2027
Formulary (List of Covered Drugs)



ElderServe Star (HMO I-SNP)

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

HPMS Approved Formulary File Submission ID 00027124, Version: 8

This formulary was updated on 10/06/2026. For more recent information or other questions, please contact us, ElderServe Health Member Services, at 1-800-580-7000 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit www.ElderServeHealth.org.

H6776_CY27Formulary001_C

Table of Contents

2027 PART D FORMULARY I
WHAT IS THE ELDERSERVE STAR (HMO I-SNP) FORMULARY? I
CAN THE FORMULARY CHANGE? I
HOW DO I USE THE FORMULARY? III
WHAT ARE GENERIC DRUGS? III
WHAT ARE ORIGINAL BIOLOGICAL PRODUCTS AND HOW ARE THEY RELATED TO BIOSIMILARS? III
ARE THERE ANY RESTRICTIONS ON MY COVERAGE? IV
WHAT IF MY DRUG IS NOT ON THE FORMULARY? IV
HOW DO I REQUEST AN EXCEPTION TO THE ELDERSERVE STAR (HMO I-SNP)'S FORMULARY? IV
WHAT CAN I DO IF MY DRUG IS NOT ON THE FORMULARY OR HAS A RESTRICTION? V
FOR MORE INFORMATION V
ELDERSERVE STAR (HMO I-SNP) FORMULARY VI
LIST OF ABBREVIATIONS I
ANTIFUNGAL AGENTS 2
ANTIVIRALS 2
CEPHALOSPORINS 5
ERYTHROMYCINS / OTHER MACROLIDES 6
MISCELLANEOUS ANTIINFECTIVES 7
PENICILLINS 9
QUINOLONES 11
SULFA'S / RELATED AGENTS 11
TETRACYCLINES 11
URINARY TRACT AGENTS 12
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS 12
ADJUNCTIVE AGENTS 12
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS 12
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH 27
ANTICONVULSANTS 27
ANTIPARKINSONISM AGENTS 31
MIGRAINE / CLUSTER HEADACHE THERAPY 31
MISCELLANEOUS NEUROLOGICAL THERAPY 32
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY 33
NARCOTIC ANALGESICS 34

NON-NARCOTIC ANALGESICS 36
PSYCHOTHERAPEUTIC DRUGS 37
CARDIOVASCULAR, HYPERTENSION / LIPIDS 44
ANTIARRHYTHMIC AGENTS 44
ANTIHYPERTENSIVE THERAPY 45
COAGULATION THERAPY 48
LIPID/CHOLESTEROL LOWERING AGENTS 50
MISCELLANEOUS CARDIOVASCULAR AGENTS 52
NITRATES 52
DERMATOLOGICALS/TOPICAL THERAPY 53
ANTIPSORIATIC / ANTISEBORRHEIC 53
MISCELLANEOUS DERMATOLOGICALS 54
THERAPY FOR ACNE 56
TOPICAL ANTIBACTERIALS 56
TOPICAL ANTIFUNGALS 57
TOPICAL ANTIVIRALS 57
TOPICAL CORTICOSTEROIDS 57
TOPICAL SCABICIDES / PEDICULICIDES 59
DIAGNOSTICS / MISCELLANEOUS AGENTS 59
ANTIDOTES 59
IRRIGATING SOLUTIONS 59
MISCELLANEOUS AGENTS 59
SMOKING DETERRENTS 61
EAR, NOSE / THROAT MEDICATIONS 62
MISCELLANEOUS AGENTS 62
MISCELLANEOUS OTIC PREPARATIONS 62
OTIC STEROID / ANTIBIOTIC 62
ENDOCRINE/DIABETES 63
ADRENAL HORMONES 63
ANTITHYROID AGENTS 64
DIABETES THERAPY 64
MISCELLANEOUS HORMONES 67
THYROID HORMONES 69

