



P.O. Box 8738  
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CareSource Dual Advantage™ (HMO D-SNP) |

# Formulary

*(List of Covered Drugs)*

*for 2021*

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

This formulary was updated on 12/2021

For more recent information or other questions, please contact CareSource Dual Advantage Member Services at **1-833-230-2020** or TTY **711**, 8 a.m. – 8 p.m. Monday through Friday, and from Oct. 1 – March 31, the same hours seven days a week, or visit **CareSource.com/Medicare**.

Formulary ID: 00021581, Version #: 18

CareSource is an HMO with a Medicare contract. Enrollment in CareSource depends on contract renewal.

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

When this drug list (formulary) refers to “we,” “us”, or “our,” it means CareSource. When it refers to “plan” or “our plan,” it means CareSource Dual Advantage.

This document includes a list of the drugs (formulary) for our plan which is current as of 12/2021. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2022, and from time to time during the year.

## **What is the CareSource Dual Advantage Formulary?**

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

## **Can the Formulary (drug list) change?**

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

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

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
  - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section on page iv entitled “How do I request an exception to the CareSource Dual Advantage Formulary?”

- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30-days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 30-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section on page iv entitled "How do I request an exception to the CareSource Dual Advantage Formulary?"

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2021 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2021 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 12/2021. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages. Mid-year non-maintenance formulary changes occurring after the date the formulary was last updated will be distributed to you as notification by mail. We will update our formulary with the new information. The updated formulary will be posted on our website or can be obtained by calling us.

## How do I use the Formulary?

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

### **Medical Condition**

The formulary begins on page 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular". If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

## **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 89. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

## **What are generic drugs?**

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

## **Are there any restrictions on my coverage?**

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from CareSource before you fill your prescriptions. If you don't get approval, we may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that CareSource Dual Advantage will cover. For example, CareSource provides 30 tablets per prescription for Simvastatin 80 MG tablet. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, CareSource 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, our plan will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 2. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted on line documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask us to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, "How do I request an exception to the CareSource Dual Advantage formulary?" below for information about how to request an exception.

## **What if my drug is not on the Formulary?**

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

If you learn that our plan does not cover your drug, you have two options:

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

## **How do I request an exception to the CareSource Dual Advantage Formulary?**

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

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

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

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

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

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

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

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

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

In the event that an unplanned transition occurs in which 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 34-day supply. This usually involves level of care changes in which 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 an LTC facility stay and returning to the community.

## **For more information**

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

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

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

## **CareSource Dual Advantage's Formulary**

The formulary begins on the next page provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index that begins on page 89.

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

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

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

### **List of Abbreviations**

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

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

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

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

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

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

*\* Medications on tier 5, also called specialty medications, are limited to no more than a 30-day supply per fill.*

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA; MO
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin</i>	5	B/D PA
<i>clotrimazole mucous membrane</i>	2	MO
CRESEMBA	5	PA
<i>fluconazole</i>	2	MO
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	2	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	2	PA; MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	2	MO
<i>griseofulvin ultramicrosize</i>	2	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>	5	MO
NOXAFIL ORAL SUSPENSION	5	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>nystatin oral</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet 200 mg</i>	5	PA; MO
<i>voriconazole oral tablet 50 mg</i>	4	PA; MO
<b>ANTIVIRALS</b>		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	2	MO
<i>abacavir-lamivudine-zidovudine</i>	5	MO
<i>acyclovir oral capsule</i>	2	MO
<i>acyclovir oral suspension 200 mg/5 ml</i>	2	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir</i>	5	MO
<i>amantadine hcl</i>	2	MO
<i>APTIVUS</i>	5	MO
<i>atazanavir oral capsule 150 mg, 200 mg</i>	2	MO

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

This drug list was last updated on 11/17/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>atazanavir oral capsule 300 mg</i>	4	MO
ATRIPLA	5	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY	5	MO
CABENUVA	5	MO
<i>cidofovir</i>	5	B/D PA; MO
CIMDUO	5	MO
COMPLERA	5	MO
DELSTRIGO	5	MO
DESCOVY	5	MO
<i>didanosine oral capsule, delayed release(dr/ec) 250 mg, 400 mg</i>	2	MO
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	5	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	5	MO
<i>efavirenz-emtricitab-in-tenofov</i>	5	MO
<i>efavirenz-lamivu-tenofov disop</i>	5	MO
<i>emtricitabine</i>	2	MO
<i>emtricitabine-tenofovir (tdf)</i>	5	MO
EMTRIVA	3	MO
<i>entecavir</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	3	MO
<i>etravirine</i>	5	MO
EVOTAZ	5	MO
<i>famciclovir</i>	2	MO
<i>fosamprenavir</i>	5	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium</i>	2	B/D PA; MO
GENVOYA	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE	5	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ISENTRESS ORAL POWDER IN PACKET	5	MO	NORVIR ORAL SOLUTION	3	MO
ISENTRESS ORAL TABLET	5	MO	ODEFSEY	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO	<i>oseltamivir</i>	2	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO	PIFELTRO	5	MO
JULUCA	5	MO	PREVYMIS INTRAVENOUS	5	
KALETRA ORAL TABLET 100-25 MG	3	MO	PREVYMIS ORAL	5	MO; QL (30 per 30 days)
KALETRA ORAL TABLET 200-50 MG	5	MO	PREZCOBIX	5	MO
<i>lamivudine</i>	2	MO	PREZISTA ORAL SUSPENSION	5	MO
<i>lamivudine-zidovudine</i>	2	MO	PREZISTA ORAL TABLET 150 MG, 75 MG	3	MO
LEXIVA ORAL SUSPENSION	4	MO	PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
<i>lopinavir-ritonavir oral solution</i>	2	MO	RELENZA DISKHALER	3	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO	RETROVIR INTRAVENOUS	3	MO
<i>nevirapine oral suspension</i>	2		REYATAZ ORAL POWDER IN PACKET	5	MO
<i>nevirapine oral tablet</i>	2	MO	<i>ribavirin oral capsule</i>	2	
<i>nevirapine oral tablet extended release 24 hr</i>	2	MO	<i>ribavirin oral tablet 200 mg</i>	2	MO
NORVIR ORAL POWDER IN PACKET	3	MO	<i>rimantadine</i>	2	MO
			<i>ritonavir</i>	2	MO
			RUKOBIA	5	MO
			SELZENTRY ORAL SOLUTION	3	MO

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This drug list was last updated on 11/17/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
<i>stavudine oral capsule</i>	2	MO
STRIBILD	5	MO
SYMFI	5	MO
SYMFI LO	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	2	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TROGARZO	5	MO; LA
TRUVADA	5	MO
<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</i>	5	MO
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	MO
VOSEVI	5	PA; MO; QL (28 per 28 days)
XOFLUZA	3	MO
<i>zidovudine</i>	2	MO
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<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>cefadroxil oral tablet</i>	2	MO
<i>cefazin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	2	MO
<i>cefazin injection recon soln 1 gram, 500 mg</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	2	
<i>cefazolin intravenous</i>	2	
<i>cefdinir</i>	2	MO
<i>cefepime in dextrose,iso-osm</i>	2	
<i>cefepime injection</i>	2	MO
<i>cefixime</i>	2	MO
<i>cefoxitin in dextrose, iso-osm</i>	2	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	2	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	2	PA
<i>cefpodoxime</i>	2	MO
<i>cefprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	2	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	2	PA
<i>ceftriaxone in dextrose,iso-os</i>	2	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	2	MO
<i>ceftriaxone injection recon soln 10 gram</i>	2	
<i>ceftriaxone intravenous</i>	2	MO
<i>cefuroxime axetil oral tablet</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>cefuroxime sodium injection recon soln 750 mg</i>	2	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	2	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	2	PA
<i>cephalexin</i>	2	MO
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML	4	
SUPRAX ORAL TABLET,CHEWABLE	4	MO
<i>tazicef injection</i>	2	PA; MO
<i>tazicef intravenous</i>	2	PA
TEFLARO	5	PA; MO
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	2	PA; MO
<i>azithromycin oral packet</i>	2	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
e.e.s. 400 oral tablet	4	MO
ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg	2	MO
erythrocin (as stearate) oral tablet 250 mg	4	MO
ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG	4	PA; MO
erythromycin ethylsuccinate oral suspension for reconstitution	4	MO
erythromycin ethylsuccinate oral tablet	4	
erythromycin oral capsule, delayed release(dr/ec)	4	MO
erythromycin oral tablet	4	MO
erythromycin oral tablet, delayed release (dr/ec)	2	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
albendazole	5	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	2	PA; MO
ARIKAYCE	5	PA; LA
atovaquone	5	MO
atovaquone-proguanil	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
aztreonam	2	PA; MO
bacitracin intramuscular	2	MO
BENZNIDAZOLE	3	MO
BETHKIS	5	B/D PA; MO; QL (224 per 28 days)
CAYSTON	5	PA; MO; LA; QL (84 per 28 days)
chloramphenicol sod succinate	2	
chloroquine phosphate	2	MO
clindamycin hcl	2	MO
clindamycin in 5 % dextrose	2	PA; MO
clindamycin pediatric	2	MO
clindamycin phosphate injection	2	PA; MO
clindamycin phosphate intravenous solution 600 mg/4 ml	2	PA; MO
COARTEM	4	MO
colistin (colistimethate na)	2	PA; MO
dapsone oral	2	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
daptomycin intravenous recon soln 500 mg	5	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
EMVERM	5	MO
<i>ertapenem</i>	2	MO
<i>ethambutol</i>	2	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	2	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	2	PA
<i>gentamicin injection solution 40 mg/ml</i>	2	PA; MO
<i>gentamicin sulfate (ped) (ps)</i>	2	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	2	PA; MO
IMPAVIDO	5	PA; MO
<i>isoniazid injection</i>	2	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
<i>lincomycin</i>	2	PA
<i>linezolid in dextrose 5%</i>	5	PA
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	2	MO
<i>linezolid-0.9% sodium chloride</i>	5	PA
<i>mefloquine</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>meropenem</i>	2	MO
<i>metro i.v.</i>	2	PA; MO
<i>metronidazole in nacl (iso-os)</i>	2	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	4	MO
PASER	3	MO
<i>pentamidine inhalation</i>	2	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	2	MO
<i>praziquantel</i>	2	MO
PRIFTIN	3	MO
PRIMAQUINE	3	MO
<i>pyrazinamide</i>	2	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	2	MO
<i>rifabutin</i>	2	MO
<i>rifampin</i>	2	MO
SIRTURO	5	PA; LA
STREPTOMYCIN	3	PA; MO
SYNERCID	5	PA
<i>tigecycline</i>	5	PA; MO
<i>tinidazole</i>	2	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>tobramycin in 0.225 % nacl</i>	5	B/D PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation</i>	5	B/D PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	2	PA
<i>tobramycin sulfate injection solution</i>	2	PA; MO
TRECATOR	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK	3	
VANCOMYCIN INJECTION	3	
<i>vancomycin intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	2	MO
<i>vancomycin intravenous recon soln 10 gram, 5 gram</i>	2	
<i>vancomycin oral capsule 125 mg</i>	2	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	5	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
<b>PENICILLINS</b>		
<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</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	2	PA; MO
<i>ampicillin sodium intravenous</i>	2	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	2	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	2	PA
<i>ampicillin-sulbactam intravenous</i>	2	PA
BICILLIN C-R	3	PA; MO
BICILLIN L-A	4	PA; MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm</i>	2	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium</i>	2	PA; MO
<i>penicillin g procaine</i>	2	PA; MO
<i>penicillin g sodium</i>	2	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfizerpen-g</i>	2	PA
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	2	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	2	MO
<b>QUINOLONES</b>		
CIPRO ORAL SUSPENSION,MIC ROCAPSULE RECON	4	
<i>ciprofloxacin hcl oral tablet 100 mg, 750 mg</i>	2	MO
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ciprofloxacin in 5 % dextrose</i>	2	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	2	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	2	PA; MO
<i>levofloxacin intravenous</i>	2	PA; MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod.chloride(iso)</i>	2	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	4	MO

#### SULFA'S / RELATED AGENTS

<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	2	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO

#### TETRACYCLINES

<i>demeclocycline</i>	4	MO
<i>doxy-100</i>	2	PA; MO
<i>doxycycline hyclate intravenous</i>	2	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 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>	2	MO
<i>monodoxyne nl oral capsule 100 mg</i>	2	MO
<i>tetracycline</i>	2	MO
<i>VIBRAMYCIN ORAL SYRUP</i>	3	MO
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate</i>	2	MO
<i>methenamine mandelate</i>	2	MO
<i>nitrofurantoin</i>	4	MO
<i>nitrofurantoin macrocrystal</i>	2	MO
<i>nitrofurantoin monohyd/m-cryst</i>	2	MO
<i>trimethoprim</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl</i>	5	B/D PA; MO
ELITEK	5	MO
KEPIVANCE	5	
KHAPZORY	5	B/D PA
<i>leucovorin calcium injection recon soln 100 mg, 200 mg, 350 mg, 50 mg</i>	2	B/D PA; MO
<i>leucovorin calcium injection recon soln 500 mg</i>	2	B/D PA
<i>leucovorin calcium oral</i>	2	MO
<i>levoleucovorin calcium intravenous recon soln 50 mg</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
MESNEX ORAL	5	MO
VISTOGARD	5	PA
XGEVA	5	B/D PA; MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)

