</i>	3	MO	SECUADO	5	MO; QL (30 per 30 days)
<i>pimozide</i>	4	MO	<i>sertraline oral concentrate</i>	4	MO
<i>protriptyline</i>	4	MO	<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)	<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)	SODIUM OXYBATE	5	PA; LA; QL (540 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	4	MO; QL (30 per 30 days)	<i>tasimelteon</i>	5	PA; MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	4	MO; QL (60 per 30 days)	<i>thioridazine</i>	3	MO
<i>ramelteon</i>	3	MO; QL (30 per 30 days)	<i>thiothixene</i>	4	MO
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)	<i>tranylcypromine</i>	4	MO
<i>risperidone microspheres</i>	4	MO; QL (2 per 28 days)	<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	1	MO
<i>risperidone oral solution</i>	2	MO	<i>trazodone oral tablet 300 mg</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	2	MO; QL (60 per 30 days)	<i>trifluoperazine</i>	3	MO
<i>risperidone oral tablet 4 mg</i>	2	MO; QL (120 per 30 days)	<i>trimipramine</i>	4	MO
			TRINTELLIX	3	QL (30 per 30 days)
			<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	
<i>vilazodone</i>	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	4	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZURZUVAE	4	PA; MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet 100 mg</i>	4	MO
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>amiodarone oral tablet 400 mg</i>	4	
<i>dofetilide</i>	4	MO
<i>flecainide</i>	3	MO
<i>ibutilide fumarate</i>	2	
<i>lidocaine (pf) intravenous</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>pacerone oral tablet 100 mg, 400 mg</i>	4	MO
<i>pacerone oral tablet 200 mg</i>	2	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	3	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg</i>	2	
<i>sorine oral tablet 160 mg</i>	2	MO
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO; QL (30 per 30 days)
<i>amlodipine-olmesartan</i>	2	MO; QL (30 per 30 days)
<i>amlodipine-valsartan</i>	1	MO; QL (30 per 30 days)
<i>amlodipine-valsartan-hcthiazid</i>	2	MO; QL (30 per 30 days)
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	2	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	3	MO
<i>candesartan oral tablet 16 mg, 4 mg, 8 mg</i>	2	MO; QL (60 per 30 days)
<i>candesartan oral tablet 32 mg</i>	2	MO; QL (30 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg</i>	3	MO; QL (60 per 30 days)
<i>candesartan-hydrochlorothiazid oral tablet 32-12.5 mg, 32-25 mg</i>	3	MO; QL (30 per 30 days)
<i>captopril</i>	2	MO
<i>captopril-hydrochlorothiazide</i>	2	
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	4	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	4	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	3	MO
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
<i>enalapril maleate oral tablet</i>	2	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection</i>	2	MO
<i>hydralazine oral</i>	1	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO; QL (30 per 30 days)
<i>irbesartan-hydrochlorothiazide</i>	1	MO; QL (30 per 30 days)
<i>KERENDIA</i>	3	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO; QL (60 per 30 days)
<i>losartan-hydrochlorothiazide</i>	1	MO; QL (30 per 30 days)
<i>mannitol 20 %</i>	4	

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>mannitol 25 % intravenous solution</i>	2	MO	ORENITRAM MONTH 1 TITRATION KT	5	PA; MO
<i>matzim la</i>	3	MO	ORENITRAM MONTH 2 TITRATION KT	5	PA; MO
<i>metolazone</i>	3	MO	ORENITRAM MONTH 3 TITRATION KT	5	PA; MO
<i>metoprolol succinate</i>	1	MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG	4	PA; MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO	ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG, 5 MG	5	PA; MO
<i>metoprolol tartrate intravenous</i>	2		<i>osmitrol 20 %</i>	4	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO	<i>perindopril erbumine</i>	2	MO
<i>metoprolol tartrate oral tablet 37.5 mg, 75 mg</i>	2	MO	<i>phentolamine</i>	2	
<i>metyrosine</i>	5	PA; MO	<i>pindolol</i>	3	MO
<i>minoxidil oral</i>	2	MO	<i>prazosin</i>	2	MO
<i>moexipril</i>	3		<i>propranolol intravenous</i>	2	
<i>nadolol</i>	4	MO	<i>propranolol oral capsule,extended release 24 hr</i>	3	MO
<i>nebivolol</i>	3	MO	<i>propranolol oral solution</i>	2	MO
<i>nicardipine intravenous solution</i>	2		<i>propranolol oral tablet</i>	2	MO
<i>nicardipine oral</i>	4	MO	<i>quinapril</i>	1	MO
<i>nifedipine oral tablet extended release</i>	3	MO	<i>quinapril-hydrochlorothiazide</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	3	MO			
<i>nimodipine oral capsule</i>	4	MO			
<i>olmesartan</i>	1	MO; QL (30 per 30 days)			
<i>olmesartan-amlodipin-hcthiazid</i>	3	MO; QL (30 per 30 days)			
<i>olmesartan-hydrochlorothiazide</i>	3	MO; QL (30 per 30 days)			

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This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiazide</i>	2	MO
<i>telmisartan</i>	1	MO; QL (30 per 30 days)
<i>telmisartan-amlodipine</i>	2	MO; QL (30 per 30 days)
<i>telmisartan-hydrochlorothiazide</i>	3	MO; QL (30 per 30 days)
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	4	MO
<i>torsemide oral</i>	2	MO
<i>trandolapril</i>	2	MO
<i>triamterene-hydrochlorothiazide</i>	1	MO
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	1	MO; QL (60 per 30 days)
<i>valsartan oral tablet 320 mg</i>	1	MO; QL (30 per 30 days)
<i>valsartan-hydrochlorothiazide</i>	1	MO; QL (30 per 30 days)
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>verapamil oral capsule, ext rel. pellets 24 hr</i>	4	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
<i>BRILINTA</i>	3	MO
<i>CABLIVI INJECTION KIT</i>	5	PA; LA
<i>CEPROTIN (BLUE BAR)</i>	3	PA; MO
<i>CEPROTIN (GREEN BAR)</i>	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	4	MO
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	4	MO
<i>DOPTELET (10 TAB PACK)</i>	4	PA; MO; LA
<i>DOPTELET (15 TAB PACK)</i>	4	PA; MO; LA
<i>DOPTELET (30 TAB PACK)</i>	4	PA; MO; LA
<i>ELIQUIS</i>	3	MO; QL (60 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
ELIQUIS DVT-PE TREAT 30D START	3	MO; QL (148 per 365 days)
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO
<i>HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML</i>	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
<i>HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML</i>	3	
<i>HEPARIN, PORCINE (PF) SUBCUTANEOUS</i>	3	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	3	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	3	MO; QL (102 per 365 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	MO; QL (600 per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	MO; QL (60 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light</i>	3	
<i>cholestyramine-aspartame</i>	3	
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-40 mg, 10-80 mg</i>	3	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-20 mg</i>	3	QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	3	MO
<i>fenofibrate nanocrystallized</i>	3	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	3	MO
<i>fenofibric acid</i>	2	
<i>fenofibric acid (choline)</i>	4	MO
<i>fluvastatin oral capsule 20 mg</i>	3	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	3	MO; QL (60 per 30 days)
<i>gemfibrozil</i>	2	MO
<i>icosapent ethyl</i>	3	MO
<i>lovastatin oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pitavastatin calcium</i>	1	MO; QL (30 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>pravastatin</i>	1	MO; QL (30 per 30 days)
<i>prevelite</i>	3	MO
REPATHA	3	PA; QL (6 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (7 per 28 days)
REPATHA SURECLICK	3	PA; QL (6 per 28 days)
<i>rosuvastatin</i>	1	MO; QL (30 per 30 days)
<i>simvastatin</i>	1	MO; QL (30 per 30 days)

MISCELLANEOUS CARDIOVASCULAR AGENTS

CORLANOR ORAL SOLUTION	4	QL (450 per 30 days)
CORLANOR ORAL TABLET	4	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet</i> 125 mcg (0.125 mg), 250 mcg (0.25 mg)	2	MO
<i>digoxin oral tablet</i> 62.5 mcg (0.0625 mg)	3	MO
<i>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w intravenous parenteral solution</i> 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)	2	B/D PA

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

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	2	MO
isosorbide mononitrate oral tablet	2	
isosorbide mononitrate oral tablet extended release 24 hr	2	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (1 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML	5	PA; MO; QL (0.25 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 40 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML	5	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
<i>ammonium lactate</i>	2	MO
<i>chloroprocaine (pf)</i>	2	
<i>dermacinrx lidocan</i>	4	PA; QL (90 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)	<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)	<i>lidocaine hcl mucous membrane solution 2 %</i>	2	MO
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 per 28 days)	<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)	<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)	<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>fluorouracil topical cream 5 %</i>	3	MO	<i>lidocaine viscous</i>	2	
<i>fluorouracil topical solution</i>	3	MO	<i>lidocaine-epinephrine</i>	2	
<i>glydo</i>	2	MO; QL (60 per 30 days)	<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>imiquimod topical cream in packet 5 %</i>	3	MO	<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>lidocaine (pf) injection solution</i>	2		<i>lidocan iii</i>	4	PA; QL (90 per 30 days)
<i>lidocaine hcl injection solution</i>	2		<i>lidocan iv</i>	4	PA; QL (90 per 30 days)
<i>lidocaine hcl laryngotracheal</i>	3		<i>lidocan v</i>	4	PA; QL (90 per 30 days)
			<i>methoxsalen</i>	5	MO
			<i>PANRETIN</i>	5	PA; MO
			<i>podofilox topical solution</i>	3	MO
			<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
			<i>polocaine-mpf</i>	2	

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
REGRANEX	5	MO; QL (15 per 30 days)
SANTYL	4	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)
<i>tridacaine ii</i>	4	PA; QL (90 per 30 days)
VALCHLOR	5	PA; MO
THERAPY FOR ACNE		
<i>accutane</i>	4	
<i>amnesteem</i>	4	
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	4	
<i>ivermectin topical cream</i>	2	MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole topical</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinoiin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoiin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	
TOPICAL ANTIBACTERIALS		
<i>gentamicin topical cream</i>	4	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	4	MO
TOPICAL ANTIFUNGALS		
<i>ciclodan topical solution</i>	2	QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	3	MO; QL (45 per 28 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole topical solution</i>	3	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta</i>	3	MO; QL (180 per 30 days)
<i>naftifine topical gel 2 %</i>	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	3	MO; QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone</i>	3	MO; QL (60 per 28 days)
<i>nystop</i>	3	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir</i>	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone</i>	3	MO
<i>betamethasone dipropionate</i>	3	MO
<i>betamethasone valerate topical cream</i>	3	MO
<i>betamethasone valerate topical lotion</i>	3	MO
<i>betamethasone valerate topical ointment</i>	3	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	3	MO
<i>betamethasone, augmented topical lotion</i>	4	MO
<i>betamethasone, augmented topical ointment</i>	4	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)

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This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan</i>	4	MO; QL (236 per 28 days)
<i>desonide</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	4	QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	
TOPICAL SCABICIDES / PEDICULICIDES		
<i>crotan</i>	2	
<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	MO
MISCELLANEOUS AGENTS		
<i>acamprostate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	

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This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA; MO
CHEMET	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>dextrose 50 % in water (d50w)</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram oral tablet 250 mg</i>	3	MO
<i>disulfiram oral tablet 500 mg</i>	3	
<i>droxidopa</i>	5	PA; MO
ENDARI	5	PA; MO
<i>glutamine (sickle cell)</i>	5	PA; MO
INCRELEX	5	MO; LA
<i>kionex (with sorbitol)</i>	3	
<i>levocarnitine (with sugar)</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA	3	MO
<i>midodrine</i>	3	MO
<i>nitisinone</i>	5	PA; MO
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA
REZDIFFRA	4	PA; MO; QL (30 per 30 days)
<i>riluzole</i>	3	PA; MO
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium chloride 0.9 % intravenous</i>	4	MO

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

This drug list was updated in November 2024.