GASTROENTEROLOGY 69
ANTIDIARRHEALS / ANTISPASMODICS 69
MISCELLANEOUS GASTROINTESTINAL AGENTS 69
ULCER THERAPY 72
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY 73
BIOTECHNOLOGY DRUGS 73
VACCINES / MISCELLANEOUS IMMUNOLOGICALS 74
MISCELLANEOUS SUPPLIES 76
MISCELLANEOUS SUPPLIES 76
MUSCULOSKELETAL / RHEUMATOLOGY 77
GOUT THERAPY 77
OSTEOPOROSIS THERAPY 78
OTHER RHEUMATOLOGICALS 78
OBSTETRICS / GYNECOLOGY 80
ESTROGENS / PROGESTINS 80
MISCELLANEOUS OB/GYN 81
ORAL CONTRACEPTIVES / RELATED AGENTS 82
OXYTOCICS 84
OPHTHALMOLOGY 84
ANTIBIOTICS 84
ANTIVIRALS 84
BETA-BLOCKERS 84
MISCELLANEOUS OPHTHALMOLOGICS 85
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS 85
ORAL DRUGS FOR GLAUCOMA 85
OTHER GLAUCOMA DRUGS 85
STEROID-ANTIBIOTIC COMBINATIONS 86
STEROIDS 86
SYMPATHOMIMETICS 86
RESPIRATORY AND ALLERGY 86
ANTIHISTAMINE / ANTIALLERGENIC AGENTS 86
PULMONARY AGENTS 87
UROLOGICALS 92

ANTICHOLINERGICS / ANTISPASMODICS 92
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY 92
MISCELLANEOUS UROLOGICALS 92
VITAMINS, HEMATINICS / ELECTROLYTES 92
BLOOD DERIVATIVES 92
ELECTROLYTES 93
MISCELLANEOUS NUTRITION PRODUCTS 94
VITAMINS / HEMATINICS 95
INDEX 96

2027 Part D Formulary

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 ElderServe Star (HMO I-SNP). When it refers to "plan" or "our plan," it means ElderServe Star (HMO I-SNP).

This document includes Drug List (formulary) for our plan which is current as of October 6, 2026. For an updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2027, and from time to time during the year.

What is the ElderServe Star (HMO I-SNP) formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by ElderServe Star (HMO I-SNP) 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. ElderServe Star (HMO I-SNP) will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a ElderServe Star (HMO I-SNP) network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but ElderServe Star (HMO I-SNP) may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: Member Materials – ElderServe MAP .

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

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

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

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

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled "How do I request an exception to the ElderServe Star (HMO I-SNP) formulary?"

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

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a new generic drug to replace a brand-name drug currently on the formulary, or add a new biosimilar to replace an original biological product currently on the formulary, or add new restrictions or both after we add a corresponding drug. We may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

  If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled "How do I request an exception to the ElderServe Star (HMO I-SNP)'s formulary?"

Changes that will not affect you if you are currently taking the drug.

Generally, if you are taking a drug on our 2027 contract year formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2027 contract year coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 10/06/2026. To get updated information about the drugs covered by ElderServe Star (HMO I-SNP) 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 2. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, CARDIOVASCULAR, HYPERTENSION / LIPIDS. If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

- **Alphabetical Listing**

  If you are not sure what category to look under, you should look for your drug in the Index that begins on page 96. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

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

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

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

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, “The ‘Drug List’ tells which Part D drugs are covered.”

Are there any restrictions on my coverage?

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

- **Prior Authorization:** ElderServe Star (HMO I-SNP) requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from ElderServe Star (HMO I-SNP) based on specific criteria before you fill your prescriptions. If you don't get approval, ElderServe Star (HMO I-SNP) may not cover the drug.

- **Quantity Limits:** For certain drugs, ElderServe Star (HMO I-SNP) limits the amount of the drug that ElderServe Star (HMO I-SNP) will cover. For example, ElderServe Star (HMO I-SNP) provides 60 tablets per 30 days per prescription for *abiraterone oral tablet 500 mg*. This may be in addition to a standard one-month or three-month supply.

