



# 2022 Comprehensive Formulary

*(List of Covered Drugs)*

Maricopa | Pima | Pinal | Santa Cruz | Yuma



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

Formulary 19452, Version 1

This formulary was updated on 7/18/2022. For more recent information or other questions, please contact Banner Medicare Advantage Plus Customer Care Center at (844) 549-1859 (TTY users should call 711), 8 a.m. to 8 p.m., seven days a week, or visit [www.BannerHealth.com/Medicare](http://www.BannerHealth.com/Medicare).

Banner Medicare Advantage Plus PPO

**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 Banner Medicare Advantage. When it refers to “plan” or “our plan,” it means Banner Medicare Advantage Plus.

This document includes a list of the drugs (formulary) for our plan which is current as of 7/18/2022. 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 Banner Medicare Advantage Plus Formulary?**

A formulary is a list of covered drugs selected by Banner Medicare Advantage Plus 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. Banner Medicare Advantage Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Banner Medicare Advantage Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

For a complete listing of all prescription drugs covered by Banner Medicare Advantage Plus, please visit our website or call us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

Most changes in drug coverage happen on January 1, but we 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 find information in the section below titled “How do I request an exception to the Banner Medicare Advantage Plus’s 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.

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- **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; we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, or add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.
  - If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Banner Medicare Advantage Plus’s Formulary?”

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 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 7/18/2022. To get updated information about the drugs covered by Banner Medicare Advantage Plus please contact us. Our contact information appears on the front and back cover pages.

## **How do I use the Formulary?**

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

### **Medical Condition**

The formulary begins on page 3. 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 1. Then look under the category name for your drug.

### **Alphabetical Listing**

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 90. 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.

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## **What are generic drugs?**

Banner Medicare Advantage Plus 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:** Banner Medicare Advantage Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Banner Medicare Advantage Plus before you fill your prescriptions. If you don't get approval, Banner Medicare Advantage Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Banner Medicare Advantage Plus limits the amount of the drug that Banner Medicare Advantage Plus will cover. For example, Banner Medicare Advantage Plus provides 28 units per prescription for Epclusa. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Banner Medicare Advantage Plus 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, Banner Medicare Advantage Plus may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Banner Medicare Advantage Plus 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 3. You can also get more information about the restrictions applied to specific covered drugs by visiting our Web site. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Banner Medicare Advantage Plus 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 Banner Medicare Advantage Plus's formulary?" 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 Banner Medicare Advantage Plus does not cover your drug, you have two options:

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- You can ask Member Services for a list of similar drugs that are covered by Banner Medicare Advantage Plus. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by Banner Medicare Advantage Plus.
- You can ask Banner Medicare Advantage Plus 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 Banner Medicare Advantage Plus's Formulary?**

You can ask Banner Medicare Advantage Plus 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 lower cost-sharing level, unless the drug is 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, Banner Medicare Advantage Plus 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, Banner Medicare Advantage Plus 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, tier, or utilization restriction exception. **When you request a formulary, tier, 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 is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer days, we'll allow refills to provide

up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

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

## **For more information**

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

If you have questions about Banner Medicare Advantage Plus, 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>.

## **Banner Medicare Advantage Plus Formulary**

The formulary that begins on the next page provides coverage information about the drugs covered by Banner Medicare Advantage Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 90.

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

The information in the Requirements/Limits column tells you if Banner Medicare Advantage Plus has any special requirements for coverage of your drug.

You can find information on what the symbols and abbreviations on this table mean by going to page 2.

- This prescription may be available only at certain pharmacies. For more information consult your Pharmacy Directory or call our Customer Care Center at (844) 549-1859 (TTY users should call 711), from 8 a.m. to 8 p.m., or visit [BannerHealth.com/Medicare](http://BannerHealth.com/Medicare).
- We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.
- The Plan may have quantity limits for certain drugs, and the amount of days' supply or amount dispensed will be indicated within the document.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call (844) 549-1859, TTY 711.

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (844) 549-1859, TTY 711.

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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.

**CG:** Coverage Gap. We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

**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.

**SSM:** Senior Savings Model. For this select insulin drug, your copay will be the same in all stages until you reach the Catastrophic Coverage Stage. Please refer to Chapter 4 of our Evidence of Coverage for more information. If you receive Extra Help, you do not qualify for this program and your Low Income Subsidy (LIS) copay level will apply.

**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.

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET	4	B/D PA; MO
AMBISOME	5	B/D PA
<i>amphotericin b</i>	4	B/D PA; MO
<i>caspofungin intravenous recon soln 50 mg</i>	5	
<i>caspofungin intravenous recon soln 70 mg</i>	4	
<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>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>flucytosine</i>	5	MO
<i>griseofulvin microsize</i>	4	MO
<i>griseofulvin ultramicrosize</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral</i>	2	MO
<i>micafungin</i>	5	MO
<b>NOXAFL ORAL SUSPENSION</b>	5	PA; MO; QL (630 per 30 days)
<i>nystatin oral</i>	2	MO
<i>posaconazole oral tablet,delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral</i>	2	MO
<i>voriconazole intravenous</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
<b>ANTIVIRALS</b>		
<i>abacavir</i>	2	MO
<i>abacavir-lamivudine</i>	3	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

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 07/18/2022.

Drug Name	Drug Tier	Requirements/Limits
<i>adefovir</i>	4	MO
<i>amantadine hcl</i>	2	MO
APRETUDE	5	
APTIVUS	5	MO
<i>atazanavir</i>	4	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
DOVATO	5	MO
EDURANT	5	MO
<i>efavirenz oral capsule 200 mg</i>	4	MO
<i>efavirenz oral capsule 50 mg</i>	2	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofovir</i>	5	MO
<i>efavirenz-lamivu-tenofovir disop</i>	5	MO
<i>emtricitabine</i>	2	MO
<i>emtricitabine-tenofovir (tdf)</i>	5	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir</i>	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG	5	PA; MO; QL (28 per 28 days)
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
EPIVIR HBV ORAL SOLUTION	4	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

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Drug Name	Drug Tier	Requirements/Limits
<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 ORAL TABLET 25 MG	4	MO
INVIRASE ORAL TABLET	5	MO
ISENTRESS HD	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA	5	MO
<i>lamivudine</i>	3	MO
<i>lamivudine-zidovudine</i>	3	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO
<i>maraviroc</i>	5	MO
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
NORVIR ORAL SOLUTION	4	MO
ODEFSEY	5	MO
<i>oseltamivir</i>	3	MO
PIFELTRO	5	MO
PREVYMIS INTRAVENOUS	5	
PREVYMIS ORAL	5	MO; QL (30 per 30 days)
PREZCOBIX	5	MO
PREZISTA ORAL SUSPENSION	5	MO

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
PREZISTA ORAL TABLET 600 MG, 800 MG	5	MO
RELENZA DISKHALER	4	MO
RETROVIR INTRAVENOUS	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine</i>	2	MO
<i>ritonavir</i>	3	MO
RUKOBIA	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 150 MG, 300 MG	5	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
<i>stavudine oral capsule</i>	3	MO
STRIBILD	5	MO
SYMTUZA	5	MO
SYNAGIS	5	MO; LA
TEMIXYS	5	MO
<i>tenofovir disoproxil fumarate</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD	5	MO
TRIUMEQ	5	MO
TRIUMEQ PD	5	MO
TRIZIVIR	5	MO
TROGARZO	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY	5	
VEMLIDY	5	MO
VIRACEPT ORAL TABLET	5	MO

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Drug Name	Drug Tier	Requirements/Limits
VIREAD ORAL POWDER	5	MO
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>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous</i>	4	
<i>cefdinir</i>	2	MO
<i>cefpeme in dextrose, iso-osm</i>	4	
<i>cefpeme injection</i>	4	MO
<i>cefixime</i>	4	MO
<i>cefoxitin in dextrose, iso-osm</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime</i>	2	MO
<i>ceprozil</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose, iso-osm</i>	4	MO

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

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Drug Name	Drug Tier	Requirements/Limits
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<b>SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 500 MG/5 ML</b>	4	
<b>SUPRAX ORAL TABLET,CHEWABLE</b>	4	MO
<i>tazicef injection</i>	4	PA; MO
<i>tazicef intravenous</i>	4	PA
<b>TEFLARO</b>	5	PA; MO
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous</i>	4	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
<i>e.e.s. 400 oral tablet</i>	4	MO
<i>ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	MO
<b>ERYTHROCIN INTRAVENOUS RECON SOLN 500 MG</b>	4	PA; MO
<i>erythromycin ethylsuccinate oral tablet</i>	4	
<i>erythromycin oral</i>	4	MO

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This drug list was last updated on 07/18/2022.

Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole</i>	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
<b>ARIKAYCE</b>	5	PA; LA
<i>atovaquone</i>	5	MO
<i>atovaquone-proguanil</i>	2	MO
<i>aztreonam</i>	4	PA; MO
<i>bacitracin intramuscular</i>	4	
<b>BENZNIDAZOLE</b>	3	MO
<b>CAYSTON</b>	5	PA; MO; LA; QL (84 per 28 days)
<i>chloramphenicol sod succinate</i>	4	
<i>chloroquine phosphate</i>	2	MO
<i>clindamycin hcl</i>	2	MO
<i>clindamycin in 5 % dextrose</i>	4	PA; MO
<i>clindamycin pediatric</i>	2	MO
<i>clindamycin phosphate injection</i>	4	PA; MO
<i>clindamycin phosphate intravenous solution 600 mg/4 ml</i>	4	PA; MO
<b>COARTEM</b>	4	MO
<i>colistin (colistimethate na)</i>	4	PA; MO
<i>dapsone oral</i>	3	MO
<b>DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG</b>	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
<b>EMVERM</b>	5	MO
<i>ertapenem</i>	4	PA; MO; QL (14 per 14 days)
<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>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf)</i>	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin</i>	4	PA; MO
<b>IMPAVIDO</b>	5	PA; MO
<i>isoniazid injection</i>	4	
<i>isoniazid oral</i>	2	MO
<i>ivermectin oral</i>	2	MO
<i>lincomycin</i>	4	PA
<i>linezolid in dextrose 5%</i>	4	PA
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride</i>	4	PA
<i>mefloquine</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; MO; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>metro i.v.</i>	4	PA; MO
<i>metronidazole in nacl (iso-os)</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin</i>	2	MO
<i>nitazoxanide</i>	5	MO
<i>paromomycin</i>	4	MO
<b>PASER</b>	3	MO
<i>pentamidine inhalation</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection</i>	4	MO
<i>praziquantel</i>	4	MO
<b>PRIFTIN</b>	3	MO
<b>PRIMAQUINE</b>	3	MO
<i>pyrazinamide</i>	4	MO
<i>pyrimethamine</i>	5	PA; MO
<i>quinine sulfate</i>	4	MO
<i>rifabutin</i>	4	MO
<i>rifampin intravenous</i>	4	MO
<i>rifampin oral</i>	3	MO
<b>SIRTURO</b>	5	PA; LA
<b>STREPTOMYCIN</b>	3	PA; MO
<b>SYNERCID</b>	5	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<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>	4	PA
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECATOR	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (3000 per 10 days)
VANCOMYCIN INJECTION	3	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg, 750 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	5	MO; QL (9 per 30 days)
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

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection</i>	4	PA; MO
<i>ampicillin sodium intravenous</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous</i>	4	PA
<b>BICILLIN C-R</b>	3	PA; MO
<b>BICILLIN L-A</b>	4	PA; MO
<i>dicloxacillin</i>	2	MO
<i>nafcillin in dextrose iso-osm</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>nafcillin intravenous recon soln 2 gram</i>	4	PA; MO
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 1 gram/50 ml</i>	4	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml</i>	4	PA; MO
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
<b>PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML</b>	3	PA
<b>PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML</b>	4	PA
<i>penicillin g potassium</i>	4	PA; MO
<i>penicillin g procaine</i>	4	PA; MO
<i>penicillin g sodium</i>	4	PA; MO
<i>penicillin v potassium</i>	2	MO
<i>pfiberpen-g</i>	4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
<b>QUINOLONES</b>		
<i>CIPRO ORAL SUSPENSION,MICROCAPSULE RECON</i>	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; CG
<i>ciprofloxacin in 5 % dextrose</i>	4	PA; MO
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous</i>	4	PA; MO
<i>levofloxacin oral</i>	2	MO
<i>moxifloxacin oral</i>	2	MO
<i>moxifloxacin-sod.chloride(iso)</i>	4	PA; MO
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	4	MO
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO; CG
<b>TETRACYCLINES</b>		
<i>demeclacycline</i>	4	MO
<i>doxy-100</i>	4	PA; MO
<i>doxycycline hyclate intravenous</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>monodoxine nl oral capsule 100 mg</i>	2	MO
<i>tetracycline</i>	4	MO
<b>VIBRAMYCIN (CALCIUM)</b>	<b>3</b>	<b>MO</b>
<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 oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst</i>	3	MO
<i>trimethoprim</i>	2	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl</i>	5	B/D PA; MO
<b>ELITEK</b>	5	MO
<b>KEPIVANCE</b>	5	
<b>KHAPZORY</b>	5	B/D PA
<i>leucovorin calcium oral</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna</i>	2	B/D PA; MO
<b>MESNEX ORAL</b>	5	MO
<b>VISTOGARD</b>	5	PA
<b>XGEVA</b>	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)
<b>ABRAXANE</b>	5	B/D PA; MO
<b>ADCETRIS</b>	5	B/D PA; MO
<b>AFINITOR DISPERZ</b>	5	PA; MO
<b>AFINITOR ORAL TABLET 10 MG</b>	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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; MO
<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
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 oral</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 INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO
BORTEZOMIB INTRAVENOUS	5	B/D PA
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
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

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Drug Name	Drug Tier	Requirements/Limits
<i>busulfan</i>	5	B/D PA
CABOMETYX	5	PA; MO; LA; QL (30 per 30 days)
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 ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA	5	PA; LA; QL (60 per 30 days)
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
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET	3	B/D PA; MO
<i>cyclosporine intravenous</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	2	B/D PA; MO
<i>cyclosporine modified oral solution</i>	2	B/D PA
<i>cyclosporine oral capsule</i>	2	B/D PA; MO
CYRAMZA	5	B/D PA; MO
<i>cytarabine</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>dacarbazine</i>	2	B/D PA; MO
<i>dactinomycin</i>	2	B/D PA
DANYELZA	5	PA

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Drug Name	Drug Tier	Requirements/Limits
DARZALEX	5	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 20 mg/2 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal</i>	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
<i>epirubicin intravenous solution 200 mg/100 ml</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)
ERWINASE	5	B/D PA
ETOPOPHOS	4	B/D PA; MO
<i>etoposide intravenous</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension</i>	5	PA; MO
<i>everolimus (immunosuppressive)</i>	5	B/D PA; MO
exemestane	4	MO

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Drug Name	Drug Tier	Requirements/Limits
EXKIVITY	5	PA; LA; QL (120 per 30 days)
FARYDAK	5	PA; MO; QL (6 per 21 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	B/D PA; MO
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; QL (120 per 30 days)
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
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf</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	5	PA; QL (30 per 30 days)
<i>idarubicin</i>	2	B/D PA; MO
IDHIFA	5	PA; MO; LA; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUICA ORAL TABLET 280 MG, 420 MG, 560 MG	5	PA; QL (30 per 30 days)
IMFINZI	5	B/D PA; MO; LA
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
<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
KIMMTRAK	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)

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This drug list was last updated on 07/18/2022.