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

Drug Name	Drug Tier	Requirements /Limits
varenicline oral tablets,dose pack	4	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	3	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	2	MO
dentagel	2	MO
fluoride (sodium) dental cream	2	
fluoride (sodium) dental gel	2	
fluoride (sodium) dental paste	2	MO
fraiche 5000	2	
ipratropium bromide nasal	2	MO; QL (30 per 30 days)
kourzeq	2	
oralone	2	
periogard	2	
sf	2	MO
sf 5000 plus	2	MO
sodium fluoride 5000 dry mouth	2	MO
sodium fluoride 5000 plus	2	
sodium fluoride-pot nitrate	2	MO
triamcinolone acetonide dental	2	MO

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This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS OTIC PREPARATIONS		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	MO
<i>hydrocortisone-acetic acid</i>	4	MO
<i>ofloxacin otic (ear)</i>	3	MO
OTIC STEROID / ANTIBIOTIC		
<i>ciprofloxacin-dexamethasone</i>	4	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
<i>cortisone</i>	4	
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	4	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	3	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets, dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	3	MO
<i>methylprednisolone sodium succ intravenous</i>	3	MO
<i>prednisolone oral solution</i>	3	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	3	MO
<i>prednisone</i>	2	MO
<i>prednisone intensol</i>	4	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	3	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)

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This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
acarbose oral tablet 25 mg	2	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	2	MO; QL (180 per 30 days)
alcohol pads	3	MO
BASAGLAR KWIKPEN U-100 INSULIN	4	ST; MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
diazoxide	4	MO
FAXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FAXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	2	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	2	MO; QL (120 per 30 days)
GVOKE	3	MO
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	MO	INSULIN LISPRO SUBCUTANEOUS SOLUTION	3	MO
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	4	MO	JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG			JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (30 per 30 days)
HUMALOG MIX 50-50 KWIKPEN	3	MO	JANUVIA	3	MO; QL (60 per 30 days)
HUMALOG MIX 75-25 KWIKPEN	3	MO	JARDIANCE	3	MO; QL (30 per 30 days)
HUMALOG MIX 75-25(U- 100)INSULN	3	MO	LANTUS SOLOSTAR U-100 INSULIN	3	MO
HUMALOG U-100 INSULIN	3	MO	LANTUS U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO	LEVEMIR FLEXPEN	4	ST
HUMULIN 70/30 U-100 KWIKPEN	3	MO	LEVEMIR U-100 INSULIN	4	ST; MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO	LYUMJEV KWIKPEN U-100 INSULIN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO	LYUMJEV KWIKPEN U-200 INSULIN	4	MO
HUMULIN R REGULAR U-100 INSULN	3	MO	LYUMJEV U-100 INSULIN	3	MO
HUMULIN R U-500 (CONC) INSULIN	4	MO	<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
HUMULIN R U-500 (CONC) KWIKPEN	4	MO			

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)
MOUNJARO	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO
OZEMPI SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	2	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	3	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	3	MO; QL (480 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>repaglinide oral tablet 2 mg</i>	3	MO; QL (240 per 30 days)
<i>saxagliptin</i>	3	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
SOLIQUA 100/33	4	MO; QL (90 per 30 days)
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO
TOUJEO SOLOSTAR U-300 INSULIN	3	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)

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

This drug list was updated in November 2024.

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, 5-500 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet</i>	4	PA; MO
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	MO
<i>doxercalciferol oral</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>mifepristone oral tablet 300 mg</i>	5	PA; MO
<i>MYALEPT</i>	5	PA; MO; LA
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO
<i>SOMAVERT</i>	5	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	4	PA; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
THYROID HORMONES		
<i>euthyrox</i>	1	MO
<i>levo-t</i>	4	
<i>levothyroxine intravenous recon soln</i>	2	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	3	MO
<i>liothyronine</i>	2	MO
SYNTHROID	4	MO
<i>unithroid</i>	3	MO
GASTROENTEROLOGY		

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

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	4	MO
<i>betaine</i>	5	MO
<i>budesonide oral</i>	4	MO
CHENODAL	4	PA; LA
CINVANTI	3	MO
<i>compro</i>	4	MO
<i>constulose</i>	2	MO
CORTIFOAM	3	MO
CREON	3	MO
<i>cromolyn oral</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol oral capsule 10 mg</i>	4	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA
<i>droperidol injection solution</i>	2	MO
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE- VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	
<i>generlac</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>gransetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>gransetron hcl intravenous solution 1 mg/ml</i>	2	MO
<i>gransetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>gransetron hcl oral</i>	4	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
INFLECTRA	5	PA; MO; QL (20 per 30 days)
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
LINZESS	3	MO; QL (30 per 30 days)
<i>lubiprostone</i>	4	MO; QL (60 per 30 days)
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release</i>	4	
<i>mesalamine oral capsule,extended release 24hr</i>	4	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	4	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO
MOVANTIK	3	MO; QL (30 per 30 days)
<i>nitroglycerin rectal</i>	3	MO
OCALIVA	4	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	4	MO
<i>peg-electrolyte</i>	2	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	4	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
<i>scopolamine base</i>	4	MO
SKYRIZI INTRAVENOUS	5	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,m ag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	4	MO
<i>sodium,potassium,m ag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	4	

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
SUCRAID	4	PA	<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>sulfasalazine</i>	2	MO	<i>famotidine intravenous</i>	2	MO
<i>ursodiol oral capsule 300 mg</i>	3	MO	<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>ursodiol oral tablet</i>	3	MO	<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	3	MO; QL (30 per 30 days)
VIOKACE	3	MO	<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	3	MO; QL (60 per 30 days)
ZYMFENTRA	5	MO; QL (2 per 28 days)	<i>misoprostol</i>	3	MO
ULCER THERAPY			<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE E DELAYED RELEASE 30 MG	4	QL (30 per 30 days)	<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
DEXILANT ORAL CAPSULE,BIPHASE E DELAYED RELEASE 60 MG	4		<i>pantoprazole intravenous</i>	2	MO
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg</i>	4	QL (30 per 30 days)	<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>dexlansoprazole oral capsule,biphase delayed releas 60 mg</i>	4		<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	4	MO; QL (30 per 30 days)	<i>sucralfate oral suspension</i>	4	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	4	MO; QL (60 per 30 days)	<i>sucralfate oral tablet</i>	2	MO
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO	IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
<i>famotidine (pf)</i>	2	MO	BIOTECHNOLOGY DRUGS		
			ACTIMMUNE	5	B/D PA; MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
ARCALYST	5	PA
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF)	5	PA; MO; QL (2 per 28 days)
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
<i>plerixafor</i>	5	B/D PA; MO
PROCRT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
PROCRT INJECTION SOLUTION 20,000 UNIT/2 ML	3	PA; MO
PROCRT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	
ACTHIB (PF)	3	

Drug Name	Drug Tier	Requirements /Limits
ADACEL(TDAP ADOLESN/ADULT (PF)	1	
AREXVY (PF)	1	
BCG VACCINE, LIVE (PF)	1	
BEXSERO	1	
BOOSTRIX TDAP	1	
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
ENGERIX-B (PF)	1	B/D PA
ENGERIX-B PEDIATRIC (PF)	1	B/D PA
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GARDASIL 9 (PF)	1	
HAVRIX (PF) INTRAMUSCULA R SYRINGE 1,440 ELISA UNIT/ML	1	
HAVRIX (PF) INTRAMUSCULA R SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	1	B/D PA
HIBERIX (PF)	3	
HIZENTRA	5	B/D PA; MO
HYPERHEP B INTRAMUSCULA R SOLUTION	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	1	

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
INFANRIX (DTAP) (PF)	3	
IPOPOL	1	
IXCHIQ (PF)	1	
IXIARO (PF)	1	
JYNNEOS (PF)	1	B/D PA
KINRIX (PF)	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	1	
MENQUADFI (PF)	1	
MENVEO A-C-Y-W-135-DIP (PF)	1	
M-M-R II (PF)	1	
MRESVIA (PF)	1	
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	1	
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRI (PF)	1	B/D PA
PRIORIX (PF)	1	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	1	
RECOMBIVAX HB (PF)	1	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	