- **Step Therapy:** In some cases, ElderServe Star (HMO I-SNP) 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, ElderServe Star (HMO I-SNP) may not cover Drug B unless you try Drug A first. If Drug A does not work for you, ElderServe Star (HMO I-SNP) 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 96. You can also get more information about the restrictions applied to specific covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask ElderServe Star (HMO I-SNP) 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 ElderServe Star (HMO I-SNP)'s formulary?" on page viii 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 ElderServe Star (HMO I-SNP) does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by ElderServe Star (HMO I-SNP). When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by ElderServe Star (HMO I-SNP).

- You can ask ElderServe Star (HMO I-SNP) 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 ElderServe Star (HMO I-SNP)'s formulary?

You can ask ElderServe Star (HMO I-SNP) to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

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

- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, ElderServe Star (HMO I-SNP) 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, ElderServe Star (HMO I-SNP) will only approve your request for an exception if the alternative drugs included on the plan's formulary or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a formulary exception, including an exception to a coverage restriction. ***When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.***

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

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

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

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

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

For more information

For more detailed information about your ElderServe Star (HMO I-SNP) prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about ElderServe Star (HMO I-SNP), 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.

ElderServe Star (HMO I-SNP) formulary

The formulary below provides coverage information about the drugs covered by ElderServe Star (HMO I-SNP). If you have trouble finding your drug in the list, turn to the Index that begins on page 95.

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

The information in the Requirements/Limits column tells you if ElderServe Star (HMO I-SNP) has any special requirements for coverage of your drug.

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

List of Abbreviations

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

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

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

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

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

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

V: This vaccine is provided to adults at no cost when used based on recommendations by the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP).