Drug Name	Drug Tier	Requirements/Limits
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KYPROLIS	5	B/D PA
<i>lapatinib</i>	5	PA; MO; QL (180 per 30 days)
<i>lenalidomide</i>	5	PA; MO; LA; QL (28 per 28 days)
LENVIMA	5	PA; MO
<i>letrozole</i>	2	MO
LEUKERAN	5	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
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	
MARGENZA	5	PA
MARQIBO	3	B/D PA
MATULANE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)

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This drug list was last updated on 07/18/2022.

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

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Drug Name	Drug Tier	Requirements/Limits
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
ODOMZO	5	PA; MO; LA; QL (30 per 30 days)
ONCASPAR	5	B/D PA
ONIVYDE	5	B/D PA
ONUREG	5	PA; MO; QL (14 per 14 days)
OPDIVO	5	PA; MO
OPDUALAG	5	PA; MO
ORGOVYX	5	PA; LA; QL (32 per 30 days)
<i>oxaliplatin intravenous recon soln 100 mg</i>	2	B/D PA; MO
<i>oxaliplatin intravenous recon soln 50 mg</i>	2	B/D PA
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
paclitaxel	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)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg, 750 mg</i>	5	B/D PA
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA
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	4	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)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)

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This drug list was last updated on 07/18/2022.

Drug Name	Drug Tier	Requirements/Limits
REVLIMID	5	PA; MO; LA; QL (28 per 28 days)
<i>romidepsin intravenous recon soln</i>	5	B/D PA
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	4	B/D PA; MO
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON	5	PA; MO
SARCLISA	5	PA; LA
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days)
SIGNIFOR	5	PA
SIMULECT INTRAVENOUS RECON SOLN 10 MG	3	B/D PA
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</i>	4	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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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 0.5 MG, 0.75 MG, 1 MG	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen</i>	2	MO
TARGRETIN 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
<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
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)

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Drug Name	Drug Tier	Requirements/Limits
TRUSELTIQ ORAL CAPSULE 75 MG/DAY (25 MG X 3)	5	PA; LA; QL (63 per 21 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO	5	PA; LA; QL (120 per 30 days)
UNITUXIN	5	B/D PA
<i>valrubicin</i>	5	B/D PA; MO
VECTIBIX	5	B/D PA; MO
VELCADE	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	3	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	5	PA; LA; QL (42 per 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)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO	5	PA; MO; QL (30 per 30 days)
VONJO	5	PA; QL (120 per 30 days)
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

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Drug Name	Drug Tier	Requirements/Limits
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 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)
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)
YERVOY	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

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

### ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS	4	QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<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	

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Drug Name	Drug Tier	Requirements/Limits
<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
<b>CELONTIN ORAL CAPSULE 300 MG</b>	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)
<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)
<b>DIACOMIT</b>	5	PA; LA
<i>diazepam rectal</i>	4	MO
<b>DILANTIN 30 MG</b>	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/lec)</i>	2	MO
<b>EPIDIOLEX</b>	5	PA; MO; LA
<i>epitol</i>	2	MO
<b>EPRONTIA</b>	4	PA; MO
<i>ethosuximide</i>	2	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
<b>FINTEPLA</b>	5	PA; LA; QL (360 per 30 days)
<i>fosphenytoin</i>	2	MO
<b>FYCOMPA ORAL SUSPENSION</b>	5	MO; QL (720 per 30 days)
<b>FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG</b>	5	MO; QL (30 per 30 days)
<b>FYCOMPA ORAL TABLET 2 MG</b>	4	MO; QL (60 per 30 days)
<b>FYCOMPA ORAL TABLET 4 MG, 6 MG</b>	5	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	1	MO; CG; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	1	MO; CG; 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; CG; QL (180 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral tablet 800 mg</i>	1	MO; CG; QL (120 per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG</b>	3	PA; MO; QL (30 per 30 days)
<b>GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG</b>	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO; CG
<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	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
<i>lamotrigine oral tablets,dose pack</i>	4	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous</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
<b>NAYZILAM</b>	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	4	MO
<i>oxcarbazepine oral tablet</i>	3	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
<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

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Drug Name	Drug Tier	Requirements/Limits
<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>	3	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	3	MO; QL (60 per 30 days)
<i>pregabalin oral solution</i>	3	MO; QL (900 per 30 days)
<i>primidone</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide</i>	5	PA; MO
<b>SPRITAM</b>	4	MO
<i>subvenite</i>	1	MO; CG
<i>subvenite starter (blue) kit</i>	4	MO
<i>subvenite starter (green) kit</i>	4	MO
<i>subvenite starter (orange) kit</i>	4	MO
<b>SYMPAZAN ORAL FILM 10 MG, 20 MG</b>	5	PA; MO; QL (60 per 30 days)
<b>SYMPAZAN ORAL FILM 5 MG</b>	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; CG
<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	
<b>VALTOCO</b>	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin</i>	5	MO; LA
<i>vigadronе</i>	5	LA
<b>VIMPAT INTRAVENOUS</b>	3	MO; QL (1200 per 30 days)
<b>VIMPAT ORAL SOLUTION</b>	5	MO; QL (1200 per 30 days)
<b>VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG</b>	5	MO; QL (60 per 30 days)
<b>VIMPAT ORAL TABLET 50 MG</b>	3	MO; QL (120 per 30 days)
<b>XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)</b>	5	MO; QL (56 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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>		
<i>benztropine injection</i>	2	MO
<i>benztropine oral</i>	1	PA; MO; CG
<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>	4	MO
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; MO; QL (150 per 30 days)
NEUPRO	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl</i>	2	MO
<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)
<i>ergotamine-caffeine</i>	3	MO
<i>naratriptan</i>	3	MO; QL (18 per 28 days)

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This drug list was last updated on 07/18/2022.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NURTEC ODT	3	PA; QL (16 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	3	MO; QL (36 per 28 days)
<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)
TRUDHESA	5	ST; QL (8 per 28 days)
UBRELVY	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral</i>	4	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)
<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; CG
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet,disintegrating</i>	1	MO; CG
FIRDAPSE	5	PA; LA
<i>galantamine oral capsule,ext rel. pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	MO
<i>galantamine oral tablet</i>	3	MO
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)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
LEMTRADA	5	PA; MO; QL (6 per 365 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC	3	PA; MO
NUEDEXTA	5	PA; MO
OCREVUS	5	PA; MO; LA; QL (20 per 180 days)
RADICAVA	5	PA
<i>rivastigmine</i>	4	MO
<i>rivastigmine tartrate</i>	3	MO
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
TYSABRI	5	PA; MO; LA; QL (15 per 28 days)
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	5	PA; MO; QL (7 per 30 days)
<b>MUSCLE RELAXANTS / ANTISPASMODIC THERAPY</b>		
<i>baclofen oral tablet</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</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
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>neostigmine methylsulfate intravenous solution</i>	2	
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	MO
<i>regonol</i>	2	
<i>revonto</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
tizanidine oral tablet	2	MO
<b>NARCOTIC ANALGESICS</b>		
acetaminophen-caff-dihydrocod oral capsule	2	MO; QL (300 per 30 days)
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	2	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	2	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	2	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	2	MO; QL (180 per 30 days)
BELBUCA	3	PA; MO; QL (60 per 30 days)
buprenorphine hcl injection syringe	2	
buprenorphine hcl sublingual	2	MO
buprenorphine transdermal patch	4	PA; MO; QL (4 per 28 days)
endocet	3	MO; QL (360 per 30 days)
fentanyl citrate (pf) injection solution	2	QL (400 per 30 days)
fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)	2	QL (400 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg	5	PA; MO; QL (120 per 30 days)
fentanyl citrate buccal lozenge on a handle 200 mcg	4	PA; MO; QL (120 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	4	PA; MO; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	3	MO; QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg	3	MO; QL (390 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QL (360 per 30 days)
hydrocodone-ibuprofen	3	MO; QL (50 per 30 days)
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml	4	QL (240 per 30 days)
hydromorphone (pf) injection solution 2 mg/ml	4	QL (150 per 30 days)
hydromorphone injection solution 1 mg/ml	4	QL (300 per 30 days)
hydromorphone injection solution 2 mg/ml	4	MO; QL (150 per 30 days)
hydromorphone injection syringe 1 mg/ml	4	MO; QL (300 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
hydromorphone injection syringe 2 mg/ml	4	QL (150 per 30 days)
hydromorphone injection syringe 4 mg/ml	4	MO; QL (75 per 30 days)
hydromorphone oral liquid	4	MO; QL (2400 per 30 days)
hydromorphone oral tablet	3	MO; QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	4	PA; MO; QL (60 per 30 days)
methadone injection solution	3	QL (150 per 30 days)
methadone intensol	3	PA; MO; QL (90 per 30 days)
methadone oral concentrate	3	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	3	PA; MO; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	3	PA; MO; QL (1200 per 30 days)
methadone oral tablet 10 mg	3	PA; MO; QL (120 per 30 days)
methadone oral tablet 5 mg	3	PA; MO; QL (240 per 30 days)
methadose oral concentrate	3	PA; MO; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml	4	QL (4000 per 30 days)
morphine (pf) injection solution 1 mg/ml	4	MO; QL (2000 per 30 days)
morphine concentrate oral solution	3	MO; QL (900 per 30 days)
morphine injection solution 8 mg/ml	4	QL (250 per 30 days)
morphine injection syringe 4 mg/ml	4	MO; QL (500 per 30 days)
morphine injection syringe 8 mg/ml	4	QL (250 per 30 days)
morphine intravenous solution 10 mg/ml	4	MO; QL (200 per 30 days)
morphine intravenous solution 4 mg/ml	4	MO; QL (500 per 30 days)
morphine intravenous syringe 10 mg/ml	4	QL (200 per 30 days)
morphine intravenous syringe 2 mg/ml	4	QL (1000 per 30 days)
morphine intravenous syringe 4 mg/ml	4	QL (500 per 30 days)
morphine oral solution	3	MO; QL (900 per 30 days)
morphine oral tablet	3	MO; QL (180 per 30 days)
morphine oral tablet extended release	3	PA; MO; QL (120 per 30 days)
oxycodone oral capsule	3	MO; QL (360 per 30 days)
oxycodone oral concentrate	4	MO; QL (180 per 30 days)
oxycodone oral solution	3	MO; QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	3	MO; QL (180 per 30 days)
oxycodone oral tablet 5 mg	3	MO; QL (360 per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	3	MO; QL (360 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN, ORAL ONLY, EXT.REL.12 HR 80 MG	5	PA; MO; QL (60 per 30 days)
<b>NON-NARCOTIC ANALGESICS</b>		
buprenorphine-naloxone sublingual film 12-3 mg	3	MO; QL (60 per 30 days)
buprenorphine-naloxone sublingual film 2-0.5 mg	3	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg	3	MO; QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	2	MO; QL (360 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	2	MO; QL (90 per 30 days)
butorphanol injection solution 1 mg/ml	2	MO; QL (857 per 30 days)
butorphanol injection solution 2 mg/ml	2	MO; QL (428 per 30 days)
butorphanol nasal	2	MO; QL (10 per 28 days)
cataflam	2	
celecoxib	2	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	2	
diclofenac potassium oral tablet 50 mg	2	MO
diclofenac sodium oral	2	MO
diclofenac sodium topical gel 1 %	3	MO; QL (1000 per 28 days)
diclofenac-misoprostol	4	MO
diflunisal	2	MO
ec-naproxen oral tablet, delayed release (dr/ec) 375 mg	2	
ec-naproxen oral tablet, delayed release (dr/ec) 500 mg	2	MO
etodolac	2	MO
flurbiprofen oral tablet 100 mg	2	MO
ibu	1	MO; CG
ibuprofen oral suspension	2	MO
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	MO; CG
KLOXXADO	3	MO
meloxicam oral tablet 15 mg	1	MO; CG
meloxicam oral tablet 7.5 mg	1	MO; CG; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>naloxone nasal</i>	2	MO
<i>naltrexone</i>	2	MO
<i>naproxen oral suspension</i>	2	MO
<i>naproxen oral tablet</i>	1	MO; CG
<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
<b>NARCAN</b>	3	MO
<i>oxaprozin</i>	4	MO
<i>piroxicam</i>	3	MO
<i>salsalate</i>	1	MO; CG
<i>sulindac</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen</i>	2	MO; QL (240 per 30 days)
<b>VIVITROL</b>	5	MO
<b>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</b>	3	MO; QL (30 per 30 days)
<b>ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG</b>	3	MO; QL (60 per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
<i>ABILITY MAINTENA</i>	5	MO; QL (1 per 28 days)
<i>amitriptyline</i>	2	MO
<i>amoxapine</i>	3	MO
<i>ariPIPRAZOLE oral solution</i>	4	MO
<i>ariPIPRAZOLE oral tablet</i>	2	MO; QL (30 per 30 days)
<i>ariPIPRAZOLE oral tablet, disintegrating</i>	5	MO; QL (60 per 30 days)
<b>ARISTADA INITIO</b>	5	MO; QL (4.8 per 365 days)