Drug Name	Drug Tier	Requirements /Limits
SHINGRIX (PF)	1	QL (2 per 720 days)
STAMARIL (PF)	1	
TDVAX	1	
TENIVAC (PF)	1	
TETANUS,DIPHTHERIA TOXOPED(PF)	3	
TICE BCG	3	B/D PA
TICOVAC	3	
TRUMENBA	1	
TWINRIX (PF)	1	
TYPHIM VI	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	
VARIVAX (PF)	1	
VARIZIG	3	
VAXCHORA VACCINE	1	
YF-VAX (PF)	1	
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
GAUZE PADS 2 X 2	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	3	MO
<i>febuxostat</i>	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO
OSTEOPOROSIS THERAPY		
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	3	PA
<i>ibandronate intravenous syringe</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	4	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	3	MO
<i>teriparatide subcutaneous pen injector 20 mcg/dose (600mcg/2.4ml)</i>	5	PA; MO; QL (2.48 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL (2.48 per 28 days)
TYMLOS	5	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-ADAZ	5	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
ADALIMUMAB- ADBM SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 30 days)	CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 28 days)
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML	5	PA; MO; QL (2 per 30 days)	CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days)
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; QL (4 per 28 days)	CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
ADALIMUMAB- ADBM SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 30 days)	ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ADALIMUMAB- ADBM(CF) PEN CROHNS	5	PA; QL (6 per 180 days)	ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ADALIMUMAB- ADBM(CF) PEN PS-UV	5	PA; QL (4 per 180 days)	ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
BENLYSTA	5	PA; MO	ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
CYLTEZO(CF) PEN	5	PA; MO; QL (4 per 28 days)	HUMIRA (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN CROHN'S-UC- HS	5	PA; QL (6 per 180 days)	HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	5	PA; MO; QL (4 per 28 days)
CYLTEZO(CF) PEN PSORIASIS- UV	5	PA; QL (4 per 180 days)	HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)	HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML	5	PA; QL (1.6 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)	HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	5	PA; MO; QL (1.6 per 28 days)
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)	HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML	5	PA; MO; QL (0.2 per 28 days)
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	5	PA; MO; QL (3 per 180 days)	HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HUMIRA(CF) PEN PEDIATRIC UC (ONLY NDCS STARTING WITH 00074)	5	PA; QL (4 per 180 days)	HYRIMOZ CF (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; QL (1.6 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS (ONLY NDCS STARTING WITH 00074)	5	PA; MO; QL (3 per 180 days)	HYRIMOZ PEN CROHN'S-UC STARTER	5	PA; MO; QL (2.4 per 180 days)
			HYRIMOZ PEN PSORIASIS STARTER	5	PA; MO; QL (1.6 per 180 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>leflunomide</i>	3	MO; QL (30 per 30 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RINVOQ LQ	5	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SIMLANDI(CF) AUTOINJECTOR	5	PA; MO; QL (6 per 28 days)
TYENNE AUTOINJECTOR	5	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XELJANZ ORAL SOLUTION	5	PA; MO; QL (480 per 24 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
<i>camila</i>	2	MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	MO; QL (8 per 28 days)
<i>dotti transdermal patch semiweekly 0.05 mg/24 hr</i>	3	QL (8 per 28 days)
<i>emzahh</i>	2	
<i>errin</i>	2	MO
<i>estradiol oral</i>	2	MO
<i>estradiol transdermal patch semiweekly</i>	3	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	MO; QL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>fyavolv</i>	4	MO
<i>gallifrey</i>	2	MO
<i>heather</i>	2	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	MO
<i>lyleq</i>	2	MO
<i>lyllana</i>	3	MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
<i>MENEST</i>	3	MO
<i>mimvey</i>	3	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized</i>	3	MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	4	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	4	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethinyl estradiol</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	
<i>MYFEMBREE</i>	5	PA; MO
<i>norelgestromin-ethinestradiol</i>	3	
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO
<i>xulane</i>	4	
<i>zafemy</i>	4	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
<i>altavera (28)</i>	2	MO
<i>alyacen 1/35 (28)</i>	2	MO
<i>alyacen 7/7/7 (28)</i>	2	MO
<i>apri</i>	2	MO
<i>aranelle (28)</i>	2	MO
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyred eq</i>	2	MO
<i>dasetta 1/35 (28)</i>	2	MO
<i>dasetta 7/7/7 (28)</i>	2	MO
<i>desogestrel-eestradiol</i>	2	
<i>desogestrel-ethinylestradiol</i>	2	

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>drosipренон-этиныл эстрадиол орал таблетка 3-0.02 мг</i>	2	MO
<i>drosipренон-этиныл эстрадиол орал таблетка 3-0.03 мг</i>	2	
<i>elinest</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>introvale</i>	2	
<i>isibloom</i>	2	MO
<i>jasmiel (28)</i>	2	MO
<i>jolessa</i>	2	MO
<i>juleber</i>	2	MO
<i>kalliga</i>	2	
<i>kariva (28)</i>	2	
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1/50 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lulera (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>norethindrone-e. estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg- 25 mcg, 0.25-35 mg- mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg- 35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>portia 28</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	4	MO
<i>tri-estarrylla</i>	2	MO
<i>tri-legest fe</i>	4	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarrylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO

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

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

This drug list was updated in November 2024.

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

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

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

This drug list was updated in November 2024.

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

Drug Name	Drug Tier	Requirements /Limits
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	4	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	3	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO	<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>	4	B/D PA; MO
<i>diphenhydramine hcl injection syringe</i>	2	MO	<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	4	B/D PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	3	MO; QL (4 per 30 days)	<i>albuterol sulfate oral syrup</i>	2	MO
<i>epinephrine injection solution 1 mg/ml</i>	2		<i>albuterol sulfate oral tablet</i>	4	MO
<i>hydroxyzine hcl oral tablet</i>	3	PA; MO; HRM	<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days)
<i>levocetirizine oral solution</i>	4	MO	<i>arformoterol</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)	<i>ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION , 200 MCG/ACTUATION</i>	3	MO; QL (13 per 30 days)
<i>promethazine injection solution</i>	4	MO	<i>ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION</i>	3	QL (13 per 30 days)
<i>promethazine oral</i>	4	PA; MO; HRM			
PULMONARY AGENTS					
<i>acetylcysteine</i>	3	B/D PA; MO			
<i>ADEMPAS</i>	5	PA; MO; LA; QL (90 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</i>	2	QL (13.4 per 30 days)			

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 30 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BREO ELLIPTA	3	MO; QL (60 per 30 days)
<i>breyna</i>	3	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol</i>	3	QL (10.2 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	4	QL (8 per 30 days)
<i>cromolyn inhalation</i>	4	B/D PA; MO
<i>flunisolide</i>	3	MO; QL (50 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	4	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	4	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	1	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPION-SALMETEROL INHALATION HFA AEROSOL INHALER	4	MO; QL (12 per 30 days)
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO; QL (18 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO	5	PA; MO; QL (56 per 28 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet, chewable</i>	1	MO
OFEV	5	PA; MO; QL (60 per 30 days)
OPSYNVI	5	PA; MO; QL (30 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)

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

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr</i>	4	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>tiotropium bromide</i>	3	QL (90 per 90 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
<i>wixela inhub</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast</i>	4	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
<i>mirabegron</i>	3	MO
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>tolterodine</i>	4	MO

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits
<i>trospium oral tablet</i>	2	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	2	MO
MISCELLANEOUS UROLOGICALS		
<i>bethanechol chloride</i>	3	MO
CYSTAGON	4	PA; LA
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate oral tablet extended release</i>	4	MO
RENACIDIN	3	MO
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
<i>albumin, human 25 %</i>	4	
<i>alburx (human) 25 %</i>	4	
<i>alburx (human) 5 %</i>	4	
<i>albutein 25 %</i>	4	
<i>albutein 5 %</i>	4	
ELECTROLYTES		

Drug Name	Drug Tier	Requirements /Limits
<i>calcium acetate(phosphat bind)</i>	3	MO; QL (360 per 30 days)
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con</i>	4	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con/ef</i>	2	MO
<i>lactated ringers intravenous</i>	4	MO
<i>magnesium chloride injection</i>	4	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium acetate</i>	4	
<i>potassium chlorid-d5-0.45%nacl</i>	4	

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

This drug list was updated in November 2024.

Drug Name	Drug Tier	Requirements /Limits	Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4		<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4		<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4		<i>potassium chloride- 0.45 % nacl</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- d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride intravenous</i>	4		<i>potassium chloride- d5-0.9%nacl</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO	<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	
<i>potassium chloride oral liquid</i>	4	MO	<i>ringer's intravenous</i>	4	
<i>potassium chloride oral packet</i>	4		<i>sodium acetate</i>	4	
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO	<i>sodium bicarbonate intravenous</i>	4	
<i>potassium chloride oral tablet extended release 20 meq</i>	2		<i>sodium chloride 0.45 % intravenous</i>	4	MO
			<i>sodium chloride 3 % hypertonic</i>	4	
			<i>sodium chloride 5 % hypertonic</i>	4	MO
			<i>sodium chloride intravenous</i>	4	
			<i>sodium phosphate</i>	4	MO
MISCELLANEOUS NUTRITION PRODUCTS					

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

This drug list was updated in November 2024.

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

Drug Name	Drug Tier	Requirements /Limits
<i>intralipid</i> <i>intravenous</i> <i>emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
PLASMA-LYTE A	3	
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
VITAMINS / HEMATINICS		
<i>fluoride (sodium)</i> <i>oral tablet, chewable</i> <i>1 mg (2.2 mg sod.</i> <i>fluoride)</i>	2	MO
<i>prenatal vitamin</i> <i>oral tablet</i>	2	MO
<i>wescap-pn dha</i>	2	MO

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

This drug list was updated in November 2024.

Index

A

<i>abacavir</i>	1
<i>abacavir-lamivudine</i>	1
ABELCET	1
ABILIFY MAINTENA	29
<i>abiraterone</i>	10
ABRYSVO (PF)	59
<i>acamprosate</i>	47
<i>acarbose</i>	50, 51
<i>accutane</i>	45
<i>acebutolol</i>	36
<i>acetaminophen-codeine</i>	27
<i>acetazolamide</i>	69
<i>acetazolamide sodium</i>	69
<i>acetic acid</i>	47, 50
<i>acetylcysteine</i>	47, 70
<i>acitretin</i>	43
ACTEMRA	61
ACTEMRA ACTPEN	61
ACTHIB (PF)	59
ACTIMMUNE	58
<i>acyclovir</i>	1, 46
<i>acyclovir sodium</i>	1
ADACEL(TDAP ADOLESN/ADULT)(PF)	59
ADALIMUMAB-ADAZ	61
ADALIMUMAB-ADBM	61, 62
ADALIMUMAB-ADBM(CF) PEN CROHNS	62
ADALIMUMAB-ADBM(CF) PEN PS-UV	62
<i>adefovir</i>	1
ADEMPAS	70
<i>adenosine</i>	35
<i>adrenalin</i>	69
ADSTILADRIN	10
AIMOVIG AUTOINJECTOR	25
AKEEGA	10
<i>ala-cort</i>	46
<i>albendazole</i>	6
<i>albumin, human 25 %</i>	74
<i>alburx (human) 25 %</i>	74
<i>alburx (human) 5 %</i>	74

<i>albutein 25 %</i>	74
<i>albutein 5 %</i>	74
<i>albuterol sulfate</i>	70
<i>alclometasone</i>	46
<i>alcohol pads</i>	51
ALECENSA	10
<i>alendronate</i>	61
<i>alfuzosin</i>	74
<i>aliskiren</i>	36
<i>allopurinol</i>	61
<i>allopurinol sodium</i>	61
<i>aloprim</i>	61
<i>alosetron</i>	56
<i>altavera (28)</i>	65
ALUNBRIG	10, 11
<i>alyacen 1/35 (28)</i>	65
<i>alyacen 7/7/7 (28)</i>	65
<i>amantadine hcl</i>	1
<i>ambrisentan</i>	70
<i>amikacin</i>	6
<i>amiloride</i>	36
<i>amiloride-hydrochlorothiazide</i>	36
<i>aminocaproic acid</i>	39
<i>amiodarone</i>	35
<i>amitriptyline</i>	29
<i>amlodipine</i>	36
<i>amlodipine-benazepril</i>	36
<i>amlodipine-olmesartan</i>	36
<i>amlodipine-valsartan</i>	36
<i>amlodipine-valsartan-hcthiazid</i>	36
<i>ammonium lactate</i>	43
<i>amnesteem</i>	45
<i>amoxapine</i>	29
<i>amoxicillin</i>	8
<i>amoxicillin-pot clavulanate</i>	8
<i>amphotericin b</i>	1
<i>ampicillin</i>	8
<i>ampicillin sodium</i>	8
<i>ampicillin-sulbactam</i>	8
<i>anagrelide</i>	47
<i>anastrozole</i>	11
ANKTIVA	11
APOKYN	24