Drug Name	Drug Tier	Requirements/Limits
ANTI - INFECTIVES		
ANTIFUNGAL AGENTS		
amphotericin b	1	B/D PA
amphotericin b liposome	1	B/D PA
caspofungin	1	
clotrimazole mucous membrane	1	MO
CRESEMBA ORAL	1	PA
fluconazole	1	MO
fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml	1	PA; MO
fluconazole in nacl (iso-osm) intravenous piggyback 400 mg/200 ml	1	PA
flucytosine	1	MO
griseofulvin microsize	1	MO
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	MO
itraconazole oral capsule	1	MO; QL (120 per 30 days)
itraconazole oral solution	1	MO
ketoconazole oral	1	MO
micafungin	1	MO
nystatin oral suspension	1	MO
nystatin oral tablet	1	MO
posaconazole oral tablet,delayed release (dr/ec)	1	PA; MO; QL (96 per 30 days)
terbinafine hcl oral	1	MO
voriconazole intravenous recon soln	1	PA
voriconazole oral suspension for reconstitution	1	PA; MO
voriconazole oral tablet	1	PA; MO
voriconazole-hpbcd	1	PA
ANTIVIRALS		
abacavir	1	MO
abacavir-lamivudine	1	MO
acyclovir oral capsule	1	MO
acyclovir oral suspension 200 mg/5 ml	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
acyclovir oral suspension 200 mg/5 ml (5 ml)	1	
acyclovir oral tablet	1	MO
acyclovir sodium intravenous solution	1	B/D PA; MO
adefovir	1	MO
amantadine hcl	1	MO
APTIVUS	1	MO
atazanavir	1	MO
BARACLUDE ORAL SOLUTION	1	MO
BIKTARVY	1	MO
BIXLENVO	1	
CABENUVA	1	MO
cidofovir	1	
CIMDUO	1	MO
darunavir	1	MO
DELSTRIGO	1	MO
DESCOVY	1	MO
DOVATO	1	MO
EDURANT PED	1	MO
efavirenz oral tablet	1	MO
efavirenz-emtricitabin-tenofov	1	MO
efavirenz-lamivu-tenofov disop	1	MO
emtricitabine	1	MO
emtricitabine-tenofovir (tdf)	1	MO
emtricita-rilpivirine-tenof df	1	MO
EMTRIVA ORAL SOLUTION	1	MO
entecavir	1	MO
etravirine	1	MO
EVOTAZ	1	MO
famciclovir	1	MO
fosamprenavir	1	MO
ganciclovir sodium intravenous recon soln	1	B/D PA; MO
ganciclovir sodium intravenous solution	1	B/D PA
GENVOYA	1	MO
IDVYNSO	1	MO
INTELENCE ORAL TABLET 25 MG	1	MO
ISENTRESS HD	1	MO
ISENTRESS ORAL POWDER IN PACKET	1	MO
ISENTRESS ORAL TABLET	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	1	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	1	MO
JULUCA	1	MO
lamivudine	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
lamivudine-zidovudine	1	MO
LIVTENCITY	1	PA; LA; QL (120 per 30 days)
lopinavir-ritonavir oral tablet	1	MO
maraviroc	1	MO
MAVYRET ORAL PELLETS IN PACKET	1	PA; MO; QL (168 per 28 days)
MAVYRET ORAL TABLET	1	PA; MO; QL (84 per 28 days)
nevirapine oral suspension	1	MO
nevirapine oral tablet	1	MO
nevirapine oral tablet extended release 24 hr	1	MO
ODEFSEY	1	MO
oseltamivir	1	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)-100 MG (10)	1	QL (20 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (6)-100 MG (5)	1	QL (11 per 30 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	1	QL (30 per 30 days)
PIFELTRO	1	MO
PREVYMIS INTRAVENOUS	1	PA
PREVYMIS ORAL TABLET 240 MG	1	PA; MO; QL (56 per 28 days)
PREVYMIS ORAL TABLET 480 MG	1	PA; MO; QL (28 per 28 days)
PREZCOBIX	1	MO
PREZISTA ORAL SUSPENSION	1	MO
PREZISTA ORAL TABLET 150 MG	1	MO
PREZISTA ORAL TABLET 75 MG	1	MO
RELENZA DISKHALER	1	MO
RETROVIR INTRAVENOUS	1	MO
REYATAZ ORAL POWDER IN PACKET	1	MO
ribavirin oral capsule	1	MO
ribavirin oral tablet 200 mg	1	MO
rilpivirine hcl	1	MO
rimantadine	1	MO
ritonavir	1	MO
RUKOBIA	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
STRIBILD	1	MO
SUNLENCA	1	
SYMTUZA	1	MO
tenofovir disoproxil fumarate	1	MO
TIVICAY ORAL TABLET 50 MG	1	MO
TIVICAY PD	1	MO
TRIUMEQ	1	MO
TRIUMEQ PD	1	MO
TROGARZO	1	MO; LA
valacyclovir oral tablet 1 gram	1	MO; QL (120 per 30 days)
valacyclovir oral tablet 500 mg	1	MO; QL (60 per 30 days)
valganciclovir oral recon soln	1	MO
valganciclovir oral tablet	1	MO
VEMLIDY	1	MO
VIRACEPT ORAL TABLET	1	MO
VIREAD ORAL POWDER	1	MO
VIREAD ORAL TABLET 150 MG	1	MO
VIREAD ORAL TABLET 200 MG, 250 MG	1	MO
VOSEVI	1	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	1	MO
zidovudine oral capsule	1	MO
zidovudine oral syrup	1	MO
zidovudine oral tablet	1	MO
CEPHALOSPORINS		
cefaclor oral capsule	1	MO
cefaclor oral suspension for reconstitution 250 mg/5 ml	1	
cefadroxil oral capsule	1	MO
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	MO
cefazolin in dextrose (iso-os) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml	1	MO
cefazolin injection recon soln 1 gram, 500 mg	1	MO
cefazolin injection recon soln 100 gram, 300 gram	1	

