

CareSource®
MyCare Ohio
(HMO D-SNP) D-
SNP
2026

**List of Covered
Drugs (Drug
List or
Formulary)**

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

This *Drug List* was updated on 10/20/2025. For more recent information or other questions, contact us at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week or visit **CareSource.com/MyCare-SNP**.

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Introduction

This document is called the *List of Covered Drugs* (also known as the *Drug List*). It tells you which drugs are covered by CareSource MyCare Ohio. The *Drug List* also tells you if there are any special rules or restrictions on any drugs covered by CareSource MyCare Ohio. Key terms and their definitions appear in the last chapter of the *Evidence of Coverage*.

Table of Contents

A. Disclaimers.....	iv
B. Frequently Asked Questions (FAQ)	iv
B1. What drugs are on the <i>List of Covered Drugs</i> ? (We call the <i>List of Covered Drugs</i> the <i>Drug List</i> for short.)	iv
B2. Does the <i>Drug List</i> ever change?	v
B3. What happens when there's a change to the <i>Drug List</i> ?	vi
B4. Are there any restrictions or limits on drug coverage or any required actions to take to get certain drugs?	vii
B5. How will I know if the drug I want has limits or if there are required actions to take to get the drug?	viii
B6. What happens if CareSource MyCare Ohio changes their rules about how they cover some drugs (for example, prior authorization, quantity limits, and/or step therapy restrictions)?.....	viii
B7. How can I find a drug on the <i>Drug List</i> ?.....	viii
B8. What if the drug I want to take isn't on the <i>Drug List</i> ?	ix
B9. What if I'm a new CareSource MyCare Ohio member and can't find my drug on the <i>Drug List</i> or have a problem getting my drug?	ix
B10. Can I ask for an exception to cover my drug?	x
B11. How can I ask for an exception?.....	xi
B12. How long does it take to get an exception?	xi

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

B13. What are generic drugs?.....	xi
B14. What are original biological products and how are they related to biosimilars?	xi
B15. What are OTC drugs?.....	xii
B16. Does CareSource MyCare Ohio cover non-drug OTC products?.....	xii
B17. Does CareSource MyCare Ohio cover long-term supplies of prescriptions?.....	xii
B18. Can I get prescriptions delivered to my home from my local pharmacy?	xii
B19. What's my copay?.....	xii
C. Overview of the <i>List of Covered Drugs</i>	xiii
C1. List of Drugs by Medical Condition	xiii
D. Index of Covered Drugs	92



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A. Disclaimers

This is a list of drugs that members can get in CareSource MyCare Ohio.

- ❖ Required federal contracting disclaimer
- ❖ You can always check CareSource MyCare Ohio's up-to-date *List of Covered Drugs* online at **CareSource.com/MyCare-SNP** or by calling Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. This call is free.
- ❖ You can get this document for free in other formats, such as large print, braille, or audio. Call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. This call is free.
- ❖ You can also get this document, now and in the future, for free in other languages or other formats such as large print or audio. You only have to make this request one time. You can also change your request. Call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free.

B. Frequently Asked Questions (FAQ)

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

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

The drugs on the *List of Covered Drugs* that starts on page 2 are the drugs covered by CareSource MyCare Ohio. The drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as “network pharmacies.”

- CareSource MyCare Ohio will cover all medically necessary drugs on the Drug List if:

If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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- your doctor or other prescriber says you need them to get better or stay healthy,
 - CareSource MyCare Ohio agrees that the drug is medically necessary for you, **and**
 - you fill the prescription at a CareSource MyCare Ohio network pharmacy.
- In some cases, you have to do something before you can get a drug. Refer to question B4 for more information.

You can also find an up-to-date list of drugs that we cover on our website at **CareSource.com/MyCare-SNP** or call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week.

B2. Does the *Drug List* ever change?

Yes, and CareSource MyCare Ohio must follow Medicare and Medicaid rules when making changes. We may add or remove drugs on the *Drug List* during the year.

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

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

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

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

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

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

If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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- You can always check CareSource MyCare Ohio's up-to-date *Drug List* online at **CareSource.com/MyCare-SNP**. Updates to the *Drug List* are posted on the website monthly.
- You can also call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week to check the current *Drug List*.

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

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

- **Substitutions of certain new versions of drugs.** We may immediately remove the drugs from the *Drug List* if we replace them with certain new versions of that drug, but your cost for the new drug will remain \$0 with the same or fewer restrictions. When we add a new version of a drug, we may also decide to keep the brand name drug or original biological product on the list but change its coverage rules or limits.
 - We may not tell you before we make this change, but we'll send you information about the specific change we made once it happens.
 - We can make these changes only if the drug we're adding:
 - is a new generic version of a brand name drug, or
 - is a certain new biosimilar version of original biological products on the *Drug List* (for example, adding an interchangeable biosimilar that can be substituted for an original biological product without a new prescription).
 - Some of these drug types may be new to you. For more information, refer to **Section B14**.
 - You or your provider can ask for an exception from these changes. We'll send you a notice with the steps you can take to ask for an exception. Please refer to questions B10-B12 for more information on exceptions.
- **Remove unsafe drugs and other drugs that are taken off the market.** Sometimes a drug may be found unsafe or taken off the market for another reason. If this happens, we may immediately take it off the *Drug List*. If you're taking the drug, we'll

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

send you a notice after we make the change. Please contact your prescribing doctor if you are notified.

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

- The FDA provides new guidance or there are new clinical guidelines about a drug.
- We add a generic drug and replace a brand name drug currently on the *Drug List*, or
- we add a new biosimilar to replace an original biological product currently on the *Drug List*, or
- we change the coverage rules or limits for the brand name drug.

When these changes happen, we'll:

- tell you at least 30 days before we make the change to the *Drug List* or
- let you know and give you a 30-day supply of the drug after you ask for a refill.

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

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

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

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

- **Prior authorization:** For some drugs, you or your doctor or other prescriber must get authorization from CareSource MyCare Ohio before you fill your prescription. Prior authorization is different from a referral. CareSource MyCare Ohio may not cover the drug if you don't get prior authorization.
- **Quantity limits:** Sometimes CareSource MyCare Ohio limits the amount of a drug you can get.

If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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- **Step therapy:** Sometimes CareSource MyCare Ohio requires you to do step therapy. This means you'll have to try drugs in a certain order for your medical condition. You might have to try one drug before we'll cover another drug. If your prescriber thinks the first drug doesn't work for you, then we'll cover the second.

You can find out if your drug has any additional requirements or limits by looking in the tables on **page 2**. You can also get more information by visiting our website at **CareSource.com/MyCare-SNP**. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy.

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

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

The table in the section titled "List of Drugs by Medical Condition" has a column labeled "Necessary actions, restrictions, or limits on use."

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

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

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

There are two ways to find a drug:

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

To search **alphabetically**, look for your drug in the Index of Covered Drugs section. You can find it in the Index section at the end of the document. The Index of Covered Drugs is an alphabetical list of all of the drugs included in the *Drug List*. Brand name drugs and generic drugs are listed in the index.

If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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

To search by medical condition, find **page xiii** labeled “List of Drugs by Medical Condition”. The drugs in this section are grouped into categories depending on the type of medical conditions they’re used to treat. For example, if you have a heart condition, you should look in the **CARDIOVASCULAR, HYPERTENSION/LIPIDS** category. That’s where you’ll find drugs that treat heart conditions.

B8. What if the drug I want to take isn’t on the *Drug List*?

If you don’t find your drug on the *Drug List*, call Member Services at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week and ask about it. If you learn that CareSource MyCare Ohio won’t cover the drug, you can do one of these things:

- Ask Member Services *or* your Care Coordinator for a list of drugs like the one you want to take. Then show the list to your doctor or other prescriber. They can prescribe a drug on the *Drug List* that’s like the one you want to take. **Or**
- Ask CareSource MyCare Ohio to make an exception to cover your drug. Refer to questions B10-B12 for more information about exceptions.

B9. What if I’m a new CareSource MyCare Ohio member and can’t find my drug on the *Drug List* or have a problem getting my drug?

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

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

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

- you’re taking a drug that isn’t on our *Drug List*, **or**
- our plan rules don’t let you get the amount ordered by your prescriber, **or**
- the drug requires prior authorization by CareSource MyCare Ohio, **or**
- you’re taking a drug that’s part of a step therapy restriction.

If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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

If you're taking a drug that CareSource MyCare Ohio doesn't consider to be a Part D drug, you have the right to get a one-time, 72-hour supply of the drug.

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

- We'll cover one 31-day supply of the drug you need (unless you have a prescription for fewer days), whether or not you're a new CareSource MyCare Ohio member.
- This is in addition to the temporary supply during the first 90 days you're a member of CareSource MyCare Ohio.

In the event of an unplanned transition occurs where a prescribed drug may not be on our plan formulary or may be restricted by quantity, we may cover a one-time temporary supply of your drugs up to a 31-day supply.

- An unplanned transition usually involves level of care changes where a member is changing from one treatment setting to another. If this occurs, you may need to follow the normal coverage determination processes for continued coverage. Examples of level-of-care changes include:
 - Discharge from a hospital to home.
 - Ending your skilled nursing facility Medicare Part A stay (where payments include all pharmacy charges) and you now need to use your Part D plan. Changing from hospice status and reverting back to standard Medicare Part A and B coverage.
 - Discharges from chronic psychiatric hospitals with highly individualized drug regimens.
 - Ending a long-term care (LTC) facility stay and returning to the community.

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

Yes. You can ask CareSource MyCare Ohio to make an exception to cover a drug that isn't on the *Drug List*.

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

- For example, CareSource MyCare Ohio may limit the amount of a drug we'll cover. If your drug has a limit, you can ask us to change the limit and cover more.

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

- Other examples: You can ask us to drop step therapy restrictions or prior authorization requirements.

B11. How can I ask for an exception?

To ask for an exception, call Member Services. A Member Services representative will work with you and your prescriber to help you ask for an exception. You can also read **Chapter 9 Section F2** of the *Evidence of Coverage* to learn more about exceptions.

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

After we get a statement from your prescriber supporting your request for an exception, we'll give you a decision within 72 hours. The prescriber's supporting statement for the exception request should be faxed to 1-877-328-9660.

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

B13. What are generic drugs?

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

CareSource MyCare Ohio covers both brand name drugs and generic drugs.

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

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

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

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B15. What are OTC drugs?

OTC stands for “over-the-counter”. CareSource MyCare Ohio covers some OTC drugs when they’re written as prescriptions by your provider.

You can read the CareSource MyCare Ohio *Medicaid List of Covered Drugs* to find out what OTC drugs are covered.

B16. Does CareSource MyCare Ohio cover non-drug OTC products?

CareSource MyCare Ohio covers some non-drug OTC products when they’re written as prescriptions by your provider. Examples of non-drug OTC products include artificial tears eye drops and Aquaphor 41% Healing Ointment. You can read the CareSource MyCare Ohio *Medicaid List of Covered Drugs* to find out what non-drug OTC products are covered.

B17. Does CareSource MyCare Ohio cover long-term supplies of prescriptions?

- **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a 102-day supply of most maintenance drugs sent directly to your home.
- **Retail Pharmacy Programs.** Most retail pharmacies also offer up to a 102-day supply of covered drugs.

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

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

B19. What’s my copay?

CareSource MyCare Ohio members have no copays for prescription and OTC drugs and non-drug products as long as the member follows the plan’s rules. Refer to questions B15 and B16 for more information about OTC drugs and non-drug products.

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

- Tier 1 drugs are mostly generic drugs, some brand drugs.
- Tier 2 drugs are mostly generic drugs, some brand drugs.
- Tier 3 drugs are mostly brand drugs, some generic drugs.
- Tier 4 drugs are brand drugs or generic drugs.

If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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- Tier 5 drugs are brand drugs or generic drugs.

All Part D covered drugs have no copays. OTCs have a \$0 copay.

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C. Overview of the *List of Covered Drugs*

The *List of Covered Drugs* gives you information about the drugs covered by CareSource MyCare Ohio. If you have trouble finding your drug in the list, turn to the Index of Covered Drugs that begins on **page 92**. The index alphabetically lists all drugs covered by CareSource MyCare Ohio.

C1. List of Drugs by Medical Condition

The drugs in this section are grouped into categories depending on the type of medical conditions they're used to treat. For example, if you have a heart condition, you should look in the category, **CARDIOVASCULAR, HYPERTENSION/LIPIDS**. That's where you'll find drugs that treat heart conditions.

If you have questions, please call CareSource MyCare Ohio at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week. The call is free. **For more information**, visit **CareSource.com/MyCare-SNP**.



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Here are the meanings of the codes used in the “Necessary actions, restrictions, or limits on use” column:

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

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

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

NDS: Non-Extended Days’ indicates that the drug is limited to 30 days’ supply at retail or mail-order.

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

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

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

The first column of the table lists the name of the drug. Generic drugs are listed in lower-case italics (for example, *lisinopril*), brand name drugs are capitalized (for example, ELIQUIS). The information in the “Necessary actions, restrictions, or limits on use” column tells you if CareSource MyCare Ohio has any rules for covering your drug.

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Drug Name	Drug Tier	Requirements /Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
<i>amphotericin b</i>	4	B/D PA; MO
<i>amphotericin b liposome</i>	5	B/D PA; NDS
<i>caspofungin</i>	4	
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA ORAL	5	PA; NDS
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml</i>	4	PA
<i>flucytosine</i>	5	MO; NDS
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	4	MO

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

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Drug Name	Drug Tier	Requirements /Limits
<i>lamivudine-zidovudine</i>	3	MO
LEDIPASVIR-SOFOSBUVIR	5	PA; MO; QL (28 per 28 days); NDS
LIVTENCITY	5	PA; LA; QL (120 per 30 days); NDS
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO; NDS
MAVYRET ORAL PELLETS IN PACKET	5	PA; MO; QL (168 per 28 days); NDS
MAVYRET ORAL TABLET	5	PA; MO; QL (84 per 28 days); NDS
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY	5	MO; NDS
<i>oseltamivir</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10)	2	QL (20 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5)	2	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	2	QL (30 per 30 days)
PIFELTRO	5	MO; NDS
PREVYMIS INTRAVENOUS	5	PA; NDS
PREVYMIS ORAL TABLET	5	PA; MO; QL (30 per 30 days); NDS
PREZCOBIX ORAL TABLET 675-150 MG	5	NDS
PREZCOBIX ORAL TABLET 800-150 MG-MG	5	MO; NDS
PREZISTA ORAL SUSPENSION	5	MO; NDS
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO; NDS
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>rimantadine</i>	4	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO; NDS
SELZENTRY ORAL SOLUTION	3	MO
SOFOSBUVIR-VELPATASVIR	5	PA; MO; QL (28 per 28 days); NDS
STRIBILD	5	MO; NDS
SUNLENCA	5	NDS
SYMTUZA	5	MO; NDS
SYNAGIS	5	MO; LA; NDS
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 50 MG	5	MO; NDS
TIVICAY PD	5	MO; NDS
TRIUMEQ	5	MO; NDS
TRIUMEQ PD	4	MO
TROGARZO	5	MO; LA; NDS
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO; NDS
<i>valganciclovir oral tablet</i>	3	MO
VEMLIDY	5	MO; NDS
VIRACEPT ORAL TABLET	5	MO; NDS
VIREAD ORAL POWDER	5	MO; NDS

Drug Name	Drug Tier	Requirements /Limits
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
VOSEVI	5	PA; MO; QL (28 per 28 days); NDS
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
CEPHALOSPORINS		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml</i>	2	
<i>cefadroxil oral capsule</i>	2	MO
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 gram</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose,iso-osm</i>	4	
<i>cefepime injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	4	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose,iso-os</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection</i>	4	PA; MO
<i>tazicef intravenous</i>	4	PA
TEFLARO	5	PA; MO; NDS
ERYTHROMYCINS / OTHER MACROLIDES		
<i>azithromycin intravenous</i>	4	PA; MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin</i>	2	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days); NDS
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral</i>	4	MO
MISCELLANEOUS ANTIINFECTIVES		
<i>albendazole</i>	4	MO; NDS
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE	5	PA; LA; NDS
<i>atovaquone</i>	4	MO
<i>atovaquone-proguanil</i>	4	MO
<i>aztreonam</i>	4	PA; MO
CAYSTON	5	PA; MO; LA; QL (84 per 56 days); NDS
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin phosphate injection</i>	4	PA; MO
COARTEM	4	MO
<i>colistin (colistimethate na)</i>	5	PA; MO; QL (30 per 10 days); NDS
<i>dapsone oral</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO; NDS
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO; NDS
EMVERM	5	MO; NDS
<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/100 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin injection</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	4	PA; MO
IMPAVIDO	5	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>isoniazid injection</i>	4	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral tablet 3 mg</i>	3	PA; MO; QL (20 per 30 days)
<i>ivermectin oral tablet 6 mg</i>	3	PA; QL (8 per 30 days)
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	3	MO; NDS
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram, 2 gram</i>	3	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	3	PA; QL (10 per 10 days)
<i>metro i.v.</i>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet 250 mg, 500 mg</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO; QL (12 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
PRIFTIN	3	MO
PRIMAQUINE	4	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO; NDS
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
SIRTURO	5	PA; LA; NDS
STREPTOMYCIN	5	PA; MO; QL (60 per 30 days); NDS
<i>tigecycline</i>	4	PA; MO; NDS
<i>tinidazole</i>	3	MO
TOBI PODHALER	5	MO; QL (224 per 56 days); NDS
<i>tobramycin in 0.225 % nacl</i>	5	PA; MO; QL (280 per 28 days); NDS
<i>tobramycin inhalation</i>	5	PA; MO; QL (224 per 28 days); NDS
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	QL (4050 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)

Drug Name	Drug Tier	Requirements /Limits
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA; NDS
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; MO; QL (90 per 30 days); NDS

PENICILLINS

<i>amoxicillin oral capsule</i>	2	MO
<i>amoxicillin oral suspension for reconstitution</i>	2	MO
<i>amoxicillin oral tablet</i>	2	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg</i>	4	PA; MO
<i>ampicillin sodium intravenous</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN L-A	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; NDS
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	PA

Drug Name	Drug Tier	Requirements /Limits
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	4	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
QUINOLONES		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose</i>	4	PA; MO