<i>apomorphine</i>	24
<i>apraclonidine</i>	69
<i>aprepitant</i>	56
<i>apri</i>	65
APTIOM	21
APTIVUS	1
<i>aranelle (28)</i>	65
ARCALYST	59
AREXVY (PF)	59
<i>arformoterol</i>	70
ARIKAYCE	6
<i>ariPIPRAZOLE</i>	30
<i>armodafinil</i>	30
<i>asenapine maleate</i>	30
ASMANEX HFA	70
ASMANEX TWISTHALER	71
<i>aspirin-dipyridamole</i>	39
<i>atazanavir</i>	1
<i>atenolol</i>	36
<i>atenolol-chlorthalidone</i>	36
<i>atomoxetine</i>	30
<i>atorvastatin</i>	41
<i>atovaquone</i>	6
<i>atovaquone-proguanil</i>	6
<i>atropine</i>	55, 68
ATROVENT HFA	71
AUBAGIO	25
<i>aubra eq</i>	65
AUGMENTIN	8
AUGTYRO	11
AUVELITY	30
<i>aviane</i>	65
AYVAKIT	11
<i>azathioprine</i>	11
<i>azathioprine sodium</i>	11
<i>azelastine</i>	49, 68
<i>azithromycin</i>	5
<i>aztreonam</i>	6
<i>azurette (28)</i>	65

B

<i>bacitracin</i>	6, 67
<i>bacitracin-polymyxin b</i>	67
<i>baclofen</i>	26
<i>balsalazide</i>	56
BALVERSA	11

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

This drug list was updated in November 2024.

BARACLUDE	1	bupropion hcl	30	cefazolin in dextrose (iso-os) ..	4
BASAGLAR KWIKPEN U-		bupropion hcl (smoking deter)	49	cefdinir.....	4
100 INSULIN.....	51	.....	49	cefepime	4
BCG VACCINE, LIVE (PF)	59	buspirone	30	cefepime in dextrose, iso-osm ..	4
BD SAFETYGLIDE INSULIN		butorphanol	29	cefixime.....	4
SYRINGE	61	BYDUREON BCISE	51	cefoxitin	4, 5
BELSOMRA	30	BYETTA	51	cefoxitin in dextrose, iso-osm ..	4
benazepril	36	C		cefipodoxime	5
benazepril-hydrochlorothiazide	36	cabergoline	54	cefprozil	5
.....	36	CABLIVI.....	39	ceftazidime	5
BENLYSTA	62	CABOMETYX.....	11	ceftriaxone	5
benztropine	24	caffeine citrate	47, 48	ceftriaxone in dextrose, iso-os ..	5
BESREMI	59	calcipotriene	43	cefuroxime axetil	5
betaine	56	calcitonin (salmon)	54	cefuroxime sodium	5
betamethasone dipropionate	46	calcitriol	54	celecoxib	29
betamethasone valerate.....	46	calcium acetate(phosphat bind)	74	cephalexin	5
betamethasone, augmented ..	46	.....	74	CEPROTIN (BLUE BAR)	39
BETASERON	59	calcium chloride	74	CEPROTIN (GREEN BAR)	39
betaxolol	36, 68	calcium gluconate.....	74	cetirizine	69
bethanechol chloride	74	CALQUENCE	11	CHEMET	48
bexarotene	11	CALQUENCE		CHENODAL	56
BEXSERO.....	59	(ACALABRUTINIB MAL)		chloramphenicol sod succinate	
bicalutamide	11	.....	11	.....	6
BICILLIN L-A	9	camila	64	chlorhexidine gluconate	49
BIKTARVY	2	candesartan	36	chlorprocaine (pf)	43
bisoprolol fumarate	36	candesartan-		chloroquine phosphate	6
bisoprolol-hydrochlorothiazide	36	hydrochlorothiazid	36	chlorothiazide sodium	36
.....	36	CAPLYTA.....	30	chlorpromazine	30
bleomycin	11	CAPRELSA.....	11	chlorthalidone	36
BOOSTRIX TDAP	59	captopril	36	cholestyramine (with sugar) ..	41
BOSULIF	11	captopril-hydrochlorothiazide	36	cholestyramine light	41
BRAFTOVI	11	carbamazepine.....	21, 22	cholestyramine-aspartame ..	41
BREO ELLIPTA	71	carbidopa	24	cyclodan	45
breyna.....	71	carbidopa-levodopa.....	24	ciclopirox	45
BREZTRI AEROSPHERE ..	71	carbidopa-levodopa-		cilostazol	39
BRILINTA	39	entacapone.....	24	CIMDUO	2
brimonidine	69	carboplatin	11	cinacalcet	54
BRIUMVI	25	carglumic acid	48	CINRYZE	71
BRIVIACT	21	carteolol.....	68	CINVANTI	56
bromocriptine	24	cartia xt.....	36	ciprofloxacin	9
BRUKINSA	11	carvedilol.....	36	ciprofloxacin hcl	9, 50, 67
bss	68	caspofungin	1	ciprofloxacin in 5 % dextrose ..	9
budesonide	56, 71	CAYSTON	6	ciprofloxacin-dexamethasone	
budesonide-formoterol	71	cefaclor	4	.....	50
bumetanide	36	cefadroxil	4	cisplatin	11
buprenorphine hcl	27	cefazolin.....	4	citalopram	30
buprenorphine-naloxone	28, 29			claravis	45

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

This drug list was updated in November 2024.

<i>clarithromycin</i>	5	<i>cortisone</i>	50	<i>daunorubicin</i>	12
<i>clindamycin hcl</i>	6	<i>COTELLIC</i>	12	<i>DAURISMO</i>	12
<i>clindamycin in 5 % dextrose</i>	6	<i>CREON</i>	56	<i>deblitane</i>	64
<i>clindamycin phosphate</i>	6, 45, 65	<i>CRESEMBIA</i>	1	<i>deferasirox</i>	48
CLINIMIX 5%/D15W		<i>cromolyn</i>	56, 68, 71	<i>deferiprone</i>	48
SULFITE FREE	76	<i>crotan</i>	47	<i>deferoxamine</i>	48
CLINIMIX 4.25%/D10W		<i>cryselle (28)</i>	65	DELSTRIGO	2
SULF FREE	76	<i>cyclobenzaprine</i>	26	<i>denta 5000 plus</i>	49
CLINIMIX 4.25%/D5W		<i>cyclophosphamide</i>	12	<i>dentagel</i>	49
SULFIT FREE	48	CYCLOPHOSPHAMIDE	12	DEPO-SUBQ PROVERA 104	
CLINIMIX 5%- D20W(SULFITE-FREE)	76	<i>cyclosporine</i>	12, 68		64
CLINIMIX 6%-D5W		<i>cyclosporine modified</i>	12	<i>dermacinrx lidocan</i>	43
(SULFITE-FREE)	76	CYLTEZO(CF)	62	DESCOVY	2
CLINIMIX 8%- D10W(SULFITE-FREE)	76	CYLTEZO(CF) PEN	62	<i>desipramine</i>	30
CLINIMIX 8%- D14W(SULFITE-FREE)	76	CYLTEZO(CF) PEN	62	<i>desmopressin</i>	54
<i>clobazam</i>	22	<i>PSORIASIS-UV</i>	62	<i>desog-e.estradiol/e.estriadiol</i>	65
<i>clobetasol</i>	46, 47	<i>cyred eq</i>	65	<i>desogestrel-ethinyl estradiol</i>	65
<i>clobetasol-emollient</i>	47	CYSTAGON	74	<i>desonide</i>	47
<i>clodan</i>	47	CYSTARAN	68	<i>desvenlafaxine succinate</i>	30
<i>clomipramine</i>	30	<i>cytarabine</i>	12	<i>dexamethasone</i>	50
<i>clonazepam</i>	22	<i>cytarabine (pf)</i>	12	<i>dexamethasone intensol</i>	50
<i>clonidine</i>	36	D		<i>dexamethasone sodium phos (pf)</i>	50
<i>clonidine (pf)</i>	29, 36	<i>d10 %-0.45 % sodium chloride</i>	48	<i>dexamethasone sodium</i>	
<i>clonidine hcl</i>	30, 37	<i>d2.5 %-0.45 % sodium</i>	48	<i>phosphate</i>	50, 69
<i>clopidogrel</i>	39	<i>chloride</i>	48	DEXILANT	58
<i>clorazepate dipotassium</i>	30	<i>d5 % and 0.9 % sodium</i>	48	<i>dexlansoprazole</i>	58
<i>clotrimazole</i>	1, 45, 46	<i>chloride</i>	48	<i>dextroamphetamine-</i>	
<i>clotrimazole-betamethasone</i>	46	<i>d5 %-0.45 % sodium chloride</i>	48	<i>amphetamine</i>	30
<i>clozapine</i>	30	<i>dabigatran etexilate</i>	39	<i>dextrose 10 % and 0.2 % nacl</i>	
COARTEM	6	<i>dacarbazine</i>	12		48
<i>colchicine</i>	61	<i>dactinomycin</i>	12	<i>dextrose 10 % in water (d10w)</i>	
<i>colesevelam</i>	41	<i>dalfampridine</i>	26		48
<i>colestipol</i>	41	<i>danazol</i>	54	<i>dextrose 25 % in water (d25w)</i>	
<i>colistin (colistimethate na)</i>	6	<i>dantrolene</i>	26		48
COLUMVI	11	<i>dapsone</i>	6	<i>dextrose 5 % in water (d5w)</i>	48
COMBIVENT RESPIMAT	71	DAPTACEL (DTAP PEDIATRIC) (PF)	59	<i>dextrose 5 %-lactated ringers</i>	
COMETRIQ	11, 12	<i>daptomycin</i>	6		48
COMPLERA	2	DAPTO MYCIN	6	<i>dextrose 5%0.2 % sod chloride</i>	48
<i>compro</i>	56	<i>darunavir</i>	2	<i>dextrose 5%-0.3 %</i>	
<i>constulose</i>	56	<i>dasatinib</i>	12	<i>sod.chloride</i>	48
COPIKTRA	12	<i>dasetta 1/35 (28)</i>	65	<i>dextrose 50 % in water (d50w)</i>	
CORLANOR	42	<i>dasetta 7/7/7 (28)</i>	65		48
CORTIFOAM	56			<i>dextrose 70 % in water (d70w)</i>	
					48
				DIACOMIT	22

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

This drug list was updated in November 2024.