Drug Name	Drug Tier	Requirements /Limits
ABRAXANE	5	B/D PA; MO
ADCETRIS	5	B/D PA; MO
<i>adriamycin intravenous recon soln 10 mg</i>	2	B/D PA; MO
<i>adriamycin intravenous solution 10 mg/5 ml</i>	2	B/D PA; MO
<i>adriamycin intravenous solution 2 mg/ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA
<i>adrucil intravenous solution 2.5 gram/50 ml</i>	2	B/D PA
AFINITOR DISPERZ	5	PA; MO
AFINITOR ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
ALECensa	5	PA; MO; QL (240 per 30 days)
ALIMTA	5	B/D PA; MO
ALIQOPA	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 30 days)
<i>anastrozole</i>	2	MO
ARRANON	5	B/D PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ARZERRA	5	B/D PA; MO
ASPARLAS	5	PA
AVASTIN	5	B/D PA; MO
AYVAKIT	5	PA; LA; QL (30 per 30 days)
<i>azacitidine</i>	5	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium</i>	2	B/D PA
BALVERSA	5	PA; LA
BAVENCIO	5	B/D PA; LA
BELEODAQ	5	B/D PA
BENDEKA	5	B/D PA; MO
BESPONSA	5	B/D PA; MO; LA
<i>bexarotene</i>	5	PA; MO
<i>bicalutamide</i>	2	MO
BLENREP	5	PA
<i>bleomycin</i>	2	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB	5	B/D PA
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA	5	PA; LA
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA
CALQUENCE	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine</i>	5	B/D PA; MO
<i>clofarabine</i>	5	B/D PA
COMETRIQ	5	PA; MO
COPIKTRA	5	PA; LA; QL (60 per 30 days)
COSMEGEN	5	B/D PA; MO
COTELLIC	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
cyclophosphamide oral capsule	2	B/D PA; MO
CYCLOPHOSPHA MIDE ORAL TABLET	3	B/D PA; MO
cyclosporine intravenous	2	B/D PA
cyclosporine modified oral capsule	2	B/D PA; MO
cyclosporine modified oral solution	2	B/D PA
cyclosporine oral capsule	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
cytarabine	2	B/D PA; MO
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	2	B/D PA; MO
cytarabine (pf) injection solution 20 mg/ml	2	B/D PA
dacarbazine	2	B/D PA; MO
dactinomycin	2	B/D PA
DANYELZA	5	PA
DARZALEX	5	B/D PA; MO; LA
daunorubicin intravenous solution	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
decitabine	5	B/D PA; MO
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)	5	B/D PA
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)	5	B/D PA; MO
doxorubicin intravenous recon soln 10 mg	2	B/D PA
doxorubicin intravenous recon soln 50 mg	2	B/D PA; MO
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	2	B/D PA; MO
doxorubicin intravenous solution 2 mg/ml	2	B/D PA
doxorubicin, peg- liposomal	5	B/D PA; MO
DROXIA	3	MO
ELZONRIS	5	PA; LA
EMCYT	5	MO
EMPLICITI	5	B/D PA; MO
ENVARSUS XR	4	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>epirubicin intravenous solution</i>	2	B/D PA; MO
ERBITUX	5	B/D PA; MO
ERIVEDGE	5	PA; MO; QL (30 per 30 days)
ERLEADA	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet 10 mg</i>	5	PA; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (immunosuppressive )</i>	5	B/D PA; MO
<i>exemestane</i>	4	MO
FARYDAK	5	PA; MO; QL (6 per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	B/D PA; MO
<i>flouxuridine</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
<i>flutamide</i>	2	MO
FOLOTYN	5	B/D PA; MO
FOTIVDA	5	PA; LA; QL (21 per 28 days)
<i>fulvestrant</i>	5	B/D PA; MO
GAVRETO	5	PA; MO; LA
GAZYVA	5	B/D PA; MO
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>genraf</i>	2	B/D PA; MO
GILOTrif	5	PA; MO; QL (30 per 30 days)
HALAVEN	5	B/D PA; MO
<i>hydroxyurea</i>	2	MO
IBRANCE	5	PA; MO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG	5	PA; QL (30 per 30 days)
ICLUSIG ORAL TABLET 15 MG	5	PA; QL (60 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL TABLET	5	PA; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
INFUGEM	5	B/D PA
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI	5	PA; MO; QL (5 per 28 days)
INREBIC	5	PA; MO; LA; QL (120 per 30 days)
IRESSA	5	PA; MO; QL (30 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX	5	B/D PA; MO
IXEMPRA	5	B/D PA; MO
JAKAFI	5	PA; MO; QL (60 per 30 days)
JEMPERLI	5	PA; MO
JEVTANA	5	B/D PA; MO
KADCYLA	5	PA; MO
KEYTRUDA	5	PA
KISQALI	5	PA; MO
KISQALI FEMARA CO-PACK	5	PA; MO
KYPROLIS	5	B/D PA
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	3	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO	5	PA; LA
LONSURF	5	PA; MO
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)
LUMAKRAS	5	PA; MO
LUMOXITI	5	PA; LA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
LUPRON DEPOT	5	PA; MO
LUPRON DEPOT (3 MONTH)	5	PA; MO
LUPRON DEPOT (4 MONTH)	5	PA; MO
LUPRON DEPOT (6 MONTH)	5	PA; MO
LUPRON DEPOT-PED	5	PA; MO
LUPRON DEPOT-PED (3 MONTH)	5	PA; MO
LYNPARZA	5	PA; MO; QL (120 per 30 days)
LYSODREN	3	
MARQIBO	3	B/D PA
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	2	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml (125 mg/ml)</i>	2	PA; MO
<i>megestrol oral tablet</i>	2	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan</i>	2	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>melphalan hcl</i>	5	B/D PA
<i>mercaptopurine</i>	2	MO
<i>methotrexate sodium</i>	2	B/D PA; MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone</i>	2	B/D PA; MO
<b>MONJUVI</b>	5	PA; LA
<b>MVASI</b>	5	B/D PA; MO
<i>mycophenolate mofetil (hcl)</i>	2	B/D PA
<i>mycophenolate mofetil oral capsule</i>	2	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO
<i>mycophenolate mofetil oral tablet</i>	2	B/D PA; MO
<i>mycophenolate sodium</i>	2	B/D PA; MO
<b>MYLOTARG</b>	5	B/D PA; MO; LA
<b>NERLYNX</b>	5	PA; MO; LA
<b>NEXAVAR</b>	5	PA; MO; LA; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>nilutamide</i>	5	PA; MO
<b>NINLARO</b>	5	PA; MO; QL (3 per 28 days)
<b>NUBEQA</b>	5	PA; MO; LA; QL (120 per 30 days)
<b>NULOJIX</b>	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	2	MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml)</i>	2	MO
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	MO
<b>ODOMZO</b>	5	PA; MO; LA; QL (30 per 30 days)
<b>ONCASPAR</b>	5	B/D PA
<b>ONIVYDE</b>	5	B/D PA
<b>ONUREG</b>	5	PA; MO
<b>OPDIVO</b>	5	PA; MO
<b>ORGOVYX</b>	5	PA; LA; QL (32 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>oxaliplatin</i> <i>intravenous recon</i> <i>soln 50 mg</i>	2	B/D PA
<i>oxaliplatin</i> <i>intravenous solution</i> <i>100 mg/20 ml, 50</i> <i>mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin</i> <i>intravenous solution</i> <i>200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel</i>	2	B/D PA; MO
PADCEV	5	PA; MO
<i>paraplatin</i>	2	B/D PA
PEMAZYRE	5	PA; LA; QL (14 per 21 days)
PERJETA	5	B/D PA; MO
PIQRAY	5	PA; MO
POLIVY	5	PA; MO
POMALYST	5	PA; MO; LA
PORTRAZZA	5	B/D PA; MO
POTELIGEO	5	PA
PROGRAF INTRAVENOUS	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	3	B/D PA; MO
PURIXAN	5	
QINLOCK	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
RITUXAN	5	PA; MO
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
RUBRACA	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	5	PA; MO
RYBREVANT	5	PA; MO
RYDAPT	5	PA; MO
RYLAZE	5	PA
SANDIMMUNE ORAL SOLUTION	3	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXT ENDED REL RECON	5	PA; MO
SARCLISA	5	PA; LA
SIGNIFOR	5	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SIMULECT INTRAVENOUS RECON SOLN 20 MG	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet 0.5 mg, 1 mg</i>	4	B/D PA; MO
<i>sirolimus oral tablet 2 mg</i>	5	B/D PA; MO
SOLTAMOX	5	MO
SOMATULINE DEPOT	5	PA; MO
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA	5	PA; MO; QL (84 per 28 days)
<i>sunitinib</i>	5	PA; MO; QL (30 per 30 days)
SUTENT	5	PA; MO; QL (30 per 30 days)
SYNRIBO	5	B/D PA
TABLOID	4	MO
TABRECTA	5	PA; MO
<i>tacrolimus oral</i>	2	B/D PA; MO
TAFINLAR	5	PA; MO; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TAGRISSO	5	PA; MO; LA; QL (30 per 30 days)
TALZENNA ORAL CAPSULE 0.25 MG	5	PA; MO; QL (90 per 30 days)
TALZENNA ORAL CAPSULE 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARGETIN TOPICAL	5	PA; MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK	5	PA; LA
TECENTRIQ	5	B/D PA; MO; LA
TEMODAR INTRAVENOUS	5	B/D PA; MO
<i>temsirolimus</i>	5	B/D PA; MO
TEPMETKO	5	PA; LA
THALOMID	5	PA; MO
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO	5	PA
TIVDAK	5	PA; MO
<i>toposar</i>	2	B/D PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>topotecan intravenous solution 4 mg/4 ml (1 mg/ml)</i>	5	B/D PA; MO
<i>toremifene</i>	5	MO
TRAZIMERA	5	B/D PA; MO
TREANDA	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
<i>tretinoin (antineoplastic)</i>	5	MO
TRISENOX	5	B/D PA; MO
TRODELVY	5	PA; LA
TRUSELTIQ ORAL CAPSULE 100 MG/DAY (100 MG X 1)	5	PA; LA; QL (21 per 21 days)
TRUSELTIQ ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 50 MG/DAY (25 MG X 2)	5	PA; LA; QL (42 per 21 days)
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63 per 21 days)
TRUXIMA	5	PA; MO
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TURALIO	5	PA; LA; QL (120 per 30 days)
TYKERB	5	PA; MO; LA; QL (180 per 30 days)
UKONIQ	5	PA; LA; QL (120 per 30 days)
UNITUXIN	5	B/D PA
<i>valrubicin</i>	5	B/D PA; MO
VANTAS	4	PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG, 50 MG	3	PA; LA
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 30 days)
VERZENIO	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine</i>	2	B/D PA; MO
<i>vincasar pfs</i>	2	B/D PA; MO
<i>vincristine</i>	2	B/D PA; MO
<i>vinorelbine</i>	2	B/D PA; MO
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VOTRIENT	5	PA; MO; QL (120 per 30 days)
VYXEOS	5	B/D PA
WELIREG	5	PA; LA
XALKORI	5	PA; MO; QL (60 per 30 days)
XATMEP	4	B/D PA; MO
XERMELO	5	PA; LA; QL (90 per 30 days)
XOSPATA	5	PA; LA
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YEROVY	5	B/D PA; MO
YONDELIS	5	B/D PA
YONSA	5	PA; MO; QL (120 per 30 days)
ZALTRAP	5	B/D PA; MO
ZANOSAR	4	B/D PA; MO
ZEJULA	5	PA; LA; QL (90 per 30 days)
ZELBORAF	5	PA; MO; QL (240 per 30 days)
ZEPZELCA	5	PA
ZIRABEV	5	B/D PA; MO
ZOLADEX	4	PA; MO
ZOLINZA	5	PA; MO
ZORTRESS ORAL TABLET 1 MG	5	B/D PA; MO
ZYDELIG	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYNLONTA	5	PA; LA
ZYTIGA ORAL TABLET 500 MG	5	PA; MO; QL (60 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<b>AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH</b>		
<b>ANTICONVULSANTS</b>		
APTIOM	5	MO
BANZEL	5	PA; MO
BRIVIACT INTRAVENOUS	4	
BRIVIACT ORAL	5	MO
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral suspension 200 mg/10 ml</i>	2	
<i>carbamazepine oral tablet</i>	2	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	2	MO
<i>carbamazepine oral tablet, chewable</i>	2	MO
CELONTIN ORAL CAPSULE 300 MG	4	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)

Drug Name	Drug Tier	Requirements /Limits
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet,disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT	5	
<i>diazepam rectal</i>	2	MO
DILANTIN 30 MG	3	MO
<i>divalproex oral capsule, delayed rel sprinkle</i>	2	
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet,delayed release (dr/ec)</i>	2	MO
EPIDIOLEX	5	PA; MO; LA
<i>epitol</i>	2	MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA	5	PA; LA
<i>fosphenytoin</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO
<i>FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG</i>	5	MO
<i>FYCOMPA ORAL TABLET 2 MG</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	2	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO
<i>lamotrigine oral tablet disintegrating, dose pk</i>	2	MO
<i>lamotrigine oral tablet extended release 24hr</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet,disintegrating</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>lamotrigine oral tablets,dose pack</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
NAYZILAM	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine</i>	2	MO
<i>phenobarbital oral elixir</i>	2	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	2	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	2	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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 100 mg/4 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</i>	2	MO
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepra</i>	2	MO
<i>rufinamide</i>	5	PA; MO
<i>SPRITAM</i>	4	MO
<i>subvenite</i>	1	MO
<i>subvenite starter (blue) kit</i>	2	MO
<i>subvenite starter (green) kit</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>subvenite starter (orange) kit</i>	2	MO
<i>SYMPAZAN ORAL FILM 10 MG, 20 MG</i>	5	PA; MO; QL (60 per 30 days)
<i>SYMPAZAN ORAL FILM 5 MG</i>	4	PA; MO; QL (60 per 30 days)
<i>tiagabine</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	1	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	
<i>VALTOCO</i>	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	MO; LA
<i>vigadron</i>	5	LA
<i>VIMPAT INTRAVENOUS</i>	3	MO
<i>VIMPAT ORAL SOLUTION</i>	3	MO
<i>VIMPAT ORAL TABLET</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	4	MO; QL (120 per 30 days)
XCOPRI ORAL TABLET 150 MG	4	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	4	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK	4	MO; QL (56 per 28 days)
<i>zonisamide</i>	2	PA; MO
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN	5	PA; MO; LA
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	1	PA; MO
<i>bromocriptine</i>	4	MO
<i>carbidopa</i>	2	MO
<i>carbidopa-levodopa</i>	2	MO
<i>carbidopa-levodopa-entacapone</i>	4	MO
<i>entacapone</i>	2	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; MO
NEUPRO	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole</i>	2	MO
<i>selegiline hcl</i>	2	MO
<i>tolcapone</i>	5	PA
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR	3	PA; MO; QL (1 per 30 days)
AJOVY AUTOINJECTOR	3	PA; MO; QL (1.5 per 30 days)
AJOVY SYRINGE	3	PA; MO; QL (1.5 per 30 days)
<i>dihydroergotamine injection</i>	2	
<i>dihydroergotamine nasal</i>	5	QL (8 per 28 days)
<i>eletriptan</i>	4	MO; QL (18 per 28 days)
EMGALITY PEN	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3)	5	PA; MO; QL (3 per 30 days)
<i>ergotamine-caffeine</i>	2	MO
<i>migergot</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>naratriptan</i>	2	MO; QL (18 per 28 days)
NURTEC ODT	3	PA; QL (16 per 30 days)
<i>rizatriptan</i>	2	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector</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)
<i>zolmitriptan oral</i>	2	MO; QL (18 per 28 days)
<b>MISCELLANEOUS NEUROLOGICAL THERAPY</b>		
AUBAGIO	5	PA; MO; QL (30 per 30 days)
BAFIERTAM	5	PA; MO; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	5	PA; MO; QL (12 per 28 days)
<i>dalfampridine</i>	5	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
FIRDAPSE	5	PA; LA
<i>galantamine</i>	2	MO
GILENYA ORAL CAPSULE 0.5 MG	5	PA; MO; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
KESIMPTA PEN	5	PA; MO; QL (1.6 per 28 days)
LEMTRADA	5	PA; MO
<i>memantine oral capsule,sprinkle,er 24hr</i>	2	PA; MO
<i>memantine oral solution</i>	2	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA
RADICAVA	5	PA
<i>rivastigmine</i>	2	MO
<i>rivastigmine tartrate</i>	2	MO
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG	5	PA; MO; LA; QL (14 per 30 days)
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 120 MG (14)- 240 MG (46)	5	PA; MO; LA; QL (120 per 180 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TECFIDERA ORAL CAPSULE,DELAY ED RELEASE(DR/EC) 240 MG	5	PA; MO; LA; QL (60 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA
VUMERITY	5	PA; MO; QL (120 per 30 days)
ZEPOSIA	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT	5	PA; MO; QL (37 per 30 days)
ZEPOSIA STARTER PACK	3	PA; MO; QL (7 per 30 days)
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral</i>	2	MO
<i>cyclobenzaprine oral tablet</i>	4	PA; MO
<i>dantrolene intravenous</i>	2	
<i>dantrolene oral</i>	2	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>neostigmine methylsulfate intravenous solution</i>	2	
<i>pyridostigmine bromide oral syrup</i>	5	MO
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	MO
<i>pyridostigmine bromide oral tablet extended release</i>	2	MO
<i>regonol</i>	2	
<i>revonto</i>	2	
<i>tizanidine</i>	2	MO
<b>NARCOTIC ANALGESICS</b>		
<i>acetaminophen-caff- dihydrocod oral capsule</i>	2	MO; QL (300 per 30 days)
<i>acetaminophen- codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml</i>	2	QL (4500 per 30 days)
<i>acetaminophen- codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen- codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen- codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BELBUCA	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual</i>	2	MO
<i>buprenorphine transdermal patch</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet</i>	2	MO; QL (360 per 30 days)
<i>fentanyl citrate (pf) injection solution</i>	2	QL (400 per 30 days)
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	QL (400 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	PA; MO; QL (10 per 30 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr</i>	2	PA; MO; QL (90 per 30 days)
<i>hydrocodone- acetaminophen oral solution 7.5-325 mg/15 ml</i>	2	MO; QL (5550 per 30 days)
<i>hydrocodone- acetaminophen oral tablet 10-300 mg, 5- 300 mg, 7.5-300 mg</i>	2	MO; QL (390 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen</i>	2	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml</i>	2	QL (240 per 30 days)
<i>hydromorphone (pf) injection solution 2 mg/ml</i>	2	QL (150 per 30 days)
<i>hydromorphone injection solution 1 mg/ml</i>	2	QL (300 per 30 days)
<i>hydromorphone injection solution 2 mg/ml</i>	2	MO; QL (150 per 30 days)
<i>hydromorphone injection syringe 1 mg/ml</i>	2	MO; QL (300 per 30 days)
<i>hydromorphone injection syringe 2 mg/ml</i>	2	QL (150 per 30 days)
<i>hydromorphone injection syringe 4 mg/ml</i>	2	MO; QL (75 per 30 days)
<i>hydromorphone oral liquid</i>	2	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	2	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>levorphanol tartrate oral tablet 2 mg</i>	5	MO; QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>methadone injection solution</i>	2	QL (150 per 30 days)
<i>methadone intensol</i>	2	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	2	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	2	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	2	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	2	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	2	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine (pf) injection solution 0.5 mg/ml</i>	2	QL (4000 per 30 days)
<i>morphine (pf) injection solution 1 mg/ml</i>	2	MO; QL (2000 per 30 days)
<i>morphine concentrate oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine injection solution 8 mg/ml</i>	2	QL (250 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine intravenous solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>morphine intravenous solution 4 mg/ml</i>	2	MO; QL (500 per 30 days)
<i>morphine intravenous syringe 10 mg/ml</i>	2	QL (200 per 30 days)
<i>morphine intravenous syringe 2 mg/ml</i>	2	QL (1000 per 30 days)
<i>morphine intravenous syringe 4 mg/ml</i>	2	QL (500 per 30 days)
<i>morphine oral capsule, er multiphase 24 hr</i>	2	PA; MO; QL (60 per 30 days)
<i>morphine oral capsule, extend.release pellets</i>	2	PA; MO; QL (90 per 30 days)
<i>morphine oral solution</i>	2	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	2	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	2	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	2	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	2	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	2	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	2	MO; QL (360 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	2	MO; QL (360 per 30 days)
<i>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG</i>	3	PA; MO; QL (90 per 30 days)
<i>OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG</i>	5	PA; MO; QL (60 per 30 days)
<i>oxymorphone oral tablet 10 mg</i>	2	MO; QL (360 per 30 days)
<i>oxymorphone oral tablet 5 mg</i>	2	MO; QL (180 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	2	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>butorphanol injection solution 1 mg/ml</i>	2	MO; QL (857 per 30 days)
<i>butorphanol injection solution 2 mg/ml</i>	2	MO; QL (428 per 30 days)
<i>butorphanol nasal</i>	2	MO; QL (10 per 28 days)
<i>cataflam</i>	2	
<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>	2	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol</i>	2	MO
<i>diflunisal</i>	2	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec) 375 mg</i>	2	
<i>ec-naproxen oral tablet, delayed release (dr/ec) 500 mg</i>	2	MO
<i>etodolac</i>	2	MO
<i>fenoprofen oral tablet</i>	2	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ibu</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	MO
<i>ketoprofen oral capsule 25 mg</i>	2	MO
<i>ketoprofen oral capsule 50 mg, 75 mg</i>	2	
<i>ketoprofen oral capsule, ext rel. pellets 24 hr 200 mg</i>	4	MO
<i>KLOXXADO</i>	3	MO
<i>meclofenamate</i>	4	MO
<i>mefenamic acid</i>	4	MO
<i>meloxicam oral tablet 15 mg</i>	1	MO
<i>meloxicam oral tablet 7.5 mg</i>	1	MO; QL (30 per 30 days)
<i>nabumetone</i>	2	MO
<i>nalbuphine injection solution 10 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>nalbuphine injection solution 20 mg/ml</i>	2	MO; QL (100 per 30 days)
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>naproxen oral tablet,delayed release (dr/ec) 375 mg</i>	2	MO
<i>naproxen oral tablet,delayed release (dr/ec) 500 mg</i>	2	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
NARCAN	3	MO
<i>oxaprozin</i>	2	MO
<i>piroxicam</i>	2	MO
<i>salsalate</i>	1	MO
<i>sulindac</i>	1	MO
<i>tolmetin oral capsule</i>	2	MO
<i>tolmetin oral tablet 600 mg</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
VIVITROL	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)

## PSYCHOTHERAPEUTIC DRUGS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ABILIFY MAINTENA	5	MO
ADASUVE	3	LA
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	2	MO
<i>aripiprazole oral solution</i>	5	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	5	MO; QL (60 per 30 days)
ARISTADA	5	MO
ARISTADA INITIO	5	MO
<i>armodafinil</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate</i>	5	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>buspirone</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
CAPLYTA	5	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral concentrate</i>	5	
<i>chlorpromazine oral tablet</i>	2	MO
<i>citalopram oral solution</i>	2	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>	2	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	2	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>clozapine</i>	2	
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine oral solution</i>	2	MO
<i>dextroamphetamine-amphetamine</i>	2	MO
<i>diazepam injection</i>	2	PA

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG	5	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK	4	MO; QL (8 per 28 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK	3	MO; QL (28 per 28 days)
FETZIMA ORAL CAPSULE,EXTEN DED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (30 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</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
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule,delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (30 per 30 days)
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fluphenazine decanoate</i>	2	MO
<i>fluphenazine hcl</i>	2	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
FORFIVO XL	4	MO; QL (30 per 30 days)
GEODON INTRAMUSCULAR	4	MO
<i>haloperidol</i>	1	MO
<i>haloperidol decanoate</i>	2	MO
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
HETLIOZ	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 78 MG/0.5 ML	5	MO
INVEGA SUSTENNA INTRAMUSCULA R SYRINGE 39 MG/0.25 ML	4	MO
INVEGA TRINZA	5	MO
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG	5	MO; QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG	5	MO; QL (60 per 30 days)
<i>lithium carbonate</i>	1	MO
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam intensol</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate</i>	2	MO
<i>maprotiline</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	2	MO
<i>methylphenidate hcl oral solution</i>	2	MO
<i>methylphenidate hcl oral tablet</i>	2	MO
<i>methylphenidate hcl oral tablet extended release 10 mg, 20 mg</i>	2	MO
<i>methylphenidate hcl oral tablet,chewable</i>	2	MO
<i>mirtazapine oral tablet</i>	1	MO
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>molindone</i>	2	MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
NUPLAZID ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	2	MO
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>olanzapine-fluoxetine</i>	2	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 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>paliperidone oral tablet extended release 24hr 9 mg</i>	5	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	2	MO; QL (60 per 30 days)
PAXIL ORAL SUSPENSION	4	MO
<i>perphenazine</i>	2	MO
PERSERIS	5	MO
<i>phenelzine</i>	2	MO
<i>pimozide</i>	2	MO
<i>procentra</i>	2	MO
<i>protriptyline</i>	2	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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	2	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
<i>ramelteon</i>	2	MO; QL (30 per 30 days)
REXULTI	5	MO; QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO
<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>	2	MO; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>risperidone oral tablet,disintegrating 4 mg</i>	2	MO; QL (120 per 30 days)
SAPHRIS	5	MO; QL (60 per 30 days)
SECUADO	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	2	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
<i>thioridazine</i>	4	MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO
<i>trifluoperazine</i>	2	MO
<i>trimipramine</i>	4	MO
TRINTELLIX	3	MO; 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)
<i>venlafaxine oral tablet extended release 24hr</i>	2	MO; QL (30 per 30 days)
VERSACLOZ	5	
VIIBRYD ORAL TABLET	3	MO; QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)-20 MG (23)	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	5	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	MO; QL (7 per 30 days)
XYREM	5	PA; LA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl</i>	2	MO; QL (60 per 30 days)
<i>ziprasidone mesylate</i>	2	
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	4	MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG, 405 MG	5	MO