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<i>ciprofloxacin oral suspension, microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral</i>	3	MO
<i>moxifloxacin-sod. chloride(iso)</i>	4	PA; MO
SULFA'S / RELATED AGENTS		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
TETRACYCLINES		
<i>demeclocycline</i>	4	MO

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

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Drug Name	Drug Tier	Requirements /Limits
<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

BOMYNTRA	5	B/D PA; MO; NDS
<i>dexrazoxane hcl</i>	5	B/D PA; MO; NDS
ELITEK	5	MO; NDS
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA; NDS
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO; NDS
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA; NDS
<i>mesna intravenous</i>	2	B/D PA; MO
<i>mesna oral</i>	5	MO; NDS
WYOST	5	B/D PA; MO; NDS

ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS

Drug Name	Drug Tier	Requirements /Limits
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days); NDS
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
<i>abirtega</i>	4	PA; QL (120 per 30 days)
ADCETRIS	5	B/D PA; MO; NDS
ADSTILADRIN	5	PA; NDS
AKEEGA	5	PA; LA; QL (60 per 30 days); NDS
ALECENSA	5	PA; MO; QL (240 per 30 days); NDS
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days); NDS
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days); NDS
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days); NDS
<i>anastrozole</i>	2	MO
ANKTIVA	5	PA; MO; NDS
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA; NDS
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO; NDS
ASPARLAS	5	PA; NDS

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AUGTYRO ORAL CAPSULE 160 MG	5	PA; QL (60 per 30 days); NDS
AUGTYRO ORAL CAPSULE 40 MG	5	PA; QL (240 per 30 days); NDS
AVMAPKI-FAKZYNJA	5	PA; QL (66 per 28 days); NDS
AYVAKIT	5	PA; LA; QL (30 per 30 days); NDS
<i>azacitidine</i>	5	B/D PA; MO; NDS
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA; MO
BALVERSA	5	PA; LA; NDS
BAVENCIO	5	B/D PA; LA; NDS
BELEODAQ	5	B/D PA; NDS
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO; NDS
BENDEKA	5	B/D PA; MO; NDS
BESPONSА	5	B/D PA; MO; LA; NDS
<i>bexarotene</i>	5	PA; MO; NDS
<i>bicalutamide</i>	2	MO
BIZENGRI	5	PA; NDS
<i>bleomycin</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
BLINCYTO INTRAVENOUS KIT	5	B/D PA; NDS
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA; NDS
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO; NDS
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (180 per 30 days); NDS
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (330 per 30 days); NDS
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days); NDS
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days); NDS
BRAFTOVI	5	PA; MO; LA; QL (180 per 30 days); NDS
BRUKINSA ORAL CAPSULE	5	PA; LA; QL (120 per 30 days); NDS
BRUKINSA ORAL TABLET	5	PA; LA; QL (60 per 30 days); NDS
<i>busulfan</i>	5	B/D PA; NDS
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
CALQUENCE (ACALABRUTINIB MAL)	5	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days); NDS
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days); NDS
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO; NDS
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO; NDS
<i>clofarabine</i>	5	B/D PA; NDS
COLUMVI	5	PA; MO; NDS
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days); NDS
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days); NDS
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days); NDS
COPIKTRA	5	PA; LA; QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
COTELLIC	5	PA; MO; LA; QL (63 per 28 days); NDS
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA	5	B/D PA; MO; NDS
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA; MO
DANYELZA	5	B/D PA; NDS
DANZITEN	5	PA; QL (112 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
DARZALEX	5	B/D PA; MO; LA; NDS
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>dasatinib oral tablet 20 mg</i>	5	PA; MO; QL (90 per 30 days); NDS
<i>dasatinib oral tablet 70 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
DATROWAY	5	PA; MO; NDS
<i>daunorubicin</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NDS
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days); NDS
<i>decitabine</i>	5	B/D PA; MO; NDS
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA; NDS
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO; NDS
<i>doxorubicin intravenous recon soln</i>	2	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	5	B/D PA; MO; NDS
DROXIA	3	MO
ELAHERE	5	PA; LA; NDS
ELIGARD	3	PA; MO
ELIGARD (3 MONTH)	3	PA; MO
ELIGARD (4 MONTH)	3	PA; MO
ELIGARD (6 MONTH)	3	PA; MO
ELREXFIO	5	PA; NDS
ELZONRIS	5	B/D PA; LA; NDS
EMPLICITI	5	B/D PA; MO; NDS
EMRELIS	5	PA; NDS
ENVARBUS XR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY	5	PA; NDS
ERBITUX	5	B/D PA; MO; NDS
<i>eribulin</i>	5	B/D PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
ERIVEDGE	5	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days); NDS
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days); NDS
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
ERWINASE	5	B/D PA; NDS
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
EULEXIN	5	NDS
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (150 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (90 per 30 days); NDS
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	3	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO; NDS
<i>exemestane</i>	4	MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO; NDS
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>floxuridine</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOTIVDA	5	PA; LA; QL (21 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days); NDS
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days); NDS
<i>fulvestrant</i>	5	B/D PA; MO; NDS
FYARRO	5	PA; NDS
GAVRETO	5	PA; LA; QL (120 per 30 days); NDS
GAZYVA	5	B/D PA; MO; NDS
<i>gefitinib</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf oral capsule</i>	3	B/D PA; MO

Drug Name	Drug Tier	Requirements /Limits
GILOTRIF	5	PA; MO; QL (30 per 30 days); NDS
GLEOSTINE ORAL CAPSULE 10 MG	4	MO
GLEOSTINE ORAL CAPSULE 100 MG	5	MO; NDS
GLEOSTINE ORAL CAPSULE 40 MG	4	MO; NDS
GOMEKLI ORAL CAPSULE 1 MG	5	PA; QL (126 per 28 days); NDS
GOMEKLI ORAL CAPSULE 2 MG	5	PA; QL (84 per 28 days); NDS
GOMEKLI ORAL TABLET FOR SUSPENSION	5	PA; QL (168 per 28 days); NDS
GRAFAPEX	5	B/D PA; NDS
HERNEXEOS	5	PA; MO; QL (90 per 30 days); NDS
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days); NDS
IBTROZI	5	PA; QL (90 per 30 days); NDS
ICLUSIG	5	PA; QL (30 per 30 days); NDS
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days); NDS

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<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	3	PA; MO; QL (180 per 30 days); NDS
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (90 per 30 days); NDS
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days); NDS
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days); NDS
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days); NDS
IMDELLTRA	5	PA; MO; NDS
IMFINZI	5	B/D PA; MO; LA; NDS
IMJUDO	5	PA; MO; NDS
IMKELDI	5	PA; MO; QL (280 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days); NDS
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days); NDS
INQOVI	5	PA; MO; QL (5 per 28 days); NDS
INREBIC	5	PA; MO; LA; QL (120 per 30 days); NDS
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA; NDS
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO; NDS
ISTODAX	5	B/D PA; MO; NDS
ITOVEBI ORAL TABLET 3 MG	5	PA; MO; QL (60 per 30 days); NDS
ITOVEBI ORAL TABLET 9 MG	5	PA; MO; QL (30 per 30 days); NDS
IWILFIN	5	PA; LA; QL (240 per 30 days); NDS
IXEMPRA	5	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
JAKAFI	5	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days); NDS
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days); NDS
JEMPERLI	5	PA; MO; NDS
JEVTANA	5	B/D PA; MO; NDS
JYLAMVO	4	B/D PA; MO
KADCYLA	5	PA; MO; NDS
KEYTRUDA	5	PA; MO; NDS
KIMMTRAK	5	B/D PA; NDS
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days); NDS
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days); NDS
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days); NDS
KOSELUGO	5	PA; NDS
KRAZATI	5	PA; QL (180 per 30 days); NDS
KYPROLIS	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>lanreotide subcutaneous syringe 120 mg/0.5 ml</i>	5	PA; MO; NDS
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days); NDS
LAZCLUZE ORAL TABLET 240 MG	5	PA; LA; QL (30 per 30 days); NDS
LAZCLUZE ORAL TABLET 80 MG	5	PA; LA; QL (60 per 30 days); NDS
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days); NDS
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days); NDS
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	PA; MO; QL (30 per 30 days); NDS
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); NDS
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); NDS
<i>letrozole</i>	2	MO

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LEUKERAN	5	MO; NDS
<i>leuprolide subcutaneous kit</i>	4	PA; MO
LIBTAYO	5	PA; LA; NDS
LONSURF	5	PA; MO; NDS
LOQTORZI	5	PA; MO; NDS
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days); NDS
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days); NDS
LUMAKRAS ORAL TABLET 120 MG	5	PA; MO; QL (240 per 30 days); NDS
LUMAKRAS ORAL TABLET 240 MG	5	PA; MO; QL (120 per 30 days); NDS
LUMAKRAS ORAL TABLET 320 MG	5	PA; MO; QL (90 per 30 days); NDS
LUNSUMIO	5	PA; MO; NDS
LUPRON DEPOT	5	PA; MO; NDS
LYNOZYFIC	5	PA; NDS
LYNPARZA	5	PA; MO; QL (120 per 30 days); NDS
LYSODREN	5	NDS
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	5	PA; LA; QL (84 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	5	PA; LA; QL (112 per 28 days); NDS
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	5	PA; LA; QL (140 per 28 days); NDS
MARGENZA	5	B/D PA; NDS
MATULANE	5	NDS
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1260 per 30 days); NDS
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days); NDS
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days); NDS
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days); NDS
<i>melphalan hcl</i>	5	B/D PA; NDS
<i>mercaptopurine oral suspension</i>	5	MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>mercaptopurine oral tablet</i>	3	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO; NDS
<i>mitoxantrone</i>	2	B/D PA; MO
MODEYSO	5	PA; QL (20 per 28 days); NDS
MONJUVI	5	PA; LA; NDS
<i>mycophenolate mofetil (hcl)</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO; NDS
<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; MO; NDS

Drug Name	Drug Tier	Requirements /Limits
MYLOTARG	5	B/D PA; MO; LA; NDS
<i>nelarabine</i>	5	B/D PA; MO; NDS
NEMLUVIO	5	PA; MO; QL (2 per 28 days); NDS
NERLYNX	5	PA; MO; LA; NDS
<i>nilotinib hcl oral capsule 150 mg, 200 mg</i>	5	PA; MO; QL (112 per 28 days); NDS
<i>nilotinib hcl oral capsule 50 mg</i>	5	PA; MO; QL (120 per 30 days); NDS
<i>nilutamide</i>	5	PA; MO; NDS
NINLARO	5	PA; MO; QL (3 per 28 days); NDS
NUBEQA	5	PA; MO; LA; QL (120 per 30 days); NDS
NULOJIX	5	B/D PA; MO; NDS
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO; NDS
<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

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<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	4	PA; MO; NDS
<i>octreotide, microspheres</i>	5	PA; NDS
ODOMZO	5	PA; MO; LA; QL (30 per 30 days); NDS
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA; QL (56 per 28 days); NDS
OGSIVEO ORAL TABLET 50 MG	5	PA; QL (180 per 30 days); NDS
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	5	PA; QL (96 per 28 days); NDS
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	5	PA; QL (16 per 28 days); NDS
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	5	PA; QL (20 per 28 days); NDS
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	5	PA; QL (24 per 28 days); NDS
OJJAARA	5	PA; QL (30 per 30 days); NDS
ONCASPAR	5	B/D PA; NDS
ONIVYDE	5	B/D PA; NDS

Drug Name	Drug Tier	Requirements /Limits
ONUREG	5	PA; MO; QL (14 per 28 days); NDS
OPDIVO	5	PA; MO; NDS
OPDIVO QVANTIG	5	PA; MO; NDS
OPDUALAG	5	PA; MO; NDS
ORGOVYX	5	PA; LA; QL (30 per 28 days); NDS
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days); NDS
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days); NDS
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO
<i>paclitaxel protein-bound</i>	5	B/D PA; MO; NDS
PADCEV	5	PA; MO; NDS
<i>paraplatin</i>	2	B/D PA

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This drug list was last updated on 10/06/2025.

Drug Name	Drug Tier	Requirements /Limits
<i>pazopanib</i>	5	PA; MO; QL (120 per 30 days); NDS
PEMAZYRE	5	PA; LA; QL (28 per 28 days); NDS
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO; NDS
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA; NDS
PERJETA	5	B/D PA; MO; NDS
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; QL (28 per 28 days); NDS
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	5	PA; QL (56 per 28 days); NDS
POLIVY	5	PA; MO; NDS
POMALYST	5	PA; MO; LA; QL (21 per 28 days); NDS
POTELIGEO	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
PRALATREXATE	5	B/D PA; MO; NDS
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
QINLOCK	5	PA; LA; QL (90 per 30 days); NDS
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	5	PA; MO; LA; QL (60 per 30 days); NDS
RETEVMO ORAL TABLET 40 MG	5	PA; MO; LA; QL (90 per 30 days); NDS
REVUFORJ ORAL TABLET 110 MG	5	PA; QL (120 per 30 days); NDS
REVUFORJ ORAL TABLET 160 MG	5	PA; QL (60 per 30 days); NDS
REVUFORJ ORAL TABLET 25 MG	5	PA; QL (240 per 30 days); NDS
REZLIDHIA	5	PA; QL (60 per 30 days); NDS
REZUROCK	5	PA; LA; QL (30 per 30 days); NDS
<i>romidepsin intravenous recon soln</i>	5	B/D PA; NDS

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Drug Name	Drug Tier	Requirements /Limits
ROMVIMZA	5	PA; LA; QL (8 per 28 days); NDS
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days); NDS
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days); NDS
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; MO; QL (336 per 28 days); NDS
RUBRACA	5	PA; MO; LA; QL (120 per 30 days); NDS
RUXIENCE	5	PA; MO; NDS
RYBREVANT	5	PA; MO; NDS
RYDAPT	5	PA; MO; QL (224 per 28 days); NDS
RYLAZE	5	B/D PA; NDS
RYTELO	5	PA; NDS
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED REL RECON 10 MG	5	PA; MO; NDS
SARCLISA	5	PA; LA; NDS
SCEMBLIX ORAL TABLET 100 MG	5	PA; QL (120 per 30 days); NDS
SCEMBLIX ORAL TABLET 20 MG	5	PA; QL (60 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
SCEMBLIX ORAL TABLET 40 MG	5	PA; QL (300 per 30 days); NDS
SIGNIFOR	5	PA; NDS
SIMULECT	3	B/D PA; MO
<i>sirolimus oral solution</i>	4	B/D PA; MO; NDS
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX	5	MO; NDS
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	5	PA; MO; NDS
<i>sorafenib</i>	5	PA; MO; QL (120 per 30 days); NDS
STIVARGA	5	PA; MO; QL (84 per 28 days); NDS
<i>sunitinib malate</i>	5	PA; MO; QL (28 per 28 days); NDS
SYLVANT	5	B/D PA; MO; NDS
TABLOID	4	MO
TABRECTA	5	PA; MO; NDS
<i>tacrolimus oral capsule</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days); NDS
TAGRISSEO	5	PA; MO; LA; QL (30 per 30 days); NDS
TALVEY	5	PA; NDS
TALZENNA	5	PA; MO; QL (30 per 30 days); NDS
<i>tamoxifen</i>	2	MO
TAZVERIK	5	PA; LA; NDS
TECENTRIQ	5	B/D PA; MO; LA; NDS
TECENTRIQ HYBREZA	5	B/D PA; MO; LA; NDS
TECVAYLI	5	PA; NDS
TEMODAR INTRAVENOUS	5	B/D PA; MO; NDS
<i>temsirolimus</i>	5	B/D PA; MO; NDS
TEPMETKO	5	PA; LA; NDS
TEVIMBRA	5	PA; NDS
THALOMID ORAL CAPSULE 100 MG	5	PA; MO; QL (112 per 28 days); NDS
THALOMID ORAL CAPSULE 50 MG	5	PA; MO; QL (28 per 28 days); NDS
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA; NDS
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO; NDS
TIBSOVO	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
TIVDAK	5	PA; MO; NDS
<i>topotecan</i>	5	B/D PA; MO; NDS
<i>toremifene</i>	5	MO; NDS
<i>torpenz</i>	5	PA; QL (30 per 30 days); NDS
TRAZIMERA	5	B/D PA; MO; NDS
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO; NDS
TRODELVY	5	PA; LA; NDS
TRUQAP	5	PA; QL (64 per 28 days); NDS
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days); NDS
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days); NDS
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days); NDS
UNITUXIN	5	B/D PA; NDS
<i>valrubicin</i>	5	B/D PA; MO; NDS
VANFLYTA	5	PA; QL (56 per 28 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
VECTIBIX	5	B/D PA; MO; NDS
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (180 per 30 days); NDS
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days); NDS
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 180 days); NDS
VERZENIO	5	PA; MO; LA; QL (60 per 30 days); NDS
<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); NDS
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days); NDS
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days); NDS
VIZIMPRO	5	PA; MO; QL (30 per 30 days); NDS
VONJO	5	PA; QL (120 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
VORANIGO ORAL TABLET 10 MG	5	PA; QL (60 per 30 days); NDS
VORANIGO ORAL TABLET 40 MG	5	PA; QL (30 per 30 days); NDS
VYLOY	5	PA; LA; NDS
VYXEOS	5	B/D PA; NDS
WELIREG	5	PA; LA; NDS
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days); NDS
XALKORI ORAL PELLETT 150 MG	5	PA; MO; QL (180 per 30 days); NDS
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days); NDS
XERMELO	5	PA; LA; QL (84 per 28 days); NDS
XOSPATA	5	PA; LA; QL (90 per 30 days); NDS
XPOVIO	5	PA; LA; NDS
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days); NDS
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days); NDS
YERVOY	5	B/D PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
YONDELIS	5	B/D PA; NDS
ZALTRAP	5	B/D PA; MO; NDS
ZEJULA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days); NDS
ZELBORAF	5	PA; MO; QL (240 per 30 days); NDS
ZEPZELCA	5	PA; NDS
ZIIHERA	5	PA; NDS
ZIRABEV	5	B/D PA; MO; NDS
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO; QL (120 per 30 days); NDS
ZYDELIG	5	PA; MO; QL (60 per 30 days); NDS
ZYKADIA	5	PA; MO; QL (90 per 30 days); NDS
ZYNLONTA	5	PA; LA; NDS
ZYNYZ	5	PA; MO; NDS
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
BRIVIACT INTRAVENOUS	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days); NDS
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable 100 mg</i>	2	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT	5	PA; LA; NDS
<i>diazepam rectal</i>	4	MO
DILANTIN 30 MG	4	MO
<i>divalproex</i>	2	MO
EPIDIOLEX	5	PA; MO; LA; NDS
<i>eslicarbazepine oral tablet 200 mg</i>	5	MO; QL (180 per 30 days); NDS
<i>eslicarbazepine oral tablet 400 mg</i>	5	MO; QL (90 per 30 days); NDS
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	5	MO; QL (60 per 30 days); NDS
<i>ethosuximide</i>	3	MO
<i>felbamate</i>	4	MO
FINTEPLA	5	PA; LA; QL (360 per 30 days); NDS
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days); NDS
<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)