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Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
<i>armodafnil</i>	4	PA; MO
<i>asenapine maleate</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet</i>	1	MO; CG
<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
<b>CAPLYTA</b>	5	MO; QL (30 per 30 days)
<i>chlorpromazine injection</i>	2	MO
<i>chlorpromazine oral concentrate</i>	5	MO
<i>chlorpromazine oral tablet</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; CG; QL (30 per 30 days)
<i>clomipramine</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	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 oral tablet</i>	3	
<i>clozapine oral tablet,disintegrating</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine</i>	2	MO
<i>desvenlafaxine succinate</i>	2	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule, extended release 24hr</i>	4	MO
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection</i>	2	PA
<i>diazepam intensol</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
<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)
<b>EMSAM</b>	5	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; CG; QL (30 per 30 days)
<i>eszopiclone</i>	4	MO; QL (30 per 30 days)
<b>FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG</b>	4	MO; QL (60 per 30 days)
<b>FANAPT ORAL TABLET 10 MG, 12 MG, 6 MG, 8 MG</b>	5	MO; QL (60 per 30 days)
<b>FANAPT ORAL TABLETS, DOSE PACK</b>	4	MO; QL (8 per 28 days)
<b>FETZIMA ORAL CAPSULE, EXT REL 24HR DOSE PACK</b>	3	MO; QL (28 per 28 days)
<b>FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR</b>	3	MO; QL (30 per 30 days)
<i>flumazenil</i>	2	
<i>fluoxetine (pmdd) oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>fluoxetine (pmdd) oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; CG; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>fluoxetine oral capsule 20 mg</i>	1	MO; CG; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; CG; 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 (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)
<i>fluphenazine decanoate</i>	4	MO
<i>fluphenazine hcl</i>	4	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)
<b>FORFIVO XL</b>	4	MO; QL (30 per 30 days)
<i>haloperidol</i>	1	MO; CG
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml (1 ml), 50 mg/ml</i>	2	MO
<i>haloperidol decanoate intramuscular solution 50 mg/ml (1ml)</i>	2	
<i>haloperidol lactate injection</i>	2	MO
<i>haloperidol lactate intramuscular</i>	2	
<i>haloperidol lactate oral</i>	2	MO
<b>HETLIOZ</b>	5	PA; MO; QL (30 per 30 days)
<i>imipramine hcl</i>	4	MO
<i>imipramine pamoate</i>	4	MO
<b>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML</b>	5	MO; QL (3.5 per 180 days)
<b>INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML</b>	5	MO; QL (5 per 180 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML</b>	5	MO; QL (0.75 per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML</b>	5	MO; QL (1 per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML</b>	5	MO; QL (1.5 per 28 days)
<b>INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML</b>	3	MO; QL (0.25 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
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; CG
<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
MARPLAN	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	1	MO; CG
<i>mirtazapine oral tablet,disintegrating</i>	2	MO
<i>modafinil</i>	2	PA; MO
<i>molindone</i>	2	MO
<i>nefazodone</i>	2	MO
<i>nortriptyline</i>	2	MO
NUPLAZID	5	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine oral</i>	2	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine</i>	4	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO; CG; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	1	MO; CG; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	4	MO; QL (60 per 30 days)
<b>PAXIL ORAL SUSPENSION</b>	4	MO
<i>perphenazine</i>	2	MO
<b>PERSERIS</b>	5	MO; QL (1 per 30 days)
<i>phenelzine</i>	3	MO
<i>pimozide</i>	4	MO
<i>protriptyline</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	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>	3	MO; QL (30 per 30 days)
<b>REXULTI</b>	5	MO; QL (30 per 30 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML</b>	3	MO; QL (2 per 28 days)
<b>RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML</b>	5	MO; QL (2 per 28 days)
<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; CG; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; CG; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 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; CG; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; CG; QL (30 per 30 days)
<i>thioridazine</i>	3	MO
<i>thiothixene</i>	2	MO
<i>tranylcypromine</i>	4	MO
<i>trazodone</i>	1	MO; CG
<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)
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>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)
<b>CARDIOVASCULAR, HYPERTENSION / LIPIDS</b>		
<b>ANTIARRHYTHMIC AGENTS</b>		
adenosine	2	
amiodarone intravenous solution	2	B/D PA; MO
amiodarone intravenous syringe	2	B/D PA
amiodarone oral tablet 100 mg, 400 mg	2	
amiodarone oral tablet 200 mg	2	MO
dofetilide	4	MO
flecainide	2	MO
ibutilide fumarate	2	
lidocaine (pf) in d7.5w	2	
lidocaine (pf) intravenous	2	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	2	
mexiletine	2	MO
pacerone oral tablet 100 mg, 200 mg, 400 mg	2	MO
procainamide injection	2	
propafenone oral capsule,extended release 12 hr	4	MO
propafenone oral tablet	2	MO
quinidine sulfate oral tablet	2	MO
sorine oral tablet 120 mg, 160 mg, 80 mg	2	MO
sorine oral tablet 240 mg	2	
sotalol af	2	
sotalol oral	2	MO
<b>ANTIHYPERTENSIVE THERAPY</b>		
acebutolol	2	MO
aliskiren	4	MO
amiloride	2	MO
amiloride-hydrochlorothiazide	2	MO
amlodipine	1	MO; CG

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Drug Name	Drug Tier	Requirements/Limits
amlodipine-benazepril	1	MO; CG
amlodipine-olmesartan	2	MO
amlodipine-valsartan	1	MO; CG
amlodipine-valsartan-hcthiazid	2	MO
atenolol	1	MO; CG
atenolol-chlorthalidone	2	MO
benazepril	1	MO; CG
benazepril-hydrochlorothiazide	1	MO; CG
betaxolol oral	3	MO
BIDIL	3	MO; QL (180 per 30 days)
bisoprolol fumarate	2	MO
bisoprolol-hydrochlorothiazide	1	MO; CG
bumetanide	2	MO
BYSTOLIC	3	MO
candesartan	2	MO
candesartan-hydrochlorothiazid	2	MO
captopril	2	MO
captopril-hydrochlorothiazide	2	MO
cartia xt	2	MO
carvedilol	1	MO; CG
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; CG
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
diltiazem hcl oral tablet	2	MO
diltiazem hcl oral tablet extended release 24 hr	2	
dilt-xr	2	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; CG; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin oral tablet 8 mg</i>	1	MO; CG; QL (60 per 30 days)
<b>EDARBI</b>	3	MO
<b>EDARBYCLOL</b>	3	MO
<i>enalapril maleate oral tablet</i>	1	MO; CG
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide</i>	1	MO; CG
<i>eplerenone</i>	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>	1	MO; CG
<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
<i>furosemide oral tablet</i>	1	MO; CG
<i>hydralazine</i>	2	MO
<i>hydrochlorothiazide</i>	1	MO; CG
<i>indapamide</i>	1	MO; CG
<i>irbesartan</i>	1	MO; CG
<i>irbesartan-hydrochlorothiazide</i>	1	MO; CG
<i>isosorbide-hydralazine</i>	3	MO; QL (180 per 30 days)
<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>	1	MO; CG
<i>lisinopril-hydrochlorothiazide</i>	1	MO; CG
<i>losartan</i>	1	MO; CG
<i>losartan-hydrochlorothiazide</i>	1	MO; CG
<i>mannitol 20 %</i>	2	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methyldopa</i>	2	MO
<i>metolazone</i>	2	MO
<i>metoprolol succinate</i>	1	MO; CG
<i>metoprolol ta-hydrochlorothiaz</i>	2	MO
<i>metoprolol tartrate intravenous solution</i>	2	
<i>metoprolol tartrate oral</i>	1	MO; CG
<i>metyrosine</i>	5	PA; MO
<i>minoxidil oral</i>	2	MO
<i>moexipril</i>	1	MO; CG
<i>nadolol</i>	2	MO
<i>nebivolol</i>	2	
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine</i>	4	MO
<i>nisoldipine</i>	4	MO
<i>olmesartan</i>	1	MO; CG
<i>olmesartan-amlodipin-hcthiazid</i>	2	MO
<i>olmesartan-hydrochlorothiazide</i>	1	MO; CG
<i>osmitrol 20 %</i>	2	
<i>perindopril erbumine</i>	1	MO; CG
<i>phentolamine</i>	2	
<i>pindolol</i>	3	MO
<i>prazosin</i>	2	MO
<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; CG
<i>propranolol-hydrochlorothiazid</i>	2	MO
<i>quinapril</i>	1	MO; CG
<i>quinapril-hydrochlorothiazide</i>	1	MO; CG
<i>ramipril</i>	1	MO; CG
<i>spironolactone</i>	1	MO; CG
<i>spironolacton-hydrochlorothiaz</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>taztia xt</i>	2	MO
TEKTURNA HCT	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; CG; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; CG; 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>	1	MO; CG
<i>trandolapril-verapamil</i>	2	MO
<i>treprostinil sodium</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	1	MO; CG
<i>triamterene-hydrochlorothiazid oral tablet</i>	1	MO; CG
<b>UPTRAVI ORAL</b>	5	PA; MO; LA
<i>valsartan oral tablet</i>	1	MO; CG
<i>valsartan-hydrochlorothiazide</i>	1	MO; CG
<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; CG
<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
<b>BRILINTA</b>	3	MO
<b>CABLIVI INJECTION KIT</b>	5	PA; LA
<b>CEPROTIN (BLUE BAR)</b>	3	PA; MO
<b>CEPROTIN (GREEN BAR)</b>	3	PA; MO
<i>cilostazol</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>clopidogrel oral tablet 75 mg</i>	1	MO; CG; QL (30 per 30 days)
<i>dipyridamole intravenous</i>	2	PA
<i>dipyridamole oral</i>	4	MO
<b>DOPTELET (10 TAB PACK)</b>	5	PA; MO; LA
<b>DOPTELET (15 TAB PACK)</b>	5	PA; MO; LA
<b>DOPTELET (30 TAB PACK)</b>	5	PA; MO; LA
<b>ELIQUIS</b>	3	MO
<b>ELIQUIS DVT-PE TREAT 30D START</b>	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)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf)</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO
<b>HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML</b>	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	

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Drug Name	Drug Tier	Requirements/Limits
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS	3	MO
<i>jantoven</i>	1	MO; CG
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; CG
XARELTO	3	MO
XARELTO DVT-PE TREAT 30D START	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin</i>	2	MO; QL (30 per 30 days)
atorvastatin	1	MO; CG; QL (30 per 30 days)
<i>cholestyramine (with sugar)</i>	2	MO
<i>cholestyramine light</i>	2	
colesevelam	4	MO
colestipol	4	MO
ezetimibe	2	MO
<i>ezetimibe-simvastatin</i>	2	MO; QL (30 per 30 days)
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid</i>	2	MO
<i>fenofibric acid (choline)</i>	4	MO
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gemfibrozil</i>	1	MO; CG
<i>icosapent ethyl</i>	2	MO
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	5	PA; MO; LA
LIVALO	3	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 10 mg</i>	1	MO; CG; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	1	MO; CG; QL (60 per 30 days)
NEXLETOL	3	PA; MO
NEXLIZET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters</i>	2	MO
<i>pravastatin</i>	1	MO; CG; 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>	1	MO; CG; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	1	MO; CG; QL (30 per 30 days)
VASCEPA	3	MO
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
<i>cardioplegic soln</i>	2	
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digitek</i>	2	MO
<i>digox</i>	2	MO
<i>digoxin oral solution</i>	3	MO
<i>digoxin oral tablet</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
VYNDAQEL	5	PA; MO
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate</i>	1	MO; CG
<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>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>DERMATOLOGICALS/TOPICAL THERAPY</b>		
<b>ANTIPSORIATIC / ANTISEBORRHEIC</b>		
<i>acitretin</i>	4	MO
<i>calcipotriene scalp</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene-betamethasone</i>	4	MO; QL (400 per 30 days)
<i>calcitriol topical</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days)
STELARA INTRAVENOUS	5	PA; MO; QL (104 per 28 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK)	5	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK)	5	PA; MO; QL (3 per 28 days)
TALTZ SYRINGE	5	PA; MO; QL (1 per 28 days)
<b>MISCELLANEOUS DERMATOLOGICALS</b>		
ADBRY	5	PA; MO; QL (6 per 28 days)
<i>ammonium lactate</i>	2	MO
<i>carbocaine (pf) injection solution 15 mg/ml (1.5 %)</i>	2	
<i>chloroprocaine (pf)</i>	2	
CIBINQO	5	PA; QL (30 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)

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This drug list was last updated on 07/18/2022.

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; MO; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo</i>	2	MO; QL (60 per 30 days)
<i>imiquimod topical cream in packet 5 %</i>	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
<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
PANRETIN	5	PA; MO
<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	
REGRANEX	5	MO
SANTYL	3	MO
<i>silver sulfadiazine</i>	2	MO
<i>ssd</i>	2	MO
<i>tacrolimus topical</i>	4	PA; MO; QL (100 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
VALCHLOR	5	PA; MO
<b>THERAPY FOR ACNE</b>		
<i>accutane</i>	4	
<i>amnesteem</i>	4	
<i>avita topical cream</i>	4	PA; MO
<i>azelaic acid</i>	4	MO
<i>claravis</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads</i>	2	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin</i>	4	
<i>ivermectin topical cream</i>	2	MO
<i>metronidazole topical</i>	4	MO
<i>myorisan</i>	4	
<i>rosadan topical cream</i>	4	MO
<i>rosadan topical gel</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<b>TAZORAC TOPICAL CREAM 0.05 %</b>	4	PA; MO
<b>TAZORAC TOPICAL GEL</b>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane</i>	4	
<b>TOPICAL ANTIBACTERIALS</b>		
<i>gentamicin topical</i>	2	MO; QL (60 per 30 days)
<i>mafenide acetate</i>	2	MO
<i>mupirocin</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne)</i>	2	MO
<b>SULFAMYLYON TOPICAL CREAM</b>	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)
<i>ciclopirox topical shampoo</i>	2	MO; QL (120 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
ciclopirox topical solution	2	MO
ciclopirox topical suspension	2	MO; QL (60 per 28 days)
clotrimazole topical cream	2	MO; QL (45 per 28 days)
clotrimazole topical solution	2	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	2	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	2	MO; QL (60 per 28 days)
econazole	4	MO; QL (85 per 28 days)
ketoconazole topical cream	2	MO; QL (60 per 28 days)
ketoconazole topical shampoo	2	MO; QL (120 per 28 days)
naftifine topical cream	4	MO; QL (60 per 28 days)
NAFTIN TOPICAL GEL 2 %	4	MO; QL (60 per 28 days)
nyamyc	2	MO; QL (180 per 30 days)
nystatin topical cream	2	MO; QL (30 per 28 days)
nystatin topical ointment	2	MO; QL (30 per 28 days)
nystatin topical powder	2	QL (180 per 30 days)
nystatin-triamcinolone	3	MO; QL (60 per 28 days)
nystop	2	MO; QL (180 per 30 days)
tavaborole	4	MO
<b>TOPICAL ANTIVIRALS</b>		
acyclovir topical ointment	4	PA; MO; QL (30 per 30 days)
DENAVIR	4	MO; QL (5 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
ala-cort topical cream 1 %	2	MO
ala-cort topical cream 2.5 %	2	
alclometasone	2	MO
betamethasone dipropionate	2	MO
betamethasone valerate topical cream	2	MO
betamethasone valerate topical lotion	2	MO
betamethasone valerate topical ointment	2	MO
betamethasone, augmented	2	MO
clobetasol scalp	4	MO; QL (100 per 28 days)
clobetasol topical cream	4	MO; QL (120 per 28 days)
clobetasol topical foam	4	MO; QL (100 per 28 days)
clobetasol topical gel	4	MO; QL (120 per 28 days)
clobetasol topical lotion	4	MO; QL (118 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan</i>	4	MO; QL (236 per 28 days)
<i>desonide</i>	4	MO
<i>desrx</i>	4	MO
<i>fluocinolone</i>	4	MO
<i>fluocinolone and shower cap</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-e</i>	4	QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical</i>	2	MO
<i>prednicarbate</i>	4	MO
<i>triamicinolone acetonide topical cream</i>	2	MO
<i>triamicinolone acetonide topical lotion</i>	2	MO
<i>triamicinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</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
<i>lindane topical shampoo</i>	4	MO
<i>malathion</i>	2	MO
<i>permethrin</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>DIAGNOSTICS / MISCELLANEOUS AGENTS</b>		
<b>ANTIDOTES</b>		
<i>acetylcysteine intravenous</i>	3	
<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	
<b>MISCELLANEOUS AGENTS</b>		
<i>acamprostate</i>	4	MO
<i>acetic acid irrigation</i>	2	MO
<i>anagrelide</i>	2	MO
<i>caffeine citrate intravenous</i>	2	
<i>caffeine citrate oral</i>	2	MO
<b>CARBAGLU</b>	5	PA; MO; LA
<i>carglumic acid</i>	5	PA
<i>cevimeline</i>	4	MO
<b>CHEMET</b>	3	PA
<b>CLINIMIX 4.25%/D5W SULFIT FREE</b>	4	B/D PA
<i>d10 %-0.45 % sodium chloride</i>	2	MO
<i>d2.5 %-0.45 % sodium chloride</i>	2	
<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 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