**CARDIOVASCULAR,  
HYPERTENSION / LIPIDS  
ANTIARRHYTHMIC AGENTS**

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>adenosine</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone oral tablet 100 mg, 400 mg</i>	2	
<i>amiodarone oral tablet 200 mg</i>	2	MO
<i>dofetilide</i>	4	MO
<i>flecainide</i>	2	MO
<i>ibutilide fumarate</i>	2	
<i>lidocaine (pf) in d7.5w</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>	2	
<i>mexiletine</i>	2	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 gluconate oral</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>sorine oral tablet 120 mg, 160 mg, 80 mg</i>	2	MO
<i>sorine oral tablet 240 mg</i>	2	
<i>sotalol af</i>	2	
<i>sotalol oral</i>	2	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
<i>acebutolol</i>	2	MO
<i>aliskiren</i>	2	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>	2	MO
<i>amlodipine-valsartan</i>	2	MO
<i>amlodipine-valsartan-hcthiazid</i>	2	MO
<i>atenolol</i>	1	MO
<i>atenolol-chlorthalidone</i>	2	MO
<i>benazepril</i>	6	MO
<i>benazepril-hydrochlorothiazide</i>	2	MO
<i>betaxolol oral</i>	2	MO
<i>BIDIL</i>	3	MO
<i>bisoprolol fumarate</i>	2	MO
<i>bisoprolol-hydrochlorothiazide</i>	1	MO
<i>bumetanide</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BYSTOLIC	3	MO
candesartan	2	MO
candesartan- hydrochlorothiazide	2	MO
captopril	2	MO
captopril- hydrochlorothiazide	2	MO
cartia xt	2	MO
carvedilol	1	MO
chlorothiazide sodium	2	MO
chlorthalidone oral tablet 25 mg, 50 mg	2	MO
clonidine	4	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	2	
clonidine hcl oral tablet	1	MO
DEM SER	5	PA; MO
diltiazem hcl intravenous	2	
diltiazem hcl oral capsule,ext.rel 24h degradable	2	MO
diltiazem hcl oral capsule,extended release 12 hr	2	MO
diltiazem hcl oral capsule,extended release 24 hr	2	MO
diltiazem hcl oral capsule,extended release 24hr	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>diltiazem hcl oral tablet</i>	1	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	
<i>dilt-xr</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	1	MO; QL (60 per 30 days)
EDARBI	3	MO
EDARBYCLOR	3	MO
<i>enalapril maleate oral tablet</i>	6	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril- hydrochlorothiazide</i>	6	MO
eplerenone	2	MO
<i>epoprostenol (glycine)</i>	2	B/D PA; MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynone sodium</i>	5	
<i>ethacrynic acid</i>	4	MO
<i>felodipine</i>	2	MO
<i>fosinopril</i>	6	MO
<i>fosinopril- hydrochlorothiazide</i>	2	MO
<i>furosemide injection</i>	2	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO
<i>indapamide</i>	1	MO
<i>irbesartan</i>	6	MO
<i>irbesartan-hydrochlorothiazide</i>	6	MO
<i>isradipine</i>	2	MO
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral</i>	2	MO
<i>lisinopril</i>	6	MO
<i>lisinopril-hydrochlorothiazide</i>	6	MO
<i>losartan</i>	6	MO
<i>losartan-hydrochlorothiazide</i>	6	MO
<i>mannitol 20 %</i>	2	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>metoprolol tartrate oral</i>	1	MO
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO
<i>nadolol</i>	2	MO
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	2	MO
<i>nebivolol</i>	2	
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral</i>	2	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	1	MO
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO
<i>osmitrol 15 %</i>	2	
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO
<i>phenoxybenzamine</i>	5	PA; MO
<i>phentolamine</i>	2	
<i>pindolol</i>	2	MO
<i>prazosin</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>propranolol intravenous</i>	2	
<i>propranolol oral capsule, extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	6	MO
<i>quinapril-hydrochlorothiazide</i>	1	MO
<i>ramipril</i>	6	MO
<i>spironolactone</i>	1	MO
<i>spironolacton-hydrochlorothiaz</i>	2	MO
<i>taztia xt</i>	2	MO
<i>TEKTURN HCT</i>	3	MO
<i>telmisartan</i>	2	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>	2	MO
<i>torsemide oral</i>	2	MO
<i>trandolapril</i>	6	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene</i>	2	MO
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO
<i>UPTRAVI ORAL</i>	5	PA; MO; LA
<i>valsartan</i>	6	MO
<i>valsartan-hydrochlorothiazide</i>	6	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
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid intravenous</i>	2	MO
<i>aminocaproic acid oral</i>	5	MO
<i>aspirin-dipyridamole</i>	4	MO
<i>BRILINTA</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
CABLIVI INJECTION KIT	5	PA; LA	<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
CEPROTIN (BLUE BAR)	3	PA; MO	<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
CEPROTIN (GREEN BAR)	3	PA; MO	<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>cilostazol</i>	2	MO	<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO	<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	2	
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)	<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>	2	MO
<i>dipyridamole intravenous</i>	2	PA	<i>heparin (porcine) in nacl (pf)</i>	2	
<i>dipyridamole oral</i>	2	MO	<i>heparin (porcine) injection cartridge</i>	2	MO
DOPTELET (10 TAB PACK)	5	PA; MO; LA	<i>heparin (porcine) injection solution</i>	2	MO
DOPTELET (15 TAB PACK)	5	PA; MO; LA	<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	2	MO
DOPTELET (30 TAB PACK)	5	PA; MO; LA			
ELIQUIS	3	MO			
ELIQUIS DVT-PE TREAT 30D START	3	MO			
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)			
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)			
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)			

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Drug Name	Drug Tier	Requirements /Limits
HEPARIN(PORCIN E) 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>	2	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	2	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	2	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO
MULPLETA	5	PA; MO
NPLATE	5	MO
<i>pentoxifylline</i>	2	MO
<i>prasugrel</i>	2	MO
PROMACTA	5	PA; MO; LA
<i>protamine</i>	2	
<i>warfarin</i>	1	MO
XARELTO	3	MO

Drug Name	Drug Tier	Requirements /Limits
XARELTO DVT-PE TREAT 30D START	3	MO
ZONTIVITY	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
<i>atorvastatin</i>	6	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light oral powder</i>	2	
<i>cholestyramine light oral powder in packet</i>	2	MO
<i>colesevelam</i>	4	MO
<i>colestipol</i>	2	MO
<i>ezetimibe</i>	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate</i>	2	MO
<i>micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>		
<i>fenofibrate</i>	2	MO
<i>nanocrystallized oral tablet 145 mg, 48 mg</i>		
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>fluvastatin oral tablet extended release 24 hr</i>	2	MO; QL (30 per 30 days)
<i>gemfibrozil</i>	1	MO
<i>icosapent ethyl</i>	2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA
JUXTAPID ORAL CAPSULE 40 MG, 60 MG	5	PA; MO
LIVALO	3	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	6	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	6	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 1,000 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr 500 mg, 750 mg</i>	2	
<i>omega-3 acid ethyl esters</i>	2	MO
PRALUENT PEN	3	PA; QL (2 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>pravastatin</i>	6	MO; QL (30 per 30 days)
<i>prevalite</i>	2	MO
REPATHA	3	PA; QL (3 per 28 days)
REPATHA PUSHTRONEX	3	PA; QL (3.5 per 28 days)
REPATHA SURECLICK	3	PA; QL (3 per 28 days)
<i>rosuvastatin</i>	6	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	6	MO; QL (30 per 30 days)
VASCEPA	3	MO
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	
CORLANOR ORAL TABLET	3	MO
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral</i>	2	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution 250 mg/20 ml (12.5 mg/ml)</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements /Limits
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
ENTRESTO	3	MO; QL (60 per 30 days)
LANOXIN ORAL TABLET 62.5 MCG (0.0625 MG)	3	MO
<i>milrinone</i>	2	B/D PA
<i>milrinone in 5 % dextrose</i>	2	B/D PA
<i>norepinephrine bitartrate</i>	2	
<i>ranolazine</i>	2	MO
<i>sodium nitroprusside</i>	2	B/D PA
VECAMYL	5	
VERQUVO	3	MO; QL (30 per 30 days)
VYNDAMAX	5	PA; MO

Drug Name	Drug Tier	Requirements /Limits
VYNDAQEL	5	PA; MO
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO
<i>nitro-bid</i>	2	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA
<i>nitroglycerin intravenous</i>	2	B/D PA
<i>nitroglycerin sublingual</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual</i>	2	MO
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin oral capsule 10 mg, 25 mg</i>	4	MO
<i>acitretin oral capsule 17.5 mg</i>	5	MO
<i>calcipotriene scalp</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>calcipotriene topical ointment</i>	2	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	4	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
<b>SKYRIZI SUBCUTANEOUS PEN INJECTOR</b>	5	PA; MO; QL (2 per 28 days)
<b>SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML</b>	5	PA; MO; QL (2 per 28 days)
<b>SKYRIZI SUBCUTANEOUS SYRINGE KIT</b>	5	PA; MO; QL (2 per 28 days)
<b>STELARA INTRAVENOUS</b>	5	PA; MO; QL (104 per 28 days)
<b>STELARA SUBCUTANEOUS SOLUTION</b>	5	PA; MO; QL (0.5 per 28 days)
<b>STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML</b>	5	PA; MO; QL (0.5 per 28 days)
<b>STELARA SUBCUTANEOUS SYRINGE 90 MG/ML</b>	5	PA; MO; QL (1 per 28 days)
<b>TALTZ AUTOINJECTOR</b>	5	PA; MO; QL (1 per 28 days)
<b>TALTZ AUTOINJECTOR (2 PACK)</b>	5	PA; MO; QL (4 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<b>TALTZ AUTOINJECTOR (3 PACK)</b>	5	PA; MO; QL (3 per 28 days)
<b>TALTZ SYRINGE</b>	5	PA; MO; QL (1 per 28 days)
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
<i>ammonium lactate</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
<b>CONDYLOX TOPICAL GEL</b>	4	MO
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
<i>doxepin topical</i>	3	MO; QL (45 per 30 days)
<b>DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML</b>	5	PA; MO; QL (4.56 per 28 days)
<b>DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML</b>	5	PA; MO; QL (8 per 28 days)
<b>DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML</b>	5	PA; MO; QL (4.56 per 28 days)
<b>DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML</b>	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fluorouracil topical solution</i>	2	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	2	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal</i>	2	MO
<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 4 % (40 mg/ml)</i>	2	MO
<i>lidocaine topical adhesive patch, medicated 5 %</i>	2	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous</i>	2	MO
<i>lidocaine- epinephrine</i>	2	
<i>lidocaine- epinephrine (pf)</i>	2	
<i>lidocaine-prilocaine topical cream</i>	2	MO; QL (30 per 30 days)
<i>methoxsalen</i>	5	MO
<i>PANRETIN</i>	5	PA; MO
<i>PICATO</i>	5	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>pimecrolimus</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox</i>	2	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf</i>	2	
<i>prodoxin</i>	3	MO; QL (45 per 30 days)
<b>REGRANEX</b>	5	MO
<b>SANTYL</b>	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	2	PA; MO; QL (100 per 30 days)
<b>UVADEX</b>	4	B/D PA
<b>VALCHLOR</b>	5	PA; MO
<b>THERAPY FOR ACNE</b>		
<i>avita topical cream</i>	2	PA; MO
<i>azelaic acid</i>	2	MO
<i>claravis oral capsule 10 mg, 20 mg, 30 mg</i>	4	
<i>clindamycin phosphate topical gel</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	2	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	2	MO; QL (120 per 30 days)
<i>dapsone topical gel</i>	4	MO
<i>ery pads</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>ivermectin topical cream</i>	2	MO
<i>metronidazole topical</i>	2	MO
<i>myorisan</i>	2	
<i>rosadan topical cream</i>	2	MO
<i>rosadan topical gel</i>	2	MO
<i>tazarotene topical cream</i>	4	PA; MO
TAZORAC TOPICAL CREAM 0.05 %	4	PA; MO
TAZORAC TOPICAL GEL	4	PA; MO
<i>tretinoin topical</i>	2	PA; MO
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical</i>	2	MO
<i>mafénide acetate</i>	2	MO
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	2	MO
SULFAMYLYON TOPICAL CREAM	3	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	2	MO
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	2	MO; QL (45 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO
<i>ciclopirox topical suspension</i>	2	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole- betamethasone topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole- betamethasone topical lotion</i>	2	MO; QL (60 per 28 days)
<i>econazole</i>	2	MO; QL (85 per 28 days)
KERYDIN	4	MO
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical foam</i>	2	MO; QL (100 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>ketodan</i>	2	MO; QL (100 per 28 days)
<i>naftifine</i>	4	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	4	MO; QL (60 per 28 days)
<i>nyamyc</i>	2	MO
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>nystatin topical powder</i>	2	
<i>nystatin-triamcinolone</i>	2	MO; QL (60 per 28 days)
<i>nystop</i>	2	MO
<i>oxiconazole</i>	4	MO; QL (60 per 28 days)
<i>tavaborole</i>	4	MO
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical cream</i>	4	PA; MO; QL (5 per 30 days)
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>DENAVIR</i>	5	MO
<i>XERESE</i>	4	MO
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	2	MO
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone</i>	2	MO
<i>betamethasone dipropionate</i>	2	MO
<i>betamethasone valerate</i>	2	MO
<i>betamethasone, augmented</i>	2	MO
<i>CAPEX</i>	4	MO
<i>clobetasol scalp</i>	2	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	2	MO; QL (100 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>clobetasol topical gel</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	2	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	2	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	2	MO; QL (236 per 28 days)
<i>clobetasol topical spray,non-aerosol</i>	2	MO; QL (125 per 28 days)
<i>clobetasol-emollient topical cream</i>	2	MO; QL (120 per 28 days)
<i>clobetasol-emollient topical foam</i>	2	MO; QL (100 per 28 days)
<i>clodan</i>	2	MO; QL (236 per 28 days)
<i>desonide</i>	4	MO
<i>desrx</i>	4	
<i>fluocinolone</i>	2	MO
<i>fluocinolone and shower cap</i>	2	MO
<i>fluocinonide topical cream 0.05 %</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	2	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	2	QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>halobetasol propionate topical ointment</i>	2	MO
<i>hydrocortisone butyrate topical lotion</i>	4	MO; QL (118 per 30 days)
<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>prednicarbate</i>	2	MO
<i>tovet emollient</i>	2	MO; QL (100 per 28 days)
<i>triamcinolone acetonide topical aerosol</i>	2	MO; QL (126 per 28 days)
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment</i>	2	MO
<i>triderm topical cream</i>	2	MO
<b>TOPICAL SCABICIDES / PEDICULICIDES</b>		
<i>crotan</i>	2	MO
<i>ivermectin topical lotion</i>	4	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>lindane topical shampoo</i>	2	MO
<i>malathion</i>	2	MO
<i>permethrin</i>	2	MO
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		
<i>acetylcysteine intravenous</i>	2	
<b>IRRIGATING SOLUTIONS</b>		
<i>lactated ringers irrigation</i>	2	MO
<i>neomycin-polymyxin b gu</i>	2	MO
<i>ringer's irrigation</i>	2	MO
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprosate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	2	MO
<i>ARALAST NP</i>	5	MO; LA
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<i>CARBAGLU</i>	5	PA; MO; LA
<i>cevimeline</i>	2	MO
<i>CHEMET</i>	3	PA
<i>CLINIMIX 4.25%/D5W SULFIT FREE</i>	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	2	
<i>d2.5 %-0.45 % sodium chloride</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>d5 % and 0.9 % sodium chloride</i>	2	MO
<i>d5 %-0.45 % sodium chloride</i>	2	MO
<i>deferasirox</i>	5	PA; MO
<i>deferiprone</i>	5	PA; MO
<i>deferoxamine</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl</i>	2	
<i>dextrose 10 % in water (d10w)</i>	2	
<i>dextrose 25 % in water (d25w)</i>	2	
<i>dextrose 30 % in water (d30w)</i>	2	
<i>dextrose 5 % in water (d5w)</i>	2	MO
<i>dextrose 5 %-lactated ringers</i>	2	MO
<i>dextrose 5%-0.2 % sod chloride</i>	2	
<i>dextrose 5%-0.3 % sod.chloride</i>	2	
<i>dextrose 50 % in water (d50w)</i>	2	MO
<i>dextrose 70 % in water (d70w)</i>	2	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa</i>	5	PA; MO
<b>FERRIPROX</b>	5	PA
<b>FERRIPROX (2 TIMES A DAY)</b>	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>INCRELEX</i>	5	MO; LA
<i>lanthanum</i>	4	MO
<i>levocarnitine (with sugar)</i>	2	MO
<i>levocarnitine oral solution 100 mg/ml</i>	2	MO
<i>levocarnitine oral tablet</i>	2	MO
<b>LOKELMA</b>	3	MO
<i>midodrine</i>	2	MO
<i>nitisinone</i>	5	PA; MO
<b>NORTHERA</b>	5	PA; MO
<b>ORFADIN ORAL CAPSULE 20 MG</b>	5	PA; LA
<b>ORFADIN ORAL SUSPENSION</b>	5	PA; LA
<i>pilocarpine hcl oral</i>	2	MO
<b>PROLASTIN-C</b>	5	LA
<b>RAVICTI</b>	5	PA; MO
<b>REVCovi</b>	5	PA; LA
<i>riluzole</i>	2	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral powder in packet</i>	5	MO
<i>sevelamer carbonate oral tablet</i>	2	MO
<i>sevelamer hcl oral tablet 400 mg</i>	2	MO
<i>sevelamer hcl oral tablet 800 mg</i>	2	
<i>sodium benzoate-sod phenylacet</i>	5	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
sodium chloride 0.9 % intravenous	2	MO
sodium chloride irrigation	2	MO
sodium phenylbutyrate oral powder	5	PA; MO
sodium phenylbutyrate oral tablet	5	PA
sodium polystyrene sulfonate oral powder	2	MO
sps (with sorbitol) oral	2	MO
sps (with sorbitol) rectal	2	
THIOLA	5	
THIOLA EC	5	
trientine	5	PA; MO
ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML	5	PA; MO
VELTASSA	3	MO
water for irrigation, sterile	2	MO
XIAFLEX	5	PA
XURIDEN	5	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	2	PA; MO