Drug Name	Drug Tier	Requirements /Limits
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	4	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
<i>methsuximide</i>	4	MO
NAYZILAM	3	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	MO
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	5	MO; QL (30 per 30 days); NDS
<i>perampanel oral tablet 2 mg</i>	4	MO; QL (60 per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	5	MO; QL (60 per 30 days); NDS
<i>phenobarbital oral elixir</i>	4	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO; NDS
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	4	PA; MO; NDS
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG	4	
SPRITAM ORAL TABLET FOR SUSPENSION 250 MG, 500 MG, 750 MG	4	MO
<i>subvenite</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days); NDS
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	2	PA; MO
<i>topiramate oral solution</i>	4	PA

Drug Name	Drug Tier	Requirements /Limits
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium</i>	2	MO
<i>valproic acid</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
VALTOCO	3	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	PA; MO; LA; NDS
<i>vigadrone</i>	5	PA; LA; NDS
XCOPRI MAINTENANCE PACK	5	MO; QL (56 per 28 days); NDS
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	5	MO; QL (30 per 30 days); NDS
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days); NDS
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	MO; QL (28 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	5	MO; QL (28 per 180 days); NDS

ZONISADE	5	PA; MO; NDS
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<i>zonisamide</i>	2	PA; MO
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ZTALMY	5	PA; LA; QL (1100 per 30 days); NDS
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ANTIPARKINSONISM AGENTS

<i>benztropine injection</i>	2	MO
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<i>benztropine oral</i>	2	PA; MO
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<i>bromocriptine</i>	4	MO
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<i>carbidopa</i>	4	MO
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<i>carbidopa-levodopa</i>	2	MO
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<i>carbidopa-levodopa-entacapone</i>	4	MO
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<i>entacapone</i>	4	MO
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INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	5	PA; QL (300 per 30 days); NDS
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NEUPRO	4	MO
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<i>pramipexole oral tablet</i>	2	MO
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<i>rasagiline</i>	4	MO
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<i>ropinirole oral tablet</i>	2	MO
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Drug Name	Drug Tier	Requirements /Limits
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO

<i>selegiline hcl</i>	2	MO
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<i>trihexyphenidyl oral tablet</i>	1	MO
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MIGRAINE / CLUSTER HEADACHE THERAPY

AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
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<i>dihydroergotamine injection</i>	5	NDS
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<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days); NDS
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EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
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EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
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<i>ergotamine-caffeine</i>	3	MO
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<i>naratriptan</i>	3	MO; QL (18 per 28 days)
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NURTEC ODT	3	PA; QL (16 per 30 days)
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QULIPTA	3	PA; MO; QL (30 per 30 days)
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<i>rizatriptan oral tablet</i>	2	MO; QL (24 per 28 days)
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<i>rizatriptan oral tablet, disintegrating</i>	3	MO; QL (24 per 28 days)
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<i>sumatriptan nasal</i>	4	MO; QL (18 per 28 days)
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Drug Name	Drug Tier	Requirements /Limits
<i>sumatriptan succinate oral</i>	2	MO; QL (18 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)
UBRELVY	3	PA; QL (20 per 30 days)

MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; MO; QL (120 per 30 days); NDS
AUSTEDO ORAL TABLET 6 MG	5	PA; MO; QL (60 per 30 days); NDS
AUSTEDO XR	5	PA; MO; QL (30 per 30 days); NDS

Drug Name	Drug Tier	Requirements /Limits
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	5	PA; MO; QL (28 per 180 days); NDS
BRIUMVI	5	PA; MO; QL (24 per 180 days); NDS
<i>dalfampridine</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	4	PA; MO; QL (56 per 28 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	4	PA; MO; QL (120 per 180 days); NDS
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days); NDS
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	2	MO
<i>fingolimod</i>	5	PA; MO; QL (30 per 30 days); NDS
<i>galantamine oral capsule, ext rel. pellets 24 hr</i>	3	MO

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

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

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Drug Name	Drug Tier	Requirements /Limits
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	3	MO
<i>revonto</i>	2	
<i>tizanidine oral tablet</i>	2	MO
VYVGART	5	PA; MO; LA; NDS
VYVGART HYTRULO	5	PA; MO; LA; NDS
NARCOTIC ANALGESICS		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	3	QL (360 per 30 days)
<i>endocet oral tablet 5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15 ml</i>	3	QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 2.5-325 mg</i>	3	QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml</i>	4	
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	4	
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	3	
<i>methadone intensol</i>	3	PA; MO; QL (90 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<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)
<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	

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Drug Name	Drug Tier	Requirements /Limits
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<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)
SUBLOCADE	5	MO; NDS
NON-NARCOTIC ANALGESICS		
<i>buprenorphine-naloxone sublingual film</i>	3	MO
<i>buprenorphine-naloxone sublingual tablet</i>	2	MO
<i>butorphanol injection</i>	2	MO
<i>butorphanol nasal</i>	4	MO; QL (10 per 28 days)

Drug Name	Drug Tier	Requirements /Limits
<i>celecoxib</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral</i>	2	MO
<i>diclofenac sodium topical drops</i>	2	MO; QL (300 per 28 days)
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump</i>	5	MO; QL (224 per 28 days); NDS
<i>diclofenac-misoprostol</i>	4	MO
<i>diflunisal</i>	3	MO
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	

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Drug Name	Drug Tier	Requirements /Limits
JOURNAVX	4	MO; QL (30 per 90 days)
KLOXXADO	4	MO
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine</i>	2	
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe 0.4 mg/ml (prefilled syringe)</i>	2	
<i>naloxone injection syringe 0.4 mg/ml, 1 mg/ml</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxaprozin oral tablet</i>	4	MO
<i>piroxicam</i>	3	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO; NDS

PSYCHOTHERAPEUTIC DRUGS

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

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Drug Name	Drug Tier	Requirements /Limits
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days); NDS
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days); NDS
<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	4	ST; QL (60 per 30 days); NDS
BELSOMRA	3	PA; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO
CAPLYTA	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet, disintegrating</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
COBENFY	4	MO; QL (60 per 30 days)
COBENFY STARTER PACK	4	MO; QL (56 per 180 days)
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	MO; QL (30 per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM	5	MO; NDS
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
FANAPT	4	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	4	ST; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B	4	ST; QL (12 per 180 days)
FANAPT TITRATION PACK C	4	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)-40 MG (26)	3	QL (28 per 180 days)

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Drug Name	Drug Tier	Requirements /Limits
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	3	QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl</i>	4	MO
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol</i>	2	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)</i>	4	MO
<i>haloperidol lactate injection</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
<i>imipramine hcl</i>	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days); NDS
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days); NDS
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days); NDS
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days); NDS
<i>lithium carbonate</i>	2	MO
<i>lithium citrate</i>	2	
<i>lorazepam injection</i>	2	PA; MO
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	4	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	4	MO; QL (60 per 30 days)
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	4	MO
<i>methylphenidate hcl oral tablet, chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet, disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	5	ST; MO; QL (90 per 30 days); NDS
OPIPZA ORAL FILM 2 MG	5	ST; MO; QL (30 per 30 days); NDS
OPIPZA ORAL FILM 5 MG	5	ST; MO; QL (180 per 30 days); NDS
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>pentobarbital sodium injection solution</i>	4	
<i>perphenazine</i>	4	MO
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
RALDESY	5	ST; MO; NDS
<i>ramelteon</i>	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)
<i>risperidone microspheres intramuscular suspension, extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml</i>	5	QL (2 per 28 days); NDS
<i>risperidone microspheres intramuscular suspension,extended rel recon 50 mg/2 ml</i>	5	MO; QL (2 per 28 days); NDS
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO	5	MO; QL (30 per 30 days); NDS
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	5	PA; LA; QL (540 per 30 days); NDS
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; MO; NDS
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	3	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ	5	NDS
<i>vilazodone</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA; MO; QL (28 per 365 days); NDS
ZURZUVAE ORAL CAPSULE 30 MG	5	PA; MO; QL (14 per 365 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days); NDS
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	QL (1 per 28 days); NDS

CARDIOVASCULAR, HYPERTENSION / LIPIDS

ANTIARRHYTHMIC AGENTS

Drug Name	Drug Tier	Requirements /Limits
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	MO
<i>amiodarone oral</i>	2	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	
<i>lidocaine (pf) intravenous</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine</i>	3	MO
MULTAQ	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
ANTIHYPERTENSIVE THERAPY		
<i>acebutolol</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>aliskiren</i>	4	MO
<i>amiloride</i>	2	MO
<i>amiloride-hydrochlorothiazide</i>	2	MO
<i>amlodipine</i>	1	MO
<i>amlodipine-benazepril</i>	1	MO
<i>amlodipine-olmesartan</i>	1	MO
<i>amlodipine-valsartan</i>	1	MO
<i>amlodipine-valsartan-hcthiiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	1	MO
<i>benazepril</i>	1	MO
<i>benazepril-hydrochlorothiazide</i>	1	MO
<i>betaxolol oral</i>	3	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide injection</i>	4	MO
<i>bumetanide oral</i>	2	MO
<i>candesartan</i>	1	MO
<i>candesartan-hydrochlorothiazid</i>	2	MO
<i>captopril</i>	1	MO
<i>captopril-hydrochlorothiazide</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>cartia xt</i>	2	MO
<i>carvedilol</i>	1	MO
<i>chlorothiazide sodium</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine transdermal patch</i>	4	MO; QL (4 per 28 days)
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>diltiazem hcl intravenous</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	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 120 mg, 240 mg, 300 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diltiazem hcl oral tablet extended release 24 hr 180 mg, 360 mg, 420 mg</i>	2	
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate oral tablet</i>	1	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO
<i>eplerenone</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium</i>	5	NDS
<i>felodipine</i>	2	MO
<i>fosinopril</i>	1	MO
<i>fosinopril-hydrochlorothiazide</i>	1	MO
<i>furosemide injection solution</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	1	MO
<i>irbesartan-hydrochlorothiazide</i>	1	MO
<i>isosorbide-hydralazine</i>	3	MO; QL (180 per 30 days)
<i>isradipine</i>	2	
KERENDIA	3	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	2	MO
<i>lisinopril</i>	1	MO
<i>lisinopril-hydrochlorothiazide</i>	1	MO
<i>losartan</i>	1	MO
<i>losartan-hydrochlorothiazide</i>	1	MO
<i>mannitol 20 %</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>metoprolol tartrate intravenous</i>	2	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>metyrosine</i>	5	PA; MO; NDS
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	4	MO
<i>nebivolol</i>	2	MO
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 20 %</i>	4	
<i>perindopril erbumine</i>	1	MO
<i>phentolamine</i>	2	
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO
<i>propranolol intravenous</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril</i>	1	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	1	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>telmisartan</i>	1	MO
<i>telmisartan-amlodipine</i>	2	MO
<i>telmisartan-hydrochlorothiazid</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er</i>	2	MO
<i>timolol maleate oral</i>	4	MO
<i>torseamide oral</i>	2	MO
<i>trandolapril</i>	1	MO
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>triamterene-hydrochlorothiazid</i>	1	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days); NDS
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA; QL (200 per 180 days); NDS
<i>valsartan oral tablet</i>	1	MO
<i>valsartan-hydrochlorothiazide</i>	1	MO
<i>veletri</i>	2	B/D PA; MO
<i>verapamil intravenous</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule,ext rel. pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
COAGULATION THERAPY		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO; NDS
<i>aspirin-dipyridamole</i>	4	MO
CABLIVI INJECTION KIT	5	PA; LA; NDS
CEPROTIN (BLUE BAR)	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
CEPROTIN (GREEN BAR)	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate</i>	3	MO; QL (60 per 30 days)
<i>dipyridamole intravenous</i>	2	
<i>dipyridamole oral</i>	4	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA; NDS
DOPTELET (15 TAB PACK)	5	PA; MO; LA; NDS
DOPTELET (30 TAB PACK)	5	PA; MO; LA; NDS
ELIQUIS DVT-PE TREAT 30D START	3	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	3	MO; QL (60 per 30 days)
<i>eltrombopag olamine</i>	5	PA; MO; NDS
<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)

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Drug Name	Drug Tier	Requirements /Limits
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO; NDS
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO

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	
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE	3	MO
<i>jantoven</i>	1	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel hcl</i>	3	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>protamine</i>	2	
<i>rivaroxaban oral suspension for reconstitution</i>	3	QL (775 per 28 days)
<i>rivaroxaban oral tablet</i>	3	MO; QL (60 per 30 days)
<i>ticagrelor</i>	3	MO
<i>warfarin</i>	1	MO
XARELTO DVT-PE TREAT 30D START	3	MO; QL (51 per 180 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	3	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 2.5 MG	3	MO; QL (60 per 30 days)

LIPID/CHOLESTEROL LOWERING AGENTS

<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	3	MO
<i>cholestyramine light</i>	3	MO
<i>colesevelam</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)

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

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

MISCELLANEOUS CARDIOVASCULAR AGENTS

CAMZYOS	5	PA; MO; QL (30 per 30 days); NDS
<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>dobutamine</i>	2	B/D PA
<i>dobutamine in d5w</i> <i>intravenous</i> <i>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 %</i> <i>dextrose intravenous</i> <i>solution 200 mg/250</i> <i>ml (800 mcg/ml),</i> <i>400 mg/250 ml</i> <i>(1,600 mcg/ml), 400</i> <i>mg/500 ml (800</i> <i>mcg/ml), 800</i> <i>mg/500 ml (1,600</i> <i>mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 %</i> <i>dextrose intravenous</i> <i>solution 800 mg/250</i> <i>ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine</i> <i>intravenous solution</i> 200 mg/5 ml (40 mg/ml)	2	B/D PA
<i>dopamine</i> <i>intravenous solution</i> 400 mg/10 ml (40 mg/ml)	2	B/D PA; MO
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 %</i> <i>dextrose</i>	2	B/D PA
<i>norepinephrine</i> <i>bitartrate</i>	2	
<i>ranolazine</i>	3	MO
<i>sacubitril-valsartan</i>	3	MO; QL (60 per 30 days)
VERQUVO	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
VYNDAMAX	5	PA; MO; NDS
VYNDAQEL	5	PA; MO
NITRATES		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	3	MO
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	4	MO
DERMATOLOGICALS/ TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	5	PA; MO; QL (10 per 28 days); NDS
COSENTYX INTRAVENOUS	5	PA; QL (20 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
COSENTYX PEN	5	PA; MO; QL (5 per 28 days); NDS
COSENTYX PEN (2 PENS)	5	PA; MO; QL (10 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (5 per 28 days); NDS
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; QL (2.5 per 28 days); NDS
COSENTYX UNOREADY PEN	5	PA; MO; QL (10 per 28 days); NDS
SELARSDI INTRAVENOUS	5	PA; MO; QL (104 per 180 days); NDS
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
SELARSDI SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days); NDS
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 84 days); NDS
SKYRIZI SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 84 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 180 days); NDS
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days); NDS
TREMFYA INTRAVENOUS	5	PA; MO; QL (20 per 28 days); NDS
TREMFYA PEN	5	PA; MO; QL (2 per 28 days); NDS
TREMFYA PEN INDUCTION PK-CROHN	5	PA; MO; QL (12 per 180 days); NDS
TREMFYA SUBCUTANEOUS AUTO-INJECTOR	5	PA; QL (2 per 28 days); NDS
TREMFYA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (2 per 28 days); NDS
USTEKINUMAB INTRAVENOUS	5	PA; MO; QL (104 per 180 days); NDS
USTEKINUMAB SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days); NDS
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	3	PA; MO; QL (0.5 per 28 days)
USTEKINUMAB-AEKN SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days); NDS

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

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Drug Name	Drug Tier	Requirements /Limits
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days); NDS
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days); NDS
EUCRISA	4	PA; MO; QL (120 per 30 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal</i>	3	
<i>lidocaine hcl mucous membrane jelly</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (50 per 30 days)
<i>lidocaine viscous</i>	2	
<i>lidocaine-epinephrine</i>	2	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>lidocan iii</i>	4	PA; QL (90 per 30 days)
<i>lidocan iv</i>	4	PA; QL (90 per 30 days)
<i>lidocan v</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen</i>	5	MO; NDS
PANRETIN	5	PA; MO; NDS
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
SANTYL	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<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; NDS
THERAPY FOR ACNE		
<i>acutane</i>	4	
<i>amnesteem</i>	4	
<i>azelaic acid</i>	4	MO
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	4	
<i>metronidazole topical</i>	4	MO

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

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Drug Name	Drug Tier	Requirements /Limits
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole nitrate topical cream</i>	4	MO; QL (85 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</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)

Drug Name	Drug Tier	Requirements /Limits
<i>penciclovir</i>	4	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>alclometasone</i>	3	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>	3	MO
<i>betamethasone, augmented topical ointment</i>	3	MO
<i>clobetasol scalp</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream 0.05 %</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)

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<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient</i>	4	MO; QL (120 per 30 days)
<i>fluticasone propionate topical cream</i>	3	MO
<i>fluticasone propionate topical ointment</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream 0.5 %</i>	2	

TOPICAL SCABICIDES / PEDICULICIDES

<i>malathion</i>	4	MO
<i>permethrin</i>	3	MO; QL (60 per 30 days)