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

Drug Name	Drug Tier	Requirements/Limits
cefazolin intravenous recon soln 10 gram	1	
cefdinir	1	MO
cefepime in dextrose,iso-osm	1	
cefepime injection	1	MO
cefixime oral capsule	1	MO
cefoxitin in dextrose, iso-osm	1	
cefoxitin intravenous recon soln 1 gram, 2 gram	1	MO
cefoxitin intravenous recon soln 10 gram	1	
cefpodoxime	1	MO
cefprozil	1	MO
ceftaroline fosamil	1	
ceftazidime injection recon soln 1 gram, 2 gram	1	MO
ceftazidime injection recon soln 6 gram	1	
ceftriaxone in dextrose,iso-os	1	MO
ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg	1	MO
ceftriaxone injection recon soln 10 gram	1	
ceftriaxone intravenous recon soln 2 gram	1	MO
cefuroxime axetil oral tablet	1	MO
cefuroxime sodium injection recon soln 750 mg	1	MO
cefuroxime sodium intravenous recon soln 1.5 gram	1	MO
cefuroxime sodium intravenous recon soln 7.5 gram	1	
cephalexin oral capsule 250 mg	1	MO
cephalexin oral capsule 500 mg	1	MO
cephalexin oral suspension for reconstitution	1	MO
tazicef injection	1	MO
ERYTHROMYCINS / OTHER MACROLIDES		
azithromycin intravenous	1	MO
azithromycin oral suspension for reconstitution	1	MO
azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)	1	

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

Drug Name	Drug Tier	Requirements/Limits
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	MO
clarithromycin	1	MO
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	MO
erythromycin ethylsuccinate oral tablet	1	
erythromycin oral tablet	1	MO
erythromycin oral tablet,delayed release (dr/ec)	1	MO
fidaxomicin	1	QL (20 per 10 days)
MISCELLANEOUS ANTIINFECTIVES		
albendazole	1	MO
amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml	1	MO
ARIKAYCE	1	PA; LA
atovaquone	1	MO
atovaquone-proguanil	1	MO
aztreonam	1	MO
CAYSTON	1	PA; MO; LA; QL (84 per 56 days)
chloroquine phosphate	1	MO
clindamycin hcl	1	MO
clindamycin in 5 % dextrose	1	MO
clindamycin phosphate injection	1	MO
COARTEM	1	MO
colistin (colistimethate na)	1	MO; QL (30 per 10 days)
dapsone oral	1	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	1	MO
daptomycin intravenous recon soln 500 mg	1	MO
EMVERM	1	MO
ertapenem	1	MO; QL (14 per 14 days)
ethambutol	1	MO
gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/100 ml, 80 mg/50 ml	1	MO
gentamicin injection	1	MO
gentamicin sulfate (ped) (pf)	1	

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

Drug Name	Drug Tier	Requirements/Limits
hydroxychloroquine oral tablet 200 mg	1	MO
imipenem-cilastatin	1	MO
IMPAVIDO	1	PA; MO
isoniazid injection	1	
isoniazid oral solution	1	MO
isoniazid oral tablet 100 mg	1	MO
isoniazid oral tablet 300 mg	1	MO
ivermectin oral tablet 3 mg	1	PA; QL (20 per 30 days)
ivermectin oral tablet 6 mg	1	PA; QL (8 per 30 days)
lincomycin	1	
linezolid in dextrose 5%	1	MO
linezolid oral suspension for reconstitution	1	MO
linezolid oral tablet	1	MO
mefloquine	1	MO
meropenem intravenous recon soln 1 gram	1	QL (30 per 10 days)
meropenem intravenous recon soln 2 gram	1	QL (30 per 10 days)
meropenem intravenous recon soln 500 mg	1	QL (10 per 10 days)
metronidazole in nacl (iso-os)	1	MO
metronidazole oral tablet 250 mg, 500 mg	1	MO
neomycin	1	MO
nitazoxanide	1	MO; QL (12 per 30 days)
pentamidine inhalation	1	B/D PA; MO; QL (1 per 28 days)
pentamidine injection	1	
praziquantel	1	MO
PRIFTIN	1	MO
PRIMAQUINE	1	MO
pyrazinamide	1	MO
pyrimethamine	1	PA; MO
quinine sulfate	1	MO
rifabutin	1	MO
rifampin intravenous	1	MO
rifampin oral	1	MO
SIRTURO	1	PA; LA
STREPTOMYCIN	1	MO; QL (60 per 30 days)
tigecycline	1	MO
tinidazole	1	MO
TOBI PODHALER	1	MO; QL (224 per 56 days)