### SMOKING DETERRENTS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
bupropion hcl (smoking deter)	2	MO
CHANTIX	4	MO
CHANTIX CONTINUING MONTH BOX	4	MO
CHANTIX STARTING MONTH BOX	4	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
VARENICLINE	4	MO

## EAR, NOSE / THROAT MEDICATIONS

### MISCELLANEOUS AGENTS

azelastine nasal	2	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	2	MO
dentagel	2	MO
fluoride (sodium) dental cream	2	
fluoride (sodium) dental gel	2	MO
fluoride (sodium) dental paste	2	MO
ipratropium bromide nasal	2	MO; QL (30 per 30 days)
olopatadine nasal	2	MO; QL (30.5 per 30 days)
oralone	2	MO
paroex oral rinse	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>periogard</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone acetonide dental</i>	2	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear)</i>	2	MO
<i>ciprofloxacin hcl otic (ear)</i>	4	MO
<i>flac otic oil</i>	2	
<i>fluocinolone acetonide oil</i>	2	MO
<i>hydrocortisone- acetic acid</i>	2	MO
<i>ofloxacin otic (ear)</i>	2	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin- dexamethasone</i>	2	MO
<i>neomycin- polymyxin-hc otic (ear)</i>	2	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>decadron oral tablet 0.5 mg</i>	1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>dexamethasone intensol</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	1	MO
<i>dexamethasone oral tablets,dose pack</i>	4	MO
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	1	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>millipred oral tablet</i>	4	B/D PA; MO
<i>prednisolone oral solution</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 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>	2	B/D PA; MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	B/D PA; MO
<i>prednisone oral tablets, dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil</i>	2	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>ALCOHOL PADS</i>	3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
APIDRA SOLOSTAR U-100 INSULIN	4	ST; MO
APIDRA U-100 INSULIN	4	ST; MO
BAQSIMI	3	MO
BD AUTOSHIELD DUO PEN NEEDLE	3	MO
BD INSULIN SYRINGE (HALF UNIT)	3	MO
BD INSULIN SYRINGE U-500	3	MO
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2"	3	MO
BD NANO 2ND GEN PEN NEEDLE	3	MO
BD ULTRA-FINE MICRO PEN NEEDLE	3	MO
BD ULTRA-FINE MINI PEN NEEDLE	3	MO
BD ULTRA-FINE NANO PEN NEEDLE	3	MO
BD ULTRA-FINE SHORT PEN NEEDLE	3	MO
BD VEO INSULIN SYR (HALF UNIT)	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BD VEO INSULIN SYRINGE UF	3	MO
BYDUREON BCISE	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
CYCLOSET	4	MO; QL (180 per 30 days)
<i>diazoxide</i>	2	MO
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5ML 30 GAUGE X 15/64"	3	
DROPLET INSULIN SYR(HALF UNIT) SYRINGE 0.5 ML 31 GAUGE X 5/16"	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 1	3	
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	3	MO
DROPLET MICRON PEN NEEDLE	3	MO
DROPLET PEN NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	3	MO
DROPSAFE PEN NEEDLE	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
GAUZE PADS 2 X 2	3	
<i>glimepiride oral tablet 1 mg</i>	6	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	MO; QL (120 per 30 days)
<i>glucagon emergency kit (human)</i>	3	MO
GVOKE HYPOPEN 1-PACK	3	MO
GVOKE HYPOPEN 2-PACK	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO
HUMALOG KWIKPEN INSULIN	3	MO
HUMALOG MIX 50-50 INSULN U-100	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
HUMULIN R REGULAR U-100 INSULN	3	MO
HUMULIN R U-500 (CONC) INSULIN	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
HUMULIN R U-500 (CONC) KWIKPEN	3	MO	JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	4	ST; MO; QL (30 per 30 days)
INSULIN PEN NEEDLE	3	MO	KAZANO	4	ST; MO; QL (60 per 30 days)
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1/2 ML	3		KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
INSULIN SYRINGE (DISP) U-100 1 ML	3	MO	KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
INVOKAMET	3	MO; QL (60 per 30 days)	LANTUS SOLOSTAR U-100 INSULIN	3	MO
INVOKAMET XR	3	MO; QL (60 per 30 days)	LANTUS U-100 INSULIN	3	MO
INVOKANA	3	MO; QL (30 per 30 days)	LYUMJEV KWIKPEN U-100 INSULIN	3	MO
JANUMET	3	MO; QL (60 per 30 days)	LYUMJEV KWIKPEN U-200 INSULIN	3	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)	LYUMJEV U-100 INSULIN	3	MO
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)	<i>metformin oral solution</i>	2	MO; QL (765 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)	<i>metformin oral tablet 1,000 mg</i>	6	MO; QL (75 per 30 days)
JENTADUETO	4	ST; MO; QL (60 per 30 days)	<i>metformin oral tablet 500 mg</i>	6	MO; QL (150 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	4	ST; MO; QL (60 per 30 days)	<i>metformin oral tablet 850 mg</i>	6	MO; QL (90 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; QL (60 per 30 days)
<i>miglitol oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>miglitol oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>miglitol oral tablet 50 mg</i>	2	MO; QL (180 per 30 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)
NEEDLES, INSULIN DISP.,SAFETY	3	MO
NESINA	4	ST; MO; QL (30 per 30 days)
NOVOFINE 32	3	MO
NOVOFINE PLUS	3	MO
NOVOLOG FLEXPEN U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30 U-100 INSULIN	4	ST; MO
NOVOLOG MIX 70-30FLEXPEN U-100	4	ST; MO
NOVOLOG PENFILL U-100 INSULIN	4	ST; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
NOVOLOG U-100 INSULIN ASPART	4	ST; MO
NOVOTWIST	3	MO
OMNIPOD DASH 5 PACK POD	3	MO
OMNIPOD INSULIN MANAGEMENT	3	MO
OMNIPOD INSULIN REFILL	3	MO
ONGLYZA	3	MO; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (2 MG/1.5 ML)	3	PA; QL (3 per 28 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
pioglitazone	6	MO; QL (30 per 30 days)
pioglitazone- glimepiride	2	MO; QL (30 per 30 days)
pioglitazone- metformin	2	MO; QL (90 per 30 days)
QTERN	3	MO; QL (30 per 30 days)
repaglinide oral tablet 0.5 mg	2	MO; QL (960 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)	TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	3	
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)			
RYBELSUS	3	PA; MO; QL (30 per 30 days)			
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)			
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)			
SOLIQUA 100/33	3	MO; QL (90 per 30 days)			
STEGLATRO	3	MO; QL (30 per 30 days)			
SYMLINPEN 120	5	PA; MO; QL (10.8 per 30 days)			
SYMLINPEN 60	5	PA; MO; QL (6 per 30 days)			
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	3				
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	3	MO			
			TOUJEO MAX U-300 SOLOSTAR	3	MO
			TOUJEO SOLOSTAR U-300 INSULIN	3	MO
			TRADJENTA	4	ST; MO; QL (30 per 30 days)
			TRUEPLUS INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	3	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
TRUEPLUS INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	3	MO
TRUEPLUS PEN NEEDLE	3	MO
TRULICITY	3	PA; MO; QL (2 per 28 days)
V-GO 20	3	MO
V-GO 30	3	MO
V-GO 40	3	MO
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5- 500 MG	3	MO; QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
XULTOPHY 100/3.6	3	MO; QL (15 per 30 days)
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	PA; MO
ANDRODERM	3	PA; MO; QL (30 per 30 days)
<i>cabergoline</i>	2	MO
<i>calcitonin (salmon) injection</i>	5	MO
<i>calcitonin (salmon) nasal</i>	2	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	2	
CERDELGA	5	PA; MO
CEREZYME INTRAVENOUS RECON SOLN 400 UNIT	5	PA; MO
<i>cinacalcet oral tablet 30 mg</i>	4	MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	MO
<i>clomiphene citrate</i>	2	PA; MO
CRYSVITA	5	PA; MO; LA
<i>danazol</i>	4	MO
DDAVP NASAL SOLUTION	3	MO
<i>desmopressin injection</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>desmopressin nasal spray with pump</i>	2	MO	PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	5	PA; MO; LA; QL (4 per 30 days)
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	2		PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML	5	PA; MO; LA; QL (60 per 30 days)
<i>desmopressin oral</i>	2	MO	<i>pamidronate intravenous solution</i>	2	MO
<i>doxercalciferol intravenous</i>	2		<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>doxercalciferol oral</i>	2	MO	<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
ELAPRASE	5	PA; MO	<i>paricalcitol oral</i>	4	MO
FABRAZYME	5	PA; MO	SAMSCA ORAL TABLET 15 MG	5	PA; MO
KANUMA	5	PA; MO	<i>sapropterin</i>	5	PA; MO
KORLYM	5	PA	SOMAVERT	5	PA; MO
KUVAN	5	PA; MO	STRENSIQ	5	PA; LA
LUMIZYME	5	PA; MO	SYNAREL	5	MO
MEPSEVII	5	PA; MO	<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	2	PA; MO
<i>methyltestosterone oral capsule</i>	5	MO	<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	2	PA
MIACALCIN INJECTION	5	MO	<i>testosterone enanthate</i>	2	PA; MO
<i>miglustat</i>	5	PA; MO; LA	<i>testosterone transdermal gel</i>	2	PA; MO; QL (300 per 30 days)
MYALEPT	5	PA; MO; LA			
NAGLAZYME	5	PA; MO; LA			
NATPARA	5	PA; MO; LA			
<i>oxandrolone oral tablet 10 mg</i>	5	PA; MO			
<i>oxandrolone oral tablet 2.5 mg</i>	2	PA; MO			
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	5	PA; MO; LA; QL (15 per 30 days)			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	2	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	2	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	2	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	2	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	2	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet 30 mg</i>	5	PA; MO
<b>VIMIZIM</b>	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO

## THYROID HORMONES

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>euthyrox</i>	1	MO
<i>levo-t</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	MO
<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>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.05 mg/ml, 0.1 mg/ml</i>	2	
<i>dicyclomine intramuscular</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	2	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	MO
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron</i>	5	MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	2	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and ext. release</i>	5	
<b>CHENODAL</b>	5	PA; LA
<b>CHOLBAM ORAL CAPSULE 250 MG</b>	5	PA
<b>CHOLBAM ORAL CAPSULE 50 MG</b>	5	PA; QL (120 per 30 days)
<b>CIMZIA</b>	5	PA; MO; QL (2 per 28 days)
<b>CIMZIA POWDER FOR RECONST</b>	5	PA; MO; QL (2 per 28 days)
<b>CIMZIA STARTER KIT</b>	5	PA; MO; QL (3 per 28 days)
<b>CINVANTI</b>	3	MO
<i>compro</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>constulose</i>	2	MO
<b>CORTIFOAM</b>	3	MO
<b>CREON</b>	3	MO
<i>cromolyn oral</i>	4	MO
<b>CYSTADANE</b>	5	
<i>dimenhydrinate injection solution</i>	2	MO
<b>DIPENTUM</b>	5	MO
<i>doxylamine-pyridoxine (vit b6)</i>	4	MO
<i>dronabinol oral capsule 10 mg</i>	2	B/D PA; MO
<i>dronabinol oral capsule 2.5 mg, 5 mg</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO
<b>EMEND ORAL SUSPENSION FOR RECONSTITUTION</b>	4	B/D PA
<b>ENTYVIO</b>	5	PA; MO; QL (2 per 28 days)
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
<b>GATTEX 30-VIAL</b>	5	PA; MO
<b>GATTEX ONE-VIAL</b>	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>gransisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>	1	MO
<i>metoclopramide hcl oral tablet,disintegrating</i>	4	MO
MOTEGRITY	4	ST; MO; QL (30 per 30 days)
MOVANTIK	3	MO; QL (30 per 30 days)
OCALIVA	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron</i>	2	B/D PA; MO
<i>ondansetron hcl (pf)</i>	2	MO
<i>ondansetron hcl intravenous</i>	2	MO
<i>ondansetron hcl oral solution</i>	2	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
peg3350-sod sulfonacil-kcl-asb-c	4	MO
peg-electrolyte	2	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG	3	MO
PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG	5	MO
<i>polyethylene glycol 3350 oral powder</i>	2	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate</i>	2	MO
<i>prochlorperazine maleate oral</i>	1	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
RECTIV	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO
RELISTOR SUBCUTANEOUS SYRINGE	5	MO
REMICADE	5	PA; MO; QL (20 per 28 days)
SANCUSO	5	MO
<i>scopolamine base</i>	2	MO
SUCRAID	5	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>sulfasalazine</i>	2	MO
SUPREP BOWEL PREP KIT	3	MO
SYMPROIC	3	MO
TRULANCE	3	MO
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet</i>	2	MO
VARUBI ORAL	3	B/D PA
VIBERZI	5	MO; QL (60 per 30 days)
VIOKACE	3	MO
ZENPEP ORAL CAPSULE,DELAY ED 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
<b>ULCER THERAPY</b>		
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	MO
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 30 MG	4	MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEASE 60 MG	4	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	2	MO
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	2	MO
<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 solution</i>	2	MO
<i>famotidine oral suspension</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>	2	MO; QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol</i>	2	MO
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 5 MG	3	MO; QL (30 per 30 days)
<i>nizatidine oral capsule</i>	2	
<i>nizatidine oral solution</i>	4	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral granules dr for susp in packet</i>	4	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO
<i>sucralfate</i>	2	MO
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ACTIMMUNE	5	B/D PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 300 MCG/ML, 60 MCG/ML	5	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 25 MCG/ML, 40 MCG/ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 25 MCG/0.42 ML, 40 MCG/0.4 ML	4	PA; MO
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 300 MCG/0.6 ML, 500 MCG/ML, 60 MCG/0.3 ML	5	PA; MO
ARCALYST	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (4 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (4 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	4	PA; MO
EPOGEN INJECTION SOLUTION 20,000 UNIT/ML	5	PA; MO
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION	5	B/D PA; MO
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL	5	B/D PA; MO
NIVESTYM	5	PA; MO
NYVEPRIA	5	PA; MO
OMNITROPE	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR R	5	PA; MO; QL (1 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)	REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	5	PA; MO; QL (4.2 per 180 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)	REBIF TITRATION PACK	5	PA; MO; QL (4.2 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)	RETACRIT 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
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)	RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO	ZARXIO	5	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO	ZIEXTENZO	5	PA; MO
REBIF (WITH ALBUMIN)	5	PA; MO; QL (6 per 28 days)	<b>VACCINES / MISCELLANEOUS IMMUNOLOGICALS</b>		
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	5	PA; MO; QL (6 per 28 days)	ACTHIB (PF)	3	MO
			ADACEL(TDAP ADOLESN/ADULT (PF)	3	MO
			BCG VACCINE, LIVE (PF)	3	MO
			BEXSERO	3	MO
			BOOSTRIX TDAP	3	MO
			BOTOX	3	PA; MO
			DAPTACEL (DTAP PEDIATRIC) (PF)	3	MO
			ENGERIX-B (PF)	3	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; MO
<i>fomepizole</i>	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	3	MO
HAVRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
HIBERIX (PF)	3	MO
HIZENTRA	5	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML	3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (5 ML)	3	MO
HYPERHEP B INTRAMUSCULAR SYRINGE	3	
HYPERHEP B NEONATAL	3	
HYQVIA	5	B/D PA; MO
IMOVAR RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL	3	
IXIARO (PF)	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
MENACTRA (PF) INTRAMUSCULAR SOLUTION	3	MO
MENQUADFI (PF)	3	MO
MENVEO A-C-Y-W-135-DIP (PF)	3	MO
M-M-R II (PF)	3	MO
ODACTRA	3	PA; MO
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	
PENTACEL (PF)	3	
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVERT (PF)	3	MO
RAGWITEK	3	MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	3	B/D PA; MO
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	3	B/D PA
ROTARIX	3	
ROTATEQ VACCINE	3	MO
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	

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Drug Name	Drug Tier	Requirements /Limits
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTH ERIA TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TRUMENBA	3	MO
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULA R SOLUTION	3	
TYPHIM VI INTRAMUSCULA R SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	
VARIZIG	3	MO
YF-VAX (PF)	3	
ZOSTAVAX (PF)	3	
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
allopurinol	1	MO
allopurinol sodium	2	
aloprim	2	
colchicine oral tablet	2	MO
febuxostat	2	MO
KRYSTEXXA	5	MO
MITIGARE	3	MO
probenecid	2	MO
probenecid-colchicine	2	MO

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Drug Name	Drug Tier	Requirements /Limits
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution</i>	2	MO; QL (1286 per 30 days)
<i>alendronate oral tablet 10 mg, 5 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)
FOSAMAX PLUS D	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous</i>	2	PA; MO
<i>ibandronate oral</i>	2	MO; QL (1 per 30 days)
PROLIA	3	PA; MO; QL (1 per 180 days)
<i>raloxifene</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	2	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg (4 pack)</i>	2	QL (4 per 28 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack)</i>	2	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	2	MO; QL (30 per 30 days)
<i>risedronate oral tablet,delayed release (dr/ec)</i>	2	MO; QL (4 per 28 days)
TERIPARATIDE	5	PA; MO; QL (2.48 per 28 days)
<b>OTHER RHEUMATOLOGICALS</b>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ACTEMRA	5	PA; MO; QL (3.6 per 28 days)
ACTPEN		
ACTEMRA INTRAVENOUS	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS	5	PA; MO; QL (3.6 per 28 days)
BENLYSTA	5	PA; MO
ENBREL MINI	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS RECON SOLN	5	PA; MO; QL (16 per 28 days)
ENBREL SUBCUTANEOUS SOLUTION	5	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	5	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	5	PA; MO; QL (8 per 28 days)
HUMIRA PEN	5	PA; MO; QL (4 per 28 days)
HUMIRA PEN CROHNS-UC-HS START	5	PA; MO; QL (6 per 180 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS	5	PA; MO; QL (4 per 180 days)
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	5	PA; MO; QL (4 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (2 per 180 days)
HUMIRA(CF) PEN CROHNS-UC-HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) PEN PEDIATRIC UC	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) PEN PSOR-UV-ADOL HS	5	PA; MO; QL (3 per 180 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
HUMIRA(CF) SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML	5	PA; MO; QL (2 per 28 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	5	PA; MO; QL (4 per 28 days)
<i>leflunomide</i>	2	MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ORENCIA (WITH MALTOSE)	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 28 days)
penicillamine	5	PA; MO
RIDAURA	5	MO
RINVOQ	5	PA; MO; QL (30 per 30 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SIMPONI ARIA	5	PA; MO; QL (64 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML	5	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; QL (3 per 28 days)
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR	5	PA; MO; QL (30 per 30 days)
<b>OBSTETRICS / GYNECOLOGY</b>		
<b>ESTROGENS / PROGESTINS</b>		
amabelz	2	PA; MO
camila	2	MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	2	PA; MO; QL (8 per 28 days)
DUAVEE	3	MO
<i>errin</i>	2	MO
<i>estradiol oral</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	2	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	2	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	2	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	2	MO
<i>estradiol-norethindrone acet</i>	2	PA; MO
ESTRING	3	MO
<i>fyavolv</i>	4	PA; MO
<i>heather</i>	2	MO
<i>hydroxyprogesterone caproate</i>	5	
<i>incassia</i>	2	MO
<i>jencycla</i>	2	MO
<i>jinteli</i>	4	PA; MO
<i>lyllana</i>	2	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
MENEST	3	PA; MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>mimvey</i>	2	PA; MO
<i>nora-be</i>	2	MO
<i>norethindrone (contraceptive)</i>	2	
<i>norethindrone acetate</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	4	PA
<i>norethindrone ac-eth estradiol oral tablet 1-5 mg-mcg</i>	4	PA; MO
<i>norlyda</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</i>	2	MO
<i>sharobel</i>	2	MO
<i>tulana</i>	2	MO
<i>yuvafem</i>	2	MO
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN VAGINAL SUPPOSITORY	4	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>eluryng</i>	2	MO
<i>etonogestrel-ethynodiol estradiol</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>metronidazole vaginal</i>	2	MO
<i>mifepristone</i>	2	LA
<i>MIRENA</i>	3	LA
<i>NEXPLANON</i>	4	
<i>terconazole</i>	2	MO
<i>tranexamic acid oral</i>	2	MO
<i>vandazole</i>	2	MO
<i>xulane</i>	2	MO