DIAGNOSTICS / MISCELLANEOUS AGENTS

ANTIDOTES

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Drug Name	Drug Tier	Requirements /Limits
<i>acetylcysteine intravenous</i>	3	
IRRIGATING SOLUTIONS		
<i>lactated ringers irrigation</i>	4	
<i>neomycin-polymyxin b gu</i>	2	
<i>ringer's irrigation</i>	4	MO
MISCELLANEOUS AGENTS		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	3	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>carglumic acid</i>	5	PA; MO; NDS
<i>cevimeline</i>	4	MO
CHEMET	3	PA
CLINIMIX 4.25%/D5W SULFIT FREE	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	4	
<i>d2.5 %-0.45 % sodium chloride</i>	4	
<i>d5 % and 0.9 % sodium chloride</i>	4	MO
<i>d5 %-0.45 % sodium chloride</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO; NDS
<i>deferasirox oral tablet</i>	3	PA; MO

Drug Name	Drug Tier	Requirements /Limits
<i>deferasirox oral tablet, dispersible 125 mg</i>	3	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO; NDS
<i>deferiprone</i>	5	PA; MO; NDS
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	4	
<i>dextrose 10 % in water (d10w)</i>	4	
<i>dextrose 25 % in water (d25w)</i>	4	
<i>dextrose 5 % in water (d5w)</i>	4	MO
<i>dextrose 5 %-lactated ringers</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride</i>	4	
<i>dextrose 5%-0.3 % sod.chloride</i>	4	
<i>dextrose 50 % in water (d50w)</i>	4	
<i>dextrose 70 % in water (d70w)</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa oral capsule 100 mg</i>	4	PA; MO; NDS
<i>droxidopa oral capsule 200 mg, 300 mg</i>	5	PA; MO; NDS

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<i>glutamine (sickle cell)</i>	5	PA; MO; NDS
INCRELEX	5	LA; NDS
<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; NDS
<i>pilocarpine hcl oral</i>	4	MO
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; MO; LA; NDS
REVCOVI	5	PA; LA; NDS
REZDIFFRA	5	PA; MO; QL (30 per 30 days); NDS
<i>riluzole</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	PA; MO
<i>sodium benzoate-sod phenylacet</i>	5	NDS
<i>sodium chloride 0.9 % intravenous</i>	4	MO
<i>sodium chloride irrigation</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>sodium phenylbutyrate</i>	5	PA; MO; NDS
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; MO; NDS
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 25.2 GRAM	3	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 8.4 GRAM	3	MO
<i>water for irrigation, sterile</i>	4	MO
XIAFLEX	5	PA; NDS
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deter)</i>	2	MO
NICOTROL NS	4	MO
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	4	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>varenicline tartrate oral tablet 1 mg (56 pack)</i>	4	
<i>varenicline tartrate oral tablets,dose pack</i>	4	MO

EAR, NOSE / THROAT MEDICATIONS

MISCELLANEOUS AGENTS

<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	3	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>fraiche 5000</i>	2	
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	2	MO; QL (30 per 30 days)
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	2	MO; QL (30 per 20 days)

Drug Name	Drug Tier	Requirements /Limits
<i>kourzeq</i>	2	
<i>oralone</i>	2	
<i>periogard</i>	2	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetone dental</i>	2	MO

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 acetone 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>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear)</i>	3	MO

ENDOCRINE/DIABETES

ADRENAL HORMONES

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

Drug Name	Drug Tier	Requirements /Limits
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol</i>	4	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)</i>	1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	1	MO
<i>triamcinolone acetonide injection suspension 10 mg/ml</i>	2	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
ANTITHYROID AGENTS		
<i>methimazole oral tablet 10 mg, 5 mg</i>	2	MO
<i>propylthiouracil</i>	2	MO
DIABETES THERAPY		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads</i>	3	PA; MO
BAQSIMI	3	MO
DAPAGLIFLOZIN PROPANEDIOL	3	MO; QL (30 per 30 days)
<i>diazoxide</i>	5	MO; NDS
DROPSAFE ALCOHOL PREP PADS	3	PA
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml</i>	3	PA; QL (2.4 per 30 days)
<i>exenatide subcutaneous pen injector 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	3	PA; QL (1.2 per 30 days)
FARXIGA	3	MO; QL (30 per 30 days)
FIASP FLEXTOUCH U- 100 INSULIN	3	MO
FIASP PENFILL U- 100 INSULIN	3	MO
FIASP U-100 INSULIN	3	MO
<i>glimepiride oral tablet 1 mg</i>	1	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; QL (120 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
GLYXAMBI	3	MO; QL (30 per 30 days)
GVOKE	3	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 2-PACK	3	MO

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Drug Name	Drug Tier	Requirements /Limits
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
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 KWIKPEN	3	MO
HUMALOG MIX 75-25 KWIKPEN	3	MO
HUMALOG MIX 75-25(U-100)INSULN	3	MO
HUMALOG U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 INSULIN	3	MO
HUMULIN 70/30 U-100 KWIKPEN	3	MO
HUMULIN N NPH INSULIN KWIKPEN	3	MO
HUMULIN N NPH U-100 INSULIN	3	MO

Drug Name	Drug Tier	Requirements /Limits
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO
HUMULIN R U-500 (CONC) KWIKPEN	3	MO
INPEFA	3	PA; MO; QL (30 per 30 days)
INSULIN ASPART U-100	3	MO
INSULIN LISPRO	3	MO
INSULIN LISPRO PROTAMIN-LISPRO	3	MO
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
JENTADUETO	3	MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO
LANTUS U-100 INSULIN	3	MO
<i>liraglutide</i>	3	PA; QL (9 per 30 days)
LYUMJEV KWIKPEN U-100 INSULIN	3	MO
LYUMJEV KWIKPEN U-200 INSULIN	3	MO
LYUMJEV U-100 INSULIN	3	MO
<i>metformin oral tablet 1,000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
MOUNJARO	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	3	MO
NOVOLIN 70-30 FLEXPEN U-100	3	MO
NOVOLIN N FLEXPEN	3	MO
NOVOLIN N NPH U-100 INSULIN	3	MO
NOVOLIN R FLEXPEN	3	MO
NOVOLIN R REGULAR U100 INSULIN	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	3	MO
NOVOLOG MIX 70-30 U-100 INSULIN	3	MO
NOVOLOG MIX 70-30FLEXPEN U-100	3	MO
NOVOLOG PENFILL U-100 INSULIN	3	MO
NOVOLOG U-100 INSULIN ASPART	3	MO

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Drug Name	Drug Tier	Requirements /Limits
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	PA; MO; QL (30 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	3	QL (15 per 25 days)
SYNJARDY	3	MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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
TRADJENTA	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5- 1,000 MG, 5-2.5- 1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY	3	PA; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	5	PA; MO; NDS
<i>cabergoline</i>	3	MO
<i>calcitonin (salmon) injection</i>	5	MO; NDS
<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 oral tablet 30 mg, 60 mg</i>	4	PA; MO
<i>cinacalcet oral tablet 90 mg</i>	4	PA; MO; NDS
<i>clomid</i>	2	PA; MO
<i>clomiphene citrate</i>	2	PA
CRYSVITA	5	PA; MO; LA; NDS
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	MO
<i>doxercalciferol oral</i>	4	MO
ELAPRASE	5	PA; MO; NDS
FABRAZYME	5	PA; MO; NDS
KANUMA	5	PA; MO; NDS
LUMIZYME	5	PA; MO; NDS
MEPSEVII	5	PA; MO; NDS
<i>mifepristone oral tablet 300 mg</i>	5	PA; MO; NDS
NAGLAZYME	5	PA; MO; LA; NDS
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous</i>	2	
<i>paricalcitol oral</i>	4	MO
<i>sapropterin</i>	5	PA; MO; NDS
SOMAVERT	5	PA; MO; NDS
STRENSIQ	5	PA; LA; NDS
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml, 200 mg/ml (1 ml)</i>	3	PA

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<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan</i>	5	PA; MO; NDS
<i>tolvaptan (polycystic kidney disease) oral tablet</i>	5	PA; NDS

Drug Name	Drug Tier	Requirements /Limits
<i>tolvaptan (polycystic kidney disease) oral tablets, sequential</i>	5	PA; MO; NDS
VIMIZIM	5	PA; MO; LA; NDS
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
THYROID HORMONES		
<i>levo-t</i>	1	
<i>levothyroxine intravenous reconstruction solution</i>	2	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet 20 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>diphenoxylate-atropine oral liquid</i>	4	
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
MISCELLANEOUS GASTROINTESTINAL AGENTS		
<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO; NDS
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	3	MO
<i>betaine</i>	5	MO; NDS
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and extended release</i>	5	MO; NDS

Drug Name	Drug Tier	Requirements /Limits
CIMZIA POWDER FOR RECONST	5	PA; MO; QL (2 per 28 days); NDS
CIMZIA STARTER KIT	5	PA; MO; QL (3 per 180 days); NDS
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	5	PA; MO; QL (2 per 28 days); NDS
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</i>	4	PA
<i>droperidol injection solution</i>	2	MO
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO; NDS
GATTEX ONE-VIAL	5	PA; MO; NDS
<i>gavilyte-c</i>	1	MO
<i>gavilyte-g</i>	1	MO
<i>gavilyte-n</i>	1	
<i>generlac</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml</i>	2	MO
<i>granisetron hcl intravenous solution 1 mg/ml (1 ml)</i>	2	
<i>granisetron hcl oral</i>	3	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator 1 %</i>	2	MO
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	2	
INFLIXIMAB	5	PA; QL (20 per 28 days); NDS
<i>lactulose oral solution</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

Drug Name	Drug Tier	Requirements /Limits
<i>mesalamine oral capsule, extended release</i>	4	
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet, delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	2	MO
<i>nitroglycerin rectal</i>	3	MO
<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

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Drug Name	Drug Tier	Requirements /Limits
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes</i>	1	
<i>peg-electrolyte</i>	1	MO
<i>prochlorperazine</i>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	ST; MO; QL (18 per 30 days); NDS
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	ST; MO; QL (12 per 30 days); NDS
REMICADE	5	PA; MO; QL (20 per 28 days); NDS
<i>scopolamine base</i>	4	MO

Drug Name	Drug Tier	Requirements /Limits
SKYRIZI INTRAVENOUS	5	PA; MO; QL (30 per 180 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days); NDS
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days); NDS
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	4	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	4	
SUCRAID	5	PA; NDS
<i>sulfasalazine</i>	2	MO
SYMPROIC	3	MO; QL (30 per 30 days)
TRULANCE	3	QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI	3	B/D PA

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

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

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

IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	PA; MO; NDS
ARCALYST	5	PA; NDS
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days); NDS
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days); NDS
BESREMI	5	PA; LA; NDS
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days); NDS
FULPHILA	5	PA; MO; NDS
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days); NDS
NIVESTYM	5	PA; MO; NDS
NYVEPRIA	5	PA; MO; NDS
OMNITROPE	5	PA; MO; NDS
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days); NDS
PLEGRIDY INTRAMUSCULAR	5	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days); NDS
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days); NDS
<i>plerixafor</i>	5	B/D PA; MO; NDS
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

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Drug Name	Drug Tier	Requirements /Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO; NDS
RELEUKO SUBCUTANEOUS	4	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO; NDS
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	3	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	3	
DENGVAXIA (PF)	3	

Drug Name	Drug Tier	Requirements /Limits
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMUNEX-C	5	PA; MO; NDS
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	3	
HYPERHEP B	3	
HYPERHEP B NEONATAL	3	
IMOVAX RABIES VACCINE (PF)	1	B/D PA; V
INFANRIX (DTAP) (PF)	3	
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	3	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V

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Drug Name	Drug Tier	Requirements /Limits
MRESVIA (PF)	1	V
PEDIARIX (PF)	3	
PEDVAX HIB (PF)	3	
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF- 20MCG-5LF- 62 DU/0.5 ML	3	
PRIORIX (PF)	1	V
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	1	B/D PA; V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX ORAL SUSPENSION	3	
ROTATEQ VACCINE	3	
SHINGRIX (PF)	1	V; QL (2 per 720 days)
STAMARIL (PF)	1	V
TENIVAC (PF)	1	V
TICE BCG	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V

Drug Name	Drug Tier	Requirements /Limits
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	3	
VAXCHORA VACCINE	1	V
VIMKUNYA	1	V
VIVOTIF	1	MO; V
XEMBIFY	5	B/D PA; MO; LA; NDS
YF-VAX (PF)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
NOVO PEN NEEDLE	3	PA; MO
CEQR SIMPLICITY	3	MO

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Drug Name	Drug Tier	Requirements /Limits
CEQUR SIMPLICITY INSERTER	3	MO
GAUZE PADS 2 X 2	3	PA; MO
EMBECTA INSULIN SYRINGE	3	PA; MO
BD PEN NEEDLE	3	PA; MO
OMNIPOD 5 (G6/LIBRE 2 PLUS)	3	MO
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	3	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	3	MO
OMNIPOD 5 INTRO(G6/LIBRE2 PLUS)	3	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	3	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	3	MO
EMBECTA PEN NEEDLE	3	PA; MO
BD INSULIN SYRINGE	3	PA; MO

MUSCULOSKELETAL / RHEUMATOLOGY

GOUT THERAPY

<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	3	MO
<i>probenecid</i>	3	MO
<i>probenecid-colchicine</i>	3	MO

OSTEOPOROSIS THERAPY

<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
BONSITY	5	PA; MO; QL (2.48 per 28 days); NDS
CONEXXENCE	3	MO; QL (1 per 180 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
JUBBONTI	3	MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
<i>teriparatide (only ndcs starting with 47781)</i>	5	PA; MO; QL (2.48 per 28 days); NDS
TYMLOS	5	PA; MO; QL (1.56 per 30 days); NDS

OTHER RHEUMATOLOGICALS

ACTEMRA ACTPEN	5	PA; MO; QL (3.6 per 28 days); NDS
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days); NDS
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days); NDS
BENLYSTA	5	PA; MO; NDS
ENBREL MINI	5	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days); NDS
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days); NDS
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
HADLIMA	5	PA; MO; QL (4.8 per 28 days); NDS
HADLIMA PUSHTOUCH	5	PA; MO; QL (4.8 per 28 days); NDS
HADLIMA(CF)	5	PA; MO; QL (2.4 per 28 days); NDS
HADLIMA(CF) PUSHTOUCH	5	PA; MO; QL (2.4 per 28 days); NDS
KINERET	5	PA; QL (20.1 per 30 days); NDS
<i>leflunomide</i>	2	MO; QL (30 per 30 days)
OTEZLA	5	PA; MO; QL (60 per 30 days); NDS
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); NDS
<i>penicillamine oral tablet</i>	5	PA; MO; NDS
RINVOQ LQ	5	PA; MO; QL (360 per 30 days); NDS
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days); NDS

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Drug Name	Drug Tier	Requirements /Limits
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days); NDS
SAVELLA ORAL TABLET	3	QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	QL (55 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NDS
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 28 days); NDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days); NDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days); NDS
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; QL (3 per 28 days); NDS
TYENNE AUTOINJECTOR	5	PA; MO; QL (3.6 per 28 days); NDS
TYENNE INTRAVENOUS	5	PA; MO; QL (160 per 28 days); NDS

Drug Name	Drug Tier	Requirements /Limits
TYENNE SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days); NDS
XELJANZ ORAL SOLUTION	5	PA; MO; QL (480 per 24 days); NDS
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days); NDS
XELJANZ XR	5	PA; MO; QL (30 per 30 days); NDS

OBSTETRICS / GYNECOLOGY

ESTROGENS / PROGESTINS

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

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Drug Name	Drug Tier	Requirements /Limits
<i>estradiol valerate</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	MO
<i>fyavolv</i>	4	MO
<i>gallifrey</i>	2	MO
<i>heather</i>	2	MO
IMVEXXY MAINTENANCE PACK	3	MO
IMVEXXY STARTER PACK	3	MO
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	MO
<i>lyleq</i>	2	MO
<i>lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	3	MO; QL (8 per 28 days)
<i>lyllana transdermal patch semiweekly 0.0375 mg/24 hr</i>	3	QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
<i>meleya</i>	2	MO
<i>mimvey</i>	3	MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	

Drug Name	Drug Tier	Requirements /Limits
<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>orquidea</i>	2	MO
PREMARIN ORAL	3	MO
PREMARIN VAGINAL	3	MO
PREMPHASE	3	MO
PREMPRO	3	MO
<i>progesterone</i>	2	MO
<i>progesterone micronized oral</i>	3	MO
<i>sharobel</i>	2	MO
<i>yuvafem</i>	4	
MISCELLANEOUS OB/GYN		
<i>clindamycin phosphate vaginal</i>	3	MO
<i>eluryng</i>	3	MO
<i>etonogestrel-ethinyl estradiol</i>	3	
LILETTA	3	MO
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	LA
MYFEMBREE	5	PA; MO; NDS
NEXPLANON	3	
<i>norelgestromin-ethin.estradiol</i>	3	

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Drug Name	Drug Tier	Requirements /Limits
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>xulane</i>	3	
<i>zafemy</i>	3	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>amethyst (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	
<i>azurette (28)</i>	2	MO
<i>camrese</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>daysee</i>	2	MO
<i>desog-e.estradiol/e.estradiol</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest</i>	2	MO
<i>enpresse</i>	2	
<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>kurvelo (28)</i>	2	MO
<i>l norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	2	
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</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

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Drug Name	Drug Tier	Requirements /Limits
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 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	MO
<i>levora-28</i>	2	
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	
<i>lo-zumandimine (28)</i>	2	MO
<i>lutura (28)</i>	2	
<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
<i>norgestimate-ethinyl estradiol</i>	2	
<i>nortrel 0.5/35 (28)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<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>philith</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	
<i>syeda</i>	2	MO
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	4	MO
<i>tri-estarylla</i>	2	MO
<i>tri-legest fe</i>	4	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	
<i>tri-sprintec (28)</i>	2	MO
<i>turqoz (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO
<i>vestura (28)</i>	2	MO
<i>vienva</i>	2	MO
<i>violele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
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>gatifloxacin</i>	4	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
<i>neomycin-bacitracin-polymyxin</i>	3	MO
<i>neomycin-polymyxin-gramicidin</i>	3	MO