<i>diazepam</i>	22, 30, 31
<i>diazepam intensol</i>	30
<i>diazoxide</i>	51
<i>diclofenac potassium</i>	29
<i>diclofenac sodium</i>	29, 68
<i>dicloxacillin</i>	9
<i>dicyclomine</i>	55
<i>DIFICID</i>	5
<i>diflunisal</i>	29
<i>digoxin</i>	42
<i>dihydroergotamine</i>	25
<i>DILANTIN 30 MG</i>	22
<i>diltiazem hcl</i>	37
<i>dilt-xr</i>	37
<i>dimenhydrinate</i>	56
<i>diphenhydramine hcl</i>	70
<i>diphenoxylate-atropine</i>	55
<i>dipyridamole</i>	39
<i>disulfiram</i>	48
<i>divalproex</i>	22
<i>dobutamine</i>	42
<i>dobutamine in d5w</i>	42
<i>dofetilide</i>	35
<i>donepezil</i>	26
<i>dopamine</i>	42
<i>dopamine in 5 % dextrose</i>	42
<i>DOPTELET (10 TAB PACK)</i>	39
<i>DOPTELET (15 TAB PACK)</i>	39
<i>DOPTELET (30 TAB PACK)</i>	39
<i>dorzolamide</i>	69
<i>dorzolamide-timolol</i>	69
<i>dotti</i>	64
<i>DOVATO</i>	2
<i>doxazosin</i>	37
<i>doxepin</i>	31
<i>doxercalciferol</i>	54
<i>doxorubicin</i>	12
<i>doxy-100</i>	10
<i>doxycycline hyclate</i>	10
<i>doxycycline monohydrate</i>	10
<i>DRIZALMA SPRINKLE</i>	31
<i>dronabinol</i>	56
<i>droperidol</i>	56
<i>drospirenone-ethynodiol estradiol</i>	66
<i>DROXIA</i>	12
<i>droxidopa</i>	48
<i>duloxetine</i>	31
<i>DUPIXENT PEN</i>	44
<i>DUPIXENT SYRINGE</i>	44
<i>dutasteride</i>	74
E	
<i>e.e.s. 400</i>	5
<i>ec-naproxen</i>	29
<i>EDURANT</i>	2
<i>efavirenz</i>	2
<i>efavirenz-emtricitabin-tenofovir</i>	2
<i>efavirenz-lamivu-tenofovir disop</i>	2
<i>effer-k</i>	74
<i>electrolyte-148</i>	76
<i>electrolyte-48 in d5w</i>	76
<i>electrolyte-a</i>	76
<i>ELIGARD</i>	12
<i>ELIGARD (3 MONTH)</i>	12
<i>ELIGARD (4 MONTH)</i>	12
<i>elinet</i>	66
<i>ELIQUIS</i>	39
ELIQUIS DVT-PE TREAT	
<i>30D START</i>	40
<i>ELREXFIO</i>	13
<i>eluryng</i>	65
<i>EMGALITY PEN</i>	25
<i>EMGALITY SYRINGE</i>	25
<i>EMSAM</i>	31
<i>emtricitabine</i>	2
<i>emtricitabine-tenofovir (tdf)</i>	2
<i>EMTRIVA</i>	2
<i>EMVERM</i>	6
<i>emzahh</i>	64
<i>enalapril maleate</i>	37
<i>enalaprilat</i>	37
<i>enalapril-hydrochlorothiazide</i>	37
<i>ENBREL</i>	62
<i>ENBREL MINI</i>	62
<i>ENBREL SURECLICK</i>	62
<i>ENDARI</i>	48
<i>endocet</i>	27
<i>ENGERIX-B (PF)</i>	59
ENGERIX-B PEDIATRIC	
<i>(PF)</i>	59
<i>enoxaparin</i>	40
<i>enpresse</i>	66
<i>enskyce</i>	66
<i>entacapone</i>	25
<i>entecavir</i>	2
<i>ENTRESTO</i>	42
<i>ENTRESTO SPRINKLE</i>	42
<i>enulose</i>	56
<i>ENVARSUS XR</i>	13
<i>EPCLUSA</i>	2
<i>EPIDIOLEX</i>	22
<i>epinastine</i>	68
<i>epinephrine</i>	70
<i>epirubicin</i>	13
<i>epitol</i>	22
<i>EPKINLY</i>	13
<i>eplerenone</i>	37
<i>EPRONTIA</i>	22
<i>ergotamine-caffeine</i>	25
<i>eribulin</i>	13
<i>ERIVEDGE</i>	13
<i>ERLEADA</i>	13
<i>erlotinib</i>	13
<i>errin</i>	64
<i>ertapenem</i>	6
<i>ery pads</i>	45
<i>ery-tab</i>	5
<i>erythrocin (as stearate)</i>	5
<i>erythromycin</i>	6, 67
<i>erythromycin ethylsuccinate</i>	5
<i>erythromycin with ethanol</i>	45
<i>escitalopram oxalate</i>	31
<i>esmolol</i>	37
<i>esomeprazole magnesium</i>	58
<i>esomeprazole sodium</i>	58
<i>estarrylla</i>	66
<i>estradiol</i>	64
<i>estradiol valerate</i>	64
<i>estradiol-norethindrone acet</i>	64
<i>ethambutol</i>	6
<i>ethosuximide</i>	22
<i>ethynodiol diac-eth estradiol</i>	66
<i>etodolac</i>	29
<i>etonogestrel-ethynodiol estradiol</i>	
	65

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

This drug list was updated in November 2024.

ETOPOPHOS	13	fluocinolone	47	GATTEX ONE-VIAL	56
<i>etoposide</i>	13	<i>fluocinolone acetonide oil</i>	50	GAUZE PAD	61
<i>etravirine</i>	2	<i>fluocinolone and shower cap</i>	47	<i>gavilyte-c</i>	56
<i>euthyrox</i>	55	<i>fluocinonide</i>	47	<i>gavilyte-g</i>	56
<i>everolimus (antineoplastic)</i>	13	<i>fluocinonide-e</i>	47	<i>gavilyte-n</i>	56
<i>everolimus (immunosuppressive)</i>	13	<i>fluocinonide-emollient</i>	47	GAVRETO	13
EVOTAZ	2	<i>fluoride (sodium)</i>	49, 76	<i>gefitinib</i>	14
<i>exemestane</i>	13	<i>fluorometholone</i>	69	<i>gemcitabine</i>	14
EYLEA	68	<i>fluorouracil</i>	13, 44	GEMCITABINE	14
<i>ezetimibe</i>	41	<i>fluoxetine</i>	31	<i>gemfibrozil</i>	41
<i>ezetimibe-simvastatin</i>	41	<i>fluphenazine decanoate</i>	31	<i>generlac</i>	56
F		<i>fluphenazine hcl</i>	31	<i>gengraf</i>	14
<i>falmina (28)</i>	66	<i>flurbiprofen</i>	29	<i>gentamicin</i>	6, 45, 67
<i>famciclovir</i>	2	<i>flurbiprofen sodium</i>	68	<i>gentamicin in nacl (iso-osm)</i>	6
<i>famotidine</i>	58	<i>fluticasone propionate</i>	71	<i>gentamicin sulfate (ped) (pf)</i>	6
<i>famotidine (pf)</i>	58	FLUTICASONE PROPIONATE	71	GENVOYA	2
<i>famotidine (pf)-nacl (iso-os)</i>	58	<i>fluticasone propion-salmeterol</i>	71	GILOTrif	14
FANAPT	31	FLUTICASONE PROPION-SALMETEROL	72	<i>glatiramer</i>	26
FARXIGA	51	<i>fluvastatin</i>	41	<i>glatopa</i>	26
<i>febuxostat</i>	61	<i>fluvoxamine</i>	31	GLEOSTINE	14
<i>felbamate</i>	22	<i>fomepizole</i>	59	<i>glimepiride</i>	51
<i>felodipine</i>	37	<i>fondaparinux</i>	40	<i>glipizide</i>	51
<i>fenofibrate</i>	41	<i>formoterol fumarate</i>	72	<i>glipizide-metformin</i>	51
<i>fenofibrate micronized</i>	41	<i>fosamprenavir</i>	2	<i>glutamine (sickle cell)</i>	48
<i>fenofibrate nanocrystallized</i>	41	<i>fosaprepitant</i>	56	<i>glycine urologic</i>	74
<i>fenofibric acid</i>	41	<i>fosinopril</i>	37	<i>glycine urologic solution</i>	74
<i>fenofibric acid (choline)</i>	41	<i>fosinopril-hydrochlorothiazide</i>	37	<i>glycopyrrrolate</i>	55
<i>fentanyl</i>	27	<i>fosphénytoin</i>	22	<i>glycopyrrrolate (pf) in water</i>	55
<i>fentanyl citrate</i>	27	FOTIVDA	13	<i>glydo</i>	44
<i>fentanyl citrate (pf)</i>	27	<i>fraiche 5000</i>	49	<i>granisetron (pf)</i>	56
FETZIMA	31	FRUZAQLA	13	<i>granisetron hcl</i>	56
<i>finasteride</i>	74	<i>furosemide</i>	37	<i>griseofulvin microsize</i>	1
<i> fingolimod</i>	26	FUZEON	2	<i>griseofulvin ultramicrosize</i>	1
FINTEPLA	22	<i>fyavolv</i>	65	GVOKE	51
FIRMAGON KIT W DILUENT SYRINGE	13	FYCOMPA	22	GVOKE HYPOOPEN 1-PACK	51
<i>flac otic oil</i>	50	G		GVOKE HYPOOPEN 2-PACK	51
<i>flecainide</i>	35	<i>gabapentin</i>	22	GVOKE PFS 1-PACK	
<i>flouxuridine</i>	13	<i>galantamine</i>	26	SYRINGE	51
<i>fluconazole</i>	1	<i>gallifrey</i>	65	GVOKE PFS 2-PACK	
<i>fluconazole in nacl (iso-osm)</i>	.1	GAMASTAN	59	SYRINGE	51
<i>flucytosine</i>	1	<i>ganciclovir sodium</i>	2	H	
<i>fludarabine</i>	13	GARDASIL 9 (PF)	59	<i>halobetasol propionate</i>	47
<i>fludrocortisone</i>	50	GATTEX 30-VIAL	56	<i>haloperidol</i>	32
<i>flumazenil</i>	31			<i>haloperidol decanoate</i>	31, 32
<i>flunisolide</i>	71			<i>haloperidol lactate</i>	32

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

This drug list was updated in November 2024.