<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		
<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</i>	2	
<i>aubra eq</i>	2	MO
<i>aviane</i>	2	MO
<i>azurette (28)</i>	2	MO
<i>camrese</i>	2	MO
<i>caziant (28)</i>	2	MO
<i>cryselle (28)</i>	2	MO
<i>cyclafem 1/35 (28)</i>	2	MO
<i>cyclafem 7/7/7 (28)</i>	2	MO
<i>cyred</i>	2	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>desog-e.estradiol/e.estradio l</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elonest</i>	2	MO
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarrylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>femynor</i>	2	MO
<i>introvale</i>	2	MO
<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	MO
<i>kelnor 1/35 (28)</i>	2	MO
<i>kelnor 1-50 (28)</i>	2	MO
<i>kurvelo (28)</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lulera (28)</i>	2	MO
<i>marlissa (28)</i>	2	MO
<i>microgestin 1.5/30 (21)</i>	2	MO
<i>microgestin 1/20 (21)</i>	2	MO
<i>microgestin fe 1.5/30 (28)</i>	2	MO
<i>microgestin fe 1/20 (28)</i>	2	MO
<i>mili</i>	2	MO
<i>mono-linyah</i>	2	MO
<i>nikki (28)</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1.5-30 mg-mcg</i>	2	
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg</i>	2	MO
<i>norethindrone- e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<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>orsythia</i>	2	MO
<i>philith</i>	2	MO
<i>pimtrea (28)</i>	2	MO
<i>pirmella</i>	2	MO
<i>portia 28</i>	2	MO
<i>previfem</i>	2	MO
<i>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO
<i>sprintec (28)</i>	2	MO
<i>sronyx</i>	2	MO
<i>syeda</i>	2	MO
<i>tarina 24 fe</i>	2	MO
<i>tarina fe 1/20 (28)</i>	2	
<i>tarina fe 1-20 eq (28)</i>	2	MO
<i>tilia fe</i>	2	MO
<i>tri-femynor</i>	2	MO
<i>tri-estarrylla</i>	2	MO
<i>tri-legest fe</i>	2	MO
<i>tri-linyah</i>	2	MO
<i>tri-lo-estarrylla</i>	2	MO
<i>tri-lo-marzia</i>	2	MO
<i>tri-lo-sprintec</i>	2	MO
<i>tri-previfem (28)</i>	2	MO
<i>tri-sprintec (28)</i>	2	MO
<i>trivora (28)</i>	2	MO
<i>velivet triphasic regimen (28)</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>vestura (28)</i>	2	MO
<i>vienna</i>	2	MO
<i>viorele (28)</i>	2	MO
<i>wera (28)</i>	2	MO
<i>zarah</i>	2	MO
<i>zovia 1/35e (28)</i>	2	
<i>zovia 1-35 (28)</i>	2	MO
<i>zumandimine (28)</i>	2	MO
<b>OXYTOCICS</b>		
<i>methergine</i>	4	PA
<i>methylergonovine oral</i>	4	PA
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<i>ak-poly-bac</i>	2	MO
<i>AZASITE</i>	3	MO
<i>bacitracin ophthalmic (eye)</i>	2	MO
<i>bacitracin-polymyxin b ophthalmic (eye)</i>	2	MO
<i>BESIVANCE</i>	3	MO
<i>ciprofloxacin hcl ophthalmic (eye)</i>	2	MO
<i>erythromycin ophthalmic (eye)</i>	2	MO
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (15 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>levofloxacin ophthalmic (eye)</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	2	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	2	
<b>NATACYN</b>	3	
<i>neomycin-bacitracin-polymyxin</i>	2	MO
<i>neomycin-polymyxin-gramicidin</i>	2	MO
<i>neo-polycin</i>	2	MO
<i>ofloxacin ophthalmic (eye)</i>	2	MO
<i>polycin</i>	2	MO
<i>polymyxin b sulfate-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	2	MO
<b>ZIRGAN</b>	4	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	2	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>timolol maleate ophthalmic (eye) drops, once daily</i>	2	MO
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	2	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops</i>	2	MO
<i>azelastine ophthalmic (eye)</i>	2	MO
<i>balanced salt</i>	2	
<i>bepotastine besilate</i>	3	MO
<b>BEPREVE</b>	3	MO
<b>BLEPHAMIDE</b>	4	MO
<b>BLEPHAMIDE S.O.P.</b>	4	MO
<i>bss</i>	2	
<i>cromolyn ophthalmic (eye)</i>	2	MO
<b>CYSTARAN</b>	5	PA
<i>epinastine</i>	2	MO
<b>EYLEA</b>	5	PA; MO
<b>LUCENTIS</b>	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
<b>OXERVATE</b>	5	PA; MO
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
<b>RESTASIS</b>	3	MO; QL (60 per 30 days)
<b>RESTASIS MULTIDOSE</b>	3	MO; QL (5.5 per 30 days)

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Drug Name	Drug Tier	Requirements /Limits
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac</i>	2	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
ILEVRO	3	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
PROLENSA	3	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	2	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	2	MO
<b>OTHER GLAUCOMA DRUGS</b>		
<i>bimatoprost ophthalmic (eye)</i>	2	MO
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette</i>	2	MO
<i>latanoprost</i>	2	MO

Drug Name	Drug Tier	Requirements /Limits
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	MO
ROCKLATAN	3	MO
SIMBRINZA	4	MO
<i>travoprost</i>	2	MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc</i>	2	MO
<i>neomycin-polymyxin b-dexameth</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye)</i>	2	MO
<i>neo-polycin hc</i>	2	MO
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO
<i>tobramycin-dexamethasone</i>	2	MO
<b>STEROIDS</b>		
ALREX	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye)</i>	2	MO
EYSUVIS	3	PA; MO; QL (8.3 per 14 days)
<i>fluorometholone</i>	2	MO
INVELTYS	4	MO

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Drug Name	Drug Tier	Requirements /Limits
LOTEMAX OPHTHALMIC (EYE) DROPS, GEL	3	MO
LOTEMAX OPHTHALMIC (EYE) OINTMENT	3	MO
LOTEMAX SM	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops, gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops, suspension</i>	2	MO
OZURDEX	5	MO
<i>prednisolone acetate</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye)</i>	2	MO
<b>SYMPATHOMIMETICS</b>		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %	3	MO
<i>apraclonidine</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	MO

Drug Name	Drug Tier	Requirements /Limits
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO
<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto- injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	2	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	2	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
SYMJEPI	4	MO; QL (2 per 30 days)
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	2	B/D PA; MO
ADEMPAS	5	PA; MO; LA
ADVAIR DISKUS	3	MO; QL (60 per 30 days)
ADVAIR HFA	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization</i>	2	B/D PA; MO
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
<i>albuterol sulfate oral tablet extended release 12 hr</i>	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>alyq</i>	5	PA; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA
ANORO ELLIPTA	3	MO; QL (60 per 30 days)
<i>arformoterol</i>	3	B/D PA; MO
ARNUITY ELLIPTA	3	MO; QL (30 per 30 days)
ASMANEX HFA	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)
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	3	MO; QL (25.8 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>azelastine-fluticasone</i>	2	MO; QL (23 per 30 days)
<i>bosentan</i>	5	PA; MO; LA
BREO ELLIPTA	3	MO; QL (60 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)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
CINRYZE	5	PA; MO
COMBIVENT RESPIMAT	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation</i>	2	B/D PA; MO
DALIRESP ORAL TABLET 250 MCG	4	PA; MO; QL (30 per 30 days)
DALIRESP ORAL TABLET 500 MCG	4	PA; MO
DULERA	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN	4	MO
ESBRIET ORAL CAPSULE	5	PA; MO; QL (270 per 30 days)
ESBRIET ORAL TABLET 267 MG	5	PA; MO; QL (270 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
ESBRIET ORAL TABLET 801 MG	5	PA; MO; QL (90 per 30 days)
FASENRA	5	PA; MO; QL (1 per 28 days)
FASENRA PEN	5	PA; MO; QL (1 per 28 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION , 50 MCG/ACTUATION	3	MO; QL (60 per 30 days)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 250 MCG/ACTUATION	3	MO; QL (240 per 30 days)
FLOVENT HFA AEROSOL INHALER 110 MCG/ACTUATION	3	MO; QL (12 per 30 days)
FLOVENT HFA AEROSOL INHALER 220 MCG/ACTUATION	3	MO; QL (24 per 30 days)
FLOVENT HFA AEROSOL INHALER 44 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
flunisolide	2	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal</i>	2	MO; QL (16 per 30 days)
<i>formoterol fumarate</i>	3	B/D PA; MO
HAEGARDA	5	PA; MO; LA
<i>icatibant</i>	5	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
INCRUSE ELLIPTA	3	MO; QL (30 per 30 days)	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO	PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
<i>ipratropium-albuterol</i>	2	B/D PA; MO	PULMOZYME	5	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)	QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	3	MO; QL (4.9 per 30 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)	QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (8.7 per 30 days)
<i>levalbuterol hcl</i>	2	B/D PA; MO	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
<i>metaproterenol oral syrup</i>	2	MO	QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)	<i>sajazir</i>	5	PA
<i>montelukast</i>	2	MO	SEREVENT DISKUS	3	MO; QL (60 per 30 days)
NUCALA	5	PA; MO; LA; QL (3 per 28 days)			
OFEV	5	PA; MO; QL (60 per 30 days)			
OPSUMIT	5	PA; MO; LA			
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)			
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)			
ORLADEYO	5	PA; LA			
PERFOROMIST	3	B/D PA; MO			

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>sildenafil</i> <i>(pulmonary arterial hypertension)</i> <i>intravenous solution</i> <i>10 mg/12.5 ml</i>	5	PA
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral suspension for reconstitution</i> <i>10 mg/ml</i>	5	PA; MO; QL (224 per 30 days)
<i>sildenafil</i> <i>(pulmonary arterial hypertension) oral tablet</i> <i>20 mg</i>	2	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
SPIRIVA WITH HANDIHALER	3	MO; QL (90 per 90 days)
STIOLTO RESPIMAT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	3	MO; QL (4 per 30 days)
SYMBICORT	3	MO; QL (10.2 per 30 days)
SYMDEKO	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet</i> <i>20 mg</i>	5	PA; QL (60 per 30 days)
terbutaline	2	MO
THEO-24	3	MO
<i>theophylline oral elixir</i>	2	
<i>theophylline oral solution</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>theophylline oral tablet extended release</i> <i>12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release</i> <i>24 hr</i>	2	MO
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFTA	5	PA; MO
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
zafirlukast	2	MO
ZYFLO	5	MO
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>flavoxate</i>	2	MO

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Drug Name	Drug Tier	Requirements /Limits
MYRBETRIQ ORAL SUSPENSION,EXT ENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride</i>	2	MO
<i>tolterodine</i>	2	MO
TOVIAZ	3	MO
<i>trospium</i>	2	MO
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	2	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>silodosin</i>	2	MO
<i>tamsulosin</i>	1	MO
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>alprostadiol</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

Drug Name	Drug Tier	Requirements /Limits
<i>potassium citrate</i>	2	MO
RENACIDIN	3	MO
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	4	PA; MO; QL (30 per 30 days)
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		
<i>albumin, human 25 %</i>	2	
<i>albuminar 25 %</i>	2	
<i>alburx (human) 25 %</i>	2	
<i>alburx (human) 5 %</i>	2	
<i>albutein 25 %</i>	2	
<i>albutein 5 %</i>	2	
<i>plasbumin 25 %</i>	2	
<i>plasbumin 5 %</i>	2	
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind)</i>	2	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>	1	MO
<i>klor-con 8</i>	1	MO
<i>klor-con m10</i>	1	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
klor-con oral packet 20	2	MO
klor-con/ef	2	MO
k-tab oral tablet extended release 8 meq	1	MO
lactated ringers intravenous	2	MO
magnesium chloride injection	2	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
magnesium sulfate in water	2	
magnesium sulfate injection solution	2	MO
magnesium sulfate injection syringe	2	
potassium acetate	2	
potassium chlorid-d5-0.45%nacl	2	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	2	
potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	2	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l	2	
potassium chloride in water intravenous piggyback	2	
potassium chloride intravenous	2	
potassium chloride oral capsule, extended release	1	MO
potassium chloride oral liquid	2	MO
potassium chloride oral packet	2	MO
potassium chloride oral tablet extended release 10 meq, 8 meq	1	MO
potassium chloride oral tablet extended release 20 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq	1	
potassium chloride-0.45 % nacl	2	
potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l, 30 meq/l, 40 meq/l	2	

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

This drug list was last updated on 11/17/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>	<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>potassium chloride-d5-0.9%nacl</i>	2		CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	2		CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
<i>ringer's intravenous</i>	2		CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
<i>sodium acetate</i>	2		CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
<i>sodium bicarbonate intravenous solution 1 meq/ml (8.4 %)</i>	2		CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
<i>sodium bicarbonate intravenous syringe 10 meq/10 ml (8.4 %), 7.5 % (0.9 meq/ml), 8.4 % (1 meq/ml)</i>	2		<i>electrolyte-48 in d5w</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO	<i>intralipid intravenous emulsion 20 %</i>	2	B/D PA
<i>sodium chloride 3 %</i>	2		IONOSOL-MB IN D5W	4	
<i>sodium chloride 5 %</i>	2	MO	ISOLYTE S PH 7.4	4	
<i>sodium chloride intravenous</i>	2		ISOLYTE-P IN 5 % DEXTROSE	4	
<i>sodium phosphate</i>	2	MO	ISOLYTE-S	4	
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>					
<i>AMINOSYN II 15 %</i>	4	B/D PA	PLASMA-LYTE 148	3	
<i>AMINOSYN-PF 7 % (SULFITE-FREE)</i>	4	B/D PA	PLASMA-LYTE A	3	
<i>CLINIMIX 5%/D15W SULFITE FREE</i>	4	B/D PA	<i>plasmanate</i>	2	
<b>VITAMINS / HEMATINICS</b>					

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

This drug list was last updated on 11/17/2021.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>fluoride (sodium) oral tablet</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements /Limits</b>
<i>prenatal vitamin oral tablet</i>	2	

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

This drug list was last updated on 11/17/2021.

# Index

## A

abacavir .....	2
abacavir-lamivudine .....	2
abacavir-lamivudine-zidovudine .....	2
ABELCET .....	2
ABILIFY MAINTENA.....	33
abiraterone.....	12
ABRAXANE.....	12
acamprosate.....	51
acarbose .....	55
acebutolol .....	39
acetaminophen-caff-dihydrocod.....	29
acetaminophen-codeine.....	29
acetazolamide .....	79
acetazolamide sodium .....	79
acetic acid.....	51, 54
acetylcysteine .....	51, 81
acitretin.....	46
ACTEMRA .....	72
ACTEMRA ACTPEN.....	72
ACTHIB (PF).....	69
ACTIMMUNE .....	68
acyclovir .....	2, 50
acyclovir sodium .....	2
ADACEL(TDAP ADOLESN/ADULT)(PF)	69
ADASUVE.....	33
ADCETRIS .....	12
adefovir.....	2
ADEMPAS.....	81
adenosine.....	39
adrenalin.....	80
adriamycin.....	12
adrucil.....	12
ADVAIR DISKUS.....	81
ADVAIR HFA .....	81
AFINITOR .....	12
AFINITOR DISPERZ .....	12
AIMOVIG AUTOINJECTOR .....	26
AJOVY AUTOINJECTOR..	26

AJOVY SYRINGE.....	26
ak-poly-bac.....	77
ala-cort.....	50
albendazole .....	7
albumin, human 25 %.....	85
albuminar 25 % .....	85
alburx (human) 25 %.....	85
alburx (human) 5 %.....	85
albutein 25 %.....	85
albutein 5 %.....	85
albuterol sulfate .....	81
alclometasone .....	50
ALCOHOL PADS.....	55
ALDURAZYME .....	61
ALECENSA .....	12
alendronate .....	71
alfuzosin .....	85
ALIMTA .....	12
ALIQOPA .....	12
aliskiren .....	39
allopurinol .....	71
allopurinol sodium.....	71
aloprim.....	71
alosetron .....	64
ALPHAGAN P.....	80
alprostadiol .....	85
ALREX.....	79
altavera (28).....	75
ALUNBRIG .....	12
ALVESCO.....	81
alyacen 1/35 (28).....	75
alyacen 7/7/7 (28).....	75
alyq .....	81
amabelz.....	73
amantadine hcl.....	2
AMBISOME .....	2
ambrisentan .....	81
amethyst (28).....	75
amikacin .....	7
amiloride.....	39
amiloride-hydrochlorothiazide .....	39
aminocaproic acid.....	42
AMINOSYN II 15 %.....	87
AMINOSYN-PF 7 % (SULFITE-FREE) .....	87
amiodarone .....	39
amitriptyline .....	33
amlodipine .....	39
amlodipine-atorvastatin .....	44
amlodipine-benazepril .....	39
amlodipine-olmesartan .....	39
amlodipine-valsartan .....	39
amlodipine-valsartan-hcthiazid .....	39
ammonium lactate .....	47
amoxapine.....	33
amoxicillin .....	9
amoxicillin-pot clavulanate ...	9
amphotericin b .....	2
ampicillin .....	9
ampicillin sodium .....	9
ampicillin-sulbactam .....	9
anagrelide .....	51
anastrozole .....	12
ANDRODERM .....	61
ANORO ELLIPTA.....	81
APIDRA SOLOSTAR U-100 INSULIN .....	55
APIDRA U-100 INSULIN .....	55
APOKYN .....	26
apraclonidine .....	80
aprepitant .....	64
apri.....	75
APTIOM .....	23
APTIVUS .....	2
ARALAST NP.....	51
aranelle (28).....	75
ARANESP (IN POLYSORBATE) .....	68
ARCALYST .....	68
arformoterol .....	81
ARIKAYCE .....	7
aripiprazole .....	33
ARISTADA .....	33
ARISTADA INITIO.....	33

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

This drug list was last updated on 11/17/2021.