Drug Name	Drug Tier	Requirements /Limits
<i>neo-polycin</i>	3	
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	
<i>polymyxin b sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
ANTIVIRALS		
<i>trifluridine</i>	3	MO
ZIRGAN	4	MO
BETA-BLOCKERS		
<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops (not single use)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
MISCELLANEOUS OPHTHALMOLOGICS		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye)</i>	3	MO
BYOOVIZ	5	PA; MO; NDS

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Drug Name	Drug Tier	Requirements /Limits
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	3	MO; QL (60 per 30 days)
CYSTARAN	5	PA; NDS
<i>epinastine</i>	3	MO
MIEBO (PF)	3	MO; QL (3 per 30 days)
OXERVATE	5	PA; MO; NDS
PAVBLU	5	PA; MO; NDS
<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
XDEMVI	5	PA; QL (10 per 42 days); NDS
XIIDRA	3	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
<i>bromfenac</i>	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO

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>bimatoprost ophthalmic (eye)</i>	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	1	MO
LUMIGAN OPTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	
ROCKLATAN	3	
SIMBRINZA	3	MO
<i>travoprost</i>	3	MO
STEROID-ANTIBIOTIC COMBINATIONS		
<i>neomycin-bacitracin-poly-hc</i>	3	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	4	MO
<i>neo-polycin hc</i>	3	
TOBRADEX OPTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>tobramycin-dexamethasone</i>	3	MO; QL (10 per 14 days)
STEROIDS		
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
<i>fluorometholone</i>	3	MO
INVELTYS	3	MO
<i>loteprednol etabonate</i>	3	MO
OZURDEX	5	MO; NDS
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
SYMPATHOMIMETICS		
<i>apraclonidine</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
RESPIRATORY AND ALLERGY		
ANTI-HISTAMINE / ANTI-ALLERGENIC AGENTS		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (4 per 30 days)
<i>epinephrine injection solution</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral</i>	4	PA; MO
PULMONARY AGENTS		
<i>acetylcysteine</i>	3	B/D PA; MO
ADEMPAS	5	PA; MO; LA; QL (90 per 30 days); NDS
ADVAIR HFA	3	MO; QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>albuterol sulfate (only ndcs starting with 00054, 00093, 00781, 17270, 45802, 60687, 68180, 69097, 76282) inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	5	PA; MO; QL (60 per 30 days); NDS
<i>ambrisentan</i>	5	PA; MO; LA; QL (30 per 30 days); NDS
<i>arformoterol</i>	4	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION	3	QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 200 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (13 per 30 days)
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)

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Drug Name	Drug Tier	Requirements /Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ATROVENT HFA	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA; QL (60 per 30 days); NDS
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; NDS
COMBIVENT RESPIMAT	3	QL (8 per 30 days)
<i>cromolyn inhalation</i>	3	B/D PA; MO
DULERA	3	MO; QL (13 per 30 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days); NDS
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	5	PA; MO; QL (1 per 28 days); NDS
<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)

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Drug Name	Drug Tier	Requirements /Limits
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	4	ST; MO; QL (24 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 44 MCG/ACTUATION	4	ST; MO; QL (10.6 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant</i>	5	PA; MO; NDS
<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); NDS
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO

Drug Name	Drug Tier	Requirements /Limits
<i>montelukast oral tablet, chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days); NDS
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days); NDS
OFEV	5	PA; MO; QL (60 per 30 days); NDS
OPSUMIT	5	PA; MO; LA; QL (30 per 30 days); NDS
OPSYNVI	5	PA; MO; QL (30 per 30 days); NDS
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days); NDS
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days); NDS
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days); NDS
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days); NDS

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

Drug Name	Drug Tier	Requirements /Limits
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	NDS
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days); NDS
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	4	PA; QL (60 per 30 days); NDS
<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 100 mg, 200 mg</i>	2	

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Drug Name	Drug Tier	Requirements /Limits
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	
<i>tiotropium bromide</i>	3	QL (90 per 90 days)
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days); NDS
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days); NDS
TYVASO	5	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO INSTITUTIONAL START KIT	5	B/D PA; QL (11.6 per 180 days); NDS
TYVASO REFILL KIT	5	B/D PA; MO; QL (81.2 per 28 days); NDS
TYVASO STARTER KIT	5	B/D PA; MO; QL (81.2 per 180 days); NDS
WINREVAIR	5	PA; MO; QL (1 per 21 days); NDS
<i>wixela inhub</i>	3	QL (60 per 30 days)

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

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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>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>tamsulosin</i>	1	MO
MISCELLANEOUS UROLOGICALS		
<i>alprostadil</i>	2	
<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO
K-PHOS ORIGINAL	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN	3	MO
<i>tadalafil oral tablet 2.5 mg</i>	4	PA; MO; QL (60 per 30 days)
<i>tadalafil oral tablet 5 mg</i>	4	PA; MO; QL (30 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
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		
<i>calcium acetate(phosphat bind)</i>	3	PA; MO
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con oral packet 20</i>	4	MO
<i>klor-con/ef</i>	2	MO
<i>lactated ringers intravenous</i>	4	MO
<i>magnesium chloride injection</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
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	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	4	

Drug Name	Drug Tier	Requirements /Limits
<i>potassium chloride intravenous</i>	4	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	4	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	4	
<i>potassium chloride-d5-0.9%nacl</i>	4	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	4	

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Drug Name	Drug Tier	Requirements /Limits
<i>ringer's intravenous</i>	4	
<i>sodium acetate</i>	4	
<i>sodium bicarbonate intravenous</i>	4	
<i>sodium chloride 0.45 % intravenous</i>	4	MO
<i>sodium chloride 3 % hypertonic</i>	4	
<i>sodium chloride 5 % hypertonic</i>	4	MO
<i>sodium chloride intravenous</i>	4	
<i>sodium phosphate</i>	4	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA

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

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This drug list was last updated on 10/06/2025.

D. Index of Covered Drugs

In this section, you can find a drug by searching for its name alphabetically. This will tell you the page number where you can find additional coverage information for your drug.

A		
<i>abacavir</i>	2	<i>ala-cort</i>
<i>abacavir-lamivudine</i>	2	<i>albendazole</i>
<i>abigale</i>	77	<i>albumin, human 25 %</i>
<i>abigale lo</i>	77	<i>alburx (human) 25 %</i>
ABILIFY ASIMTUFII.....	37	<i>alburx (human) 5 %</i>
ABILIFY MAINTENA.....	37	<i>albutein 25 %</i>
<i>abiraterone</i>	12	<i>albutein 5 %</i>
<i>abirtega</i>	12	<i>albuterol sulfate</i>
ABRYSVO (PF).....	73	<i>alclometasone</i>
<i>acamprosate</i>	58	<i>alcohol pads</i>
<i>acarbose</i>	61, 62	ALDURAZYME.....
<i>accutane</i>	55	ALECENSA.....
<i>acebutolol</i>	44	<i>alendronate</i>
<i>acetaminophen-codeine</i>	34	<i>alfuzosin</i>
<i>acetazolamide</i>	82	<i>aliskiren</i>
<i>acetazolamide sodium</i>	82	<i>allopurinol</i>
<i>acetic acid</i>	58, 60	<i>allopurinol sodium</i>
<i>acetylcysteine</i>	58, 83	<i>aloprim</i>
<i>acitretin</i>	52	<i>alosetron</i>
ACTEMRA.....	76	<i>alprostadil</i>
ACTEMRA ACTPEN.....	76	<i>altavera (28)</i>
ACTHIB (PF).....	73	ALUNBRIG.....
ACTIMMUNE.....	72	ALVESCO.....
<i>acyclovir</i>	2, 56	<i>alyacen 1/35 (28)</i>
<i>acyclovir sodium</i>	2	<i>alyacen 7/7/7 (28)</i>
ADACEL(TDAP		<i>alyq</i>
ADOLESN/ADULT)(PF)	73	<i>amantadine hcl</i>
ADBRY.....	53	<i>ambrisentan</i>
ADCETRIS.....	12	<i>amethyst (28)</i>
<i>adefovir</i>	2	<i>amikacin</i>
ADEMPAS.....	83	<i>amiloride</i>
<i>adenosine</i>	44	<i>amiloride-hydrochlorothiazide</i>
<i>adrenalin</i>	83	.....
ADSTILADRIN.....	12	<i>aminocaproic acid</i>
ADVAIR HFA.....	83	<i>amiodarone</i>
AIMOVIG AUTOINJECTOR		<i>amitriptyline</i>
.....	31	<i>amlodipine</i>
AKEEGA.....	12	<i>amlodipine-atorvastatin</i>
		<i>amlodipine-benazepril</i>
		<i>amlodipine-olmesartan</i>
		<i>amlodipine-valsartan</i>
		<i>amlodipine-valsartan-hcthiazid</i>
	
		<i>ammonium lactate</i>
		<i>amnestem</i>
		<i>amoxapine</i>
		<i>amoxicillin</i>
		<i>amoxicillin-pot clavulanate</i>
		<i>amphotericin b</i>
		<i>amphotericin b liposome</i>
		<i>ampicillin</i>
		<i>ampicillin sodium</i>
		<i>ampicillin-sulbactam</i>
		<i>anagrelide</i>
		<i>anastrozole</i>
		ANKTIVA.....
		<i>apraclonidine</i>
		<i>aprepitant</i>
		<i>apri</i>
		APTIVUS.....
		<i>aranelle (28)</i>
		ARCALYST.....
		AREXVY (PF).....
		<i>arformoterol</i>
		ARIKAYCE.....
		<i>aripiprazole</i>
		ARISTADA.....
		ARISTADA INITIO.....
		<i>armodafinil</i>
		<i>arsenic trioxide</i>
		<i>asenapine maleate</i>
		ASMANEX HFA.....
		ASMANEX TWISTHALER
	
		ASPARLAS.....
		<i>aspirin-dipyridamole</i>
		ASSURE ID INSULIN
		SAFETY.....

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<i>atazanavir</i>	2	<i>benazepril-hydrochlorothiazide</i>	45	BRUKINSA.....	13
<i>atenolol</i>	45	45	<i>budesonide</i>	68, 85
<i>atenolol-chlorthalidone</i>	45	<i>bendamustine</i>	13	<i>budesonide-formoterol</i>	85
<i>atomoxetine</i>	38	BENDEKA.....	13	<i>bumetanide</i>	45
<i>atorvastatin</i>	50	BENLYSTA.....	76	<i>buprenorphine hcl</i>	34
<i>atovaquone</i>	7	<i>benztropine</i>	31	<i>buprenorphine transdermal</i>	
<i>atovaquone-proguanil</i>	7	BESPONSА.....	13	<i>patch</i>	34
<i>atropine</i>	81	BESREMI.....	72	<i>buprenorphine-naloxone</i>	36
ATROVENT HFA.....	85	<i>betaine</i>	68	<i>bupropion hcl</i>	38
<i>abra eq</i>	79	<i>betamethasone dipropionate</i>	56	<i>bupropion hcl (smoking deter)</i>	
AUGMENTIN.....	10	<i>betamethasone valerate</i>	56	.....	59
AUGTYRO.....	13	<i>betamethasone, augmented</i> ..	56	<i>buspirone</i>	38
AUSTEDO.....	32	BETASERON.....	72	<i>busulfan</i>	13
AUSTEDO XR.....	32	<i>betaxolol</i>	45, 81	<i>butorphanol</i>	36
AUSTEDO XR TITRATION		<i>bethanechol chloride</i>	89	BYOOVIZ.....	81
KT(WK1-4).....	32	BEVESPI AEROSPHERE...85		C	
AUVELITY.....	38	<i>bexarotene</i>	13	CABENUVA.....	3
<i>aviane</i>	79	BEXSERO.....	73	<i>cabergoline</i>	66
AVMAPKI-FAKZYNJA.....	13	<i>bicalutamide</i>	13	CABLIVI.....	48
AVONEX.....	72	BICILLIN L-A.....	10	CABOMETYX.....	13
AYVAKIT.....	13	BIKTARVY.....	3	<i>caffeine citrate</i>	58
<i>azacitidine</i>	13	<i>bimatoprost</i>	82	<i>calcipotriene</i>	52
<i>azathioprine</i>	13	<i>bisoprolol fumarate</i>	45	<i>calcitonin (salmon)</i>	66
<i>azathioprine sodium</i>	13	<i>bisoprolol-hydrochlorothiazide</i>		<i>calcitriol</i>	66
<i>azelaic acid</i>	55	.....	45	<i>calcium acetate(phosphat bind)</i>	
<i>azelastine</i>	60, 81	BIZENGRI.....	13	.....	89
<i>azithromycin</i>	6, 7	<i>bleomycin</i>	13	<i>calcium chloride</i>	89
<i>aztreonam</i>	7	BLINCYTO.....	13	<i>calcium gluconate</i>	89
<i>azurette (28)</i>	79	BOMYNTRA.....	12	CALQUENCE	
B		BONSITY.....	75	(ACALABRUTINIB MAL)	
<i>bacitracin</i>	81	BOOSTRIX TDAP.....	73	.....	14
<i>bacitracin-polymyxin b</i>	81	<i>bortezomib</i>	13	<i>camila</i>	77
<i>baclofen</i>	33	BORTEZOMIB.....	13	<i>camrese</i>	79
<i>balsalazide</i>	68	<i>bosentan</i>	85	CAMZYOS.....	51
BALVERSA.....	13	BOSULIF.....	13	<i>candesartan</i>	45
BAQSIMI.....	62	BRAFTOVI.....	13	<i>candesartan-</i>	
BARACLUDGE.....	3	BREO ELLIPTA.....	85	<i>hydrochlorothiazid</i>	45
BAVENCIO.....	13	<i>breyna</i>	85	CAPLYTA.....	38
BCG VACCINE, LIVE (PF).....	73	BREZTRI AEROSPHERE...85		CAPRELSA.....	14
BD PEN NEEDLE.....	75	<i>brimonidine</i>	83	<i>captopril</i>	45
BELBUCA.....	34	BRIUMVI.....	32	<i>captopril-hydrochlorothiazide</i>	
BELEODAQ.....	13	BRIVIACT.....	27	.....	45
BELSOMRA.....	38	<i>bromfenac</i>	82	<i>carbamazepine</i>	27
<i>benazepril</i>	45	<i>bromocriptine</i>	31	<i>carbidopa</i>	31

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<i>carbidopa-levodopa</i>	31	<i>chlorpromazine</i>	38	CLINIMIX 8%-	
<i>carbidopa-levodopa-</i>		<i>chlorthalidone</i>	45	D14W(SULFITE-FREE)..	91
<i>entacapone</i>	31	<i>cholestyramine (with sugar)</i> .	50	<i>clobazam</i>	27
<i>carboplatin</i>	14	<i>cholestyramine light</i>	50	<i>clobetasol</i>	56, 57
<i>carglumic acid</i>	58	<i>ciclodan</i>	55	<i>clobetasol-emollient</i>	57
<i>carmustine</i>	14	<i>ciclopirox</i>	55	<i>clofarabine</i>	14
<i>carteolol</i>	81	<i>cidofovir</i>	3	<i>clomid</i>	66
<i>cartia xt</i>	45	<i>cilostazol</i>	48	<i>clomiphene citrate</i>	66
<i>carvedilol</i>	45	CIMDUO.....	3	<i>clomipramine</i>	38
<i>caspofungin</i>	2	CIMZIA.....	68	<i>clonazepam</i>	27, 28
CAYSTON.....	7	CIMZIA POWDER FOR		<i>clonidine (pf)</i>	36, 45
<i>cefaclor</i>	5	RECONST.....	68	<i>clonidine hcl</i>	38, 45
<i>cefadroxil</i>	5	CIMZIA STARTER KIT	68	<i>clonidine transdermal patch</i> .	45
<i>cefazolin</i>	5, 6	<i>cinacalcet</i>	66	<i>clopidogrel</i>	48
<i>cefazolin in dextrose (iso-os)</i> .	5	CINRYZE.....	85	<i>clorazepate dipotassium</i>	38
<i>cefdirinir</i>	6	CINVANTI.....	68	<i>clotrimazole</i>	2, 55, 56
<i>cefepime</i>	6	<i>ciprofloxacin</i>	11	<i>clotrimazole-betamethasone</i> .	56
<i>cefepime in dextrose, iso-osm.</i> .	6	<i>ciprofloxacin hcl</i>	10, 60, 81	<i>clozapine</i>	38
<i>cefixime</i>	6	<i>ciprofloxacin in 5 % dextrose</i>		COARTEM.....	7
<i>cefoxitin</i>	6	.....	10	COBENFY	39
<i>cefoxitin in dextrose, iso-osm.</i> .	6	<i>ciprofloxacin-dexamethasone</i>		COBENFY STARTER PACK	
<i>cefpodoxime</i>	6	.....	60	.....	39
<i>cefprozil</i>	6	<i>cisplatin</i>	14	<i>colchicine</i>	75
<i>ceftazidime</i>	6	<i>citalopram</i>	38	<i>colesevelam</i>	50
<i>ceftriaxone</i>	6	<i>cladribine</i>	14	<i>colestipol</i>	50
<i>ceftriaxone in dextrose, iso-os.</i> .	6	<i>claravis</i>	55	<i>colistin (colistimethate na)</i>	7
<i>cefuroxime axetil</i>	6	<i>clarithromycin</i>	7	COLUMVI	14
<i>cefuroxime sodium</i>	6	<i>clindamycin hcl</i>	7	COMBIVENT RESPIMAT..	85
<i>celecoxib</i>	36	<i>clindamycin in 5 % dextrose</i> ..	7	COMETRIQ	14
<i>cephalexin</i>	6	<i>clindamycin phosphate</i>	7, 55,	<i>compro</i>	68
CEPROTIN (BLUE BAR) ...	48	78		CONEXXENCE	75
CEPROTIN (GREEN BAR)	48	CLINIMIX 5%/D15W		<i>constulose</i>	68
CEQR SIMPLICITY	74	SULFITE FREE	91	COPIKTRA	14
INSERTER.....	75	CLINIMIX 4.25%/D10W		CORTIFOAM.....	68
<i>cetirizine</i>	83	SULF FREE	91	<i>cortisone</i>	61
<i>cevimeline</i>	58	CLINIMIX 4.25%/D5W		COSENTYX.....	52
CHEMET	58	SULFIT FREE.....	58	COSENTYX (2 SYRINGES)	
<i>chloramphenicol sod succinate</i>		CLINIMIX 5%-		.....	52
.....	7	D20W(SULFITE-FREE)..	91	COSENTYX PEN	52
<i>chlorhexidine gluconate</i>	60	CLINIMIX 6%-D5W		COSENTYX PEN (2 PENS)	52
<i>chloroprocaine (pf)</i>	53	(SULFITE-FREE)	91	COSENTYX UNOREADY	
<i>chloroquine phosphate</i>	7	CLINIMIX 8%-		PEN.....	52
<i>chlorothiazide sodium</i>	45	D10W(SULFITE-FREE)..	91	COTELLIC	14
				CREON.....	68