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Drug Name	Drug Tier	Requirements/Limits
<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>INCRELEX</b>	5	MO; LA
<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
<i>pilocarpine hcl oral</i>	2	MO
<b>PROLASTIN-C</b>	5	PA; LA
<b>RAVICTI</b>	5	PA; MO
<b>REVCovi</b>	5	PA; LA
<i>riluzole</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	2	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet</i>	5	
<i>sodium chloride 0.9 % intravenous</i>	2	MO
<i>sodium chloride irrigation</i>	2	MO
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	3	MO
<i>sps (with sorbitol) oral</i>	3	MO
<i>sps (with sorbitol) rectal</i>	3	
<i>trientine</i>	5	PA; MO
<b>ULTOMIRIS INTRAVENOUS SOLUTION 100 MG/ML</b>	5	PA; MO
<b>VELTASSA</b>	3	MO
<i>water for irrigation, sterile</i>	2	MO
<b>XIAFLEX</b>	5	PA
<b>XURIDEN</b>	5	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter)</i>	2	MO
CHANTIX CONTINUING MONTH BOX	4	MO
CHANTIX ORAL TABLET 1 MG	4	MO
CHANTIX STARTING MONTH BOX	4	MO
NICOTROL	4	MO
NICOTROL NS	4	MO
<i>varenicline</i>	4	MO
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal</i>	3	MO; QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane</i>	1	MO; CG
<i>denta 5000 plus</i>	2	MO
<i>dentagel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal</i>	2	MO; QL (30 per 30 days)
<i>oralone</i>	2	MO
<i>periogard</i>	1	MO; CG
PREVIDENT 5000 BOOSTER PLUS	4	MO
PREVIDENT 5000 DRY MOUTH	4	MO
<i>sf</i>	2	MO
<i>sf 5000 plus</i>	2	MO
<i>sodium fluoride 5000 dry mouth</i>	2	MO
<i>sodium fluoride 5000 plus</i>	2	
<i>sodium fluoride-pot nitrate</i>	2	MO
<i>triamcinolone 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

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Drug Name	Drug Tier	Requirements/Limits
<i>flac otic oil</i>	4	
<i>fluocinolone acetonide oil</i>	4	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>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; CG
<i>dexamethasone sodium phos (pf) injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection</i>	2	MO
<i>fludrocortisone</i>	1	MO; CG
<i>hydrocortisone oral</i>	2	MO
<i>methylprednisolone acetate</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous</i>	2	MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol</i>	2	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO; CG
<i>prednisone oral tablets,dose pack</i>	1	MO; CG
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO; CG
<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)
<b>ALCOHOL PADS</b>	3	MO
<b>BAQSIMI</b>	3	MO
<b>BD AUTOSHIELD DUO PEN NEEDLE</b>	3	MO
<b>BD INSULIN SYRINGE (HALF UNIT)</b>	3	MO
<b>BD INSULIN SYRINGE U-500</b>	3	MO
<b>BD INSULIN 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"</b>	3	MO
<b>BYDUREON BCISE</b>	3	PA; MO; QL (4 per 28 days)
<b>BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML</b>	3	PA; MO; QL (2.4 per 30 days)
<b>BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML</b>	3	PA; MO; QL (1.2 per 30 days)
<b>diazoxide</b>	4	MO
<b>DROPSAFE ALCOHOL PREP PADS</b>	3	
<b>FARXIGA ORAL TABLET 10 MG</b>	3	MO; QL (30 per 30 days)
<b>FARXIGA ORAL TABLET 5 MG</b>	3	MO; QL (60 per 30 days)
<i>glimepiride oral tablet 1 mg</i>	1	MO; CG; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	1	MO; CG; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; CG; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; CG; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; CG; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	1	MO; CG; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	1	MO; CG; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	1	MO; CG; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	1	MO; CG; QL (240 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; CG; QL (120 per 30 days)
GLYXAMBI	3	MO; QL (30 per 30 days)
GVOKE	3	
GVOKE HYPOOPEN 1-PACK	3	MO
GVOKE HYPOOPEN 2-PACK	3	MO
GVOKE PFS 1-PACK SYRINGE	3	MO
GVOKE PFS 2-PACK SYRINGE	3	MO
HUMALOG JUNIOR KWIKPEN U-100	3	MO; SSM
HUMALOG KWIKPEN INSULIN	3	MO; SSM
HUMALOG MIX 50-50 INSULN U-100	3	MO; SSM
HUMALOG MIX 50-50 KWIKPEN	3	MO; SSM
HUMALOG MIX 75-25 KWIKPEN	3	MO; SSM
HUMALOG MIX 75-25(U-100)INSULN	3	MO; SSM
HUMALOG U-100 INSULIN	3	MO; SSM
HUMULIN 70/30 U-100 INSULIN	3	MO; SSM
HUMULIN 70/30 U-100 KWIKPEN	3	MO; SSM
HUMULIN N NPH INSULIN KWIKPEN	3	MO; SSM
HUMULIN N NPH U-100 INSULIN	3	MO; SSM
HUMULIN R REGULAR U-100 INSULN	3	MO; SSM
HUMULIN R U-500 (CONC) INSULIN	3	MO; SSM
HUMULIN R U-500 (CONC) KWIKPEN	3	MO; SSM
JANUMET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA	3	MO; QL (30 per 30 days)
JARDIANCE	3	MO; QL (30 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 5-1,000 MG, 5-500 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN	3	MO; SSM
LANTUS U-100 INSULIN	3	MO; SSM

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Drug Name	Drug Tier	Requirements/Limits
LYUMJEV KWIKPEN U-100 INSULIN	3	MO; SSM
LYUMJEV KWIKPEN U-200 INSULIN	3	MO; SSM
LYUMJEV U-100 INSULIN	3	MO; SSM
<i>metformin oral tablet 1,000 mg</i>	1	MO; CG; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	1	MO; CG; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	1	MO; CG; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	1	MO; CG; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	1	MO; CG; QL (60 per 30 days)
MOUNJARO	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NOVOFINE 32	3	MO
NOVOFINE PLUS	3	MO
OMNIPOD 5 G6 INTRO KIT (GEN 5)	3	MO
OMNIPOD 5 G6 PODS (GEN 5)	3	MO
ONGLYZA	3	MO; QL (30 per 30 days)
OZEMPIK SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	3	PA; MO; QL (1.5 per 28 days)
OZEMPIK SUBCUTANEOUS PEN INJECTOR 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone</i>	1	MO; CG; QL (30 per 30 days)
QTERN	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS	3	PA; MO; QL (30 per 30 days)
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); SSM
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)

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Drug Name	Drug Tier	Requirements/Limits
SYNJARDY	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 25-1,000 MG	3	MO; QL (30 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	3	MO; SSM
TOUJEO SOLOSTAR U-300 INSULIN	3	MO; SSM
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5- 1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY	3	PA; MO; QL (2 per 28 days)
VICTOZA 2-PAK	3	PA; MO; QL (9 per 30 days)
VICTOZA 3-PAK	3	PA; MO; QL (9 per 30 days)
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)
XULTOPHY 100/3.6	3	MO; QL (15 per 30 days); SSM
ZEGALOGUE AUTOINJECTOR	3	MO
ZEGALOGUE SYRINGE	3	MO
<b>MISCELLANEOUS HORMONES</b>		
ALDURAZYME	5	PA; MO
ANDRODERM	3	PA; MO; QL (30 per 30 days)
<i>cabergoline</i>	3	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

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Drug Name	Drug Tier	Requirements/Limits
<i>cinacalcet oral tablet 30 mg</i>	4	PA; MO
<i>cinacalcet oral tablet 60 mg, 90 mg</i>	5	PA; MO
<i>clomiphene citrate</i>	2	PA; MO
<b>CRYSVITA</b>	5	PA; MO; LA
<i>danazol</i>	4	MO
<i>desmopressin injection</i>	2	MO
<i>desmopressin nasal spray with pump</i>	3	MO
<i>desmopressin nasal spray, non-aerosol 10 mcg/spray (0.1 ml)</i>	3	
<i>desmopressin oral</i>	3	MO
<i>doxercalciferol intravenous</i>	2	
<i>doxercalciferol oral</i>	4	MO
<b>ELAPRASE</b>	5	PA; MO
<b>FABRAZYME</b>	5	PA; MO
<b>KANUMA</b>	5	PA; MO
<b>KORLYM</b>	5	PA
<b>LUMIZYME</b>	5	PA; MO
<b>MEPSEVII</b>	5	PA; MO
<i>miglustat</i>	5	PA; MO; LA
<b>MYALEPT</b>	5	PA; MO; LA
<b>NAGLAZYME</b>	5	PA; MO; LA
<b>NATPARA</b>	5	PA; MO; LA
<i>oxandrolone oral tablet 10 mg</i>	4	PA; MO
<i>oxandrolone oral tablet 2.5 mg</i>	3	PA; MO
<b>PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML</b>	5	PA; MO; LA; QL (15 per 30 days)
<b>PALYNZIQ SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML</b>	5	PA; MO; LA; QL (4 per 30 days)
<b>PALYNZIQ SUBCUTANEOUS SYRINGE 20 MG/ML</b>	5	PA; MO; LA; QL (60 per 30 days)
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous solution 2 mcg/ml</i>	2	
<i>paricalcitol intravenous solution 5 mcg/ml</i>	2	MO
<i>paricalcitol oral</i>	4	MO
<b>SAMSCA ORAL TABLET 15 MG</b>	5	PA; MO
<i>sapropterin</i>	5	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOMAVERT	5	PA; MO
STRENSIQ	5	PA; LA
SYNAREL	5	PA; MO
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	3	PA; MO
<i>testosterone enanthate</i>	3	PA; MO
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram lactuation</i>	3	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	3	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	3	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	3	PA; MO; QL (180 per 30 days)
tolvaptan	5	PA; MO
VIMIZIM	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
<b>THYROID HORMONES</b>		
euthyrox	1	MO; CG
levo-t	1	CG
<i>levothyroxine intravenous recon soln</i>	2	MO
<i>levothyroxine oral tablet</i>	1	MO; CG
<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; CG
<i>liothyronine</i>	2	MO
<i>unithroid</i>	1	MO; CG

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Drug Name	Drug Tier	Requirements/Limits
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		
<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
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>loperamide oral capsule</i>	2	MO
<i>opium tincture</i>	2	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron</i>	5	PA; MO
<i>aprepitant</i>	4	B/D PA; MO
<i>balsalazide</i>	2	MO
<i>betaine</i>	5	MO
<i>budesonide oral capsule, delayed, extend.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
<i>constulose</i>	2	MO
<b>CORTIFOAM</b>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CREON	3	MO
<i>cromolyn oral</i>	4	MO
CYSTADANE	5	
<i>dimenhydrinate injection solution</i>	2	MO
DIPENTUM	5	MO
<i>dronabinol</i>	4	B/D PA; MO
<i>droperidol injection solution</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO	5	PA; MO; QL (2 per 28 days)
<i>enulose</i>	2	MO
<i>fosaprepitant</i>	2	MO
GATTEX 30-VIAL	5	PA; MO
GATTEX ONE-VIAL	5	PA; MO
<i>gavilyte-c</i>	2	MO
<i>gavilyte-g</i>	2	MO
<i>gavilyte-n</i>	2	MO
<i>generlac</i>	2	MO
<i>gransetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>gransetron hcl intravenous</i>	2	MO
<i>gransetron hcl oral</i>	2	B/D PA; MO
<i>hydrocortisone rectal</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	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>	4	MO
<i>mesalamine oral capsule, extended release</i>	5	
<i>mesalamine oral capsule, extended release 24hr</i>	4	MO
<i>mesalamine oral tablet,delayed release (dr/rec)</i>	4	MO
<i>mesalamine rectal</i>	4	MO
<i>mesalamine with cleansing wipe</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<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; CG
<b>MOTEGRITY</b>	4	ST; MO; QL (30 per 30 days)
<b>MOVANTIK</b>	3	MO; QL (30 per 30 days)
<b>OCALIVA</b>	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
<i>peg3350-sod sul-nacl-kcl-asb-c</i>	4	MO
<i>peg-electrolyte</i>	2	MO
<b>PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG</b>	3	MO
<b>PENTASA ORAL CAPSULE, EXTENDED RELEASE 500 MG</b>	5	MO
<i>prochlorperazine</i>	2	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral</i>	2	MO
<i>procto-med hc</i>	2	MO
<i>procto-pak</i>	2	MO
<i>proctosol hc topical</i>	2	MO
<i>proctozone-hc</i>	2	MO
<b>RECTIV</b>	3	MO
<b>RELISTOR SUBCUTANEOUS SOLUTION</b>	5	MO; QL (18 per 30 days)
<b>RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML</b>	5	MO; QL (18 per 30 days)
<b>RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML</b>	5	MO; QL (12 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
REMICADE	5	PA; MO; QL (20 per 28 days)
SANCUSO	5	MO
<i>scopolamine base</i>	4	MO
SUCRAID	5	PA
<i>sulfasalazine</i>	2	MO
TRULANCE	3	MO
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI	3	B/D PA
VIBERZI	5	MO; QL (60 per 30 days)
VIOKACE	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO

<b>ULCER THERAPY</b>		
<i>cimetidine</i>	2	MO
<i>cimetidine hcl oral</i>	2	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 sodium intravenous recon soln 40 mg</i>	2	
<i>famotidine (pf)</i>	2	MO
<i>famotidine (pf)-nacl (iso-os)</i>	2	MO
<i>famotidine intravenous</i>	2	MO
<i>famotidine oral suspension</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO; CG
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO
<i>misoprostol</i>	3	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>nizatidine oral capsule</i>	2	
<i>omeprazole oral capsule, delayed release (dr/ec) 10 mg, 20 mg</i>	1	MO; CG; QL (30 per 30 days)
<i>omeprazole oral capsule, delayed release (dr/ec) 40 mg</i>	1	MO; CG
<i>pantoprazole intravenous</i>	2	MO
<i>pantoprazole oral tablet, delayed release (dr/rec) 20 mg</i>	1	MO; CG; QL (30 per 30 days)
<i>pantoprazole oral tablet, delayed release (dr/rec) 40 mg</i>	1	MO; CG
<i>sucralfate oral suspension</i>	4	MO
<i>sucralfate oral tablet</i>	2	MO

## IMMUNOLOGY, VACCINES / BIOTECHNOLOGY

### BIOTECHNOLOGY DRUGS

ACTIMMUNE	5	B/D PA; MO
ARCALYST	5	PA; MO
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF)	5	PA; MO; LA; QL (2 per 28 days)
INTRON A INJECTION RECON SOLN	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	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PROCIT 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
PROCIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
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
RETACRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
ZARXIO	5	PA; MO
ZIEXTENZO	5	PA; MO

### VACCINES / MISCELLANEOUS IMMUNOLOGICALS

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
DENGVAXIA (PF)	3	
ENGERIX-B (PF)	3	B/D PA; MO
ENGERIX-B PEDIATRIC (PF)	3	B/D PA; MO
fomepizole	2	
GAMASTAN	3	MO
GAMASTAN S/D	3	
GARDASIL 9 (PF)	3	MO
HAVRIX (PF)	3	MO
HIBERIX (PF)	3	MO

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Drug Name	Drug Tier	Requirements/Limits
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 NEONATAL	3	
HYQVIA	5	B/D PA; MO
IMOVOX RABIES VACCINE (PF)	3	
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	MO
IPOL	3	
IXIARO (PF)	3	
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	MO
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
PEDIARIX (PF)	3	MO
PEDVAX HIB (PF)	3	
PENTACEL (PF)	3	
PREHEVBRIOS (PF)	3	B/D PA; MO
PRIVIGEN	5	PA; MO
PROQUAD (PF)	3	
QUADRACEL (PF)	3	
RABAVER (PF)	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SHINGRIX (PF)	3	MO
STAMARIL (PF)	3	
TDVAX	3	MO
TENIVAC (PF)	3	MO
TETANUS,DIPHTHERIA TOX PED(PF)	3	MO
TICE BCG	3	B/D PA; MO
TICOVAC	3	MO
TRUMENBA	3	MO
TWINRIX (PF)	3	MO
TYPHIM VI INTRAMUSCULAR SOLUTION	3	
TYPHIM VI INTRAMUSCULAR SYRINGE	3	MO
VAQTA (PF)	3	MO
VARIVAX (PF)	3	
VARIZIG	3	MO
YF-VAX (PF)	3	

## MISCELLANEOUS SUPPLIES

<b>MISCELLANEOUS SUPPLIES</b>		
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
BD VEO INSULIN SYRINGE UF	3	MO
GAUZE PADS 2 X 2	3	MO
INSULIN PEN NEEDLE	3	MO
INSULIN SYRINGE (DISP) U-100 0.3 ML, 1 ML, 1/2 ML	3	MO
NEEDLES, INSULIN DISP.,SAFETY	3	MO
OMNIPOD CLASSIC PDM KIT(GEN 3)	3	MO
OMNIPOD CLASSIC PODS (GEN 3)	3	MO
OMNIPOD DASH PODS (GEN 4)	3	MO
V-GO 20	3	MO
V-GO 30	3	MO

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This drug list was last updated on 07/18/2022.