armodafinil .....	33	BANZEL .....	23	BETHKIS .....	7
ARNUITY ELLIPTA.....	81	BAQSIMI .....	55	bexarotene.....	13
ARRANON .....	12	BARACLUDÉ.....	3	BEXSERO .....	69
arsenic trioxide .....	13	BAVENCIO .....	13	bicalutamide .....	13
ARZERRA .....	13	BCG VACCINE, LIVE (PF)	69	BICILLIN C-R .....	9
asenapine maleate.....	33	BD AUTOSHIELD DUO PEN NEEDLE .....	55	BICILLIN L-A .....	9
ASMANEX HFA .....	81	BD INSULIN SYRINGE (HALF UNIT) .....	55	BIDIL .....	39
ASMANEX TWISTHALER	81	BD INSULIN SYRINGE U- 500 .....	55	BIKTARVY .....	3
ASPARLAS .....	13	BD INSULIN SYRINGE ULTRA-FINE .....	55	bimatoprost.....	79
aspirin-dipyridamole .....	42	BD NANO 2ND GEN PEN NEEDLE .....	55	bisoprolol fumarate.....	39
atazanavir .....	2, 3	BD ULTRA-FINE MICRO PEN NEEDLE .....	55	bisoprolol-hydrochlorothiazide .....	39
atenolol.....	39	BD ULTRA-FINE MINI PEN NEEDLE .....	55	BLENREP .....	13
atenolol-chlorthalidone.....	39	BD ULTRA-FINE NANO PEN NEEDLE .....	55	bleomycin .....	13
atomoxetine .....	33	BD ULTRA-FINE SHORT PEN NEEDLE .....	55	BLEPHAMIDE .....	78
atorvastatin .....	44	BD VEO INSULIN SYR (HALF UNIT) .....	55	BLEPHAMIDE S.O.P.....	78
atovaquone .....	7	BD VEO INSULIN SYRNGE UF .....	56	BLINCYTO .....	13
atovaquone-proguanil.....	7	BELBUCA .....	29	BOOSTRIX TDAP.....	69
ATRIPLA .....	3	BELEODAQ .....	13	BORTEZOMIB .....	13
atropine.....	63, 78	benazepril .....	39	bosentan.....	82
ATROVENT HFA .....	81	benazepril-hydrochlorothiazide .....	39	BOSULIF .....	13
AUBAGIO .....	27	BENDEKA .....	13	BOTOX .....	69
aubra .....	75	BENLYSTA .....	72	BRAFTOVI .....	13
aubra eq .....	75	BENZNIDAZOLE .....	7	BREO ELLIPTA .....	82
AVASTIN .....	13	benztropine .....	26	BREZTRI AEROSPHERE..	82
aviane .....	75	bepotastine besilate.....	78	BRILINTA .....	42
avita .....	48	BEPREVE .....	78	brimonidine.....	80
AVONEX .....	68	BESIVANCE.....	77	BRIVIACT .....	23
AYVAKIT.....	13	BESPONSA.....	13	bromfenac .....	79
azacitidine.....	13	betamethasone dipropionate	50	bromocriptine .....	26
AZASITE .....	77	betamethasone valerate.....	50	BROMSITE .....	79
azathioprine .....	13	betamethasone, augmented...	50	BRUKINSA.....	13
azathioprine sodium .....	13	BETASERON .....	68	bss .....	78
azelaic acid .....	48	betaxolol .....	39, 78	budesonide .....	64, 82
azelastine .....	53, 78	bethanechol chloride.....	85	bumetanide .....	39
azelastine-fluticasone .....	82			buprenorphine hcl .....	29
azithromycin.....	6			buprenorphine transdermal patch .....	29
aztreonam .....	7			buprenorphine-naloxone.....	31
azurette (28).....	75			bupropion hcl .....	33
<b>B</b>				bupropion hcl (smoking deter) .....	53
bacitracin .....	7, 77			buspirone .....	33
bacitracin-polymyxin b .....	77			busulfan .....	13
baclofen .....	28			butorphanol.....	32
BAFIERTAM.....	27			BYDUREON BCISE.....	56
balanced salt .....	78				
balsalazide .....	64				
BALVERSA.....	13				

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

This drug list was last updated on 11/17/2021.

BYETTA .....	56
BYSTOLIC .....	40
C	
CABENUVA.....	3
cabergoline .....	61
CABLIVI.....	43
CABOMETYX .....	13
caffeine citrate.....	51
calcipotriene .....	46, 47
calcipotriene-betamethasone	47
calcitonin (salmon).....	61
calcitriol.....	47, 61
calcium acetate(phosphat bind)	
.....	85
calcium chloride .....	85
calcium gluconate.....	85
CALQUENCE.....	13
camila .....	73
camrese.....	75
candesartan .....	40
candesartan-hydrochlorothiazid	
.....	40
CAPEX.....	50
CAPLYTA .....	34
CAPRELSA .....	13
captopril.....	40
captopril-hydrochlorothiazide	
.....	40
CARBAGLU.....	51
carbamazepine.....	23
carbidopa .....	26
carbidopa-levodopa .....	26
carbidopa-levodopa-	
entacapone .....	26
carbocaine (pf).....	47
carboplatin .....	13
cardioplegic soln .....	45
carmustine .....	13
carteolol .....	78
cartia xt.....	40
carvedilol.....	40
caspofungin .....	2
cataflam .....	32
CAYSTON .....	7
caziant (28).....	75
cefaclor .....	5
cefadroxil.....	5
cefazolin .....	5, 6
cefazolin in dextrose (iso-os)	.5
cefdinir.....	6
cefepime .....	6
cefepime in dextrose,iso-osm.	6
cefixime .....	6
cefoxitin.....	6
cefoxitin in dextrose, iso-osm	6
cefpodoxime .....	6
cefprozil.....	6
ceftazidime .....	6
ceftriaxone .....	6
ceftriaxone in dextrose,iso-os.	6
cefuroxime axetil.....	6
cefuroxime sodium .....	6
celecoxib.....	32
CELONTIN .....	23
cephalexin.....	6
CEPROTIN (BLUE BAR) ...	43
CEPROTIN (GREEN BAR)	43
CERDELGA.....	61
CEREZYME .....	61
cetirizine .....	80
cevimeline .....	51
CHANTIX .....	53
CHANTIX CONTINUING	
MONTH BOX.....	53
CHANTIX STARTING	
MONTH BOX.....	53
CHEMET.....	51
CHENODAL .....	64
chloramphenicol sod succinate	
.....	7
chlorhexidine gluconate .....	53
chlorprocaine (pf).....	47
chloroquine phosphate.....	7
chlorothiazide sodium .....	40
chlorpromazine .....	34
chlorthalidone .....	40
CHOLBAM .....	64
cholestyramine (with sugar) ..	44
cholestyramine light .....	44
cyclordan .....	49
cyclopirox .....	49
cidofovir .....	3
cilostazol.....	43
CIMDUO .....	3
cimetidine .....	66
cimetidine hcl .....	66
CIMZIA .....	64
CIMZIA POWDER FOR	
RECONST .....	64
CIMZIA STARTER KIT ....	64
cinacalcet .....	61
CINRYZE .....	82
CINVANTI .....	64
CIPRO .....	10
ciprofloxacin hcl.....	10, 54, 77
ciprofloxacin in 5 % dextrose	
.....	11
ciprofloxacin-dexamethasone	
.....	54
cisplatin.....	13
citalopram .....	34
cladribine .....	13
claravis.....	48
clarithromycin.....	6
CLEOCIN .....	74
clindamycin hcl .....	7
clindamycin in 5 % dextrose ..	7
clindamycin pediatric .....	7
clindamycin phosphate ....	7, 48,
74	
CLINIMIX 5%/D15W	
SULFITE FREE .....	87
CLINIMIX 4.25%/D10W	
SULF FREE.....	87
CLINIMIX 4.25%/D5W	
SULFIT FREE.....	51
CLINIMIX 5%-	
D20W(SULFITE-FREE)..	87
CLINIMIX 6%-D5W	
(SULFITE-FREE) .....	87
CLINIMIX 8%-	
D10W(SULFITE-FREE)..	87
CLINIMIX 8%-	
D14W(SULFITE-FREE)..	87
clobazam .....	23
clobetasol .....	50
clobetasol-emollient .....	50
clodan .....	50

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

This drug list was last updated on 11/17/2021.

clofarabine	13	cyred	75	dentagel	53
clomiphene citrate	61	cyred eq	75	DEPO-SUBQ PROVERA	104
clomipramine	34	CYSTADANE	64		74
clonazepam	23	CYSTAGON	85	DESCOVERY	3
clonidine	40	CYSTARAN	78	desipramine	34
clonidine (pf)	32, 40	cytarabine	14	desmopressin	61, 62
clonidine hcl	34, 40	cytarabine (pf)	14	desog-e.estriadiol/e.estriadiol	75
clopидогрел	43	<b>D</b>		desogestrel-ethinyl estradiol	75
клоразепат дипотассиум	34	d10 %-0.45 % sodium chloride	51	desonide	50
клотrimazole	2, 49	d2.5 %-0.45 % sodium	51	desrx	50
клотrimazole-бетаметазон	49	chloride	51	desvenlafaxine succinate	34
clozapine	34	d5 % and 0.9 % sodium	52	dexamethasone	54
COARTEM	7	chloride	52	dexamethasone intensol	54
colchicine	71	d5 %-0.45 % sodium chloride	52	dexamethasone sodium phos	
colesevelam	44			(pf)	54
colestipol	44	dacarbazine	14	dexamethasone sodium	
colistin (colistimethate na)	7	dactinomycin	14	phosphate	54, 79
COMBIGAN	79	dalfampridine	27	DEXILANT	66, 67
COMBIVENT RESPIMAT	82	DALIRESP	82	dexrazoxane hcl	12
COMETRIQ	13	danazol	61	dextroamphetamine	34
COMPLERA	3	dantrolene	28	dextroamphetamine-	
compro	64	DANYELZA	14	amphetamine	34
CONDYLOX	47	dapsone	7, 48	dextrose 10 % and 0.2 % nacl	
constulose	64	DAPTACEL (DTAP)			52
COPAXONE	27	PEDIATRIC) (PF)	69	dextrose 10 % in water (d10w)	
COPIKTRA	13	daptomycin	7		52
CORLANOR	45	DAPTO MYCIN	7	dextrose 25 % in water (d25w)	
CORTIFOAM	64	DARZALEX	14		52
COSMEGEN	13	dasetta 1/35 (28)	75	dextrose 30 % in water (d30w)	
COTELLIC	13	dasetta 7/7/7 (28)	75		52
CREON	64	daunorubicin	14	dextrose 5 % in water (d5w)	52
CRESEMBA	2	DAURISMO	14	dextrose 5 %-lactated ringers	52
CRINONE	73	daysee	75	dextrose 5%-0.2 % sod	
cromolyn	64, 78, 82	DDAVP	61	chloride	52
crotan	51	deblitane	74	dextrose 5%-0.3 %	
cryselle (28)	75	decadron	54	sod.chloride	52
CRYSVITA	61	decitabine	14	dextrose 50 % in water (d50w)	
cyclafem 1/35 (28)	75	deferasirox	52		52
cyclafem 7/7/7 (28)	75	deferiprone	52	dextrose 70 % in water (d70w)	
cyclobenzaprine	28	deferoxamine	52		52
cyclophosphamide	13, 14	DELSTRIGO	3	DIACOMIT	23
CYCLOPHOSPHAMIDE	14	demeclacycline	11	diazepam	23, 34
CYCLOSET	56	DEM SER	40	diazoxide	56
cyclosporine	14	DENAVIR	50	diclofenac potassium	32
cyclosporine modified	14	denta 5000 plus	53	diclofenac sodium	32, 47, 79
CYRAMZA	14			diclofenac-misoprostol	32

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

This drug list was last updated on 11/17/2021.

dicloxacillin	9	doxylamine-pyridoxine (vit b6)	12
dicyclomine	63	.....	64
didanosine	3	DRIZALMA SPRINKLE	34
diflunisal	32	dronabinol	64
digitek	45	droperidol	64
digox	45	DROPLET INSULIN SYR(HALF UNIT)	56
digoxin	45	DROPLET INSULIN SYRINGE	56
dihydroergotamine	26	DROPLET MICRON PEN NEEDLE	56
DILANTIN 30 MG	23	DROPLET PEN NEEDLE	56
diltiazem hcl	40	DROPSAFE PEN NEEDLE	56
dilt-xr	40	drospirenone-e.estriadiol-lm.fa	75
dimenhydrinate	64	drospirenone-ethinyl estradiol	75
dimethyl fumarate	27	DROXIA	14
DIPENTUM	64	droxidopa	52
diphenhydramine hcl	80	DUAVEE	74
diphenoxylate-atropine	63	DULERA	82
dipyridamole	43	duloxetine	34
disulfiram	52	DUPIXENT PEN	47
divalproex	23	DUPIXENT SYRINGE	47
dobutamine	45	dutasteride	85
dobutamine in d5w	45	dutasteride-tamsulosin	85
docetaxel	14	E	
dofetilide	39	e.e.s. 400	7
donepezil	27	ec-naproxen	32
dopamine	46	econazole	49
dopamine in 5 % dextrose	46	EDARBI	40
DOPTELET (10 TAB PACK)	43	EDARBYCLOR	40
DOPTELET (15 TAB PACK)	43	EDURANT	3
DOPTELET (30 TAB PACK)	43	efavirenz	3
dorzolamide	79	efavirenz-emtricitabin-tenofovir	3
dorzolamide-timolol	79	efavirenz-lamivu-tenofov disop	3
dorzolamide-timolol (pf)	79	effer-k	85
dotti	74	ELAPRASE	62
DOVATO	3	electrolyte-48 in d5w	87
doxazosin	40	eletriptan	26
doxepin	34, 47	elinest	75
doxercalciferol	62	ELIQUIS	43
doxorubicin	14	ELIQUIS DVT-PE TREAT 30D START	43
doxorubicin, peg-liposomal..	14		
doxy-100	11		
doxycycline hyclate	11		
doxycycline monohydrate	11		

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

This drug list was last updated on 11/17/2021.

ERBITUX	15
ergoloid	34
ergotamine-caffeine	26
ERIVEDGE	15
ERLEADA	15
erlotinib	15
errin	74
ertapenem	8
ery pads	48
ery-tab	7
ERYTHROCIN	7
erythrocin (as stearate)	7
erythromycin	7, 77
erythromycin ethylsuccinate	7
erythromycin with ethanol	49
ESBRIET	82
escitalopram oxalate	34
esmolol	40
esomeprazole magnesium	67
esomeprazole sodium	67
estarrylla	75
estradiol	74
estradiol valerate	74
estradiol-norethindrone acet.	74
ESTRING	74
eszopiclone	34
ethacrynat sodium	40
ethacrynic acid	40
ethambutol	8
ethosuximide	23
ethynodiol diac-eth estradiol	75
etodolac	32
etonogestrel-ethinyl estradiol	74
ETOPOPHOS	15
etoposide	15
etravirine	3
euthyrox	63
everolimus (antineoplastic)	15
everolimus (immunosuppressive)	15
EVOTAZ	3
exemestane	15
EYLEA	78
EYSUVIS	79
ezetimibe	44
ezetimibe-simvastatin	44

<b>F</b>	
FABRAZYME	62
falmina (28)	75
famciclovir	3
famotidine	67
famotidine (pf)	67
famotidine (pf)-nacl (iso-os)	67
FANAPT	35
FARXIGA	57
FARYDAK	15
FASENRA	82
FASENRA PEN	82
febuxostat	71
felbamate	23
felodipine	40
femynor	75
fenofibrate	44
fenofibrate micronized	44
fenofibrate nanocrystallized	44
fenofibric acid	44
fenofibric acid (choline)	44
fenoprofen	32
fentanyl	29
fentanyl citrate	29
fentanyl citrate (pf)	29
FERRIPROX	52
FERRIPROX (2 TIMES A DAY)	52
FETZIMA	35
finasteride	85
FINTEPLA	23
FIRDAPSE	27
FIRMAGON KIT W DILUENT SYRINGE	15
flac otic oil	54
flavoxate	84
flecainide	39
FLOVENT DISKUS	82
FLOVENT HFA	82
flouxuridine	15
fluconazole	2
fluconazole in nacl (iso-osm)	2
flucytosine	2
fludarabine	15
fludrocortisone	54
flumazenil	35

flunisolide	82
fluocinolone	50
fluocinolone acetonide oil	54
fluocinolone and shower cap	50
fluocinonide	50
fluocinonide-e	50
fluoride (sodium)	53, 88
fluorometholone	79
fluorouracil	15, 47, 48
fluoxetine	35
fluoxetine (pmdd)	35
fluphenazine decanoate	35
fluphenazine hcl	35
flurbiprofen	32
flurbiprofen sodium	79
flutamide	15
fluticasone propionate	82
fluvastatin	45
fluvoxamine	35
FOLOTYN	15
fomepizole	70
fondaparinux	43
FORFIVO XL	35
formoterol fumarate	82
FOSAMAX PLUS D	71
fosamprenavir	3
fosaprepitant	64
fosinopril	40
fosinopril-hydrochlorothiazide	40
fosphenytoin	23
FOTIVDA	15
fulvestrant	15
furosemide	40, 41
FUZEON	3
fyavolv	74
FYCOMPRA	23
<b>G</b>	
gabapentin	24
galantamine	27
GAMASTAN	70
GAMASTAN S/D	70
ganciclovir sodium	3
GARDASIL 9 (PF)	70
gatifloxacin	77
GATTEX 30-VIAL	64

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

This drug list was last updated on 11/17/2021.