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CRESEMBA	2	DATROWAY.....	15	<i>dextrose 5%-0.3 %</i>	
<i>cromolyn</i>	68, 82, 85	<i>daunorubicin</i>	15	<i>sod.chloride</i>	58
<i>cryselle (28)</i>	79	DAURISMO.....	15	<i>dextrose 50 % in water (d50w)</i>	
CRYSVITA.....	66	<i>daysee</i>	79	.....	58
<i>cyclobenzaprine</i>	33	<i>deblitane</i>	77	<i>dextrose 70 % in water (d70w)</i>	
<i>cyclophosphamide</i>	14	<i>decitabine</i>	15	.....	58
CYCLOPHOSPHAMIDE....	14	<i>deferasirox</i>	58	DIACOMIT	28
<i>cyclosporine</i>	14, 82	<i>deferiprone</i>	58	<i>diazepam</i>	28, 39
<i>cyclosporine modified</i>	14	<i>deferoxamine</i>	58	<i>diazepam intensol</i>	39
CYRAMZA.....	14	DELSTRIGO.....	3	<i>diazoxide</i>	62
<i>cyred eq</i>	79	<i>demeclocycline</i>	11	<i>diclofenac potassium</i>	36
CYTAGON.....	89	DENGVAZIA (PF).....	73	<i>diclofenac sodium</i>	36, 53, 82
CYSTARAN	82	<i>denta 5000 plus</i>	60	<i>diclofenac-misoprostol</i>	36
<i>cytarabine</i>	14	<i>dentagel</i>	60	<i>dicloxacillin</i>	10
<i>cytarabine (pf)</i>	14	DEPO-SUBQ PROVERA	104	<i>dicyclomine</i>	67
D		.....	77	DIFICID	7
<i>d10 %-0.45 % sodium chloride</i>		<i>dermacinrx lidocan</i>	53	<i>diflunisal</i>	36
.....	58	DESCOVY	3	<i>digoxin</i>	51
<i>d2.5 %-0.45 % sodium</i>		<i>desipramine</i>	39	<i>dihydroergotamine</i>	31
<i>chloride</i>	58	<i>desmopressin</i>	66	DILANTIN 30 MG.....	28
<i>d5 % and 0.9 % sodium</i>		<i>desog-e.estradiol/e.estradiol</i>	79	<i>diltiazem hcl</i>	45, 46
<i>chloride</i>	58	<i>desonide</i>	57	<i>dilt-xr</i>	46
<i>d5 %-0.45 % sodium chloride</i>		<i>desvenlafaxine succinate</i>	39	<i>dimenhydrinate</i>	68
.....	58	<i>dexamethasone</i>	61	<i>dimethyl fumarate</i>	32
<i>dabigatran etexilate</i>	48	<i>dexamethasone intensol</i>	61	<i>diphenhydramine hcl</i>	83
<i>dacarbazine</i>	14	<i>dexamethasone sodium phos</i>		<i>diphenoxylate-atropine</i>	68
<i>dactinomycin</i>	14	<i>(pf)</i>	61	<i>dipyridamole</i>	48
<i>dalfampridine</i>	32	<i>dexamethasone sodium</i>		<i>disulfiram</i>	58
<i>danazol</i>	66	<i>phosphate</i>	61, 83	<i>divalproex</i>	28
<i>dantrolene</i>	34	<i>dextrazoxane hcl</i>	12	<i>dobutamine</i>	51
DANYELZA	14	<i>dextroamphetamine-</i>		<i>dobutamine in d5w</i>	51
DANZITEN.....	14	<i>amphetamine</i>	39	<i>docetaxel</i>	15
DAPAGLIFLOZIN		<i>dextrose 10 % and 0.2 % nacl</i>		<i>dofetilide</i>	44
PROPANEDIOL	62	.....	58	<i>donepezil</i>	32
<i>dapsone</i>	7	<i>dextrose 10 % in water (d10w)</i>		<i>dopamine</i>	51
DAPTACEL (DTAP		.....	58	<i>dopamine in 5 % dextrose</i>	51
PEDIATRIC) (PF).....	73	<i>dextrose 25 % in water (d25w)</i>		DOPTELET (10 TAB PACK)	
<i>daptomycin</i>	7	.....	58	.....	48
DAPTOMYCIN	7	<i>dextrose 5 % in water (d5w)</i>	58	DOPTELET (15 TAB PACK)	
<i>darunavir</i>	3	<i>dextrose 5 %-lactated ringers</i>		.....	48
DARZALEX	15	.....	58	DOPTELET (30 TAB PACK)	
<i>dasatinib</i>	15	<i>dextrose 5%-0.2 % sod</i>		.....	48
<i>dasetta 1/35 (28)</i>	79	<i>chloride</i>	58	<i>dorzolamide</i>	82
<i>dasetta 7/7/7 (28)</i>	79			<i>dorzolamide-timolol</i>	82

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit [CareSource.com/MyCare-SNP](https://www.caresource.com/MyCare-SNP).

This drug list was last updated on 10/06/2025.

<i>dotti</i>	77	ELIGARD	15	EPIDIOLEX	28
DOVATO	3	ELIGARD (3 MONTH)	15	<i>epinastine</i>	82
<i>doxazosin</i>	46	ELIGARD (4 MONTH)	15	<i>epinephrine</i>	83
<i>doxepin</i>	39	ELIGARD (6 MONTH)	15	<i>epirubicin</i>	15
<i>doxercalciferol</i>	66	<i>elinst.</i>	79	EPKINLY	15
<i>doxorubicin</i>	15	ELIQUIS	48	<i>eplerenone</i>	46
<i>doxorubicin, peg-liposomal</i> ..	15	ELIQUIS DVT-PE TREAT		ERBITUX.....	15
<i>doxy-100</i>	11	30D START	48	<i>ergotamine-caffeine</i>	31
<i>doxycycline hyclate</i>	11	ELITEK	12	<i>eribulin</i>	15
<i>doxycycline monohydrate</i>	11	ELMIRON.....	89	ERIVEDGE	16
DRIZALMA SPRINKLE.....	39	ELREXFIO.....	15	ERLEADA	16
<i>dronabinol</i>	68	<i>eltrombopag olamine</i>	48	<i>erlotinib</i>	16
<i>droperidol</i>	68	<i>eluryng</i>	78	<i>errin</i>	77
DROPSAFE ALCOHOL		ELZONRIS.....	15	<i>ertapenem</i>	7
PREP PADS	62	EMGALITY PEN.....	31	ERWINASE	16
<i>drospirenone-e.estradiol-lm.f</i>		EMGALITY SYRINGE.....	31	<i>ery pads</i>	55
.....	79	EMPLICITI	15	<i>ery-tab</i>	7
<i>drospirenone-ethinyl estradiol</i>		EMRELIS	15	<i>erythromycin</i>	7, 81
.....	79	EMSAM	39	<i>erythromycin ethylsuccinate</i> ...7	
DROXIA	15	<i>emtricitabine</i>	3	<i>erythromycin with ethanol</i>	55
<i>droxidopa</i>	58	<i>emtricitabine-tenofovir (tdf)</i> ...3		<i>escitalopram oxalate</i>	39
DUAVEE	77	<i>emtricitabine-tenofovir df</i> ...3		<i>eslicarbazepine</i>	28
DULERA.....	85	EMTRIVA.....	3	<i>esmolol</i>	46
<i>duloxetine</i>	39	EMVERM	7	<i>esomeprazole magnesium</i>	71
DUPIXENT PEN	53	<i>emzahh</i>	77	<i>esomeprazole sodium</i>	71
DUPIXENT SYRINGE.....	54	<i>enalapril maleate</i>	46	<i>estarylla</i>	79
<i>dutasteride</i>	89	<i>enalaprilat</i>	46	<i>estradiol</i>	77
<i>dutasteride-tamsulosin</i>	89	<i>enalapril-hydrochlorothiazide</i>		<i>estradiol valerate</i>	78
E		.....	46	<i>estradiol-norethindrone acet</i>	78
<i>econazole nitrate</i>	56	ENBREL	76	<i>eszopiclone</i>	39
EDARBI.....	46	ENBREL MINI	76	<i>ethacrynate sodium</i>	46
EDARBYCLOR.....	46	ENBREL SURECLICK	76	<i>ethambutol</i>	7
EDURANT	3	<i>endocet</i>	34	<i>ethosuximide</i>	28
EDURANT PED	3	ENGERIX-B (PF)	73	<i>ethynodiol diac-eth estradiol</i>	79
<i>efavirenz</i>	3	ENGERIX-B PEDIATRIC		<i>etodolac</i>	36
<i>efavirenz-emtricitabine-tenofovir</i>	3	(PF).....	73	<i>etonogestrel-ethinyl estradiol</i>	
<i>efavirenz-lamivudine-tenofovir disop</i>	3	<i>enoxaparin</i>	48, 49	.....	78
.....	3	<i>enpresse</i>	79	ETOPOPHOS	16
<i>effer-k</i>	89	<i>enskyce</i>	79	<i>etoposide</i>	16
ELAHERE.....	15	<i>entacapone</i>	31	<i>etravirine</i>	3
ELAPRASE.....	66	<i>entecavir</i>	3	EUCRISA	54
<i>electrolyte-148</i>	91	ENTRESTO SPRINKLE	51	EULEXIN.....	16
<i>electrolyte-48 in d5w</i>	91	<i>enulose</i>	68	<i>everolimus (antineoplastic)</i> ..	16
<i>electrolyte-a</i>	91	ENVARUSUS XR	15		

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit [CareSource.com/MyCare-SNP](https://www.caresource.com/MyCare-SNP).

This drug list was last updated on 10/06/2025.

<i>glycopyrrolate (pf)</i> 68	HUMALOG JUNIOR	IBTROZI .....17
<i>glycopyrrolate (pf) in water</i> .68	KWIKPEN U-100 63	<i>ibu</i> .....36
<i>glydo</i> .....54	HUMALOG KWIKPEN	<i>ibuprofen</i>.....36
GLYXAMBI 62	INSULIN 63	<i>ibutilide fumarate</i> .....44
GOMEKLI 17	HUMALOG MIX 50-50	<i>icatibant</i> .....86
GRAFAPEX..... 17	KWIKPEN..... 63	ICLUSIG 17
<i>granisetron (pf)</i> 69	HUMALOG MIX 75-25	<i>icosapent ethyl</i> .....50
<i>granisetron hcl</i> 69	KWIKPEN..... 63	<i>idarubicin</i> 17
<i>griseofulvin microsize</i> .....2	HUMALOG MIX 75-25(U-	IDHIFA..... 17
<i>griseofulvin ultramicrosize</i>.....2	100)INSULN 63	<i>ifosfamide</i> 18
GVOKE 62	HUMALOG U-100 INSULIN	ILARIS (PF) 72
GVOKE HYPOPEN 1-PACK	..... 63	<i>imatinib</i> 18
..... 62	HUMULIN 70/30 U-100	IMBRUVICA 18
GVOKE HYPOPEN 2-PACK	INSULIN 63	IMDELLTRA 18
..... 62	HUMULIN 70/30 U-100	IMFINZI 18
GVOKE PFS 1-PACK	KWIKPEN..... 63	<i>imipenem-cilastatin</i> .....7
SYRINGE..... 63	HUMULIN N NPH INSULIN	<i>imipramine hcl</i> 40
GVOKE PFS 2-PACK	KWIKPEN..... 63	<i>imiquimod</i> 54
SYRINGE..... 63	HUMULIN N NPH U-100	IMJUDO 18
H	INSULIN 63	IMKELDI 18
HADLIMA 76	HUMULIN R REGULAR U-	IMOVAX RABIES VACCINE
HADLIMA PUSH TOUCH.. 76	100 INSULN 63	(PF) 73
HADLIMA(CF) 76	HUMULIN R U-500 (CONC)	IMPAVIDO 7
HADLIMA(CF)	INSULIN 63	IMVEXXY MAINTENANCE
PUSH TOUCH..... 76	HUMULIN R U-500 (CONC)	PACK 78
<i>halobetasol propionate</i> 57	KWIKPEN..... 63	IMVEXXY STARTER PACK
<i>haloperidol</i> 40	<i>hydalazine</i> 46	..... 78
<i>haloperidol decanoate</i> 40	<i>hydrochlorothiazide</i> 46	INBRIJA 31
<i>haloperidol lactate</i> 40	<i>hydrocodone-acetaminophen</i>	<i>incassia</i> 78
HAVRIX (PF) 73	..... 34, 35	INCRELEX 59
<i>heather</i> 78	<i>hydrocodone-ibuprofen</i> 35	<i>indapamide</i> 46
<i>heparin (porcine)</i> 49	<i>hydrocortisone</i> 57, 61, 69	INFANRIX (DTAP) (PF)..... 73
<i>heparin (porcine) in 5 % dex</i> 49	<i>hydrocortisone-acetic acid</i> ...60	INFLIXIMAB..... 69
<i>heparin (porcine) in nacl (pf)</i>	<i>hydromorphone</i> 35	INGREZZA 33
..... 49	<i>hydromorphone (pf)</i> 35	INGREZZA INITIATION
<i>heparin(porcine) in 0.45% nacl</i>	<i>hydroxychloroquine</i> 7	PK(TARDIV) 33
..... 49	<i>hydroxyurea</i> 17	INGREZZA SPRINKLE 33
HEPARIN(PORCINE) IN	<i>hydroxyzine hcl</i> 83	INLYTA 18
0.45% NACL..... 49	HYPERHEP B..... 73	INPEFA 63
<i>heparin, porcine (pf)</i> 49	HYPERHEP B NEONATAL	INQOVI..... 18
HEPARIN, PORCINE (PF) .49	..... 73	INREBIC 18
HEPLISAV-B (PF) 73	I	INSULIN ASPART U-100...63
HERNEXEOS 17	<i>ibandronate</i> 75	INSULIN LISPRO 63
HIBERIX (PF)..... 73	IBRANCE 17	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit CareSource.com/MyCare-SNP.

This drug list was last updated on 10/06/2025.

INSULIN LISPRO	JANUVIA.....	63	KLOXXADO	37
PROTAMIN-LISPRO.....	JARDIANCE.....	63	KOSELUGO.....	19
INSULIN SYRINGE-	<i>jasmiel (28)</i>	79	<i>kourzeq</i>	60
NEEDLE U-100	JAYPIRCA.....	19	K-PHOS NO 2.....	89
INTELENCE.....	JEMPERLI	19	K-PHOS ORIGINAL	89
<i>intralipid</i>	<i>jencycla</i>	78	KRAZATI.....	19
<i>introvale</i>	JENTADUETO	63	<i>kurvelo (28)</i>	79
INVEGA HAFYERA.....	JENTADUETO XR.....	64	KYPROLIS.....	19
INVEGA SUSTENNA... 40, 41	JEVTANA	19	L	
INVEGA TRINZA	<i>jinteli</i>	78	<i>l norgest/e.estradiol-e.estrad</i> 79	
INVELTYS	<i>jolessa</i>	79	<i>labetalol</i>	46
IPOL	JOURNAVX	37	<i>lacosamide</i>	28
<i>ipratropium bromide</i>	JUBBONTI.....	75	<i>lactated ringers</i>	58, 89
<i>ipratropium-albuterol</i>	<i>juleber</i>	79	<i>lactulose</i>	69
<i>irbesartan</i>	JULUCA.....	3	<i>lamivudine</i>	3
<i>irbesartan-hydrochlorothiazide</i>	JYLAMVO	19	<i>lamivudine-zidovudine</i>	4
.....	JYNNEOS (PF)	73	<i>lamotrigine</i>	28
<i>irinotecan</i>	K		<i>lanreotide</i>	19
ISENTRESS	KADCYLA	19	<i>lansoprazole</i>	71
ISENTRESS HD	KALETRA	3	LANTUS SOLOSTAR U-100	
<i>isibloom</i>	<i>kalliga</i>	79	INSULIN	64
ISOLYTE S PH 7.4.....	KALYDECO.....	86	LANTUS U-100 INSULIN ..	64
ISOLYTE-P IN 5 %	KANUMA	66	<i>lapatinib</i>	19
DEXTROSE	<i>kariva (28)</i>	79	<i>larin 1.5/30 (21)</i>	79
ISOLYTE-S.....	<i>kelnor 1/35 (28)</i>	79	<i>larin 1/20 (21)</i>	79
<i>isoniazid</i>	KERENDIA.....	46	<i>larin 24 fe</i>	79
<i>isosorbide dinitrate</i>	KESIMPTA PEN	33	<i>larin fe 1.5/30 (28)</i>	79
<i>isosorbide mononitrate</i>	<i>ketoconazole</i>	2, 56	<i>larin fe 1/20 (28)</i>	79
<i>isosorbide-hydralazine</i>	<i>ketorolac</i>	82	<i>latanoprost</i>	82
<i>isotretinoin</i>	KEYTRUDA	19	LAZCLUZE	19
<i>isradipine</i>	KHAPZORY	12	LEDIPASVIR-SOFOSBUVIR	
ISTODAX	KIMMTRAK.....	19	.....	4
ITOVEBI.....	KINERET	76	<i>leflunomide</i>	76
<i>itraconazole</i>	KINRIX (PF).....	73	<i>lenalidomide</i>	19
<i>ivabradine</i>	<i>kionex (with sorbitol)</i>	59	LENVIMA.....	19
<i>ivermectin</i>	KISQALI	19	<i>lessina</i>	79
IWILFIN.....	<i>klayesta</i>	56	<i>letrozole</i>	19
IXEMPra.....	<i>klor-con 10</i>	89	<i>leucovorin calcium</i>	12
IXIARO (PF).....	<i>klor-con 8</i>	89	LEUKERAN.....	20
J	<i>klor-con m10</i>	89	<i>leuprolide</i>	20
JAKAFI.....	<i>klor-con m15</i>	89	<i>levetiracetam</i>	29
<i>jantoven</i>	<i>klor-con m20</i>	89	<i>levetiracetam in nacl (iso-os)</i>	
JANUMET	<i>klor-con oral packet 20</i>	89	.....	28, 29
JANUMET XR.....	<i>klor-con/ef</i>	89	<i>levobunolol</i>	81

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit [CareSource.com/MyCare-SNP](https://www.caresource.com/MyCare-SNP).