HARVONI	2
HAVRIX (PF)	59
heather.....	65
heparin (porcine)	40
heparin (porcine) in 5 % dex	40
heparin (porcine) in nacl (pf)	
.....	40
heparin(porcine) in 0.45% nacl	
.....	40
HEPARIN(PORCINE) IN 0.45% NACL.....	40
heparin, porcine (pf)	40
HEPARIN, PORCINE (PF) .	40
HEPLISAV-B (PF)	59
HIBERIX (PF)	59
HIZENTRA.....	59
HUMALOG JUNIOR KWIKPEN U-100	51
HUMALOG KWIKPEN INSULIN	52
HUMALOG MIX 50-50 KWIKPEN	52
HUMALOG MIX 75-25 KWIKPEN	52
HUMALOG MIX 75-25(U-100)INSULN.....	52
HUMALOG U-100 INSULIN	52
HUMIRA (ONLY NDCS STARTING WITH 00074)	62
HUMIRA PEN (ONLY NDCS STARTING WITH 00074)	62
HUMIRA(CF) (ONLY NDCS STARTING WITH 00074)	62, 63
HUMIRA(CF) PEN (ONLY NDCS STARTING WITH 00074)	63
HUMIRA(CF) PEN CROHNS-UC-HS (ONLY NDCS STARTING WITH 00074)	63
HUMIRA(CF) PEN PEDIATRIC UC (ONLY	
NDCS STARTING WITH 00074).....	63
NDCS STARTING WITH 00074).....	63
HUMIRA(CF) PEN PSORIASIS STARTER	63
I	
ibandronate	61
IBRANCE	14
ibu	29
ibuprofen	29
ibutilide fumarate	35
icatibant.....	72
ICLUSIG	14
icosapent ethyl.....	41
idarubicin	14
IDHIFA.....	14
ifosfamide	14
ILARIS (PF)	59
imatinib.....	14
IMBRUVICA	14
IMDELLTRA	14
imipenem-cilastatin	6
imipramine hcl.....	32
imipramine pamoate	32
imiQUIMOD	44
IMOVA X RABIES VACCINE (PF)	59
INBRIJA	25
incassia	65
INCRELEX	48
indapamide	37
INFANRIX (DTAP) (PF)....	60
INFLECTRA	56
INLYTA	14
INQOVI.....	14
INREBIC	14
INSULIN LISPRO	52
INSULIN PEN NEEDLE	61
INSULIN SYRINGE (DISP) U-100.....	61
INTELENCE	2
intralipid	76
introvale.....	66
INVEGA HAFYERA	32
INVEGA SUSTENNA	32
INVEGA TRINZA	32
IPOL	60
ipratropium bromide	49, 72
ipratropium-albuterol.....	72
irbesartan	37
irbesartan-hydrochlorothiazide	37
irinotecan.....	15
ISENTRESS	2, 3
ISENTRESS HD	2
isibloom	66
ISOLYTE S PH 7.4	76

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

This drug list was updated in November 2024.

ISOLYTE-P IN 5 %	
DEXTROSE	76
ISOLYTE-S	76
isoniazid	6
isosorbide dinitrate	43
isosorbide mononitrate	43
isotretinoin	45
itraconazole	1
ivabradine	42
ivermectin	6, 45
IWILFIN	15
IXCHIQ (PF)	60
IXIARO (PF)	60
J	
JAKAFI	15
jantoven	41
JANUMET	52
JANUMET XR	52
JANUVIA	52
JARDIANCE	52
jasmiel (28)	66
JAYPIRCA	15
jencycla	65
jintel	65
jolessa	66
juleber	66
JULUCA	3
JYLMAMVO	15
JYNNEOS (PF)	60
K	
kalliga	66
KALYDECO	72
kariva (28)	66
kelnor 1/35 (28)	66
kelnor 1/50 (28)	66
KERENDIA	37
ketoconazole	1, 46
ketorolac	68
KINRIX (PF)	60
kionex (with sorbitol)	48
KISQALI	15
KISQALI FEMARA CO-PACK	15
klayesta	46
klor-con	74
klor-con 10	74
klor-con 8	74
klor-con m10	74
klor-con m15	74
klor-con m20	74
klor-con/ef	74
KOSELUGO	15
kourzeq	49
K-PHOS NO 2	74
K-PHOS ORIGINAL	74
KRAZATI	15
kurvelo (28)	66
L	
l norgest/e.estradiol-e.estrad	66
labetalol	37
lacosamide	22
lactated ringers	47, 74
lactulose	56
lamivudine	3
lamivudine-zidovudine	3
lamotrigine	22, 23
lanreotide	15
lansoprazole	58
LANTUS SOLOSTAR U-100 INSULIN	52
LANTUS U-100 INSULIN	52
lapatinib	15
larin 1.5/30 (21)	66
larin 1/20 (21)	66
larin fe 1.5/30 (28)	66
larin fe 1/20 (28)	66
latanoprost	69
LAZCLUZE	15
leflunomide	64
lenalidomide	15
LENVIMA	15, 16
lessina	66
letrozole	16
leucovorin calcium	10
LEUKERAN	16
leuprolide	16
LEVEMIR FLEXPEN	52
LEVEMIR U-100 INSULIN	52
levetiracetam	23
levetiracetam in nacl (iso-os)	23
levobunolol	68
levocarnitine	48
levocarnitine (with sugar)	48
levocetirizine	70
levofloxacin	9, 67
levofloxacin in d5w	9
levonest (28)	66
levonorgestrel-ethinyl estrad	66
levonorg-eth estrad triphasic	66
levora-28	66
levo-t	55
levothyroxine	55
levoxyl	55
LIBERVANT	23
lidocaine	44
lidocaine (pf)	35, 44
lidocaine hcl	44
lidocaine in 5 % dextrose (pf)	35
lidocaine viscous	44
lidocaine-epinephrine	44
lidocaine-epinephrine (pf)	44
lidocaine-prilocaine	44
lidocan iii	44
lidocan iv	44
lidocan v	44
lincomycin	6
linezolid	7
linezolid in dextrose 5%	6
linezolid-0.9% sodium chloride	7
LINZESS	56
LIORESAL	26
liothyronine	55
lisinopril	37
lisinopril-hydrochlorothiazide	37
lithium carbonate	32
lithium citrate	32
LOKELMA	48
LONSURF	16
loperamide	55
lopinavir-ritonavir	3
LOQTORZI	16
lorazepam	32, 33
lorazepam intensol	32
LORBRENA	16
loryna (28)	66
losartan	37

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

This drug list was updated in November 2024.

<i>losartan-hydrochlorothiazide</i>		MENACTRA (PF)	60
.....	37	MENEST	65
<i>loteprednol etabonate</i>	69	MENQUADFI (PF).....	60
<i>lovastatin</i>	41	MENVEO A-C-Y-W-135-DIP (PF).....	60
<i>low-ogestrel (28)</i>	66	<i>mercaptopurine</i>	16
<i>loxapine succinate</i>	33	<i>meropenem</i>	7
<i>lo-zumandimine (28)</i>	66	<i>mesalamine</i>	56, 57
<i>lubiprostone</i>	56	<i>mesalamine with cleansing wipe</i>	57
LUMAKRAS	16	<i>mesna</i>	10
LUMIGAN	69	MESNEX.....	10
LUPRON DEPOT	16	<i>metformin</i>	52, 53
<i>lurasidone</i>	33	<i>methadone</i>	28
<i>lutera (28)</i>	66	<i>methadone intensol</i>	28
<i>lyeq</i>	65	<i>methadose</i>	28
<i>lyllana</i>	65	<i>methazolamide</i>	69
LYNPARZA	16	<i>methenamine hippurate</i>	10
LYSODREN	16	<i>methenamine mandelate</i>	10
LYTGOBI	16	<i>methimazole</i>	50
LYUMJEV KWIKPEN U-100 INSULIN	52	<i>methocarbamol</i>	26
LYUMJEV KWIKPEN U-200 INSULIN	52	<i>methotrexate sodium</i>	16
LYUMJEV U-100 INSULIN	52	<i>methotrexate sodium (pf)</i>	16
<i>lyza</i>	65	<i>methoxsalen</i>	44
M		<i>methsuximide</i>	23
<i>magnesium chloride</i>	74	<i>methylergonovine</i>	67
<i>magnesium sulfate</i>	74	<i>methylphenidate hcl</i>	33
MAGNESIUM SULFATE IN D5W	74	<i>methylprednisolone</i>	50
<i>magnesium sulfate in water</i>	74	<i>methylprednisolone acetate</i>	50
<i>malathion</i>	47	<i>methylprednisolone sodium succ</i>	50
<i>mannitol 20 %</i>	37	<i>metoclopramide hcl</i>	57
<i>mannitol 25 %</i>	38	<i>metolazone</i>	38
<i>maraviroc</i>	3	<i>metoprolol succinate</i>	38
<i>marlissa (28)</i>	66	<i>metoprolol ta-hydrochlorothiaz</i>	38
MARPLAN	33	<i>metoprolol tartrate</i>	38
MATULANE	16	<i>metro i.v.</i>	7
<i>matzim la</i>	38	<i>metronidazole</i>	7, 45, 65
<i>meclizine</i>	56	<i>metronidazole in nacl (iso-os)</i>	7
<i>medroxyprogesterone</i>	65	<i>metyrosine</i>	38
<i>mefloquine</i>	7	<i>micafungin</i>	1
<i>megestrol</i>	16	<i>microgestin 1.5/30 (21)</i>	66
MEKINIST	16	<i>microgestin 1/20 (21)</i>	66
MEKTOVI	16	<i>microgestin fe 1.5/30 (28)</i>	66
<i>meloxicam</i>	29	<i>microgestin fe 1/20 (28)</i>	66
<i>memantine</i>	26	<i>midodrine</i>	48
		<i>mifepristone</i>	54, 65
		<i>mili</i>	66
		<i>milrinone</i>	42
		<i>milrinone in 5 % dextrose</i>	42
		<i>mimvey</i>	65
		<i>minocycline</i>	10
		<i>minoxidil</i>	38
		<i>miostat</i>	69
		<i>mirabegron</i>	73
		<i>mirtazapine</i>	33
		<i>misoprostol</i>	58
		<i>mitomycin</i>	16
		<i>mitoxantrone</i>	16
		<i>M-M-R II (PF)</i>	60
		<i>modafinil</i>	33
		<i>moexipril</i>	38
		<i>molindone</i>	33
		<i>mometasone</i>	47
		<i>monodoxine nl</i>	10
		<i>mono-linyah</i>	66
		<i>montelukast</i>	72
		<i>morphine</i>	28
		<i>morphine (pf)</i>	28
		<i>morphine concentrate</i>	28
		<i>MOUNJARO</i>	53
		<i>MOVANTIK</i>	57
		<i>moxifloxacin</i>	9, 67
		<i>moxifloxacin-sod.chloride(iso)</i>	9
		<i>MRESVIA (PF)</i>	60
		<i>mupirocin</i>	45
		<i>MYALEPT</i>	54
		<i>mycophenolate mofetil</i>	16, 17
		<i>mycophenolate mofetil (hcl)</i>	16
		<i>mycophenolate sodium</i>	17
		<i>MYFEMBREE</i>	65
		<i>MYHIBBIN</i>	17
		<i>MYRBETRIQ</i>	73
		N	
		<i>nabumetone</i>	29
		<i>nadolol</i>	38
		<i>nafcillin</i>	9
		<i>nafcillin in dextrose iso-osm</i>	9
		<i>naftifine</i>	46
		<i>nalbuphine</i>	29
		<i>naloxone</i>	29
		<i>naltrexone</i>	29

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

This drug list was updated in November 2024.