GATTEX ONE-VIAL.....	64
GAUZE PAD .....	57
gavilyte-c .....	64
gavilyte-g .....	64
gavilyte-n .....	64
GAVRETO .....	15
GAZYVA .....	15
gemcitabine .....	15, 16
GEMCITABINE .....	16
gemfibrozil .....	45
generlac .....	64
gengraf .....	16
gentak .....	77
gentamicin .....	8, 49, 77
gentamicin in nacl (iso-osm) ..	8
gentamicin sulfate (ped) (pf) ..	8
GENVOYA .....	3
GEODON .....	35
GILENYA .....	27
GILOTrif .....	16
glatiramer .....	27
glatopa .....	28
glimepiride .....	57
glipizide .....	57
glipizide-metformin .....	57
glucagon emergency kit (human) .....	57
glycine urologic .....	85
glycine urologic solution .....	85
glycopyrrolate .....	64
glycopyrrolate (pf) in water..	64
glydo .....	48
GRALISE .....	24
gransetron (pf) .....	64
gransetron hcl .....	65
griseofulvin microsize .....	2
griseofulvin ultramicrosize .....	2
GVOKE HYPOPEN 1-PACK .....	57
GVOKE HYPOPEN 2-PACK .....	57
GVOKE PFS 1-PACK SYRINGE .....	57
GVOKE PFS 2-PACK SYRINGE .....	57
<b>H</b>	
HAEGARDA .....	82
HALAVEN .....	16
halobetasol propionate....	50, 51
haloperidol .....	35
haloperidol decanoate .....	35
haloperidol lactate .....	35
HARVONI .....	3
HAVRIX (PF) .....	70
heather .....	74
heparin (porcine) .....	43
heparin (porcine) in 5 % dex	43
heparin (porcine) in nacl (pf)	43
heparin(porcine) in 0.45% nacl .....	44
HEPARIN(PORCINE) IN 0.45% NACL .....	44
heparin, porcine (pf) .....	44
HEPARIN, PORCINE (PF) .	44
HETLIOZ .....	35
HIBERIX (PF) .....	70
HIZENTRA .....	70
HUMALOG JUNIOR KWIKPEN U-100 .....	57
HUMALOG KWIKPEN INSULIN .....	57
HUMALOG MIX 50-50 INSULN U-100 .....	57
HUMALOG MIX 50-50 KWIKPEN .....	57
HUMALOG MIX 75-25 KWIKPEN .....	57
HUMALOG MIX 75-25(U- 100)INSULN .....	57
HUMALOG U-100 INSULIN .....	57
HUMIRA .....	72
HUMIRA PEN .....	72
HUMIRA PEN CROHNS-UC- HS START .....	72
HUMIRA PEN PSOR- UVEITS-ADOL HS .....	72
HUMIRA(CF) .....	72
HUMIRA(CF) PEDI CROHNS STARTER .....	72
HUMIRA(CF) PEN .....	72
HUMIRA(CF) PEN	
CROHNS-UC-HS.....	72
HUMIRA(CF) PEN PEDIATRIC UC .....	72
HUMIRA(CF) PEN PSOR- UV-ADOL HS .....	72
HUMULIN 70/30 U-100 INSULIN .....	57
HUMULIN 70/30 U-100 KWIKPEN .....	57
HUMULIN N NPH INSULIN KWIKPEN .....	57
HUMULIN N NPH U-100 INSULIN .....	57
HUMULIN R REGULAR U- 100 INSULN .....	57
HUMULIN R U-500 (CONC) INSULIN .....	57
HUMULIN R U-500 (CONC) KWIKPEN .....	58
hydralazine .....	41
hydrochlorothiazide .....	41
hydrocodone bitartrate .....	29
hydrocodone-acetaminophen .....	29, 30
hydrocodone-ibuprofen .....	30
hydrocortisone .....	51, 54, 65
hydrocortisone butyrate .....	51
hydrocortisone-acetic acid....	54
hydrocortisone-pramoxine....	65
hydromorphone .....	30
hydromorphone (pf) .....	30
hydroxychloroquine .....	8
hydroxyprogesterone caproate .....	74
hydroxyurea .....	16
hydroxyzine hcl .....	80
HYPERHEP B .....	70
HYPERHEP B NEONATAL .....	70
HYQVIA .....	70
<b>I</b>	
ibandronate .....	71
IBRANCE .....	16
ibu .....	32
ibuprofen .....	32

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

This drug list was last updated on 11/17/2021.

ibutilide fumarate .....	39	ipratropium-albuterol.....	83	KAZANO .....	58
icatibant.....	82	irbesartan .....	41	kelnor 1/35 (28) .....	75
ICLUSIG .....	16	irbesartan-hydrochlorothiazide .....	41	kelnor 1-50 (28).....	75
icosapent ethyl.....	45	IRESSA .....	16	KEPIVANCE .....	12
idarubicin.....	16	irinotecan .....	16, 17	KERYDIN .....	49
IDHIFA .....	16	ISENTRESS .....	4	KESIMPTA PEN.....	28
ifosfamide.....	16	ISENTRESS HD .....	3	ketoconazole .....	2, 49
ILARIS (PF).....	68	isibloom.....	75	ketodan .....	49
ILEVRO .....	79	ISOLYTE S PH 7.4.....	87	ketoprofen.....	32
imatinib .....	16	ISOLYTE-P IN 5 % .....	87	ketorolac .....	79
IMBRUVICA.....	16	DEXTROSE .....	87	KEYTRUDA .....	17
IMFINZI.....	16	ISOLYTE-S.....	87	KHAPZORY .....	12
imipenem-cilastatin .....	8	isoniazid.....	8	KINRIX (PF) .....	70
imipramine hcl.....	35	isosorbide dinitrate .....	46	KISQALI .....	17
imipramine pamoate.....	35	isosorbide mononitrate .....	46	KISQALI FEMARA CO- PACK .....	17
imiquimod .....	48	isradipine .....	41	klor-con 10.....	85
IMOVAZ RABIES VACCINE (PF).....	70	ISTODAX .....	17	klor-con 8.....	85
IMPAVIDO.....	8	itraconazole .....	2	klor-con m10 .....	85
incassia .....	74	ivermectin.....	8, 49, 51	klor-con m15 .....	85
INCRELEX .....	52	IXEMPRA .....	17	klor-con m20 .....	85
INCRUSE ELLIPTA .....	83	IXIARO (PF) .....	70	klor-con oral packet 20.....	86
indapamide .....	41	<b>J</b>		klor-con/ef .....	86
INFANRIX (DTAP) (PF) ....	70	JAKAFI .....	17	KLOXXADO .....	32
INFUGEM.....	16	jantoven .....	44	KOMBIGLYZE XR .....	58
INLYTA .....	16	JANUMET .....	58	KORLYM.....	62
INQOVI.....	16	JANUMET XR .....	58	K-PHOS NO 2 .....	85
INREBIC .....	16	JANUVIA.....	58	K-PHOS ORIGINAL .....	85
INSULIN PEN NEEDLE....	58	jasmiel (28).....	75	KRYSTEXXA .....	71
INSULIN SYRINGE- NEEDLE U-100 .....	58	JEMPERLI .....	17	k-tab .....	86
INTELENCE.....	3	jencycla.....	74	kurvelo (28) .....	75
intralipid .....	87	JENTADUETO .....	58	KUVAN.....	62
INTRON A.....	68	JENTADUETO XR.....	58	KYNMOBI .....	26
introvale.....	75	JEVTANA.....	17	KYPROLIS.....	17
INVEGA SUSTENNA.....	36	jinteli.....	74	<b>L</b>	
INVEGA TRINZA.....	36	jolessa .....	75	1 norgest/e.estradiol-e.estrad.	76
INVELTYS .....	79	juleber.....	75	labetalol .....	41
INVIRASE .....	3	JULUCA.....	4	lactated ringers.....	51, 86
INVOKAMET .....	58	JUXTAPID.....	45	lactulose.....	65
INVOKAMET XR .....	58	<b>K</b>		lamivudine .....	4
INVOKANA .....	58	KADCYLA .....	17	lamivudine-zidovudine .....	4
IONOSOL-MB IN D5W .....	87	KALETRA .....	4	lamotrigine.....	24
IOPIDINE.....	80	kalliga .....	75	LANOXIN .....	46
IPOL.....	70	KALYDECO .....	83	lansoprazole .....	67
ipratropium bromide.....	53, 83	KANUMA .....	62	lanthanum .....	52
		kariva (28) .....	75		

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

This drug list was last updated on 11/17/2021.

LANTUS SOLOSTAR U-100	
INSULIN.....	58
LANTUS U-100 INSULIN..	58
lapatinib.....	17
larin 1.5/30 (21).....	76
larin 1/20 (21).....	76
larin 24 fe .....	76
larin fe 1.5/30 (28).....	76
larin fe 1/20 (28).....	76
larissia.....	76
latanoprost.....	79
LATUDA .....	36
leflunomide.....	72
LEMTRADA.....	28
LENVIMA .....	17
lessina.....	76
letrozole .....	17
leucovorin calcium.....	12
LEUKERAN .....	17
LEUKINE.....	68
leuprolide.....	17
levalbuterol hcl.....	83
levetiracetam .....	24
levetiracetam in nacl (iso-os)24	
levobunolol.....	78
levocarnitine .....	52
levocarnitine (with sugar)....	52
levocetirizine .....	80
levofloxacin.....	11, 78
levofloxacin in d5w.....	11
levoleucovorin calcium .....	12
levonest (28).....	76
levonorgestrel-ethinyl estrad	76
levonorg-eth estrad triphasic	76
levora-28.....	76
levorphanol tartrate .....	30
levo-t.....	63
levothyroxine.....	63
levoxyl.....	63
LEXIVA .....	4
LIBTAYO .....	17
lidocaine .....	48
lidocaine (pf) in d7.5w .....	39
lidocaine (pf) .....	39, 48
lidocaine hcl .....	48
lidocaine in 5 % dextrose (pf)	
.....	39
lidocaine viscous .....	48
lidocaine-epinephrine .....	48
lidocaine-epinephrine (pf) ....	48
lidocaine-prilocaine .....	48
lillow (28).....	76
lincomycin.....	8
lindane .....	51
linezolid .....	8
linezolid in dextrose 5% .....	8
linezolid-0.9% sodium chloride	
.....	8
LINZESS .....	65
LOIORESAL.....	28, 29
liothyronine .....	63
lisinopril.....	41
lisinopril-hydrochlorothiazide	
.....	41
lithium carbonate .....	36
LIVALO .....	45
LOKELMA .....	52
LONSURF.....	17
loperamide .....	64
lopinavir-ritonavir .....	4
lorazepam .....	36
lorazepam intensol.....	36
LORBRENA .....	17
loryna (28).....	76
losartan .....	41
losartan-hydrochlorothiazide	41
LOTEMAX .....	80
LOTEMAX SM.....	80
loteprednol etabonate .....	80
lovastatin .....	45
low-ogestrel (28) .....	76
loxapine succinate .....	36
lo-zumandimine (28) .....	76
LUCENTIS.....	78
LUMAKRAS.....	17
LUMIGAN .....	79
LUMIZYME .....	62
LUMOXITI .....	17
LUPRON DEPOT .....	17
LUPRON DEPOT (3	
MONTH).....	17
LUPRON DEPOT (4	
MONTH).....	17
LUPRON DEPOT (6	
MONTH).....	17
LUPRON DEPOT-PED .....	17
LUPRON DEPOT-PED (3	
MONTH).....	17
lutera (28) .....	76
lyllana .....	74
LYNPARZA .....	17
LYSODREN.....	17
LYUMJEV KWIKPEN U-100	
INSULIN .....	58
LYUMJEV KWIKPEN U-200	
INSULIN .....	58
LYUMJEV U-100 INSULIN	
.....	58
lyza .....	74
<b>M</b>	
mafенide acetate .....	49
magnesium chloride.....	86
magnesium sulfate .....	86
MAGNESIUM SULFATE IN	
D5W .....	86
magnesium sulfate in water ..	86
malathion .....	51
mannitol 20 %.....	41
mannitol 25 %.....	41
maprotiline.....	36
marlissa (28) .....	76
MARPLAN.....	36
MARQIBO .....	17
MATULANE.....	17
matzim la .....	41
meclizine.....	65
meclofenamate.....	32
medroxyprogesterone .....	74
mefenamic acid.....	32
mefloquine .....	8
megestrol .....	17
MEKINIST .....	17
MEKTOVI.....	17
meloxicam .....	32
melphalan .....	17
melphalan hcl.....	18
memantine .....	28

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

This drug list was last updated on 11/17/2021.

MENACTRA (PF) .....	70	micafungin.....	2	mycophenolate mofetil .....	18
MENEST.....	74	microgestin 1.5/30 (21) .....	76	mycophenolate mofetil (hcl).18	
MENQUADFI (PF).....	70	microgestin 1/20 (21) .....	76	mycophenolate sodium.....	18
MENVEO A-C-Y-W-135-DIP (PF).....	70	microgestin fe 1.5/30 (28) ....	76	MYLOTARG .....	18
MEPSEVII .....	62	microgestin fe 1/20 (28) .....	76	myorisan .....	49
mercaptopurine.....	18	midodrine.....	52	MYRBETRIQ.....	85
meropenem .....	8	mifepristone.....	75	<b>N</b>	
mesalamine.....	65	migergot.....	26	nabumetone.....	32
mesalamine with cleansing wipe .....	65	miglitol .....	59	nadolol .....	41
mesna.....	12	miglustat .....	62	nadolol-bendroflumethiazide	41
MESNEX .....	12	mil... .....	76	nafcillin.....	10
metaproterenol.....	83	millipred .....	54	nafcillin in dextrose iso-osm ..	9
metformin.....	58, 59	milrinone .....	46	naftifine.....	49
methadone .....	30	milrinone in 5 % dextrose ..	46	NAFTIN .....	49
methadone intensol.....	30	mimvey .....	74	NAGLAZYME.....	62
methadose.....	30	minocycline .....	11	nalbuphine .....	32
methazolamide .....	79	minoxidil .....	41	naloxone .....	32
methenamine hippurate .....	11	miostat .....	79	naltrexone .....	32
methenamine mandelate.....	11	MIRENA .....	75	NAMZARIC.....	28
methergine.....	77	mirtazapine .....	36	naproxen .....	32, 33
methimazole .....	55	misoprostol .....	67	naproxen sodium .....	33
methotrexate sodium .....	18	MITIGARE .....	71	naratriptan.....	27
methotrexate sodium (pf) .....	18	mitomycin.....	18	NARCAN .....	33
methoxsalen.....	48	mitoxantrone.....	18	NATACYN.....	78
methyldopa .....	41	M-M-R II (PF).....	70	nateglinide .....	59
methylergonovine.....	77	modafinil .....	36	NATPARA .....	62
methylphenidate hcl .....	36	moexipril .....	41	NAYZILAM.....	24
methylprednisolone .....	54	molindone.....	36	nebivolol .....	41
methylprednisolone acetate..	54	mometasone.....	51, 83	NEEDLES, INSULIN	
methylprednisolone sodium succ.....	54	mondoxyne nl .....	11	DISP.,SAFETY .....	59
methyltestosterone.....	62	MONJUVI.....	18	nefazodone.....	36
metoclopramide hcl .....	65	mono-linyah.....	76	neomycin .....	8
metolazone .....	41	montelukast .....	83	neomycin-bacitracin-poly-hc	79
metoprolol succinate .....	41	morphine.....	30, 31	neomycin-bacitracin-	
metoprolol ta-hydrochlorothiaz .....	41	morphine (pf).....	30	polymyxin.....	78
metoprolol tartrate .....	41	morphine concentrate .....	30	neomycin-polymyxin b gu....	51
metro i.v. .....	8	MOTEGRITY .....	65	neomycin-polymyxin b-	
metronidazole .....	8, 49, 75	MOVANTIK .....	65	dexameth.....	79
metronidazole in nacl (iso-os)	8	moxifloxacin.....	11, 78	neomycin-polymyxin-	
metyrosine .....	41	moxifloxacin-sod.chloride(iso) .....	11	gramicidin.....	78
mexiletine.....	39	MOZOBIL.....	68	neomycin-polymyxin-hc.	54, 79
MIACALCIN .....	62	MULPLETA.....	44	neo-polycin .....	78
		mupirocin.....	49	neo-polycin hc .....	79
		MVASI .....	18	neostigmine methylsulfate....	29
		MYALEPT .....	62	NERLYNX .....	18
				NESINA .....	59

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

This drug list was last updated on 11/17/2021.

NEUPRO .....	26
nevirapine .....	4
NEXAVAR .....	18
NEXIUM PACKET .....	67
NEXLETOL .....	45
NEXLIZET.....	45
NEXPLANON .....	75
niacin .....	45
nicardipine .....	41
NICOTROL.....	53
NICOTROL NS .....	53
nifedipine.....	41
nikki (28).....	76
nilutamide.....	18
nimodipine .....	41
NINLARO .....	18
nisoldipine .....	41
nitazoxanide .....	8
nitisinone .....	52
nitro-bid.....	46
nitrofurantoin.....	11
nitrofurantoin macrocrystal ..	11
nitrofurantoin monohyd/m-	
cryst .....	11
nitroglycerin .....	46
nitroglycerin in 5 % dextrose	46
NIVESTYM .....	68
nizatidine .....	67
nora-be.....	74
norepinephrine bitartrate .....	46
norethindrone (contraceptive)	
.....	74
norethindrone acetate .....	74
norethindrone ac-eth estradiol	
.....	74, 76
norethindrone-e.estriadiol-iron	
.....	76
norgestimate-ethynodiol estradiol	
.....	76
norlyda.....	74
NORTHERA .....	52
nortrel 0.5/35 (28) .....	76
nortrel 1/35 (21) .....	77
nortrel 1/35 (28) .....	77
nortrel 7/7/7 (28) .....	77
nortriptyline .....	36
NORVIR.....	4
NOVOFINE 32.....	59
NOVOFINE PLUS.....	59
NOVOLOG FLEXPEN U-100	
INSULIN .....	59
NOVOLOG MIX 70-30 U-100	
INSULN .....	59
NOVOLOG MIX 70-	
30FLEXPEN U-100 .....	59
NOVOLOG PENFILL U-100	
INSULIN .....	59
NOVOLOG U-100 INSULIN	
ASPART.....	59
NOVOTWIST .....	59
NOXAFILE.....	2
NPLATE.....	44
NUBEQA .....	18
NUCALA .....	83
NUEDEXTA .....	28
NULOJIX .....	18
NUPLAZID .....	36
NURTEC ODT .....	27
nyamyc .....	49
nystatin .....	2, 49, 50
nystatin-triamcinolone.....	50
nystop .....	50
NYVEPRIA .....	68
<b>O</b>	
OCALIVA .....	65
OCREVUS .....	28
octreotide acetate.....	18
ODACTRA.....	70
ODEFSEY .....	4
ODOMZO .....	18
OFEV .....	83
ofloxacin .....	11, 54, 78
olanzapine.....	36
olanzapine-fluoxetine .....	37
olmesartan .....	41
olmesartan-a-mlopidipin-	
-hcthiazid .....	41
olmesartan-	
hydrochlorothiazide.....	41
olopatadine .....	53, 78
omega-3 acid ethyl esters .....	45
omeprazole .....	67
OMNIPOD DASH 5 PACK	
POD .....	59
OMNIPOD INSULIN	
MANAGEMENT .....	59
OMNIPOD INSULIN REFILL	
.....	59
OMNITROPE.....	68
ONCASPAR.....	18
ondansetron.....	65
ondansetron hcl.....	65
ondansetron hcl (pf).....	65
ONGLYZA.....	59
ONIVYDE .....	18
ONUREG .....	18
OPDIVO .....	18
opium tincture.....	64
OPSUMIT .....	83
oralone .....	53
ORENCIA .....	73
ORENCIA (WITH	
MALTPOSE).....	73
ORENCIA CLICKJECT .....	73
ORFADIN .....	52
ORGOVYX .....	18
ORKAMBI .....	83
ORLADEYO .....	83
orsythia .....	77
oseltamivir .....	4
osmitrol 15 % .....	41
osmitrol 20 % .....	41
OTEZLA.....	73
OTEZLA STARTER .....	73
oxacillin .....	10
oxacillin in dextrose(iso-osm)	
.....	10
oxaliplatin .....	18, 19
oxandrolone .....	62
oxaprozin .....	33
oxcarbazepine .....	24
OXERVATE .....	78
oxiconazole .....	50
oxybutynin chloride .....	85
oxycodone .....	31
oxycodone-acetaminophen ..	31
OXYCONTIN .....	31
oxymorphone .....	31

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

This drug list was last updated on 11/17/2021.