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

Drug Name	Drug Tier	Requirements/Limits
tobramycin in 0.225 % nacl	1	PA; MO; QL (280 per 28 days)
tobramycin inhalation	1	PA; MO; QL (224 per 28 days)
tobramycin sulfate injection recon soln	1	QL (9 per 14 days)
tobramycin sulfate injection solution 10 mg/ml	1	
tobramycin sulfate injection solution 40 mg/ml	1	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	1	QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	1	QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	1	QL (4050 per 10 days)
vancomycin intravenous recon soln 1,000 mg	1	QL (20 per 10 days)
vancomycin intravenous recon soln 10 gram	1	QL (2 per 10 days)
vancomycin intravenous recon soln 5 gram	1	QL (4 per 10 days)
vancomycin intravenous recon soln 500 mg	1	MO; QL (10 per 10 days)
vancomycin intravenous recon soln 750 mg	1	QL (27 per 10 days)
vancomycin oral capsule 125 mg	1	PA; MO; QL (40 per 10 days)
vancomycin oral capsule 250 mg	1	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	1	
XIFAXAN ORAL TABLET 200 MG	1	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	1	PA; MO; QL (90 per 30 days)
PENICILLINS		
amoxicillin oral capsule	1	MO
amoxicillin oral suspension for reconstitution	1	MO
amoxicillin oral tablet	1	MO
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
amoxicillin-pot clavulanate oral suspension for reconstitution	1	MO
amoxicillin-pot clavulanate oral tablet	1	MO
ampicillin oral capsule 500 mg	1	MO
ampicillin sodium injection recon soln 1 gram, 10 gram, 2 gram, 250 mg, 500 mg	1	MO
ampicillin sodium intravenous	1	
ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram	1	MO
ampicillin-sulbactam injection recon soln 15 gram	1	
ampicillin-sulbactam intravenous recon soln 1.5 gram	1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	1	MO
BICILLIN L-A	1	
dicloxacillin	1	MO
nafcillin in dextrose iso-osm intravenous piggyback 2 gram/100 ml	1	
nafcillin injection recon soln 1 gram, 2 gram	1	MO
nafcillin injection recon soln 10 gram	1	
oxacillin in dextrose(iso-osm) intravenous piggyback 2 gram/50 ml	1	
oxacillin injection recon soln 1 gram, 10 gram	1	
oxacillin injection recon soln 2 gram	1	MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	1	
penicillin g potassium	1	MO
penicillin g sodium	1	MO
penicillin v potassium oral recon soln	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
penicillin v potassium oral tablet	1	MO
pfizerpen-g	1	
piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram	1	
piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram	1	MO
QUINOLONES		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	1	MO
ciprofloxacin in 5 % dextrose	1	MO
ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml	1	
levofloxacin in d5w intravenous piggyback 250 mg/50 ml	1	
levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml	1	MO
levofloxacin oral solution	1	MO
levofloxacin oral tablet	1	MO
moxifloxacin oral	1	MO
moxifloxacin-sod.chloride(iso)	1	MO
SULFA'S / RELATED AGENTS		
sulfadiazine	1	MO
sulfamethoxazole-trimethoprim intravenous	1	MO
sulfamethoxazole-trimethoprim oral suspension	1	MO
sulfamethoxazole-trimethoprim oral tablet	1	MO
TETRACYCLINES		
demeclocycline	1	MO
doxy-100	1	MO
doxycycline hyclate intravenous	1	
doxycycline hyclate oral capsule 100 mg, 50 mg	1	MO
doxycycline hyclate oral tablet 100 mg, 20 mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
doxycycline monohydrate oral capsule 100 mg, 50 mg	1	MO
doxycycline monohydrate oral suspension for reconstitution	1	MO