Drug Name	Drug Tier	Requirements/Limits
V-GO 40	3	MO
<b>MUSCULOSKELETAL / RHEUMATOLOGY</b>		
<b>GOUT THERAPY</b>		
<i>allopurinol</i>	1	MO; CG
<i>allopurinol sodium</i>	2	
<i>aloprim</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat</i>	3	MO
<b>KRYSTEXXA</b>	5	MO
<i>probenecid</i>	2	MO
<i>probenecid-colchicine</i>	2	MO
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	1	MO; CG; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; CG; QL (4 per 28 days)
<b>FOSAMAX PLUS D</b>	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)
<b>PROLIA</b>	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, 35 mg (12 pack), 35 mg (4 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>	4	MO; QL (4 per 28 days)
<b>TERIPARATIDE</b>	5	PA; MO; QL (2.48 per 28 days)
<b>OTHER RHEUMATOLOGICALS</b>		
<b>ACTEMRA ACTPEN</b>	5	PA; MO; QL (3.6 per 28 days)
<b>ACTEMRA INTRAVENOUS</b>	5	PA; MO; QL (160 per 28 days)
<b>ACTEMRA SUBCUTANEOUS</b>	5	PA; MO; QL (3.6 per 28 days)
<b>BENLYSTA</b>	5	PA; MO
<b>ENBREL MINI</b>	5	PA; MO; QL (8 per 28 days)
<b>ENBREL SUBCUTANEOUS RECON SOLN</b>	5	PA; MO; QL (16 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 28 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RIDAURA	5	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (56 per 180 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 30 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>		
<i>amabelz</i>	3	PA; MO
<i>camila</i>	2	MO
CRINONE VAGINAL GEL 4 %	4	MO
CRINONE VAGINAL GEL 8 %	4	PA; MO
<i>deblitane</i>	2	MO
DEPO-SUBQ PROVERA 104	4	MO
<i>dotti</i>	3	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>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr</i>	3	PA; MO; QL (4 per 28 days)
<i>estradiol transdermal patch weekly 0.06 mg/24 hr, 0.1 mg/24 hr</i>	3	PA; QL (4 per 28 days)
<i>estradiol vaginal</i>	4	MO
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	4	MO
<i>estradiol-norethindrone acet</i>	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
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>lyleq</i>	2	MO
<i>lyllana</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza</i>	2	
<i>medroxyprogesterone</i>	2	MO
MENEST	3	PA; MO
<i>mimvey</i>	3	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
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>yuvafem</i>	4	MO
<b>MISCELLANEOUS OB/GYN</b>		
CLEOCIN VAGINAL SUPPOSITORY	4	MO
<i>clindamycin phosphate vaginal</i>	2	MO
<i>eluryng</i>	4	MO
<i>etonogestrel-ethynodiol dihydrogesterone</i>	4	
<i>metronidazole vaginal</i>	3	MO
<i>mifepristone</i>	2	LA

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Drug Name	Drug Tier	Requirements/Limits
MIRENA	3	LA
NEXPLANON	4	
<i>terconazole</i>	3	MO
<i>tranexamic acid oral</i>	3	MO
<i>vandazole</i>	3	MO
<i>xulane</i>	4	MO
<i>zafemy</i>	4	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>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
<i>desog-e.estradiolle.estriadiol</i>	2	
<i>desogestrel-ethinyl estradiol</i>	2	
<i>drospirenone-e.estriadiol-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>elinest</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>emoquette</i>	2	MO
<i>enpresse</i>	2	MO
<i>enskyce</i>	2	MO
<i>estarylla</i>	2	MO
<i>ethynodiol diac-eth estradiol</i>	2	
<i>falmina (28)</i>	2	MO
<i>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
<i>l norgestrel-estradiol-e.estradiol 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 norgestrel-estradiol-e.estradiol oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21)</i>	2	MO
<i>larin 1/20 (21)</i>	2	MO
<i>larin 24 fe</i>	2	MO
<i>larin fe 1.5/30 (28)</i>	2	MO
<i>larin fe 1/20 (28)</i>	2	MO
<i>larissia</i>	2	MO
<i>lessina</i>	2	MO
<i>levonest (28)</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estradiol oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estradiol oral tablets,dose pack,3 month</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>levonorg-eth estrad triphasic</i>	2	
<i>levora-28</i>	2	MO
<i>lillow (28)</i>	2	MO
<i>loryna (28)</i>	2	MO
<i>low-ogestrel (28)</i>	2	MO
<i>lo-zumandimine (28)</i>	2	MO
<i>lutera (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-ethynodiol-estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethynodiol-estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28)</i>	2	MO
<i>nortrel 1/35 (21)</i>	2	MO
<i>nortrel 1/35 (28)</i>	2	MO
<i>nortrel 7/7/7 (28)</i>	2	MO
<i>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>reclipsen (28)</i>	2	MO
<i>setlakin</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
sprintec (28)	2	MO
sronyx	2	MO
syeda	2	MO
tarina 24 fe	2	MO
tarina fe 1/20 (28)	2	
tarina fe 1-20 eq (28)	2	MO
tilia fe	2	MO
tri-femynor	2	MO
tri-estarrylla	2	MO
tri-legest fe	2	MO
tri-linyah	2	MO
tri-lo-estarrylla	2	MO
tri-lo-marzia	2	MO
tri-lo-sprintec	2	MO
tri-sprintec (28)	2	MO
trivora (28)	2	MO
velivet triphasic regimen (28)	2	MO
vestura (28)	2	MO
vienna	2	MO
viorele (28)	2	MO
wera (28)	2	MO
zovia 1-35 (28)	2	MO
zumandimine (28)	2	MO
<b>OXYTOCICS</b>		
methergine	4	PA
methylergonovine oral	4	PA
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
ak-poly-bac	2	MO
AZASITE	3	MO
bacitracin ophthalmic (eye)	2	MO
bacitracin-polymyxin b	2	MO
BESIVANCE	3	MO
ciprofloxacin hcl ophthalmic (eye)	2	MO
erythromycin ophthalmic (eye)	2	MO; QL (3.5 per 14 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gatifloxacin</i>	2	MO
<i>gentak ophthalmic (eye) ointment</i>	2	MO; QL (3.5 per 30 days)
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
<b>NATACYN</b>	4	
<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 sulf-trimethoprim</i>	2	MO
<i>tobramycin ophthalmic (eye)</i>	2	MO; QL (10 per 14 days)
<b>ANTIVIRALS</b>		
<i>trifluridine</i>	3	MO
<b>ZIRGAN</b>	4	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye)</i>	3	MO
<i>carteolol</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops</i>	1	MO; CG
<i>timolol maleate ophthalmic (eye) gel forming solution</i>	4	MO
<b>MISCELLANEOUS OPTHALMOLOGICS</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>BLEPHAMIDE S.O.P.</b>	4	MO
<i>bss</i>	2	
<i>cromolyn ophthalmic (eye)</i>	2	MO
<i>cyclosporine ophthalmic (eye)</i>	3	QL (60 per 30 days)
<b>CYSTARAN</b>	5	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinastine</i>	3	MO
EYLEA	5	PA; MO
LUCENTIS	5	PA; MO
<i>olopatadine ophthalmic (eye)</i>	2	MO
OXERVATE	5	PA; MO
PHOSPHOLINE IODIDE	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	2	MO
RESTASIS	3	MO; QL (60 per 30 days)
RESTASIS MULTIDOSE	3	MO; QL (5.5 per 30 days)
<i>sulfacetamide sodium ophthalmic (eye)</i>	2	MO
<i>sulfacetamide-prednisolone</i>	2	MO
XIIDRA	3	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac</i>	3	MO
BROMSITE	3	MO
<i>diclofenac sodium ophthalmic (eye)</i>	2	MO
<i>flurbiprofen sodium</i>	2	MO
<i>ketorolac ophthalmic (eye)</i>	2	MO
PROLENSA	3	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide</i>	3	MO
<i>acetazolamide sodium</i>	2	MO
<i>methazolamide</i>	4	MO
<b>OTHER GLAUCOMA DRUGS</b>		
<i>brimonidine-timolol</i>	3	
COMBIGAN	3	MO
<i>dorzolamide</i>	2	MO
<i>dorzolamide-timolol</i>	2	MO
<i>latanoprost</i>	1	MO; CG
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat</i>	2	
RHOPRESSA	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROCKLATAN	3	MO
SIMBRINZA	4	MO
travoprost	3	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; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone</i>	2	MO; QL (10 per 14 days)
<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>	3	MO
INVELTYS	3	MO
<i>loteprednol etabonate</i>	3	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>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	2	
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE	4	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTIHISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	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
<b>SYMJEPI</b>	4	MO; QL (2 per 30 days)
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine</i>	3	B/D PA; MO
<b>ADEMPAS</b>	5	PA; MO; LA
<b>ADVAIR DISKUS</b>	3	MO; QL (60 per 30 days)
<b>ADVAIR HFA</b>	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm</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
<b>ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION</b>	3	MO; QL (12.2 per 30 days)
<b>ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION</b>	3	MO; QL (6.1 per 30 days)
<i>alyq</i>	5	PA; QL (60 per 30 days)
<i>ambrisentan</i>	5	PA; MO; LA
<i>arformoterol</i>	3	B/D PA; MO
<b>ARNUITY ELLIPTA</b>	3	MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
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)
<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>	5	B/D PA; MO
DALIRESP	4	PA; MO; QL (30 per 30 days)
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)
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)

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>flunisolide</i>	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
<i>icatibant</i>	5	PA; MO
<i>ipratropium bromide inhalation</i>	2	B/D PA; MO
<i>ipratropium-albuterol</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (60 per 30 days)
<i>levalbuterol hcl</i>	4	B/D PA; MO
<i>metaproterenol oral syrup</i>	2	MO
<i>mometasone nasal</i>	2	MO; QL (34 per 30 days)
<i>montelukast</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; LA; QL (0.4 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
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
sajazir	5	PA
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	3	MO; QL (4 per 30 days)
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 20 mg</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral</i>	4	MO
<i>terbutaline subcutaneous</i>	2	MO
THEO-24	3	MO
<i>theophylline oral elixir</i>	2	MO
<i>theophylline oral solution</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO
<i>theophylline oral tablet extended release 24 hr</i>	2	MO
TRELEGY ELLIPTA	3	MO; QL (60 per 30 days)
TRIKAFFTA	5	PA; MO; QL (84 per 28 days)
TYVASO	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT	5	B/D PA
TYVASO REFILL KIT	5	B/D PA; MO
TYVASO STARTER KIT	5	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
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)
<i>zafirlukast</i>	2	MO
ZYFLO	5	MO
<b>UROLOGICALS</b>		
<b>ANTICHOLINERGICS / ANTISPASMODICS</b>		
<i>flavoxate</i>	2	MO
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO
<i>oxybutynin chloride</i>	2	MO
<i>tolterodine</i>	3	MO
TOVIAZ	3	MO
<i>trospium oral tablet</i>	2	MO
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin</i>	2	MO
<i>dutasteride</i>	2	MO
<i>dutasteride-tamsulosin</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	2	MO
<i>silodosin</i>	2	MO
<i>tamsulosin</i>	1	MO; CG
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>alprostadil</i>	2	
<i>bethanechol chloride</i>	2	MO
CYSTAGON	4	PA; LA
ELMIRON	3	MO
<i>glycine urologic</i>	2	
<i>glycine urologic solution</i>	2	
K-PHOS NO 2	3	MO

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Drug Name	Drug Tier	Requirements/Limits
K-PHOS ORIGINAL	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN	3	MO
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		
<i>albumin, human 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; QL (360 per 30 days)
<i>calcium chloride</i>	2	
<i>calcium gluconate intravenous</i>	2	
<i>effer-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10</i>	2	MO
<i>klor-con 8</i>	2	MO
<i>klor-con m10</i>	2	MO
<i>klor-con m15</i>	2	MO
<i>klor-con m20</i>	2	MO
<i>klor-con oral packet 20</i>	4	MO
<i>klor-con/lef</i>	2	MO
<i>lactated ringers intravenous</i>	2	MO
<i>magnesium chloride injection</i>	2	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	3	
<i>magnesium sulfate in water</i>	2	
<i>magnesium sulfate injection solution</i>	2	MO
<i>magnesium sulfate injection syringe</i>	2	
<i>potassium acetate</i>	2	
<i>potassium chlorid-d5-0.45%nacl</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	2	
<i>potassium chloride in 5 % dex intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride in water intravenous piggyback 10 meq/100 ml, 10 meq/50 ml, 20 meq/100 ml, 20 meq/50 ml, 40 meq/100 ml</i>	2	
<i>potassium chloride intravenous</i>	2	
<i>potassium chloride oral capsule, extended release</i>	2	MO
<i>potassium chloride oral liquid</i>	4	MO
<i>potassium chloride oral packet</i>	4	MO
<i>potassium chloride oral tablet extended release 10 meq, 8 meq</i>	2	MO
<i>potassium chloride oral tablet extended release 20 meq</i>	2	
<i>potassium chloride oral tablet,er particles/crystals 10 meq</i>	2	MO
<i>potassium chloride oral tablet,er particles/crystals 15 meq, 20 meq</i>	2	
<i>potassium chloride-0.45 % nacl</i>	2	
<i>potassium chloride-d5-0.2%nacl intravenous parenteral solution 20 meq/l</i>	2	
<i>potassium chloride-d5-0.9%nacl</i>	2	
<i>potassium phosphate m-/d-basic intravenous solution 3 mmol/ml</i>	2	
<i>ringer's intravenous</i>	2	
<i>sodium acetate</i>	2	
<i>sodium bicarbonate intravenous</i>	2	
<i>sodium chloride 0.45 % intravenous parenteral solution</i>	2	MO
<i>sodium chloride 3 % hypertonic</i>	2	
<i>sodium chloride 5 % hypertonic</i>	2	MO
<i>sodium chloride intravenous</i>	2	
<i>sodium phosphate</i>	2	MO

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Drug Name	Drug Tier	Requirements/Limits
<b>MISCELLANEOUS NUTRITION PRODUCTS</b>		
AMINOSYN II 15 %	4	B/D PA
CLINIMIX 5%/D15W SULFITE FREE	4	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	4	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	4	B/D PA
<i>electrolyte-48 in d5w</i>	2	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4	4	
ISOLYTE-P IN 5 % DEXTROSE	4	
ISOLYTE-S	4	
PLASMA-LYTE 148	3	
PLASMA-LYTE A	3	
<i>plasmanate</i>	2	
PLENAMINE	4	B/D PA
<i>premasol 10 %</i>	4	B/D PA
<i>travasol 10 %</i>	4	B/D PA
TROPHAMINE 10 %	4	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	MO
<i>wescap-pn dha</i>	2	