This drug list was last updated on 10/06/2025.

<i>levocarnitine</i>	59	<i>loperamide</i>	68	<i>mannitol 25 %</i>	46
<i>levocarnitine (with sugar)</i>	59	<i>lopinavir-ritonavir</i>	4	<i>maraviroc</i>	4
<i>levocetirizine</i>	83	LOQTORZI.....	20	MARGENZA	20
<i>levofloxacin</i>	11, 81	<i>lorazepam</i>	41	<i>marlissa (28)</i>	80
<i>levofloxacin in d5w</i>	11	<i>lorazepam intensol</i>	41	MARPLAN.....	41
<i>levoleucovorin calcium</i>	12	LORBRENA	20	MATULANE.....	20
<i>levonest (28)</i>	79	<i>loryna (28)</i>	80	<i>matzim la</i>	46
<i>levonorgestrel-ethinyl estrad</i>	80	<i>losartan</i>	46	MAVYRET	4
<i>levonorg-eth estrad triphasic</i>	80	<i>losartan-hydrochlorothiazide</i>	46	<i>meclizine</i>	69
<i>levora-28</i>	80	.....	46	<i>medroxyprogesterone</i>	78
<i>levo-t</i>	67	<i>loteprednol etabonate</i>	83	<i>mefloquine</i>	8
<i>levothyroxine</i>	67	<i>lovastatin</i>	50	<i>megestrol</i>	20
<i>levoxyl</i>	67	<i>low-ogestrel (28)</i>	80	MEKINIST	20
LIBTAYO	20	<i>loxapine succinate</i>	41	MEKTOVI.....	20
<i>lidocaine</i>	54	<i>lo-zumandimine (28)</i>	80	<i>meleya</i>	78
<i>lidocaine (pf)</i>	44, 54	<i>lubiprostone</i>	69	<i>meloxicam</i>	37
<i>lidocaine hcl</i>	54	LUMAKRAS.....	20	<i>melphalan hcl</i>	20
<i>lidocaine in 5 % dextrose (pf)</i>	44	LUMIGAN	82	<i>memantine</i>	33
.....	44	LUMIZYME	66	<i>memantine-donepezil</i>	33
<i>lidocaine viscous</i>	54	LUNSUMIO.....	20	MENQUADFI (PF).....	73
<i>lidocaine-epinephrine</i>	54	LUPRON DEPOT	20	MENVEO A-C-Y-W-135-DIP	
<i>lidocaine-epinephrine (pf)</i>	54	<i>lurasidone</i>	41	(PF).....	73
<i>lidocaine-prilocaine</i>	54	<i>lutra (28)</i>	80	MEPSEVII.....	66
<i>lidocan iii</i>	54	<i>lyleq</i>	78	<i>mercaptapurine</i>	20, 21
<i>lidocan iv</i>	54	<i>lyllana</i>	78	<i>meropenem</i>	8
<i>lidocan v</i>	54	LYNOZYFIC	20	<i>mesalamine</i>	69
LILETTA	78	LYNPARZA.....	20	<i>mesalamine with cleansing</i>	
<i>lincomycin</i>	8	LYSODREN.....	20	<i>wipe</i>	69
<i>linezolid</i>	8	LYTGOBI	20	<i>mesna</i>	12
<i>linezolid in dextrose 5%</i>	8	LYUMJEV KWIKPEN U-100		<i>metformin</i>	64
<i>linezolid-0.9% sodium chloride</i>	8	INSULIN	64	<i>methadone</i>	35
.....	8	LYUMJEV KWIKPEN U-200		<i>methadone intensol</i>	35
LINZESS.....	69	INSULIN	64	<i>methadose</i>	35
LIORESAL.....	34	LYUMJEV U-100 INSULIN		<i>methazolamide</i>	82
<i>liothyronine</i>	67	.....	64	<i>methenamine hippurate</i>	11
<i>liraglutide</i>	64	<i>lyza</i>	78	<i>methenamine mandelate</i>	11
<i>lisinopril</i>	46	M		<i>methimazole</i>	61
<i>lisinopril-hydrochlorothiazide</i>	46	<i>magnesium chloride</i>	89	<i>methotrexate sodium</i>	21
.....	46	<i>magnesium sulfate</i>	90	<i>methotrexate sodium (pf)</i>	21
<i>lithium carbonate</i>	41	MAGNESIUM SULFATE IN		<i>methoxsalen</i>	54
<i>lithium citrate</i>	41	D5W	90	<i>methsuximide</i>	29
LIVTENCITY	4	<i>magnesium sulfate in water</i> ..	90	<i>methylergonovine</i>	81
LOKELMA	59	<i>malathion</i>	57	<i>methylphenidate hcl</i>	41
LONSURF.....	20	<i>mannitol 20 %</i>	46	<i>methylprednisolone</i>	61

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit [CareSource.com/MyCare-SNP](https://www.caresource.com/MyCare-SNP).

This drug list was last updated on 10/06/2025.

<i>methylprednisolone acetate</i> ..61	<i>morphine</i>.....35, 36	<i>neomycin-polymyxin-hc</i> ..60, 82
<i>methylprednisolone sodium</i>	<i>morphine (pf)</i>.....35	<i>neo-polycin</i> .....81
<i>succ</i>.....61	<i>morphine concentrate</i>.....35	<i>neo-polycin hc</i> .....82
<i>metoclopramide hcl</i>.....69	MOUNJARO.....64	NERLYNX.....21
<i>metolazone</i>.....46	<i>moxifloxacin</i> .....11, 81	NEUPRO.....31
<i>metoprolol succinate</i> .....46	<i>moxifloxacin-sod.chloride(iso)</i>	<i>nevirapine</i> .....4
<i>metoprolol ta-hydrochlorothiaz</i>	.....11	NEXLETOL.....50
.....46	MRESVIA (PF).....74	NEXLIZET.....50
<i>metoprolol tartrate</i> .....47	MULTAQ.....44	NEXPLANON.....78
<i>metro i.v</i>.....8	<i>mupirocin</i>.....55	<i>niacin</i> .....50
<i>metronidazole</i> .....8, 55, 78	<i>mycophenolate mofetil</i>.....21	<i>nicardipine</i>.....47
<i>metronidazole in nacl (iso-os)</i> 8	<i>mycophenolate mofetil (hcl)</i> .21	NICOTROL NS.....59
<i>metyrosine</i> .....47	<i>mycophenolate sodium</i> .....21	<i>nifedipine</i> .....47
<i>mexiletine</i> .....44	MYFEMBREE.....78	<i>nikki (28)</i>.....80
<i>micafungin</i>.....2	MYHIBBIN.....21	<i>nilotinib hcl</i>.....21
<i>microgestin 1.5/30 (21)</i> .....80	MYLOTARG.....21	<i>nilutamide</i> .....21
<i>microgestin 1/20 (21)</i> .....80	N	<i>nimodipine</i> .....47
<i>microgestin fe 1.5/30 (28)</i> ...80	<i>nabumetone</i> .....37	NINLARO.....21
<i>microgestin fe 1/20 (28)</i> .....80	<i>nadolol</i>.....47	<i>nitazoxanide</i>.....8
<i>midodrine</i> .....59	<i>nafcilin</i>.....10	<i>nitisinone</i> .....59
MIEBO (PF).....82	<i>nafcilin in dextrose iso-osm.</i> 10	<i>nitro-bid</i>.....52
<i>mifepristone</i>.....66, 78	<i>naftifine</i>.....56	<i>nitrofurantoin macrocrystal</i> .12
<i>mili</i>.....80	NAGLAZYME.....66	<i>nitrofurantoin monohyd/m-</i>
<i>milrinone</i> .....51	<i>nalbuphine</i> .....37	<i>cryst</i> .....12
<i>milrinone in 5 % dextrose</i> ...51	<i>naloxone</i> .....37	<i>nitroglycerin</i> .....52, 69
<i>mimvey</i>.....78	<i>naltrexone</i> .....37	NIVESTYM .....72
<i>minocycline</i>.....11	<i>naproxen</i> .....37	<i>nora-be</i> .....78
<i>minoxidil</i>.....47	<i>naproxen sodium</i> .....37	<i>norelgestromin-ethin.estradiol</i>
<i>miostat</i> .....82	<i>naratriptan</i>.....31	.....78
<i>mirabegron</i> .....88	<i>nateglinide</i> .....64	<i>norepinephrine bitartrate</i> ....51
<i>mirtazapine</i>.....41	NAYZILAM.....29	<i>norethindrone (contraceptive)</i>
<i>misoprostol</i> .....71	<i>nebivolol</i> .....47	.....78
<i>mitomycin</i> .....21	<i>nefazodone</i>.....41	<i>norethindrone acetate</i>.....78
<i>mitoxantrone</i>.....21	<i>nelarabine</i>.....21	<i>norethindrone ac-eth estradiol</i>
M-M-R II (PF).....73	NEMLUVIO.....21	.....78, 80
<i>modafinil</i>.....41	<i>neomycin</i>.....8	<i>norgestimate-ethinyl estradiol</i>
MODEYSO.....21	<i>neomycin-bacitracin-poly-hc</i> 82	.....80
<i>moexipril</i>.....47	<i>neomycin-bacitracin-</i>	<i>nortrel 0.5/35 (28)</i> .....80
<i>molindone</i> .....41	<i>polymyxin</i>.....81	<i>nortrel 1/35 (21)</i> .....80
<i>mometasone</i> .....57, 86	<i>neomycin-polymyxin b gu</i> ....58	<i>nortrel 1/35 (28)</i> .....80
<i>mondoxyne nl</i>.....11	<i>neomycin-polymyxin b-</i>	<i>nortrel 7/7/7 (28)</i> .....80
MONJUVI.....21	<i>dexameth</i>.....82	<i>nortriptyline</i>.....42
<i>mono-lynyah</i>.....80	<i>neomycin-polymyxin-</i>	NORVIR.....4
<i>montelukast</i>.....86	<i>gramicidin</i> .....81	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit CareSource.com/MyCare-SNP.

This drug list was last updated on 10/06/2025.

NOVOLIN 70/30 U-100	<i>olmesartan-amlodipin-</i>	<i>oxacillin in dextrose(iso-osm)</i>
INSULIN..... 64	<i>hcthiazid</i> 47	..... 10
NOVOLIN 70-30 FLEXPEN	<i>olmesartan-</i>	<i>oxalipatin</i> 22
U-100..... 64	<i>hydrochlorothiazide</i> 47	<i>oxaprozin</i> 37
NOVOLIN N FLEXPEN 64	<i>omega-3 acid ethyl esters</i> 50	<i>oxcarbazepine</i> 29
NOVOLIN N NPH U-100	<i>omeprazole</i> 71	OXERVATE..... 82
INSULIN 64	OMNIPOD 5 (G6/LIBRE 2	<i>oxybutynin chloride</i> 88
NOVOLIN R FLEXPEN 64	PLUS)..... 75	<i>oxycodone</i> 36
NOVOLIN R REGULAR	OMNIPOD 5 G6-G7 INTRO	<i>oxycodone-acetaminophen</i> ... 36
U100 INSULIN 64	KT(GEN5)..... 75	OZEMPIC..... 65
NOVOLOG FLEXPEN U-100	OMNIPOD 5 G6-G7 PODS	OZURDEX 83
INSULIN..... 64	(GEN 5) 75	P
NOVOLOG MIX 70-30 U-100	OMNIPOD 5	<i>pacerone</i> 44
INSULN 64	INTRO(G6/LIBRE2PLUS)	<i>paclitaxel</i> 22
NOVOLOG MIX 70-	..... 75	<i>paclitaxel protein-bound</i> 22
30FLEXPEN U-100 64	OMNIPOD DASH INTRO	PADCEV 22
NOVOLOG PENFILL U-100	KIT (GEN 4) 75	<i>paliperidone</i> 42
INSULIN..... 64	OMNIPOD DASH PODS	<i>palonosetron</i> 70
NOVOLOG U-100 INSULIN	(GEN 4)..... 75	<i>pamidronate</i> 66
ASPART..... 64	OMNITROPE..... 72	PANRETIN 54
NUBEQA 21	ONCASPAR..... 22	<i>pantoprazole</i> 71, 72
NUCALA 86	<i>ondansetron</i> 69	<i>paraplatin</i> 22
NUDEXTA 33	<i>ondansetron hcl</i> 69	<i>paricalcitol</i> 66
NULOJIX..... 21	<i>ondansetron hcl (pf)</i> 69	<i>paroxetine hcl</i> 42
NUPLAZID..... 42	ONIVYDE..... 22	PAVBLU 82
NURTEC ODT..... 31	ONUREG 22	PAXLOVID..... 4
<i>nyamyc</i> 56	OPDIVO..... 22	<i>pazopanib</i> 23
<i>nystatin</i> 2, 56	OPDIVO QVANTIG..... 22	PEDIARIX (PF) 74
<i>nystatin-triamcinolone</i> 56	OPDUALAG 22	PEDVAX HIB (PF)..... 74
<i>nystop</i> 56	OPIZA 42	<i>peg 3350-electrolytes</i> 70
NYVEPRIA..... 72	<i>opium tincture</i> 68	PEGASYS 72
O	OPSUMIT 86	<i>peg-electrolyte</i> 70
<i>octreotide acetate</i> 21, 22	OPSYNVI..... 86	PEMAZYRE..... 23
<i>octreotide,microspheres</i> 22	<i>oralone</i> 60	<i>pemetrexed disodium</i> 23
ODEFSEY 4	ORGOVYX 22	PEN NEEDLE, DIABETIC .75
ODOMZO 22	ORKAMBI..... 86	PENBRAYA (PF) 74
OFEV 86	<i>orquidea</i> 78	<i>penciclovir</i> 56
<i>ofloxacin</i> 60, 81	ORSERDU 22	<i>penicillamine</i> 76
OGSIVEO 22	<i>oseltamivir</i> 4	PENICILLIN G POT IN
OJEMDA..... 22	<i>osmitrol 20 %</i> 47	DEXTROSE 10
OJJAARA..... 22	OTEZLA 76	<i>penicillin g potassium</i> 10
<i>olanzapine</i> 42	OTEZLA STARTER..... 76	<i>penicillin g sodium</i> 10
<i>olmesartan</i> 47	<i>oxacillin</i> 10	<i>penicillin v potassium</i> 10

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit [CareSource.com/MyCare-SNP](https://www.caresource.com/MyCare-SNP).

This drug list was last updated on 10/06/2025.

PENMENVY MEN A-B-C-W-Y (PF).....	74	<i>portia 28</i>	80	PRIFTIN.....	8
PENTACEL (PF).....	74	<i>posaconazole</i>	2	PRIMAQUINE.....	8
<i>pentamidine</i>	8	<i>potassium acetate</i>	90	<i>primidone</i>	30
<i>pentobarbital sodium</i>	42	<i>potassium chlorid-d5-0.45%nacl</i>	90	PRIMIDONE.....	30
<i>pentoxifylline</i>	49	<i>potassium chloride</i>	90	PRIORIX (PF).....	74
<i>perampanel</i>	29	<i>potassium chloride in 0.9%nacl</i>	90	<i>probenecid</i>	75
<i>perindopril erbumine</i>	47	<i>potassium chloride in 5 % dex</i>	90	<i>probenecid-colchicine</i>	75
<i>periogard</i>	60	<i>potassium chloride in lr-d5</i>	90	<i>procainamide</i>	44
PERJETA.....	23	<i>potassium chloride in 5 % dex</i>	90	<i>prochlorperazine</i>	70
<i>permethrin</i>	57	<i>potassium chloride in lr-d5</i>	90	<i>prochlorperazine edisylate</i>	70
<i>perphenazine</i>	42	<i>potassium chloride in water</i>	90	<i>prochlorperazine maleate oral</i>	70
<i>pfizerpen-g</i>	10	<i>potassium chloride-0.45 % nacl</i>	90	PROCRIT.....	72, 73
<i>phenelzine</i>	42	<i>potassium chloride-d5-0.2%nacl</i>	90	<i>procto-med hc</i>	70
<i>phenobarbital</i>	29	<i>potassium chloride-d5-0.9%nacl</i>	90	<i>proctosol hc</i>	70
<i>phenobarbital sodium</i>	29	<i>potassium chloride-d5-0.9%nacl</i>	90	<i>proctozone-hc</i>	70
<i>phentolamine</i>	47	<i>potassium citrate</i>	89	<i>progesterone</i>	78
<i>phenytoin</i>	29	<i>potassium phosphate m-/d-basic</i>	90	<i>progesterone micronized</i>	78
<i>phenytoin sodium</i>	29	POTELIGEO.....	23	PROGRAF.....	23
<i>phenytoin sodium extended</i>	29	PRALATREXATE.....	23	PROLASTIN-C.....	59
<i>philith</i>	80	<i>pramipexole</i>	31	<i>promethazine</i>	83
PIFELTRO.....	4	<i>prasugrel hcl</i>	49	<i>propafenone</i>	44
<i>pilocarpine hcl</i>	59, 82	<i>pravastatin</i>	50	<i>propranolol</i>	47
<i>pimecrolimus</i>	54	<i>praziquantel</i>	8	<i>propylthiouracil</i>	61
<i>pimozide</i>	42	<i>prazosin</i>	47	PROQUAD (PF).....	74
<i>pimtrea (28)</i>	80	<i>prednisolone</i>	61	<i>protamine</i>	50
<i>pindolol</i>	47	<i>prednisolone acetate</i>	83	<i>protriptyline</i>	42
<i>pioglitazone</i>	65	<i>prednisolone sodium phosphate</i>	61, 83	PULMICORT FLEXHALER.....	87
<i>piperacillin-tazobactam</i>	10	<i>prednisone</i>	61	PULMOZYME.....	87
PIQRAY.....	23	<i>prednisone intensol</i>	61	<i>pyrazinamide</i>	8
<i>pirfenidone</i>	86, 87	<i>pregabalin</i>	29	<i>pyridostigmine bromide</i>	34
<i>piroxicam</i>	37	PREMARIN.....	78	<i>pyrimethamine</i>	8
<i>pitavastatin calcium</i>	50	<i>premasol 10 %</i>	91	Q	
PLEGRIDY.....	72	PREMPHASE.....	78	QINLOCK.....	23
PLENAMINE.....	91	PREMPRO.....	78	QUADRACEL (PF).....	74
<i>plerixafor</i>	72	<i>prenatal vitamin oral tablet</i>	91	<i>quetiapine</i>	42
<i>podofilox</i>	54	<i>prevalite</i>	51	<i>quinapril</i>	47
POLIVY.....	23	PREVYMIS.....	4	<i>quinapril-hydrochlorothiazide</i>	47
<i>polocaine</i>	54	PREZCOBIX.....	4	<i>quinidine sulfate</i>	44
<i>polocaine-mpf</i>	54	PREZISTA.....	4	<i>quinine sulfate</i>	8
<i>polycin</i>	81			QULIPTA.....	31
<i>polymyxin b sulf-trimethoprim</i>	81			QVAR REDIHALER.....	87
POMALYST.....	23				

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit [CareSource.com/MyCare-SNP](https://www.caresource.com/MyCare-SNP).