OZEMPIC .....	59	phenelzine.....	37	potassium chloride in 0.9%nacl .....	86
OZURDEX.....	80	phenobarbital .....	24	potassium chloride in 5 % dex .....	86
<b>P</b>		phenobarbital sodium .....	25	potassium chloride in lr-d5...86	
pacerone .....	39	phenoxybenzamine.....	41	potassium chloride in water..86	
paclitaxel .....	19	phentolamine .....	41	potassium chloride-0.45 % nacl .....	86
PADCEV .....	19	phenytoin .....	25	potassium chloride-d5-	
paliperidone.....	37	phenytoin sodium .....	25	0.2%nacl .....	86
palonosetron .....	65	phenytoin sodium extended..25		0.9%nacl .....	87
PALYNZIQ.....	62	philith.....	77	potassium citrate.....	85
pamidronate.....	62	PICATO.....	48	potassium phosphate m-d-	
PANRETIN .....	48	PIFELTRO .....	4	basic .....	87
pantoprazole .....	67	pilocarpine hcl .....	52, 78	POTELIGEO .....	19
paraplatin.....	19	pimecrolimus .....	48	PRALUENT PEN.....	45
paricalcitol.....	62	pimozide .....	37	pramipexole .....	26
paroex oral rinse.....	53	pimtrea (28).....	77	prasugrel .....	44
paromomycin.....	8	pindolol.....	41	pravastatin.....	45
paroxetine hcl .....	37	pioglitazone .....	59	praziquantel .....	8
PASER .....	8	pioglitazone-glimepiride .....	59	prazosin.....	41
PAXIL .....	37	pioglitazone-metformin .....	59	prednicarbate .....	51
PEDIARIX (PF) .....	70	piperacillin-tazobactam .....	10	prednisolone .....	54
PEDVAX HIB (PF).....	70	PIQRAY .....	19	prednisolone acetate .....	80
peg 3350-electrolytes .....	65	pirmella.....	77	prednisolone sodium phosphate .....	55, 80
peg3350-sod sul-nacl-kcl-asb-c .....	66	piroxicam.....	33	prednisone.....	55
PEGASYS .....	68	plasbumin 25 %.....	85	prednisone intensol.....	55
peg-electrolyte.....	66	plasbumin 5 %.....	85	pregabalin .....	25
PEMAZYRE .....	19	PLASMA-LYTE 148 .....	87	PREMARIN .....	74
penicillamine .....	73	PLASMA-LYTE A .....	87	premasol 10 % .....	87
PENICILLIN G POT IN DEXTROSE .....	10	plasmanate .....	87	PREMPHASE.....	74
penicillin g potassium.....	10	PLEGRIDY .....	68, 69	PREMPRO .....	74
penicillin g procaine .....	10	plenamine .....	87	prenatal vitamin oral tablet...88	
penicillin g sodium .....	10	podofilox .....	48	prevalite .....	45
penicillin v potassium.....	10	POLIVY .....	19	PREVIDENT 5000 BOOSTER	
PENTACEL (PF) .....	70	polocaine .....	48	PLUS .....	54
pentamidine .....	8	polocaine-mpf.....	48	previfem.....	77
PENTASA.....	66	polycin.....	78	PREVYMIS .....	4
pentoxifylline .....	44	polyethylene glycol 3350 .....	66	PREZCOBIX.....	4
PERFOROMIST .....	83	polymyxin b sulf-trimethoprim .....	78	PREZISTA .....	4
perindopril erbumine .....	41	POMALYST .....	19	PRIFTIN .....	8
periogard.....	54	portia 28.....	77	PRIMAQUINE.....	8
PERJETA .....	19	PORTRAZZA .....	19	primidone.....	25
permethrin .....	51	posaconazole .....	2	PRIVIGEN .....	70
perphenazine.....	37	potassium acetate.....	86		
PERSERIS.....	37	potassium chlorid-d5-0.45%nacl .....	86		
pfizerpen-g .....	10	potassium chloride.....	86		

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

This drug list was last updated on 11/17/2021.

probenecid .....	71	quinidine gluconate .....	39	rimantadine .....	4
probenecid-colchicine .....	71	quinidine sulfate .....	39	ringer's .....	51, 87
procainamide .....	39	quinine sulfate .....	8	RINVOQ .....	73
procenra.....	37	QVAR REDIHALER .....	83	risedronate .....	52, 71
prochlorperazine.....	66	<b>R</b>		RISPERDAL CONSTA .....	37
prochlorperazine edisylate....	66	RABAVERT (PF) .....	70	risperidone .....	37, 38
prochlorperazine maleate oral .....	66	RADICAVA .....	28	ritonavir .....	4
PROCRT .....	69	RAGWITEK.....	70	RITUXAN .....	19
procto-med hc.....	66	raloxifene.....	71	rivastigmine .....	28
procto-pak.....	66	ramelteon .....	37	rivastigmine tartrate.....	28
proctosol hc .....	66	ramipril .....	42	rizatriptan.....	27
protozoone-hc .....	66	ranolazine .....	46	ROCKLATAN .....	79
progesterone .....	74	rasagiline .....	26	ropinirole .....	26
progesterone micronized .....	74	RAVICTI.....	52	rosadan.....	49
PROGRAF .....	19	REBIF (WITH ALBUMIN).69		rosuvastatin.....	45
PROLASTIN-C.....	52	REBIF REBIDOSE .....	69	ROTARIX .....	70
PROLENSA .....	79	REBIF TITRATION PACK.69		ROTATEQ VACCINE.....	70
PROLIA .....	71	reclipsen (28).....	77	roweepra .....	25
PROMACTA.....	44	RECOMBIVAX HB (PF) ....	70	ROZLYTREK .....	19
promethazine .....	80	RECTIV.....	66	RUBRACA .....	19
propafenone .....	39	regionol.....	29	rufinamide.....	25
propranolol .....	42	REGRANEX .....	48	RUKOBIA .....	4
propranolol-hydrochlorothiazid .....	42	RELENZA DISKHALER .....	4	RUXIENCE .....	19
propylthiouracil .....	55	RELISTOR.....	66	RYBELSUS.....	60
PROQUAD (PF) .....	70	REMICADE .....	66	RYBREVANT.....	19
protamine.....	44	RENACIDIN .....	85	RYDAPT .....	19
protriptyline.....	37	repaglinide .....	59, 60	RYLAZE .....	19
prudoxin .....	48	REPATHA.....	45	<b>S</b>	
PULMICORT FLEXHALER .....	83	REPATHA PUSHTRONEX	45	sajazir.....	83
PULMOZYME .....	83	REPATHA SURECLICK .....	45	salsalate.....	33
PURIXAN .....	19	RESTASIS.....	78	SAMSCA .....	62
pyrazinamide .....	8	RESTASIS MULTIDOSE .....	78	SANCUSO .....	66
pyridostigmine bromide .....	29	RETACRIT .....	69	SANDIMMUNE.....	19
pyrimethamine.....	8	RETEVMO.....	19	SANDOSTATIN LAR	
<b>Q</b>		RETROVIR .....	4	DEPOT .....	19
QINLOCK.....	19	REVCovi .....	52	SANTYL .....	48
QNDSL .....	83	REVLIMID .....	19	SAPHRIS .....	38
QTERN .....	59	revonto.....	29	sapropterin .....	62
QUADRACEL (PF) .....	70	REXULTI.....	37	SARCLISA .....	19
quetiapine .....	37	REYATAZ .....	4	SAVELLA .....	73
quinapril .....	42	RHOPRESSA .....	79	scopolamine base.....	66
quinapril-hydrochlorothiazide .....	42	ribavirin .....	4	SECUADO .....	38
.....		RIDAURA.....	73	SEGLUROMET .....	60
.....		rifabutin .....	8	selegiline hcl.....	26
.....		rifampin .....	8	selenium sulfide.....	47
.....		riluzole.....	52	SELZENTRY .....	4, 5

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

This drug list was last updated on 11/17/2021.

SEREVENT DISKUS .....	83	sotalol af .....	39	SYMBICORT .....	84
sertraline .....	38	SPIRIVA RESPIMAT .....	84	SYMDEKO .....	84
setlakin .....	77	SPIRIVA WITH HANDIHALER .....	84	SYMFI .....	5
sevelamer carbonate .....	52	spironolactone .....	42	SYMFI LO .....	5
sevelamer hcl.....	52	spironolacton-hydrochlorothiaz .....	42	SYMJEPI .....	81
sf 54		sprintec (28).....	77	SYMLINPEN 120 .....	60
sf 5000 plus .....	54	SPRITAM.....	25	SYMLINPEN 60 .....	60
sharobel .....	74	SPRYCEL .....	20	SYMPAZAN .....	25
SHINGRIX (PF).....	70	sps (with sorbitol).....	53	SYMPROIC .....	66
SIGNIFOR .....	19	sronyx .....	77	SYMTUZA .....	5
sildenafil (pulmonary arterial hypertension).....	84	ssd.....	48	SYNAGIS .....	5
silodosin .....	85	STAMARIL (PF) .....	70	SYNAREL .....	62
silver sulfadiazine.....	48	stavudine.....	5	SYNERCID .....	8
SIMBRINZA.....	79	STEGLATRO .....	60	SYNRIBO .....	20
SIMPONI .....	73	STELARA .....	47	T	
SIMPONI ARIA.....	73	STIOLTO RESPIMAT .....	84	TABLOID .....	20
SIMULECT .....	19, 20	STIVARGA .....	20	TABRECTA .....	20
simvastatin.....	45	STRENSIQ .....	62	tacrolimus .....	20, 48
sirolimus .....	20	STREPTOMYCIN .....	8	tadalafil .....	85
SIRTURO.....	8	STRIBILD .....	5	tadalafil (pulmonary arterial hypertension) oral tablet 20 mg .....	84
SKYRIZI .....	47	STRIVERDI RESPIMAT ....	84	TAFINLAR .....	20
sodium acetate .....	87	subvenite.....	25	TAGRISSO .....	20
sodium benzoate-sod phenylacet.....	52	subvenite starter (blue) kit....	25	TALTZ AUTOINJECTOR ..47	
sodium bicarbonate .....	87	subvenite starter (green) kit..	25	TALTZ AUTOINJECTOR (2 PACK) .....	47
sodium chloride.....	53, 87	subvenite starter (orange) kit	25	TALTZ AUTOINJECTOR (3 PACK) .....	47
sodium chloride 0.45 %.....	87	SUCRAID .....	66	TALTZ SYRINGE .....	47
sodium chloride 0.9 %.....	53	sucralfate .....	67	TALZENNA .....	20
sodium chloride 3 %.....	87	sulfacetamide sodium .....	79	tamoxifen .....	20
sodium chloride 5 %.....	87	sulfacetamide sodium (acne) 49		tamsulosin .....	85
sodium fluoride 5000 dry mouth.....	54	sulfacetamide-prednisolone..	79	TARGETIN .....	20
sodium fluoride 5000 plus....	54	sulfadiazine.....	11	tarina 24 fe .....	77
sodium fluoride-pot nitrate..	54	sulfamethoxazole-trimethoprim .....	11	tarina fe 1/20 (28) .....	77
sodium nitroprusside .....	46	SULFAMYLYON.....	49	tarina fe 1-20 eq (28) .....	77
sodium phenylbutyrate .....	53	sulfasalazine .....	66	TASIGNA .....	20
sodium phosphate.....	87	sulindac.....	33	tavaborole .....	50
sodium polystyrene sulfonate .....	53	sumatriptan .....	27	tazarotene .....	49
SOLIQUA 100/33 .....	60	sumatriptan succinate .....	27	tazicef .....	6
SOLTAMOX.....	20	sunitinib .....	20	TAZORAC .....	49
SOMATULINE DEPOT .....	20	SUPRAX .....	6	taztia xt .....	42
SOMAVERT .....	62	SUPREP BOWEL PREP KIT .....	66	TAZVERIK .....	20
sorine .....	39	SUTENT.....	20	TDVAX .....	71
sotalol .....	39	syeda .....	77	TECENTRIQ .....	20

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

This drug list was last updated on 11/17/2021.

TECFIDERA	28	TIVDAK	20	triamterene	42
TECHLITE INSULIN SYRINGE	60	TIVICAY	5	triamterene-hydrochlorothiazid	42
TECHLITE INSULN SYR(HALF UNIT)	60	TIVICAY PD	5	triderm	51
TECHLITE PEN NEEDLE	60	tizanidine	29	trientine	53
TEFLARO	6	TOBI PODHALER	8	tri-estarylla	77
TEKTURNA HCT	42	TOBRADEX	79	trifluoperazine	38
telmisartan	42	tobramycin	9, 78	trifluridine	78
telmisartan-amlodipine	42	tobramycin in 0.225 % nacl	9	TRIKAFTA	84
telmisartan-hydrochlorothiazid	42	tobramycin sulfate	9	tri-legest fe	77
TEMIXYS	5	tobramycin-dexamethasone	79	tri-linyah	77
TEMODAR	20	tolcapone	26	tri-lo-estarylla	77
temsirolimus	20	tolmetin	33	tri-lo-marzia	77
TENIVAC (PF)	71	tolterodine	85	tri-lo-sprintec	77
tenofovir disoproxil fumarate	5	tolvaptan	63	trimethoprim	11
TEPMETKO	20	topiramate	25	trimipramine	38
terazosin	42	toposar	20	TRINTELLIX	38
terbinafine hcl	2	topotecan	20, 21	tri-previfem (28)	77
terbutaline	84	toremifene	21	TRISENOX	21
terconazole	75	torsemide	42	tri-sprintec (28)	77
TERIPARATIDE	71	TOUJE MAX U-300		TRIUMEQ	5
testosterone	62, 63	SOLOSTAR	60	trivora (28)	77
testosterone cypionate	62	TOUJE SOLOSTAR U-300		TRODELVY	21
testosterone enanthate	62	INSULIN	60	TROGARZO	5
TETANUS,DIPHTHERIA TOX PED(PF)	71	tovet emollient	51	TROPHAMINE 10 %	87
tetrabenazine	28	TOVIAZ	85	trospium	85
tetracycline	11	TRADJENTA	60	TRUEPLUS INSULIN	60, 61
THALOMID	20	tramadol	33	TRUEPLUS PEN NEEDLE	61
THEO-24	84	tramadol-acetaminophen	33	TRULANCE	66
theophylline	84	trandolapril	42	TRULICITY	61
THIOLA	53	trandolapril-verapamil	42	TRUMENBA	71
THIOLA EC	53	tranexamic acid	75	TRUSELTIQ	21
thioridazine	38	tranylcypromine	38	TRUVADA	5
thiotepa	20	travasol 10 %	87	TRUXIMA	21
thiothixene	38	travoprost	79	TUKYSA	21
tiadylt er	42	TRAZIMERA	21	tulana	74
tiagabine	25	trazodone	38	TURALIO	21
TIBSOVO	20	TREANDA	21	TWINRIX (PF)	71
TICE BCG	71	TRECATOR	9	TYKERB	21
tigecycline	8	TRELEGY ELLIPTA	84	TYPHIM VI	71
tilia fe	77	TRELSTAR	21	TYSABRI	28
timolol maleate	42, 78	treprostinil sodium	42	TYVASO	84
tinidazole	8	tretinoin (antineoplastic)	21	TYVASO INSTITUTIONAL	
		tretinoin topical	49	START KIT	84
		tri femynor	77	TYVASO REFILL KIT	84
		triamcinolone acetonide	51, 54,	TYVASO STARTER KIT	84
		55			

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

This drug list was last updated on 11/17/2021.

<b>U</b>	
UBRELVY .....	27
UKONIQ .....	21
ULTOMIRIS .....	53
unithroid .....	63
UNITUXIN .....	21
UPTRAVI .....	42
ursodiol.....	66
UVADEX.....	48
<b>V</b>	
valacyclovir .....	5
VALCHLOR .....	48
valganciclovir.....	5
valproate sodium .....	25
valproic acid .....	25
valproic acid (as sodium salt) .....	25
valrubicin.....	21
valsartan .....	42
valsartan-hydrochlorothiazide .....	42
VALTOCO.....	25
vancomycin .....	9
VANCOMYCIN .....	9
VANCOMYCIN IN 0.9 % SODIUM CHL .....	9
vandazole.....	75
VANTAS.....	21
VAQTA (PF).....	71
VARENICLINE .....	53
VARIVAX (PF).....	71
VARIZIG .....	71
VARUBI .....	66
VASCEPA.....	45
VECAMYL .....	46
VECTIBIX .....	21
VELCADE .....	21
veletri.....	42
velvet triphasic regimen (28) .....	77
VELTASSA .....	53
VEMLIDY .....	5
VENCLEXTA .....	21
VENCLEXTA STARTING PACK .....	21
venlafaxine .....	38
verapamil .....	42
VERQUVO .....	46
VERSACLOZ .....	38
VERZENIO .....	21
vestura (28).....	77
V-GO 20 .....	61
V-GO 30 .....	61
V-GO 40 .....	61
VIBATIV.....	9
VIBERZI .....	66
VIBRAMYCIN .....	11
VICTOZA 2-PAK .....	61
VICTOZA 3-PAK .....	61
vienna .....	77
vigabatrin.....	25
vigadronе .....	25
VIIBRYD .....	38
VIMIZIM.....	63
VIMPAT.....	25
vinblastine .....	21
vincasar pfs.....	21
vincristine .....	21
vinorelbine.....	21
VIOKACE .....	66
viorele (28).....	77
VIRACEPT .....	5
VIREAD .....	5
VISTOGARD .....	12
VITRAKVI.....	21, 22
VIVITROL .....	33
VIZIMPRO.....	22
voriconazole .....	2
VOSEVI .....	5
VOTRIENT .....	22
VRAYLAR.....	38
VUMERTY .....	28
VYNDAMAX .....	46
VYNDAQEL.....	46
VYXEOS .....	22
<b>W</b>	
warfarin .....	44
water for irrigation, sterile.....	53
WELIREG .....	22
wera (28).....	77
<b>X</b>	
XALKORI .....	22
<b>XARELTO .....</b>	<b>44</b>
XARELTO DVT-PE TREAT 30D START.....	44
XATMEP .....	22
XCOPRI .....	26
XCOPRI MAINTENANCE PACK .....	26
XCOPRI TITRATION PACK .....	26
XELJANZ.....	73
XELJANZ XR .....	73
XERESE .....	50
XERMELO .....	22
XGEVA .....	12
XIAFLEX .....	53
XIFAXAN .....	9
XIGDUO XR .....	61
XOFLUZA .....	5
XOLAIR .....	84
XOSPATA .....	22
XPOVIO .....	22
XTANDI .....	22
xulane .....	75
XULTOPHY 100/3.6 .....	61
XURIDEN .....	53
XYREM.....	38
<b>Y</b>	
YERVOY .....	22
YF-VAX (PF).....	71
YONDELIS .....	22
YONSA .....	22
yuvafem .....	74
<b>Z</b>	
zafirlukast .....	84
zaleplon.....	38
ZALTRAP .....	22
ZANOSAR .....	22
zarah .....	77
ZARXIO .....	69
ZEJULA .....	22
ZELBORAФ .....	22
ZENPEP .....	66
ZEPOSIA .....	28
ZEPOSIA STARTER KIT .....	28
ZEPOSIA STARTER PACK .....	28

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

This drug list was last updated on 11/17/2021.

ZEPZELCA .....	22	zoledronic acid-mannitol-water .....	77
zidovudine .....	5	.....53, 63	33
ZIEXTENZO .....	69	ZOLINZA .....	22
ziprasidone hcl.....	38	zolmitriptan .....	27
ziprasidone mesylate .....	38	zolpidem .....	38
ZIRABEV .....	22	zonisamide .....	26
ZIRGAN .....	78	ZONTIVITY .....	44
ZOLADEX .....	22	ZORTRESS .....	22
zoledronic acid .....	63	ZOSTAVAX (PF) .....	71
		zovia 1/35e (28).....	77
		zovia 1-35 (28) .....	77
		ZUBSOLV .....	33
		zumandimine (28).....	77
		ZYDELIG .....	22
		ZYFLO .....	84
		ZYKADIA .....	22
		ZYNLONTA .....	22
		ZYPREXA RELPREVV .....	38
		ZYTIGA .....	22

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

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