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<i>cardioplegic soln</i>	50	<i>chloroquine phosphate</i>	9	CLINIMIX 8%-
<i>carglumic acid</i>	57	<i>chlorothiazide sodium</i>	44	D10W(SULFITE-FREE).....93
<i>carmustine</i>	16	<i>chlorpromazine</i>	37	CLINIMIX 8%-
<i>carteolol</i>	83	<i>chlorthalidone</i>	44	D14W(SULFITE-FREE).....93
<i>cartia xt</i>	44	CHOLBAM	67	<i>clobazam</i> .....27
<i>carvedilol</i>	44	<i>cholestyramine (with sugar)</i>	49	<i>clobetasol</i> .....55, 56
<i>caspofungin</i>	3	<i>cholestyramine light</i>	49	<i>clobetasol-emollient</i> .....56
<i>cataflam</i>	35	CIBINQO	52	<i>clodan</i> .....56
CAYSTON	9	<i>cycladan</i>	54	<i>clofarabine</i> .....16
<i>caziant (28)</i>	79	<i>cyclopirox</i>	54, 55	<i>clomiphene citrate</i> .....65
<i>cefaclor</i>	7	<i>cidofovir</i>	4	<i>clomipramine</i> .....37
<i>cefadroxil</i>	7	<i>cilostazol</i>	47	<i>clonazepam</i> .....27
<i>cefazolin</i>	7	CIMDUO	4	<i>clonidine</i> .....44
<i>cefazolin in dextrose (iso-os)</i>	7	<i>cimetidine</i>	70	<i>clonidine (pf)</i> .....35, 44
<i>cefdinir</i>	7	<i>cimetidine hcl</i>	70	<i>clonidine hcl</i> .....37, 44
<i>cefepime</i>	7	CIMZIA	67	<i>clopidogrel</i> .....47, 48
<i>cefepime in dextrose, iso-osm</i>	7	CIMZIA POWDER FOR		<i>clorazepate dipotassium</i> .....37
<i>cefixime</i>	7	RECONST	67	<i>clotrimazole</i> .....3, 55
<i>cefoxitin</i>	7	CIMZIA STARTER KIT	67	<i>clotrimazole-betamethasone</i> ....55
<i>cefoxitin in dextrose, iso-osm</i>	7	<i>cinacalcet</i>	65	<i>clozapine</i> .....37
<i>cefpodoxime</i>	7	CINRYZE	87	COARTEM.....9
<i>cefprozil</i>	7	CINVANTI	67	<i>colchicine</i> .....75
<i>ceftazidime</i>	7	CIPRO	13	<i>colesevelam</i> .....49
<i>ceftriaxone</i>	8	<i>ciprofloxacin hcl</i>	13, 59, 82	<i>colestipol</i> .....49
<i>ceftriaxone in dextrose, iso-os</i>	7	<i>ciprofloxacin in 5 % dextrose</i>	13	<i>colistin (colistimethate na)</i> .....9
<i>cefuroxime axetil</i>	8	<i>ciprofloxacin-dexamethasone</i>	60	COMBIGAN.....84
<i>cefuroxime sodium</i>	8	<i>cisplatin</i>	16	COMBIVENT RESPIMAT..87
<i>celecoxib</i>	35	<i>citalopram</i>	37	COMETRIQ.....16
CELONTIN	27	<i>cladribine</i>	16	COMPLERA.....4
<i>cephalexin</i>	8	<i>claravis</i>	54	<i>compro</i> .....67
CEPROTIN (BLUE BAR)	47	<i>clarithromycin</i>	8	<i>constulose</i> .....67
CEPROTIN (GREEN BAR)	47	CLEOCIN	78	COPIKTRA.....16
CERDELGA	64	<i>clindamycin hcl</i>	9	CORLANOR.....50
CEREZYME	64	<i>clindamycin in 5 % dextrose</i>	9	CORTIFOAM.....67
<i>cetirizine</i>	86	<i>clindamycin pediatric</i>	9	COSMEGEN.....16
<i>cevimeline</i>	57	<i>clindamycin phosphate</i>	9, 54, 78	COTELLIC.....16

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CREON	68	deferasirox	57	diazoxide	61
CRESEMBAL	3	defeprinol	57	diclofenac potassium	35
CRINONE	77	deferoxamine	57	diclofenac sodium	35, 52, 84
cromolyn	68, 83, 87	DELSTRIGO	4	diclofenac-misoprostol	35
crotan	56	demeclocycline	13	dicloxacillin	12
cryselle (28)	79	DENAVIR	55	dicyclomine	67
CRYSVITA	65	DENGVAXIA (PF)	72	diflunisal	35
cyclobenzaprine	32	denta 5000 plus	59	digitek	50
cyclophosphamide	16	dentagel	59	digox	50
CYCLOPHOSPHAMIDE	16	DEPO-SUBQ PROVERA		digoxin	50
cyclosporine	16, 83	104	77	dihydroergotamine	30
cyclosporine modified	16	DESCOVY	4	DILANTIN 30 MG	27
CYRAMZA	16	desipramine	38	diltiazem hcl	44
cyred	79	desmopressin	65	dilt-xr	44
cyred eq	79	desog-e.estradiole.estriadiol	79	dimenhydrinate	68
CYSTADANE	68	desogestrel-ethinyl estradiol	79	dimethyl fumarate	31
CYSTAGON	90	desonide	56	DIPENTUM	68
CYSTARAN	83	desrx	56	diphenhydramine hcl	86
cytarabine	16	desvenlafaxine succinate	38	diphenoxylate-atropine	67
cytarabine (pf)	16	dexamethasone	60	dipyridamole	48
d10 %-0.45 % sodium chloride	57	dexamethasone intensol	60	disulfiram	58
d2.5 %-0.45 % sodium chloride	57	dexamethasone sodium phos		divalproex	27
d5 % and 0.9 % sodium chloride	57	(pf)	60	dobutamine	50
d5 %-0.45 % sodium chloride	57	dexamethasone sodium		dobutamine in d5w	50
dacarbazine	16	phosphate	60, 85	docetaxel	17
dactinomycin	16	dexrazoxane hcl	14	dofetilide	43
dalfampridine	31	dextroamphetamine-		donepezil	31
DALIRESP	87	amphetamine	38	dopamine	51
danazol	65	dextrose 10 % and 0.2 % nacl.	57	dopamine in 5 % dextrose	51
dantrolene	32	dextrose 10 % in water		DOPTELET (10 TAB	
DANYELZA	16	(d10w)	57	PACK)	48
dapsone	9	dextrose 25 % in water		DOPTELET (15 TAB	
DAPTACEL (DTAP PEDIATRIC) (PF)	72	(d25w)	57	PACK)	48
DAPTO MYCIN	9	dextrose 5 % in water (d5w)	57	DOPTELET (30 TAB	
daptomycin	9	dextrose 5 %-lactated ringers	57	PACK)	48
DARZALEX	17	dextrose 5%-0.2 % sod		dorzolamide	84
dasetta 1/35 (28)	79	chloride	57	dorzolamide-timolol	84
dasetta 7/7/7 (28)	79	dextrose 5%-0.3 %		dotti	77
daunorubicin	17	sod.chloride	57	DOVATO	4
DAURISMO	17	dextrose 50 % in water		doxazosin	44, 45
daysee	79	(d50w)	57	doxepin	38
deblitane	77	dextrose 70 % in water		doxercalciferol	65
decitabine	17	(d70w)	58	doxorubicin	17
		DIACOMIT	27	doxorubicin, peg-liposomal	17
		diazepam	27, 38	doxy-100	13
		diazepam intensol	38	doxycycline hyolate	13

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<i>doxycycline monohydrate</i>	13	EMSAM	38	<i>erythromycin</i>	8, 82
DRIZALMA SPRINKLE	38	<i>emtricitabine</i>	4	<i>erythromycin ethylsuccinate</i>	8
<i>dronabinol</i>	68	<i>emtricitabine-tenofovir (tdf)</i>	4	<i>erythromycin with ethanol</i>	54
<i>droperidol</i>	68	EMTRIVA	4	ESBRIET	87
DROPSAFE ALCOHOL PREP PADS	61	EMVERM	9	<i>escitalopram oxalate</i>	38
<i>drosipirenone-e.estradiol-lm.fa.</i>	79	<i>enalapril maleate</i>	45	<i>esmolol</i>	45
<i>drosipirenone-ethinyl estradiol</i>	79	<i>enalaprilat</i>	45	<i>esomeprazole magnesium</i>	70
DROXIA	17	<i>enalapril-hydrochlorothiazide</i>	45	<i>esomeprazole sodium</i>	70
<i>droxidopa</i>	58	ENBREL	75, 76	<i>estarrylla</i>	80
DUAVEE	77	ENBREL MINI	75	<i>estradiol</i>	77
DULERA	87	ENBREL SURECLICK	76	<i>estradiol valerate</i>	77
<i>duloxetine</i>	38	<i>endocet</i>	33	<i>estradiol-norethindrone acet</i>	77
DUPIXENT PEN	52, 53	ENGERIX-B (PF)	72	ESTRING	78
DUPIXENT SYRINGE	53	ENGERIX-B PEDIATRIC (PF)	72	<i>eszopiclone</i>	38
<i>dutasteride</i>	90	<i>enoxaparin</i>	48	<i>ethacrylate sodium</i>	45
<i>dutasteride-tamsulosin</i>	90	<i>enpresse</i>	80	<i>ethacrynic acid</i>	45
<i>e.e.s. 400</i>	8	<i>enskyce</i>	80	<i>ethambutol</i>	9
<i>ec-naproxen</i>	35	<i>entacapone</i>	30	<i>ethosuximide</i>	27
<i>econazole</i>	55	<i>entecavir</i>	4	<i>ethynodiol diac-eth estradiol</i>	80
EDARBI	45	ENTRESTO	51	<i>etodolac</i>	35
EDARBYCLOR	45	ENTYVIO	68	<i>etonogestrel-ethinyl estradiol</i>	78
EDURANT	4	<i>enulose</i>	68	ETOPOPHOS	17
<i>efavirenz</i>	4	ENVARSUS XR	17	<i>etoposide</i>	17
<i>efavirenz-emtricitabin-tenofov</i>	4	EPCLUSA	4	<i>etravirine</i>	4
<i>efavirenz-lamivu-tenofov</i>		EPIDIOLEX	27	<i>euthyrox</i>	66
<i>disop</i>	4	<i>epinastine</i>	84	<i>everolimus (antineoplastic)</i>	17
<i>effer-k</i>	91	<i>epinephrine</i>	86	<i>everolimus (immunosuppressive)</i>	17
ELAPRASE	65	<i>epirubicin</i>	17	EVOTAZ	4
<i>electrolyte-48 in d5w</i>	93	<i>epitol</i>	27	<i>exemestane</i>	17
<i>eletriptan</i>	30	EPIVIR HBV	4	EXKIVITY	18
<i>elinet</i>	79	<i>eplerenone</i>	45	EYLEA	84
ELIQUIS	48	<i>epoprostenol (glycine)</i>	45	EYSUVIS	85
ELIQUIS DVT-PE TREAT		EPRONTIA	27	<i>ezetimibe</i>	49
30D START	48	ERBITUX	17	<i>ezetimibe-simvastatin</i>	49
ELITEK	14	<i>ergotamine-caffeine</i>	30	FABRAZYME	65
ELIXOPHYLLIN	87	ERIVEDGE	17	<i>falmina (28)</i>	80
ELMIRON	90	ERLEADA	17	<i>famciclovir</i>	4
<i>eluryng</i>	78	<i>erlotinib</i>	17	<i>famotidine</i>	70
ELZONRIS	17	<i>errin</i>	77	<i>famotidine (pf)</i>	70
EMCYT	17	<i>ertapenem</i>	9	<i>famotidine (pf)-nacl (iso-os)</i>	70
EMEND	68	ERWINASE	17	FANAPT	38
EMGALITY PEN	30	<i>ery pads</i>	54	FARXIGA	61
EMGALITY SYRINGE	30	<i>ery-tab</i>	8	FARYDAK	18
<i>emoquette</i>	80	ERYTHROCIN	8	FASENRA	87
EMPLICITI	17	<i>erythrocin (as stearate)</i>	8	FASENRA PEN	87

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febuxostat .....	75	flurbiprofen .....	35	gentamicin sulfate (ped) (pf) ...	9
felbamate .....	27	flurbiprofen sodium .....	84	GENVOYA .....	5
felodipine .....	45	flutamide .....	18	GILENYA .....	31
femynor .....	80	fluticasone propionate .....	88	GILOTrif .....	18
fenofibrate .....	49	fluvastatin .....	49	glatiramer .....	31
fenofibrate micronized .....	49	fluvoxamine .....	39	glatopa .....	31, 32
fenofibrate nanocrystallized....	49	FOLOTYN .....	18	glimepiride .....	61
fenofibric acid .....	49	fomepizole .....	72	glipizide .....	61
fenofibric acid (choline) .....	49	fondaparinux .....	48	glipizide-metformin .....	61, 62
fentanyl .....	33	FORFIVO XL .....	39	glycine urologic .....	90
fentanyl citrate .....	33	formoterol fumarate .....	88	glycine urologic solution .....	90
fentanyl citrate (pf) .....	33	FOSAMAX PLUS D .....	75	glycopyrrolate .....	67
FERRIPROX .....	58	fosamprenavir .....	4	glycopyrrolate (pf) in water ...	67
FERRIPROX (2 TIMES A DAY).....	58	fosaprepitant .....	68	glydo .....	53
FETZIMA .....	38	fosinopril .....	45	GLYXAMBI .....	62
finasteride .....	90	fosinopril-hydrochlorothiazide	45	GRALISE .....	28
FINTEPLA .....	27	fosphenytoin .....	27	granisetron (pf) .....	68
FIRDAPSE .....	31	FOTIVDA .....	18	granisetron hcl .....	68
FIRMAGON KIT W DILUENT SYRINGE.....	18	fulvestrant .....	18	griseofulvin microsize .....	3
flac otic oil .....	60	furosemide .....	45	griseofulvin ultramicrosize .....	3
flavoxate .....	90	FUZEON .....	4	GVOKE .....	62
flecainide .....	43	fyavolv .....	78	GVOKE HYPOPEN 1-PACK .....	62
FLOVENT DISKUS .....	87	FYCOMPA .....	27	GVOKE HYPOPEN 2-PACK .....	62
FLOVENT HFA .....	88	gabapentin .....	27, 28	GVOKE PFS 1-PACK SYRINGE .....	62
fluxuridine .....	18	galantamine .....	31	GVOKE PFS 2-PACK SYRINGE .....	62
fluconazole .....	3	GAMASTAN .....	72	HALAVEN .....	18
fluconazole in nacl (iso-osm) ...	3	GAMASTAN S/D .....	72	halobetasol propionate .....	56
flucytosine .....	3	ganciclovir sodium .....	5	haloperidol .....	39
fludarabine .....	18	GARDASIL 9 (PF) .....	72	haloperidol decanoate .....	39
fludrocortisone .....	60	gatifloxacin .....	83	haloperidol lactate .....	39
flumazenil .....	38	GATTEX 30-VIAL .....	68	HARVONI .....	5
flunisolide .....	88	GATTEX ONE-VIAL .....	68	HAVRIX (PF) .....	72
fluocinolone .....	56	GAUZE PAD .....	74	heather .....	78
fluocinolone acetonide oil .....	60	gavilyte-c .....	68	heparin (porcine) .....	48
fluocinolone and shower cap .....	56	gavilyte-g .....	68	heparin (porcine) in 5 % dex..	48
fluocinonide .....	56	gavilyte-n .....	68	heparin (porcine) in nacl (pf)	48
fluocinonide-e .....	56	GAVRETO .....	18	HEPARIN(PORCINE) IN	
fluoride (sodium) .....	59, 93	GAZYVA .....	18	0.45% NACL .....	48
fluorometholone .....	85	gemcitabine .....	18	heparin(porcine) in 0.45%	
fluorouracil .....	18, 53	GEMCITABINE .....	18	nacl .....	48
fluoxetine .....	38, 39	gemfibrozil .....	50	heparin, porcine (pf) .....	48, 49
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fluphenazine decanoate .....	39	genograf .....	18		
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		gentamicin .....	9, 54, 83		
		gentamicin in nacl (iso-osm) ...	9		