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	1	MO
minocycline oral capsule	1	MO
minocycline oral tablet	1	MO
mondoxyne nl oral capsule 100 mg	1	
tetracycline oral capsule	1	MO
URINARY TRACT AGENTS		
fosfomycin tromethamine	1	MO
methenamine hippurate	1	MO
methenamine mandelate oral tablet	1	MO
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	1	MO
nitrofurantoin monohyd/m-cryst	1	MO
trimethoprim	1	MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
ADJUNCTIVE AGENTS		
BOMYNTRA	1	PA; MO
dexrazoxane hcl	1	MO
ELITEK	1	MO
KHAPZORY	1	
leucovorin calcium oral	1	MO
levoleucovorin calcium intravenous solution	1	
mesna intravenous	1	MO
mesna oral	1	MO
WYOST	1	PA; MO
ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS		
abiraterone oral tablet 250 mg	1	PA; MO; QL (120 per 30 days)
abiraterone oral tablet 500 mg	1	PA; MO; QL (60 per 30 days)
abirtega	1	PA; QL (120 per 30 days)
ADCETRIS	1	MO
ADSTILADRIN	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
AKEEGA	1	PA; LA; QL (60 per 30 days)
ALECENSA	1	PA; MO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	1	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	1	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	1	PA; QL (30 per 180 days)
anastrozole	1	MO
ANKTIVA	1	PA; MO
arsenic trioxide intravenous solution 1 mg/ml	1	
arsenic trioxide intravenous solution 2 mg/ml	1	MO
ASPARLAS	1	PA
AUGTYRO ORAL CAPSULE 160 MG	1	PA; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	1	PA; QL (240 per 30 days)
AVMAPKI-FAKZYNJA	1	PA; QL (66 per 28 days)
AYVAKIT	1	PA; LA; QL (30 per 30 days)
azacitidine	1	MO
azathioprine oral tablet 50 mg	1	B/D PA; MO
azathioprine sodium	1	B/D PA
BALVERSA	1	PA; LA
BAVENCIO	1	LA
BEIZRAY-ALBUMIN	1	
BELEODAQ	1	
bendamustine intravenous recon soln	1	MO
BENDEKA	1	MO
BESPONSA	1	MO; LA
bexarotene	1	PA; MO
bicalutamide	1	MO
BIZENGRI	1	PA
BLENREP	1	PA
bleomycin	1	B/D PA; MO
BLINCYTO INTRAVENOUS KIT	1	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	1	
bortezomib injection recon soln 3.5 mg	1	MO
BOSULIF ORAL CAPSULE 100 MG	1	PA; MO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	1	PA; MO; QL (330 per 30 days)
BOSULIF ORAL TABLET 100 MG	1	PA; MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BOSULIF ORAL TABLET 500 MG	1	PA; MO; QL (30 per 30 days)
bosutinib oral tablet 100 mg	1	PA; MO; QL (90 per 30 days)
bosutinib oral tablet 400 mg, 500 mg	1	PA; MO; QL (30 per 30 days)
BRAFTOVI	1	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL TABLET	1	PA; LA; QL (60 per 30 days)
busulfan	1	
CABOMETYX	1	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL)	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	1	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	1	PA; LA; QL (30 per 30 days)
carboplatin intravenous solution	1	MO
carmustine intravenous recon soln 100 mg	1	MO
cisplatin intravenous solution	1	MO
cladribine	1	B/D PA; MO
clofarabine	1	
COLUMVI	1	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	1	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	1	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	1	PA; MO; QL (84 per 28 days)
COPIKTRA	1	PA; LA; QL (56 per 28 days)
COTELLIC	1	PA; MO; LA; QL (63 per 28 days)
cyclophosphamide intravenous recon soln	1	MO
cyclophosphamide oral capsule	1	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	1	B/D PA; MO
cyclosporine modified	1	B/D PA; MO
cyclosporine oral capsule	1	B/D PA; MO
CYRAMZA	1	MO
cytarabine	1	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.