NAMZARIC	26	
naproxen	29	
naratriptan	25	
NATACYN	67	
nateglinide	53	
NAYZILAM	23	
nebivolol	38	
nefazodone	33	
neomycin	7	
neomycin-bacitracin-poly-hc	69	
neomycin-bacitracin-		
polymyxin	68	
neomycin-polymyxin b gu	47	
neomycin-polymyxin b-		
dexameth	69	
neomycin-polymyxin-		
gramicidin	68	
neomycin-polymyxin-hc..	50, 69	
neo-polycin	68	
neo-polycin hc	69	
NERLYNX	17	
NEUPRO	25	
nevirapine	3	
niacin	41	
nicardipine	38	
NICOTROL	49	
NICOTROL NS	49	
nifedipine	38	
nikki (28)	66	
nilutamide	17	
nimodipine	38	
NINLARO	17	
nitazoxanide	7	
nitisinone	48	
nitro-bid	43	
nitrofurantoin macrocrystal	10	
nitrofurantoin monohyd/m-		
cryst	10	
nitroglycerin	43, 57	
nitroglycerin in 5 % dextrose		
43		
NIVESTYM	59	
nora-be	65	
norelgestromin-ethin.estradiol		
65		
norepinephrine bitartrate	42	
norethindrone (contraceptive)		
65		
norethindrone acetate	65	
norethindrone ac-eth estradiol		
65, 66		
norethindrone-e.estradiol-iron		
67		
norgestimate-ethinyl estradiol		
67		
nortrel 0.5/35 (28)	67	
nortrel 1/35 (21)	67	
nortrel 1/35 (28)	67	
nortrel 7/77 (28)	67	
nortriptyline	33	
NORVIR	3	
NOVOLOG FLEXPEN U-100		
INSULIN	53	
NOVOLOG MIX 70-		
30FLEXPEN U-100	53	
NOVOLOG PENFILL U-100		
INSULIN	53	
NUBEQA	17	
NUEDEXTA	26	
NUPLAZID	33	
NURTEC ODT	25	
nyamyc	46	
nystatin	1, 46	
nystatin-triamcinolone	46	
nystop	46	
NYVEPRIA	59	
O		
OCALIVA	57	
octreotide acetate	17	
octreotide,microspheres	17	
ODESEY	3	
ODOMZO	17	
OFEV	72	
ofloxacin	50, 68	
OGSIVEO	17	
OJEMDA	17	
OJJAARA	17	
olanzapine	33	
olmesartan	38	
olmesartanamlodipin-		
hcthiazid	38	
olmesartan-		
hydrochlorothiazide	38	
olopatadine	68	
omega-3 acid ethyl esters	41	
omeprazole	58	
OMNITROPE	59	
ondansetron	57	
ondansetron hcl	57	
ondansetron hcl (pf)	57	
ONUREG	17	
opium tincture	55	
OPSYNVI	72	
oralone	49	
ORENITRAM	38	
ORENITRAM MONTH 1		
TITRATION KT	38	
ORENITRAM MONTH 2		
TITRATION KT	38	
ORENITRAM MONTH 3		
TITRATION KT	38	
ORGOVYX	17	
ORKAMBI	72	
ORSERDU	17	
oseltamivir	3	
osmitrol 20 %	38	
OTEZLA	64	
OTEZLA STARTER	64	
oxacillin	9	
oxacillin in dextrose(iso-osm)	9	
oxaliplatin	17, 18	
oxaprozin	29	
oxcarbazepine	23	
OXERVATE	68	
oxybutynin chloride	73	
oxycodone	28	
oxycodone-acetaminophen	28	
OZEMPIC	53	
P		
pacerone	35	
paclitaxel	18	
paliperidone	33	
palonosetron	57	
pamidronate	54	
PANRETIN	44	
pantoprazole	58	
paraplatin	18	
paricalcitol	54	
paromomycin	7	
paroxetine hcl	33	

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

This drug list was updated in November 2024.

PAXLOVID	3
pazopanib	18
PEDIARIX (PF).....	60
PEDVAX HIB (PF).....	60
peg 3350-electrolytes	57
peg3350-sod sul-nacl-kcl-asb-c	57
PEGASYS	59
peg-electrolyte.....	57
PEMAZYRE	18
pemetrexed disodium.....	18
PENBRAYA (PF).....	60
penciclovir.....	46
penicillamine	64
penicillin g potassium.....	9
penicillin g sodium	9
penicillin v potassium.....	9
PENTACEL (PF)	60
pentamidine	7
pentobarbital sodium.....	34
pentoxifylline	41
perindopril erbumine.....	38
periogard.....	49
permethrin	47
perphenazine	34
pfizerpen-g.....	9
phenelzine.....	34
phenobarbital	23
phenobarbital sodium.....	23
phentolamine	38
phenytoin	23
phenytoin sodium.....	23
phenytoin sodium extended ..	23
PHOSPHOLINE IODIDE....	68
PIFELTRO	3
pilocarpine hcl.....	48, 68
pimozide	34
pimtrea (28).....	67
pindolol	38
pioglitazone	53
piperacillin-tazobactam	9
PIQRAY	18
pirfenidone	72
piroxicam.....	29
pitavastatin calcium	41
PLASMA-LYTE A	76
PLENAMINE.....	76
plerixafor	59
podofilox	44
polocaine	44
polocaine-mpf.....	44
polycin	68
polymyxin b sulf-trimethoprim	68
POMALYST	18
portia 28	67
posaconazole	1
potassium acetate	74
potassium chlorid-d5- 0.45%nacl.....	74
potassium chloride	75
potassium chloride in 0.9%nacl	75
potassium chloride in 5 % dex	75
potassium chloride in lr-d5 ..	75
potassium chloride in water ..	75
potassium chloride-0.45 % nacl	75
potassium chloride-d5- 0.2%nacl	75
potassium chloride-d5- 0.9%nacl	75
potassium citrate	74
potassium phosphate m-/d- basic	75
PRALATREXATE.....	18
pramipexole	25
prasugrel	41
pravastatin.....	42
praziquantel.....	7
prazosin	38
prednisolone	50
prednisolone acetate.....	69
prednisolone sodium phosphate.....	50, 69
prednisone	50
prednisone intensol.....	50
pregabalin	23
PREHEVBRIOPF)	60
premasol 10 %.....	76
prenatal vitamin oral tablet ..	76
prevalite.....	42
PREVYMIS.....	3
PREZCOBIX	3
PREZISTA	3
PRIFTIN	7
PRIMAQUINE	7
primidone	24
PRIMIDONE	23
PRIORIX (PF)	60
PRIVIGEN	60
probenecid	61
probenecid-colchicine	61
procainamide	36
prochlorperazine	57
prochlorperazine edisylate ..	57
prochlorperazine maleate oral	57
PROCRIPT	59
procto-med hc	57
proctosol hc	57
proctozone-hc	57
progesterone	65
progesterone micronized	65
PROGRAF	18
PROLASTIN-C	48
PROLIA	61
PROMACTA	41
promethazine	70
propafenone	36
propranolol	38
propylthiouracil	50
PROQUAD (PF).....	60
protamine	41
protriptyline	34
PULMOZYME	72
PURIXAN	18
pyrazinamide	7
pyridostigmine bromide	27
Q	
QINLOCK	18
QUADRACEL (PF)	60
quetiapine	34
quinapril	38
quinapril-hydrochlorothiazide	38
quinidine sulfate	36
quinine sulfate	7
QVAR REDIHALER	72

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

This drug list was updated in November 2024.

R

RABAVERT (PF)	60
RADICAVA ORS	26
RADICAVA ORS STARTER KIT SUSP.....	26
<i>raloxifene</i>	61
<i>ramelteon</i>	34
<i>ramipril</i>	39
<i>ranolazine</i>	42
<i>rasagiline</i>	25
<i>reclipsen (28)</i>	67
RECOMBIVAX HB (PF)	60
RECTIV	57
REGRANEX	45
RELENZA DISKHALER	3
RENACIDIN	74
<i>repaglinide</i>	53
REPATHA	42
REPATHA PUSHTRONEX	42
REPATHA SURECLICK ...	42
RETEVMO	18
RETROVIR.....	3
REVLIMID	18
<i>revonto</i>	27
REXULTI.....	34
REYATAZ	3
REZDIFFRA	48
REZLIDHIA.....	18
REZUROCK	18
<i>ribavirin</i>	3
<i>rifabutin</i>	7
<i>rifampin</i>	7
<i>riluzole</i>	48
<i>rimantadine</i>	3
<i>ringer's</i>	47, 75
RINVOQ	64
RINVOQ LQ	64
<i>risperidone</i>	34
<i>risperidone microspheres</i>	34
<i>ritonavir</i>	3
<i>rivastigmine</i>	26
<i>rivastigmine tartrate</i>	26
<i>rizatriptan</i>	25
ROCKLATAN	69
<i>roflumilast</i>	72
<i>ropinirole</i>	25
<i>rosuvastatin</i>	42
ROTARIX	60
ROTATEQ VACCINE.....	60
<i>roweepra</i>	24
ROZLYTREK	18
RUBRACA.....	18
<i>rufinamide</i>	24
RUKOBIA.....	3
RUXIENCE.....	18
RYDAPT	18
RYTELO	19
S	
<i>sajazir</i>	72
<i>salsalate</i>	29
SANTYL	45
<i>sapropterin</i>	54
<i>saxagliptin</i>	53
<i>saxagliptin-metformin</i>	53
SCEMBLIX.....	19
<i>scopolamine base</i>	57
SECUADO	34
<i>selegiline hcl</i>	25
<i>selenium sulfide</i>	43
SELZENTRY	3
<i>sertraline</i>	34
<i>setlakin</i>	67
<i>sevelamer carbonate</i>	48
<i>sf 49</i>	
<i>sf 5000 plus</i>	49
<i>sharobel</i>	65
SHINGRIX (PF).....	60
SIGNIFOR.....	19
<i>sildenafil (pulmonary arterial hypertension)</i>	72
<i>silver sulfadiazine</i>	45
SIMLANDI(CF) AUTOINJECTOR	64
SIMULECT	19
<i>simvastatin</i>	42
<i>sirolimus</i>	19
SIRTURO	7
SKYRIZI	43, 57
<i>sodium acetate</i>	75
<i>sodium bicarbonate</i>	75
<i>sodium chloride</i>	49, 75
<i>sodium chloride 0.45 %</i>	75
<i>sodium chloride 0.9 %</i>	48
<i>sodium chlorite 3 %</i> <i>hypertonic</i>	75
<i>sodium chloride 5 %</i> <i>hypertonic</i>	75
<i>sodium fluoride 5000 dry mouth</i>	49
<i>sodium fluoride 5000 plus</i>	49
<i>sodium fluoride-pot nitrate</i>	49
<i>sodium nitroprusside</i>	42
SODIUM OXYBATE	34
<i>sodium phenylbutyrate</i>	49
<i>sodium phosphate</i>	75
<i>sodium polystyrene sulfonate</i>	49
<i>sodium,potassium,mag sulfates</i>	57
SOLIQUA 100/33	53
SOLTAMOX	19
SOMAVERT	54
<i>sorafenib</i>	19
<i>sorine</i>	36
<i>sotalol</i>	36
<i>sotalol af</i>	36
SPIRIVA RESPIMAT	72
<i>spironolactone</i>	39
<i>spironolacton- hydrochlorothiaz</i>	39
<i>sprintec (28)</i>	67
SPRITAM	24
SPRYCEL	19
<i>sps (with sorbitol)</i>	49
<i>sronyx</i>	67
<i>ssd</i>	45
STAMARIL (PF).....	60
STIOLTO RESPIMAT	73
STIVARGA	19
STREPTOMYCIN	7
STRIBILD	3
STRIVERDI RESPIMAT	73
<i>subvenite</i>	24
SUCRAID	58
<i>sucralfate</i>	58
<i>sulfacetamide sodium</i>	68
<i>sulfacetamide sodium (acne)</i>	45
<i>sulfacetamide-prednisolone</i>	68
<i>sulfadiazine</i>	9
<i>sulfamethoxazole-trimethoprim</i>	9, 10