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HIBERIX (PF)	72	(CONC) KWIKPEN	62
HIZENTRA	73	<i>hydralazine</i>	45
HUMALOG JUNIOR		<i>hydrochlorothiazide</i>	45
KWIKPEN U-100	62	<i>hydrocodone-acetaminophen</i>	33
HUMALOG KWIKPEN		<i>hydrocodone-ibuprofen</i>	33
INSULIN	62	<i>hydrocortisone</i>	56, 60, 68
HUMALOG MIX 50-50		<i>hydrocortisone-acetic acid</i>	60
INSULN U-100	62	<i>hydromorphone</i>	33, 34
HUMALOG MIX 50-50		<i>hydromorphone (pf)</i>	33
KWIKPEN	62	<i>hydroxychloroquine</i>	10
HUMALOG MIX 75-25		<i>hydroxyprogesterone</i>	
KWIKPEN	62	<i>caproate</i>	78
HUMALOG MIX 75-25(U-		<i>hydroxyurea</i>	18
100)INSULN	62	<i>hydroxyzine hcl</i>	86
HUMALOG U-100		HYPERHEP B	73
INSULIN	62	HYPERHEP B	
HUMIRA	76	NEONATAL	73
HUMIRA PEN	76	HYQVIA	73
HUMIRA PEN CROHNS-		<i>ibandronate</i>	75
UC-HS START	76	IBRANCE	18
HUMIRA PEN PSOR-		<i>ibu</i>	35
UVEITS-ADOL HS	76	<i>ibuprofen</i>	35
HUMIRA(CF)	76	<i>ibutilide fumarate</i>	43
HUMIRA(CF) PEDI		<i>icatibant</i>	88
CROHNS STARTER	76	ICLUSIG	18
HUMIRA(CF) PEN	76	<i>icosapent ethyl</i>	50
HUMIRA(CF) PEN		<i>idarubicin</i>	18
CROHNS-UC-HS	76	IDHIFA	18
HUMIRA(CF) PEN		<i>ifosfamide</i>	19
PEDIATRIC UC	76	ILARIS (PF)	71
HUMIRA(CF) PEN PSOR-		<i>imatinib</i>	19
UV-ADOL HS	76	IMBRUVICA	19
HUMULIN 70/30 U-100		IMFINZI	19
INSULIN	62	<i>imipenem-cilastatin</i>	10
HUMULIN 70/30 U-100		<i>imipramine hcl</i>	39
KWIKPEN	62	<i>imipramine pamoate</i>	39
HUMULIN N NPH		<i>imiquimod</i>	53
INSULIN KWIKPEN	62	IMOVAX RABIES	
HUMULIN N NPH U-100		VACCINE (PF)	73
INSULIN	62	IMPAVIDO	10
HUMULIN R REGULAR		<i>incassia</i>	78
U-100 INSULN	62	INCRELEX	58
HUMULIN R U-500		<i>indapamide</i>	45
(CONC) INSULIN	62	INFANRIX (DTAP) (PF)	73
		INLYTA	19
		INQOVI	19
		INREBIC	19
		INSULIN PEN NEEDLE	74
		INSULIN SYRINGE-	
		NEEDLE U-100	74
		INTELENCE	5
		<i>intralipid</i>	93
		INTRON A	71
		<i>introvale</i>	80
		INVEGA HAFYERA	39
		INVEGA SUSTENNA	39, 40
		INVEGA TRINZA	40
		INVELTYS	85
		INVIRASE	5
		IOPIDINE	85
		IPOL	73
		<i>ipratropium bromide</i>	59, 88
		<i>ipratropium-albuterol</i>	88
		<i>irbesartan</i>	45
		<i>irbesartan-hydrochlorothiazide</i>	45
		IRESSA	19
		<i>irinotecan</i>	19
		ISENTRESS	5
		ISENTRESS HD	5
		<i>isibloom</i>	80
		ISOLYTE S PH 7.4	93
		ISOLYTE-P IN 5 %	
		DEXTROSE	93
		ISOLYTE-S	93
		<i>isoniazid</i>	10
		<i>isosorbide dinitrate</i>	51
		<i>isosorbide mononitrate</i>	51
		<i>isosorbide-hydralazine</i>	45
		<i>isotretinoin</i>	54
		<i>isradipine</i>	45
		ISTODAX	19
		<i>itraconazole</i>	3
		<i>ivermectin</i>	10, 54, 56
		IXEMPRA	19
		IXIARO (PF)	73
		JAKAFI	19
		<i>jantoven</i>	49
		JANUMET	62
		JANUMET XR	62
		JANUVIA	62

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JARDIANCE	62	<i>lactated ringers</i>	57, 91	LEXIVA	5
<i>jasmiel</i> (28)	80	<i>lactulose</i>	68	LIBTAYO	20
JEMPERLI	19	<i>lamivudine</i>	5	<i>lidocaine</i>	53
<i>jencycla</i>	78	<i>lamivudine-zidovudine</i>	5	<i>lidocaine (pf) in d7.5w</i>	43
JEVTANA	19	<i>lamotrigine</i>	28	<i>lidocaine (pf)</i>	43, 53
<i>jinteli</i>	78	LANOXIN	51	<i>lidocaine hcl</i>	53
<i>jolessa</i>	80	<i>lansoprazole</i>	70	<i>lidocaine in 5 % dextrose (pf)</i>	43
<i>juleber</i>	80	LANTUS SOLOSTAR U-		<i>lidocaine viscous</i>	53
JULUCA	5	100 INSULIN	62	<i>lidocaine-epinephrine</i>	53
JUXTAPID	50	LANTUS U-100 INSULIN	62	<i>lidocaine-epinephrine (pf)</i>	53
KADCYLA	19	<i>lapatinib</i>	20	<i>lidocaine-prilocaine</i>	53
<i>kalliga</i>	80	<i>larin 1.5/30 (21)</i>	80	<i>lillow</i> (28)	81
KALYDECO	88	<i>larin 1/20 (21)</i>	80	<i>lincomycin</i>	10
KANUMA	65	<i>larin 24 fe</i>	80	<i>lindane</i>	56
<i>kariva</i> (28)	80	<i>larin fe 1.5/30 (28)</i>	80	linezolid	10
<i>kelnor 1/35</i> (28)	80	<i>larin fe 1/20 (28)</i>	80	<i>linezolid in dextrose 5%</i>	10
<i>kelnor 1-50</i> (28)	80	<i>larissia</i>	80	<i>linezolid-0.9% sodium</i>	
KEPIVANCE	14	<i>latanoprost</i>	84	<i>chloride</i>	10
<i>ketoconazole</i>	3, 55	LATUDA	40	LINZESS	68
<i>ketorolac</i>	84	<i>leflunomide</i>	76	LORESAL	32
KEYTRUDA	19	LEMTRADA	32	<i>liothyronine</i>	66
KHAPZORY	14	<i>lenalidomide</i>	20	<i>lisinopril</i>	45
KIMMTRAK	19	LENVIMA	20	<i>lisinopril-hydrochlorothiazide</i>	45
KINRIX (PF)	73	<i>lessina</i>	80	<i>lithium carbonate</i>	40
KISQALI	19, 20	<i>letrozole</i>	20	LIVALO	50
KISQALI FEMARA CO-		<i>leucovorin calcium</i>	14	LOKELMA	58
PACK	19	LEUKERAN	20	LONSURF	20
<i>klor-con 10</i>	91	LEUKINE	71	<i>loperamide</i>	67
<i>klor-con 8</i>	91	<i>leuprolide</i>	20	<i>lopinavir-ritonavir</i>	5
<i>klor-con m10</i>	91	<i>levalbuterol hcl</i>	88	<i>lorazepam</i>	40
<i>klor-con m15</i>	91	<i>levetiracetam</i>	28	<i>lorazepam intensol</i>	40
<i>klor-con m20</i>	91	<i>levetiracetam in nacl (iso-os)</i>	28	LORBRENA	20
<i>klor-con oral packet 20</i>	91	<i>levobunolol</i>	83	<i>loryna</i> (28)	81
<i>klor-conlef</i>	91	<i>levocarnitine</i>	58	<i>losartan</i>	45
KLOXXADO	35	<i>levocarnitine (with sugar)</i>	58	<i>losartan-hydrochlorothiazide</i>	45
KOMBIGLYZE XR	62	<i>levocetirizine</i>	86	<i>loteprednol etabonate</i>	85
KORLYM	65	<i>levofloxacin</i>	13, 83	<i>lovastatin</i>	50
K-PHOS NO 2	90	<i>levofloxacin in d5w</i>	13	<i>low-ogestrel</i> (28)	81
K-PHOS ORIGINAL	91	<i>levoleucovorin calcium</i>	14	<i>loxapine succinate</i>	40
KRYSTEXXA	75	<i>levonest</i> (28)	80	<i>lo-zumandimine</i> (28)	81
<i>kurvelo</i> (28)	80	<i>levonorgestrel-ethynodiol-estradiol</i>	80	LUCENTIS	84
KYNMOBI	30	<i>levonorg-eth estrad triphasic</i>	81	LUMAKRAS	20
KYPROLIS	20	<i>levora-28</i>	81	LUMIGAN	84
<i>l norgestrel-estradiol-estradiol</i>	80	<i>levo-t</i>	66	LUMIZYME	65
<i>labetalol</i>	45	<i>levothyroxine</i>	66	LUMOXITI	20
<i>lacosamide</i>	28	<i>levoxyl</i>	66	LUPRON DEPOT	20

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LUPRON DEPOT (3 MONTH).....	20	melphalan hcl.....	21	micafungin .....	3
LUPRON DEPOT (4 MONTH).....	20	memantine .....	32	microgestin 1.5/30 (21) .....	81
LUPRON DEPOT (6 MONTH).....	20	MENACTRA (PF).....	73	microgestin 1/20 (21) .....	81
LUPRON DEPOT-PED .....	20	MENEST .....	78	microgestin fe 1.5/30 (28) .....	81
LUPRON DEPOT-PED (3 MONTH).....	20	MENQUADFI (PF).....	73	microgestin fe 1/20 (28) .....	81
lulera (28) .....	81	MENVEO A-C-Y-W-135-DIP (PF).....	73	midodrine .....	58
lyleq .....	78	MEPSEVII.....	65	mifepristone .....	78
lyllana .....	78	mercaptopurine .....	21	miglustat .....	65
LYNPARZA .....	20	meropenem .....	10	mil .....	81
LYSODREN .....	20	mesalamine .....	68	milrinone .....	51
LYUMJEV KWIKPEN U-100 INSULIN .....	63	mesalamine with cleansing wipe .....	68	milrinone in 5 % dextrose .....	51
LYUMJEV KWIKPEN U-200 INSULIN .....	63	mesna .....	14	mimvey .....	78
LYUMJEV U-100 INSULIN .....	63	MESNEX .....	14	minocycline .....	14
lyza .....	78	metaproterenol .....	88	minoxidil .....	46
mafénide acetate .....	54	metformin .....	63	miostat .....	84
magnesium chloride .....	91	methadone .....	34	MIRENA .....	79
magnesium sulfate .....	91	methadone intensol .....	34	mirtazapine .....	40
MAGNESIUM SULFATE IN D5W .....	91	methadose .....	34	misoprostol .....	70
magnesium sulfate in water .....	91	methazolamide .....	84	mitomycin .....	21
malathion .....	56	methenamine hippurate .....	14	mitoxantrone .....	21
mannitol 20 %.....	45	methenamine mandelate .....	14	M-M-R II (PF) .....	73
mannitol 25 %.....	45	methergine .....	82	modafinil .....	40
maprotiline .....	40	methimazole .....	61	moexipril .....	46
maraviroc .....	5	methotrexate sodium .....	21	molindone .....	40
MARGENZA .....	20	methotrexate sodium (pf) .....	21	mometasone .....	56, 88
marlissa (28) .....	81	methoxsalen .....	53	monodoxyne nl .....	14
MARPLAN .....	40	methyldopa .....	46	MONJUVI .....	21
MARQIBO .....	20	methylergonovine .....	82	mono-linyah .....	81
MATULANE .....	20	methylphenidate hcl .....	40	montelukast .....	88
matzim la .....	45	methylprednisolone .....	60	morphine .....	34
meclizine .....	68	methylprednisolone acetate .....	60	morphine (pf) .....	34
medroxyprogesterone .....	78	methylprednisolone sodium succ .....	60	morphine concentrate .....	34
mefloquine .....	10	metoclopramide hcl .....	69	MOTEGRITY .....	69
megestrol .....	20	metolazone .....	46	MOUNJARO .....	63
MEKINIST .....	20, 21	metoprolol succinate .....	46	MOVANTIK .....	69
MEKTOVI .....	21	metoprolol tartrate .....	46	moxifloxacin .....	13, 83
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		metronidazole in nacl (iso-os) .....	10	MULPLETA .....	49
		metyrosine .....	46	mupirocin .....	54
		mexiletine .....	43	MVASI .....	21