This drug list was last updated on 10/06/2025.

R		
RABAVERT (PF)	74	
RADICAVA ORS	33	
RADICAVA ORS STARTER KIT SUSP	33	
RALDESY	42	
<i>raloxifene</i>	75	
<i>ramelteon</i>	42	
<i>ramipril</i>	47	
<i>ranolazine</i>	51	
<i>rasagiline</i>	31	
<i>reclipsen (28)</i>	80	
RECOMBIVAX HB (PF)	74	
RELENZA DISKHALER	4	
RELEUKO	73	
RELISTOR	70	
REMICADE	70	
RENACIDIN	89	
<i>repaglinide</i>	65	
REPATHA	51	
REPATHA PUSHTRONEX	51	
REPATHA SURECLICK	51	
RETACRIT	73	
RETEVMO	23	
RETROVIR	4	
REVCOVI	59	
<i>revonto</i>	34	
REVUFORJ	23	
REXULTI	42	
REYATAZ	4	
REZDIFFRA	59	
REZLIDHIA	23	
REZUROCK	23	
RHOPRESSA	82	
<i>ribavirin</i>	4	
<i>rifabutin</i>	8	
<i>rifampin</i>	8	
<i>riluzole</i>	59	
<i>rimantadine</i>	5	
<i>ringer's</i>	58, 91	
RINVOQ	76, 77	
RINVOQ LQ	76	
<i>risedronate</i>	59, 75, 76	
<i>risperidone</i>	43	
<i>risperidone microspheres</i>	42,	
	43	
<i>ritonavir</i>	5	
<i>rivaroxaban</i>	50	
<i>rivastigmine</i>	33	
<i>rivastigmine tartrate</i>	33	
<i>rizatriptan</i>	31	
ROCKLATAN	82	
<i>roflumilast</i>	87	
<i>romidepsin</i>	23	
ROMVIMZA	24	
<i>ropinirole</i>	31	
<i>rosuvastatin</i>	51	
ROTARIX	74	
ROTATEQ VACCINE	74	
<i>roweepira</i>	30	
ROZLYTREK	24	
RUBRACA	24	
<i>rufinamide</i>	30	
RUKOBIA	5	
RUXIENCE	24	
RYBELSUS	65	
RYBREVANT	24	
RYDAPT	24	
RYLAZE	24	
RYTELO	24	
S		
<i>sacubitril-valsartan</i>	51	
<i>sajazir</i>	87	
<i>salsalate</i>	37	
SANDOSTATIN LAR DEPOT	24	
SANTYL	54	
<i>sapropterin</i>	66	
SARCLISA	24	
SAVELLA	77	
<i>saxagliptin</i>	65	
<i>saxagliptin-metformin</i>	65	
SCSEMBLIX	24	
<i>scopolamine base</i>	70	
SECUADO	43	
SELARSDI	52	
<i>selegiline hcl</i>	31	
<i>selenium sulfide</i>	52	
SELZENTRY	5	
<i>sertraline</i>	43	
<i>setlakin</i>	80	
<i>sevelamer carbonate</i>	59	
<i>sf 60</i>		
<i>sf 5000 plus</i>	60	
<i>sharobel</i>	78	
SHINGRIX (PF)	74	
SIGNIFOR	24	
<i>sildenafil (pulmonary arterial hypertension)</i>	87	
<i>silver sulfadiazine</i>	54	
SIMBRINZA	82	
SIMLANDI(CF)	77	
SIMLANDI(CF) AUTOINJECTOR	77	
SIMULECT	24	
<i>simvastatin</i>	51	
<i>sirolimus</i>	24	
SIRTURO	8	
SKYRIZI	52, 70	
<i>sodium acetate</i>	91	
<i>sodium benzoate-sod phenylacet</i>	59	
<i>sodium bicarbonate</i>	91	
<i>sodium chloride</i>	59, 91	
<i>sodium chloride 0.45 %</i>	91	
<i>sodium chloride 0.9 %</i>	59	
<i>sodium chloride 3 % hypertonic</i>	91	
<i>sodium chloride 5 % hypertonic</i>	91	
<i>sodium fluoride 5000 dry mouth</i>	60	
<i>sodium fluoride 5000 plus</i>	60	
<i>sodium fluoride-pot nitrate</i> ...	60	
SODIUM OXYBATE (PREFERRED NDCS STARTING WITH 00054)	43	
<i>sodium phenylbutyrate</i>	59	
<i>sodium phosphate</i>	91	
<i>sodium polystyrene sulfonate</i>	59	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit [CareSource.com/MyCare-SNP](https://www.caresource.com/MyCare-SNP).

This drug list was last updated on 10/06/2025.

<i>sodium,potassium,mag sulfates</i>	<i>sunitinib malate</i>	<i>terbutaline</i>
..... 70	SUNLENCA..... 5	<i>terconazole</i>
SOFOSBUVIR-	<i>syeda</i> 80	<i>teriflunomide</i>
VELPATASVIR..... 5	SYLVANT	<i>teriparatide</i>
<i>solifenacin</i>	SYMDEKO	<i>testosterone</i>
88	SYMPAZAN.....	<i>testosterone cypionate</i>
SOLIQUA 100/33	30	<i>testosterone enanthate</i>
SOLTAMOX..... 24	SYMPROIC.....	67
SOMATULINE DEPOT	70	<i>tetrabenazine</i>
24	SYMTUZA.....	33
SOMAVERT..... 66	5	<i>tetracycline</i>
<i>sorafenib</i> 24	SYNAGIS.....	11
<i>sotalol</i> 44	5	TEVIMBRA
<i>sotalol af</i> 44	SYNJARDY	25
SPIRIVA RESPIMAT	65	THALOMID..... 25
87	SYNJARDY XR.....	<i>theophylline</i>
<i>spironolactone</i> 47	65	87, 88
<i>spironolacton-</i>	T	<i>thioridazine</i>
<i>hydrochlorothiaz</i>	TABLOID	43
47	24	<i>thiotepa</i>
SPRAVATO..... 43	TABRECTA.....	25
<i>sprintec (28)</i>	24	<i>thiothixene</i>
80	<i>tacrolimus</i>	43
SPRITAM..... 30	24, 55	<i>tiadylt er</i>
<i>sps (with sorbitol)</i>	<i>tadalafil</i>	47
59	89	<i>tiagabine</i>
<i>sronyx</i>	<i>tadalafil (pulmonary arterial</i>	30
80	<i>hypertension) oral tablet 20</i>	TIBSOVO..... 25
<i>ssd</i> 55	<i>mg</i> 87	<i>ticagrelor</i>
STAMARIL (PF)	TAFINLAR	50
74	24, 25	TICE BCG
STELARA..... 53	TAGRISO	74
STIOLTO RESPIMAT	25	TICOVAC
87	TALVEY	74
STIVARGA..... 24	25	<i>tigecycline</i>
STRENSIQ..... 66	TALZENNA.....	8
STREPTOMYCIN	25	<i>tilia fe</i> 80
8	<i>tamoxifen</i>	<i>timolol maleate</i>
STRIBILD..... 5	25	47, 81
STRIVERDI RESPIMAT	<i>tamsulosin</i>	<i>tinidazole</i>
87	89	8
SUBLOCADE..... 36	<i>tarina fe 1-20 eq (28)</i>	<i>tiotropium bromide</i>
<i>subvenite</i> 30	80	88
SUCRAID	<i>tazarotene</i>	TIVDAK..... 25
70	55	TIVICAY..... 5
<i>sucralfate</i> 72	<i>tazicef</i> 6	TIVICAY PD..... 5
<i>sulfacetamide sodium</i>	TAZVERIK.....	<i>tizanidine</i>
82	25	34
<i>sulfacetamide sodium (acne)</i> 55	TECENTRIQ.....	TOBI PODHALER
<i>sulfacetamide-prednisolone</i> . 82	25	8
<i>sulfadiazine</i> 11	TECENTRIQ HYBREZA ...	TOBRADEX
<i>sulfamethoxazole-trimethoprim</i>	25	82
..... 11	TECVAYLI.....	<i>tobramycin</i>
<i>sulfasalazine</i>	6	8, 81
70	TEFLARO	<i>tobramycin in 0.225 % nacl</i> ... 8
<i>sulindac</i>	<i>telmisartan</i>	8
37	47	<i>tobramycin sulfate</i>
<i>sumatriptan nasal</i> 31	<i>telmisartan-amlodipine</i>	8
<i>sumatriptan succinate</i>	47	<i>tobramycin-dexamethasone</i> .. 83
32	<i>telmisartan-hydrochlorothiazid</i>	<i>tolterodine</i>
	..... 47	88
	TEMODAR	<i>tolvaptan</i>
	25	67
	<i>temsirolimus</i>	<i>tolvaptan (polycys kidney dis)</i>
	25	..... 67
	TENIVAC (PF)	<i>topiramate</i>
	74	30
	<i>tenofovir disoproxil fumarate</i> . 5	<i>topotecan</i>
	5	25
	TEPMETKO..... 25	<i>toremifene</i>
	<i>terazosin</i>	25
	47	<i>torpenz</i>
	<i>terbinafine hcl</i> 2	25

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit CareSource.com/MyCare-SNP.

This drug list was last updated on 10/06/2025.

<i>torseamide</i>	47	<i>trimethoprim</i>	12	<i>valproic acid (as sodium salt)</i>	
TOUJEO MAX U-300		<i>trimipramine</i>	43	.....	30
SOLOSTAR.....	65	TRINTELLIX.....	43	<i>valrubicin</i>	25
TOUJEO SOLOSTAR U-300		<i>tri-sprintec (28)</i>	80	<i>valsartan</i>	48
INSULIN.....	65	TRIUMEQ.....	5	<i>valsartan-hydrochlorothiazide</i>	
TRADJENTA.....	65	TRIUMEQ PD.....	5	.....	48
<i>tramadol</i>	37	TRODELVY.....	25	VALTOCO.....	30
<i>tramadol-acetaminophen</i>	37	TROGARZO.....	5	<i>vancomycin</i>	9
<i>trandolapril</i>	47	TROPHAMINE 10 %.....	91	VANCOMYCIN IN 0.9 %	
<i>trandolapril-verapamil</i>	47	<i>tropium</i>	89	SODIUM CHL.....	9
<i>tranexamic acid</i>	79	TRULANCE.....	70	VANFLYTA.....	25
<i>tranylcypromine</i>	43	TRULICITY.....	65	VAQTA (PF).....	74
<i>travasol 10 %</i>	91	TRUMENBA.....	74	<i>varenicline tartrate</i>	59, 60
<i>travoprost</i>	82	TRUQAP.....	25	VARIVAX (PF).....	74
TRAZIMERA.....	25	TUKYSA.....	25	VARIZIG.....	74
<i>trazodone</i>	43	TURALIO.....	25	VARUBI.....	70
TRELEGY ELLIPTA.....	88	<i>turqoz (28)</i>	80	VAXCHORA VACCINE.....	74
TRELSTAR.....	25	TWINRIX (PF).....	74	VECTIBIX.....	26
TREMFYA.....	53	TYENNE.....	77	<i>veletri</i>	48
TREMFYA PEN.....	53	TYENNE AUTOINJECTOR		<i>velivet triphasic regimen (28)</i>	
INDUCTION PK-CROHN		.....	77	.....	80
.....	53	TYMLOS.....	76	VELTASSA.....	59
<i>treprostinil sodium</i>	47	TYPHIM VI.....	74	VEMLIDY.....	5
<i>tretinoin (antineoplastic)</i>	25	TYVASO.....	88	VENCLEXTA.....	26
<i>tretinoin topical</i>	55	TYVASO INSTITUTIONAL		VENCLEXTA STARTING	
<i>triamcinolone acetonide 57, 60,</i>		START KIT.....	88	PACK.....	26
61		TYVASO REFILL KIT.....	88	<i>venlafaxine</i>	43
<i>triamterene-hydrochlorothiazid</i>		TYVASO STARTER KIT ..	88	<i>verapamil</i>	48
.....	48	U		VERQUVO.....	51
<i>tridacaine ii</i>	55	UBRELVY.....	32	VERSACLOZ.....	43
<i>triderm</i>	57	ULTRA-FINE INSULIN		VERZENIO.....	26
<i>trientine</i>	59	SYRINGE.....	75	<i>vestura (28)</i>	80
<i>tri-estarylla</i>	80	<i>unithroid</i>	67	VIBATIV.....	9
<i>trifluoperazine</i>	43	UNITUXIN.....	25	VIBERZI.....	71
<i>trifluridine</i>	81	UPTRAVI.....	48	<i>vienna</i>	80
<i>trihexyphenidyl</i>	31	<i>ursodiol</i>	70	<i>vigabatrin</i>	30
TRIJARDY XR.....	65	USTEKINUMAB.....	53	<i>vigadrone</i>	30
TRIKAFTA.....	88	USTEKINUMAB-AEKN.....	53	<i>vilazodone</i>	43
<i>tri-legest fe</i>	80	V		VIMIZIM.....	67
<i>tri-linyah</i>	80	<i>valacyclovir</i>	5	VIMKUNYA.....	74
<i>tri-lo-estarylla</i>	80	VALCHLOR.....	55	<i>vinblastine</i>	26
<i>tri-lo-marzia</i>	80	<i>valganciclovir</i>	5	<i>vincristine</i>	26
<i>tri-lo-sprintec</i>	80	<i>valproate sodium</i>	30	<i>vinorelbine</i>	26
		<i>valproic acid</i>	30	<i>viorele (28)</i>	80

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table. If you have questions, please call CareSource MyCare Ohio at 1-855-475-3163 (TTY: 1-833-711-4711 or 711), Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET). The call is free. For more information, visit [CareSource.com/MyCare-SNP](https://www.caresource.com/MyCare-SNP).

This drug list was last updated on 10/06/2025.

VIRACEPT	5	XCOPRI	30	ZENPEP	71
VIREAD.....	5	XCOPRI MAINTENANCE		ZEPOSIA.....	33
VITRAKVI.....	26	PACK	30	ZEPOSIA STARTER KIT (28-	
VIVITROL	37	XCOPRI TITRATION PACK		DAY).....	33
VIVOTIF	74	.....	30, 31	ZEPOSIA STARTER PACK	
VIZIMPRO.....	26	XDEMVY	82	(7-DAY)	33
VONJO.....	26	XELJANZ	77	ZEPZELCA	27
VORANIGO.....	26	XELJANZ XR.....	77	<i>zidovudine</i>	5
<i>voriconazole</i>	2	XEMBIFY	74	ZIIHERA	27
<i>voriconazole-hpbc</i>	2	XERMELO.....	26	<i>ziprasidone hcl</i>	44
VOSEVI	5	XIAFLEX.....	59	<i>ziprasidone mesylate</i>	44
VOWST.....	71	XIFAXAN	9	ZIRABEV	27
VRAYLAR.....	43	XIGDUO XR.....	65, 66	ZIRGAN	81
VUMERITY	33	XIIDRA	82	ZOLADEX	27
VYLOY	26	XOFLUZA	5	<i>zoledronic acid</i>	67
VYNDAMAX	52	XOLAIR.....	88	<i>zoledronic acid-mannitol-water</i>	
VYNDAQEL.....	52	XOSPATA.....	26	.....	59
VYVGART	34	XPOVIO.....	26	ZOLINZA.....	27
VYVGART HYTRULO	34	XTANDI.....	26	<i>zolpidem</i>	44
VYXEOS.....	26	<i>xulane</i>	79	ZONISADE	31
W		Y		<i>zonisamide</i>	31
<i>warfarin</i>	50	YERVOY	26	<i>zovia 1-35 (28)</i>	80
<i>water for irrigation, sterile</i> ...	59	YESINTEK	53	ZTALMY	31
WELIREG.....	26	YF-VAX (PF).....	74	<i>zumandimine (28)</i>	80
<i>wera (28)</i>	80	YONDELIS	27	ZURZUVAE.....	44
<i>wescap-pn dha</i>	91	<i>yuvafem</i>	78	ZYDELIG.....	27
WINREVAIR.....	88	Z		ZYKADIA.....	27
<i>wixela inhub</i>	88	<i>zafemy</i>	79	ZYMFENTRA.....	71
WYOST.....	12	<i>zafirlukast</i>	88	ZYNLONTA	27
X		<i>zaleplon</i>	43, 44	ZYNYZ.....	27
XALKORI.....	26	ZALTRAP	27	ZYPREXA RELPREVV	44
XARELTO	50	ZEJULA	27		
XARELTO DVT-PE TREAT		ZELBORAF	27		
30D START	50	<i>zenatane</i>	55		

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ODM Approved: 08/31/2025



**Department of
Medicaid**

Next Generation MyCare



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

This Drug List was updated on 10/20/2025. For more recent information or other questions, contact us at **1-855-475-3163 (TTY: 1-833-711-4711 or 711)**, Monday through Friday, 8 a.m. to 8 p.m., Eastern Time (ET), and from October 1 through March 31 we are open the same hours, seven days a week or visit **CareSource.com/MyCare-SNP**.