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

This drug list was updated in November 2024.

<i>sulfasalazine</i>	58	<i>terbinafine hcl</i>	1	<i>tranexamic acid</i>	65
<i>sulindac</i>	29	<i>terbutaline</i>	73	<i>tranylcypromine</i>	34
<i>sumatriptan</i>	25	<i>terconazole</i>	65	<i>travasol 10 %</i>	76
<i>sumatriptan succinate</i>	25	<i>teriparatide</i>	61	<i>travoprost</i>	69
<i>sunitinib malate</i>	19	<i>TERIPARATIDE</i>	61	<i>trazodone</i>	34
SUNLENCA	3	<i>testosterone</i>	54, 55	TRECATOR	7
<i>syeda</i>	67	<i>testosterone cypionate</i>	54	TRELSTAR	20
SYMPAZAN	24	<i>testosterone enanthate</i>	54	<i>tretinoin (antineoplastic)</i>	20
SYMTUZA	3	TETANUS,DIPHTHERIA		<i>tretinoin topical</i>	45
SYNJARDY	53	TOX PED(PF)	60	<i>triamcinolone acetonide</i>	47, 49,
SYNJARDY XR	53	<i>tetrabenazine</i>	26	50	
SYNTHROID	55	<i>tetracycline</i>	10	triamterene-hydrochlorothiazid	
T		TEVIMBRA	19	.....	39
TABLOID	19	THALOMID	19	<i>tridacaine ii</i>	45
TABRECTA	19	<i>theophylline</i>	73	<i>triderm</i>	47
<i>tacrolimus</i>	19, 45	<i>thioridazine</i>	34	<i>trientine</i>	49
TAFINLAR	19	<i>thiothixene</i>	34	<i>tri-estarrylla</i>	67
<i>tafluprost (pf)</i>	69	<i>tiadylt er</i>	39	<i>trifluoperazine</i>	34
TAGRISSO	19	<i>tiagabine</i>	24	<i>trifluridine</i>	68
TALTZ AUTOINJECTOR	43	TIBSOVO	19	TRIKAFTA	73
TALTZ AUTOINJECTOR (2 PACK)	43	TICE BCG	60	<i>tri-legest fe</i>	67
TALTZ AUTOINJECTOR (3 PACK)	43	TICOVAC	60	<i>tri-linyah</i>	67
TALTZ SYRINGE	43	<i>tigecycline</i>	7	<i>tri-lo-estarrylla</i>	67
TALVEY	19	TIGLUTIK	49	<i>tri-lo-marzia</i>	67
TALZENNA	19	<i>tilia fe</i>	67	<i>tri-lo-sprintec</i>	67
<i>tamoxifen</i>	19	<i>timolol maleate</i>	39, 68	<i>trimethoprim</i>	10
<i>tamsulosin</i>	74	<i>tinidazole</i>	7	<i>trimipramine</i>	34
<i>tarina fe 1-20 eq (28)</i>	67	<i>tiotropium bromide</i>	73	TRINTELLIX	34
TASIGNA	19	TIVICAY	3	<i>tri-sprintec (28)</i>	67
<i>tasimelteon</i>	34	TIVICAY PD	4	TRIUMEQ	4
<i>tazarotene</i>	45	<i>tizanidine</i>	27	TRIUMEQ PD	4
<i>tazicef</i>	5	<i>tobramycin</i>	7, 68	<i>trivora (28)</i>	67
TAZVERIK	19	<i>tobramycin in 0.225 % nacl</i>	7	TROPHAMINE 10 %	76
TDVAX	60	<i>tobramycin sulfate</i>	7	<i>trospium</i>	74
TECENTRIQ HYBREZA	19	<i>tobramycin-dexamethasone</i>	69	TRULICITY	53
TEFLARO	5	<i>tolterodine</i>	73	TRUMENBA	60
TEGLUTIK	49	<i>topiramate</i>	24	TRUQAP	20
<i>telmisartan</i>	39	<i>toremifene</i>	19	TUKYSA	20
<i>telmisartan-amlodipine</i>	39	<i>torpenz</i>	20	TURALIO	20
<i>telmisartan-hydrochlorothiazid</i>	39	<i>torsemide</i>	39	<i>turqoz (28)</i>	67
TENIVAC (PF)	60	TOUJE MAX U-300 SOLOSTAR	53	TWINRIX (PF)	60
<i>tenofovir disoproxil fumarate</i>	3	TOUJE SOLOSTAR U-300 INSULIN	53	TYENNE	64
TEPMETKO	19	<i>tramadol</i>	29	TYENNE AUTOINJECTOR	
<i>terazosin</i>	39	<i>tramadol-acetaminophen</i>	29	.....	64
		<i>trandolapril</i>	39	TYMLOS	61
				TYPHIM VI	60
				TYVASO	73

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

This drug list was updated in November 2024.

TYVASO INSTITUTIONAL START KIT	73
TYVASO REFILL KIT	73
TYVASO STARTER KIT	73
U	
<i>unithroid</i>	55
<i>ursodiol</i>	58
V	
<i>valacyclovir</i>	4
VALCHLOR	45
<i>valganciclovir</i>	4
<i>valproate sodium</i>	24
<i>valproic acid</i>	24
<i>valproic acid (as sodium salt)</i>	24
<i>valsartan</i>	39
<i>valsartan-hydrochlorothiazide</i>	39
VALTOCO	24
<i>vancomycin</i>	7, 8
VANCOMYCIN IN 0.9 % SODIUM CHL	7
<i>vandazole</i>	65
VANFLYTA	20
VAQTA (PF)	60
<i>varenicline</i>	49
VARIVAX (PF)	60
VARIZIG	60
VAXCHORA VACCINE	60
VECTIBIX	20
<i>veletri</i>	39
<i>velivet triphasic regimen (28)</i>	67
VEMLIDY	4
VENCLEXTA	20
VENCLEXTA STARTING PACK	20
<i>venlafaxine</i>	34, 35
<i>verapamil</i>	39
VERQUVO	42
VERSACLOZ	35
VERZENIO	20
<i>vestura (28)</i>	67
VICTOZA 2-PAK	53
VICTOZA 3-PAK	53
<i>vienna</i>	67
<i>vigabatrin</i>	24
<i>vigadron</i>	24
<i>vigpoder</i>	24
<i>vilazodone</i>	35
<i>vinblastine</i>	20
<i>vincristine</i>	20
<i>vinorelbine</i>	20
VIOKACE	58
<i>viorele (28)</i>	67
VIRACEPT	4
VIREAD	4
VITRAKVI	20
VIVITROL	29
VIZIMPRO	20
VONJO	20
VORANIGO	20
<i>voriconazole</i>	1
VOSEVI	4
VRAYLAR	35
VYNDAMAX	42
W	
<i>warfarin</i>	41
<i>water for irrigation, sterile</i>	49
WELIREG	20
<i>wera (28)</i>	67
<i>wescap-pn dha</i>	76
<i>wixela inhub</i>	73
X	
XALKORI	20
XARELTO	41
XARELTO DVT-PE TREAT 30D START	41
XATMEP	20
XCOPRI	24
XCOPRI MAINTENANCE PACK	24
XDEMVY	68
XELJANZ	64
XELJANZ XR	64
XERMELO	20
XGEVA	10
XIAFLEX	49
XIFAXAN	8
XIGDUO XR	54
XXIIDRA	68
XOLAIR	73
XOSPATA	20
XPOVIO	21
XTANDI	21
xulane	65
Y	
YF-VAX (PF)	60
<i>yuvafem</i>	65
Z	
<i>zafemy</i>	65
<i>zafirlukast</i>	73
<i>zaleplon</i>	35
ZANOSAR	21
ZEJULA	21
ZELBORAF	21
<i>zenatane</i>	45
<i>zidovudine</i>	4
<i>ziprasidone hcl</i>	35
<i>ziprasidone mesylate</i>	35
ZIRGAN	68
ZOLADEX	21
<i>zoledronic acid</i>	55
<i>zoledronic acid-mannitol-water</i>	49
ZOLINZA	21
<i>zolpidem</i>	35
ZONISADE	24
<i>zonisamide</i>	24
<i>zovia 1-35 (28)</i>	67
ZTALMY	24
<i>zumandimine (28)</i>	67
ZURZUVAE	35
ZYDELIG	21
ZYKADIA	21
ZYMFENTRA	58
ZYPREXA RELPREVV	35

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

This drug list was updated in November 2024.

This formulary was updated on 11/21/2024. For more recent information or other questions, please contact Mutual of Omaha Rx Customer Service at **1.855.864.6797** or, for TTY users, **1.800.716.3231**, 24 hours a day, 7 days a week, or visit **mutualofomaharx.com**.

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