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<i>nabumetone</i>	36	NICOTROL	59	nystop	55
<i>nadolol</i>	46	NICOTROL NS	59	NYVEPRIA	71
<i>nafcillin</i>	12	nifedipine	46	OCALIVA	69
<i>nafcillin in dextrose iso-osm</i>	12	nikki (28)	81	OCREVUS	32
<i>naftifine</i>	55	nilutamide	21	octreotide acetate	21, 22
NAFTIN	55	nimodipine	46	ODEFSEY	5
NAGLAZYME	65	NINLARO	21	ODOMZO	22
<i>nalbuphine</i>	36	nisoldipine	46	OFEV	88
<i>naloxone</i>	36	nitazoxanide	10	ofloxacin	13, 60, 83
<i>naltrexone</i>	36	nitisinone	58	olanzapine	40, 41
NAMZARIC	32	nitro-bid	51	olanzapine-fluoxetine	41
<i>naproxen</i>	36	nitrofurantoin	14	olmesartan	46
<i>naproxen sodium</i>	36	nitrofurantoin macrocrystal	14	olmesartan-amlodipin-	
<i>naratriptan</i>	30	nitrofurantoin monohyd/m-		hcthiazid	46
NARCAN	36	cryst	14	olmesartan-	
NATACYN	83	nitroglycerin	51	hydrochlorothiazide	46
<i>nateglinide</i>	63	nitroglycerin in 5 % dextrose	51	olopatadine	84
NATPARA	65	NIVESTYM	71	omega-3 acid ethyl esters	50
NAYZILAM	28	nizatidine	71	omeprazole	71
<i>nebivolol</i>	46	nora-be	78	OMNIPOD 5 G6 INTRO	
NEEDLES, INSULIN		norepinephrine bitartrate	51	KIT (GEN 5)	63
DISP.,SAFETY	74	norethindrone (contraceptive)	78	OMNIPOD 5 G6 PODS	
<i>nefazodone</i>	40	norethindrone acetate	78	(GEN 5)	63
<i>nelarabine</i>	21	norethindrone ac-eth estradiol		OMNIPOD CLASSIC PDM	
<i>neomycin</i>	10	.....	78, 81	KIT(GEN 3)	74
<i>neomycin-bacitracin-poly-hc</i>	85	norethindrone-e.estriadiol-iron	81	OMNIPOD CLASSIC	
<i>neomycin-bacitracin-</i>		norgestimate-ethynodiol estradiol	81	PODS (GEN 3)	74
<i>polymyxin</i>	83	nortrel 0.5/35 (28)	81	OMNIPOD DASH PODS	
<i>neomycin-polymyxin b gu</i>	57	nortrel 1/35 (21)	81	(GEN 4)	74
<i>neomycin-polymyxin b-</i>		nortrel 1/35 (28)	81	OMNITROPE	71
<i>dexameth</i>	85	nortrel 7/7/7 (28)	81	ONCASPAR	22
<i>neomycin-polymyxin-</i>		nortriptyline	40	ondansetron	69
<i>gramicidin</i>	83	NORVIR	5	ondansetron hcl	69
<i>neomycin-polymyxin-hc</i>	60, 85	NOVOFINE 32	63	ondansetron hcl (pf)	69
<i>neo-polycin</i>	83	NOVOFINE PLUS	63	ONGLYZA	63
<i>neo-polycin hc</i>	85	NOXAFIL	3	ONIVYDE	22
<i>neostigmine methylsulfate</i>	32	NPLATE	49	ONUREG	22
NERLYNX	21	NUBEQA	21	OPDIVO	22
NEUPRO	30	NUCALA	88	OPDUALAG	22
<i>nevirapine</i>	5	NUEDEXTA	32	<i>opium tincture</i>	67
NEXAVAR	21	NULOJIX	21	OPSUMIT	88
NEXLETOL	50	NUPLAZID	40	<i>oralone</i>	59
NEXLIZET	50	NURTEC ODT	31	ORENCIA	76

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ORGOVYX.....	22	penicillamine .....	77	podofilox.....	53
ORKAMBI.....	88	PENICILLIN G POT IN DEXTROSE.....	12	POLIVY .....	22
ORLADEYO.....	88	penicillin g potassium .....	12	polocaine .....	53
orsythia.....	81	penicillin g procaine .....	12	polocaine-mpf.....	53
oseltamivir.....	5	penicillin g sodium .....	12	polycin .....	83
osmitrol 20 %.....	46	penicillin v potassium .....	12	polymyxin b sulf- trimethoprim .....	83
OTEZLA.....	76	PENTACEL (PF).....	73	POMALYST .....	22
OTEZLA STARTER.....	77	pentamidine .....	10	portia 28 .....	81
oxacillin.....	12	PENTASA .....	69	PORTRAZZA .....	22
oxacillin in dextrose(iso-osm) .....	12	pentoxifylline .....	49	posaconazole .....	3
oxaliplatin.....	22	perindopril erbumine .....	46	potassium acetate .....	91
oxandrolone.....	65	periogard.....	59	potassium chlorid-d5- 0.45%nacl .....	91
oxaprozin.....	36	PERJETA .....	22	potassium chloride .....	92
oxcarbazepine.....	28	permethrin .....	56	potassium chloride in 0.9%nacl .....	92
OXERVATE.....	84	perphenazine .....	41	potassium chloride in 5 % dex .....	92
oxybutynin chloride.....	90	PERSERIS .....	41	potassium chloride in lr-d5 .....	92
oxycodone.....	34	pfizerpen-g .....	12	potassium chloride in water .....	92
oxycodone-acetaminophen .....	34	phenelzine .....	41	potassium chloride-0.45 % nacl .....	92
OXYCONTIN.....	35	phenobarbital .....	28	potassium chloride-d5- 0.2%nacl .....	92
OZEMPIC.....	63	phenobarbital sodium .....	28	potassium chloride-d5- 0.9%nacl .....	92
OZURDEX.....	85	phentolamine .....	46	potassium citrate .....	91
pacerone.....	43	phenytoin .....	28	potassium phosphate m-l-d- basic .....	92
paclitaxel.....	22	phenytoin sodium .....	29	POTELIGEO .....	22
PADCEV.....	22	phenytoin sodium extended .....	29	pramipexole .....	30
paliperidone.....	41	philith .....	81	prasugrel .....	49
palonosetron.....	69	PHOSPHOLINE IODIDE .....	84	pravastatin .....	50
PALYNZIQ.....	65	PIFELTRO .....	5	praziquantel .....	10
pamidronate .....	65	pilocarpine hcl .....	58, 84	prazosin .....	46
PANRETIN.....	53	pimecrolimus .....	53	prednicarbate .....	56
pantoprazole.....	71	pimozide .....	41	prednisolone .....	60
paraplatin.....	22	pimtrea (28) .....	81	prednisolone acetate .....	85
paricalcitol.....	65	pindolol .....	46	prednisolone sodium phosphate .....	60, 85
paromomycin.....	10	pioglitazone .....	63	prednisone .....	60
paroxetine hcl.....	41	piperacillin-tazobactam .....	13	prednisone intensol .....	60
PASER.....	10	PIQRAY .....	22	pregabalin .....	29
PAXIL.....	41	pirfenidone .....	88	PREHEVBARIO (PF) .....	73
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<i>premasol 10 %</i> .....	93	PURIXAN .....	22	<i>ribavirin</i> .....	6
PREMPHASE.....	78	<i>pyrazinamide</i> .....	10	RIDAURA .....	77
PREMPRO.....	78	<i>pyridostigmine bromide</i> .....	32	<i>rifabutin</i> .....	10
<i>prenatal vitamin oral tablet</i> .....	93	<i>pyrimethamine</i> .....	10	<i>rifampin</i> .....	10
<i>prevalite</i> .....	50	QINLOCK .....	22	<i>riluzole</i> .....	58
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PREZCOBIX .....	5	<i>quinidine sulfate</i> .....	43	<i>risperidone</i> .....	41, 42
PREZISTA .....	5, 6	<i>quinine sulfate</i> .....	10	<i>ritonavir</i> .....	6
PRIFTIN .....	10	QVAR REDIHALER .....	89	<i>rivastigmine</i> .....	32
PRIMAQUINE .....	10	RABAVERT (PF).....	73	<i>rivastigmine tartrate</i> .....	32
<i>primidone</i> .....	29	RADICAVA .....	32	<i>rizatriptan</i> .....	31
PRIVIGEN .....	73	<i>raloxifene</i> .....	75	ROCKLATAN .....	85
<i>probencid</i> .....	75	<i>ramelteon</i> .....	41	<i>romidepsin</i> .....	23
<i>probencid-colchicine</i> .....	75	<i>ramipril</i> .....	46	<i>ropinirole</i> .....	30
<i>procainamide</i> .....	43	<i>ranolazine</i> .....	51	<i>rosadan</i> .....	54
<i>prochlorperazine</i> .....	69	<i>rasagiline</i> .....	30	<i>rosuvastatin</i> .....	50
<i>prochlorperazine edisylate</i> .....	69	RAVICTI .....	58	ROTARIX .....	73
<i>prochlorperazine maleate oral</i> .....	69	<i>reclipsen (28)</i> .....	81	ROTATEQ VACCINE .....	73
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<i>procto-pak</i> .....	69	<i>regonol</i> .....	32	RUBRACA .....	23
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<i>protozone-hc</i> .....	69	RELENZA DISKHALER .....	6	RUKOBIA .....	6
<i>progesterone</i> .....	78	RELISTOR .....	69	RUXIENCE .....	23
<i>progesterone micronized</i> .....	78	REMICADE .....	70	RYBELSUS .....	63
PROGRAF .....	22	RENACIDIN .....	91	RYBREVANT .....	23
PROLASTIN-C .....	58	<i>repaglinide</i> .....	63	RYDAPT .....	23
PROLENSA .....	84	REPATHA .....	50	RYLAZE .....	23
PROLIA .....	75	REPATHA .....		<i>sajazir</i> .....	89
PROMACTA .....	49	PUSHTRONEX .....	50	<i>salsalate</i> .....	36
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<i>propafenone</i> .....	43	RESTASIS .....	84	SANCUSO .....	70
<i>propranolol</i> .....	46	RESTASIS MULTIDOSE .....	84	SANDIMMUNE .....	23
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<i>propylthiouracil</i> .....	61	RETEVMO .....	22	DEPOT .....	23
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selenium sulfide	52	SPIRIVA RESPIMAT	89	SYMLINPEN 60	63
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sertraline	42	spironolactone	46	SYMTUZA	6
setlakin	81	spironolacton-		SYNAGIS	6
sevelamer carbonate	58	hydrochlorothiaz	46	SYNAREL	66
sf	59	sprintec (28)	82	SYNERCID	10
sf 5000 plus	59	SPRITAM	29	SYNJARDY	64
sharobel	78	SPRYCEL	23	SYNJARDY XR	64
SHINGRIX (PF)	74	sps (with sorbitol)	58	SYNRIBO	23
SIGNIFOR	23	sronyx	82	TABLOID	23
sildenafil (pulmonary arterial hypertension)	89	ssd	53	TABRECTA	23
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SIMULECT	23	STELARA	52	TAGRISSO	24
simvastatin	50	STIOLTO RESPIMAT	89	TALTZ AUTOINJECTOR..	52
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SIRTURO	10	STRENSIQ	66	TALTZ AUTOINJECTOR (3 PACK)	52
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sodium acetate	92	STRIBILD	6	TALZENNA	24
sodium benzoate-sod phenylacet	58	STRIVERDI RESPIMAT	89	tamoxifen	24
sodium bicarbonate	92	subvenite	29	tamsulosin	90
sodium chloride	58, 92	subvenite starter (blue) kit	29	TARGETIN	24
sodium chloride 0.45 %	92	subvenite starter (green) kit	29	tarina 24 fe	82
sodium chloride 0.9 %	58	subvenite starter (orange) kit	29	tarina fe 1/20 (28)	82
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sodium chloride 5 % hypertonic	92	sucralfate	71	TASIGNA	24
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sodium fluoride 5000 plus	59	sulfacetamide sodium (acne)	54	tazarotene	54
sodium fluoride-pot nitrate	59	sulfacetamide-prednisolone	84	tazicef	8
sodium nitroprusside	51	sulfadiazine	13	TAZORAC	54
sodium phenylbutyrate	58	sulfamethoxazole-		taztia xt	47
sodium phosphate	92	trimethoprim	13	TAZVERIK	24
sodium polystyrene sulfonate	58	SULFAMYLYON	54	TDVAX	74
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SOLTAMOX	23	sulindac	36	TEFLARO	8
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SOMAVERT	66	sumatriptan succinate	31	telmisartan	47
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TEMODAR	24	<i>toposar</i>	24	<i>tri-sprintec (28)</i>	82
<i>temsirolimus</i>	24	<i>topotecan</i>	24	TRIUMEQ	6
TENIVAC (PF)	74	<i>toremifene</i>	24	TRIUMEQ PD	6
<i>tenofovir disoproxil fumarate</i>	6	<i>torsemide</i>	47	<i>trivora (28)</i>	82
TEPMETKO	24	TOUJEON MAX U-300		TRIZIVIR	6
<i>terazosin</i>	47	SOLOSTAR	64	TRODELVY	24
<i>terbinafine hcl</i>	3	TOUJEON SOLOSTAR U-300 INSULIN	64	TROGARZO	6
<i>terbutaline</i>	89	TOVIAZ	90	TROPHAMINE 10 %	93
<i>terconazole</i>	79	<i>tramadol</i>	36	<i>trospium</i>	90
TERIPARATIDE	75	<i>tramadol-acetaminophen</i>	36	TRUDHESA	31
<i>testosterone</i>	66	<i>trandolapril</i>	47	TRULANCE	70
<i>testosterone cypionate</i>	66	<i>trandolapril-verapamil</i>	47	TRULICITY	64
<i>testosterone enanthate</i>	66	<i>tranexamic acid</i>	79	TRUMENBA	74
TETANUS,DIPHTHERIA TOX PED(PF)	74	<i>tranylcypromine</i>	42	TRUSELTIQ	24, 25
<i>tetrabenazine</i>	32	<i>travasol 10 %</i>	93	TUKYSA	25
<i>tetracycline</i>	14	<i>travoprost</i>	85	TURALIO	25
THALOMID	24	TRAZIMERA	24	TWINRIX (PF)	74
THEO-24	89	<i>trazodone</i>	42	TYPHIM VI	74
<i>theophylline</i>	89	TREANDA	24	TYSABRI	32
<i>thioridazine</i>	42	TRECATOR	11	TYVASO	89
<i>thiotepa</i>	24	TRELEGY ELLIPTA	89	TYVASO	
<i>thiothixene</i>	42	TRELSTAR	24	INSTITUTIONAL START KIT	
<i>tiadylt er</i>	47	<i>treprostinal sodium</i>	47	TYVASO REFILL KIT	89
<i>tiagabine</i>	29	<i>tretinoin (antineoplastic)</i>	24	TYVASO STARTER KIT	89
TIBSOVO	24	<i>tretinoin topical</i>	54	UBRELVY	31
TICE BCG	74	<i>tri-femynor</i>	82	ULTOMIRIS	58
TICOVAC	74	<i>triamcinolone acetonide</i>		<i>unithroid</i>	66
<i>tigecycline</i>	11		56, 59, 60	UNITUXIN	25
<i>tilia fe</i>	82	<i>triامterene-hydrochlorothiazid</i>	47	UPTRAVI	47
<i>timolol maleate</i>	47, 83	<i>triderm</i>	56	<i>ursodiol</i>	70
<i>tinidazole</i>	11	<i>trientine</i>	58	<i>valacyclovir</i>	6
TIVDAK	24	<i>tri-estarrylla</i>	82	VALCHLOR	54
TIVICAY	6	<i>trifluoperazine</i>	42	<i>valganciclovir</i>	6
TIVICAY PD	6	<i>trifluridine</i>	83	<i>valproate sodium</i>	29
<i>tizanidine</i>	33	TRIJARDY XR	64	<i>valproic acid</i>	29
TOBI PODHALER	11	TRIKAFTA	89	<i>valproic acid (as sodium salt)</i>	29
TOBRADEX	85	<i>tri-legest fe</i>	82	<i>valrubicin</i>	25
<i>tobramycin</i>	11, 83	<i>tri-linyah</i>	82	<i>valsartan</i>	47
<i>tobramycin in 0.225 % nacl</i>	11	<i>tri-lo-estarrylla</i>	82	<i>valsartan-hydrochlorothiazide</i>	47
<i>tobramycin sulfate</i>	11	<i>tri-lo-marzia</i>	82	VALTOCO	29
<i>tobramycin-dexamethasone</i>	85	<i>tri-lo-sprintec</i>	82	VANCOMYCIN	11
<i>tolterodine</i>	90	<i>trimethoprim</i>	14	<i>vancomycin</i>	11

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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