Drug Name	Drug Tier	Requirements/Limits
cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)	1	B/D PA; MO
cytarabine (pf) injection solution 20 mg/ml	1	B/D PA
dacarbazine	1	MO
dactinomycin	1	MO
DANYELZA	1	
DANZITEN	1	PA; QL (112 per 28 days)
DARZALEX	1	MO; LA
DARZALEX FASPRO	1	MO
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 80 mg	1	PA; MO; QL (30 per 30 days)
dasatinib oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
dasatinib oral tablet 70 mg	1	PA; MO; QL (60 per 30 days)
DATROWAY	1	PA; MO
daunorubicin	1	
DAURISMO ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	1	PA; MO; QL (60 per 30 days)
decitabine	1	MO
DECNUPAZ	1	PA
docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)	1	
docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)	1	MO
doxorubicin intravenous recon soln	1	B/D PA; MO
doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml	1	B/D PA; MO
doxorubicin intravenous solution 2 mg/ml	1	B/D PA
doxorubicin, peg-liposomal	1	MO
DROXIA	1	MO
ELAHERE	1	PA; LA
ELIGARD	1	PA; MO
ELIGARD (3 MONTH)	1	PA; MO
ELIGARD (4 MONTH)	1	PA; MO
ELIGARD (6 MONTH)	1	PA; MO
ELREXFIO	1	PA
ELZONRIS	1	LA

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

Drug Name	Drug Tier	Requirements/Limits
EMPLICITI	1	MO
EMRELIS	1	PA
ENSACOVE	1	PA; LA; QL (60 per 30 days)
ENVARSUS XR	1	B/D PA; MO
EPKINLY	1	PA
ERBITUX	1	MO
eribulin	1	
ERIVEDGE	1	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	1	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	1	PA; MO; QL (120 per 30 days)
erlotinib oral tablet 100 mg, 150 mg	1	PA; MO; QL (30 per 30 days)
erlotinib oral tablet 25 mg	1	PA; MO; QL (60 per 30 days)
ETOPOPHOS	1	MO
etoposide intravenous	1	MO
EULEXIN	1	
everolimus (antineoplastic) oral tablet	1	PA; MO; QL (30 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 2 mg	1	PA; MO; QL (150 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 3 mg	1	PA; MO; QL (90 per 30 days)
everolimus (antineoplastic) oral tablet for suspension 5 mg	1	PA; MO; QL (60 per 30 days)
everolimus (immunosuppressive) oral tablet 0.25 mg	1	B/D PA; MO
everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg	1	B/D PA; MO
exemestane	1	MO
FAVLYXA	1	B/D PA
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	1	PA; MO
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	1	PA; MO
floxuridine	1	B/D PA
fludarabine intravenous recon soln	1	MO
fludarabine intravenous solution	1	

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

Drug Name	Drug Tier	Requirements/Limits
fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml	1	B/D PA; MO
fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml	1	B/D PA
FOTIVDA	1	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	1	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	1	PA; QL (21 per 28 days)
fulvestrant	1	MO
FYARRO	1	PA
GAVRETO	1	PA; LA; QL (120 per 30 days)
GAZYVA	1	MO
gefitinib	1	PA; MO; QL (30 per 30 days)
gemcitabine intravenous recon soln 1 gram, 200 mg	1	MO
gemcitabine intravenous recon soln 2 gram	1	
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)	1	MO
gengraf oral capsule	1	B/D PA; MO
GILOTRIF	1	PA; MO; QL (30 per 30 days)
GOMEKLI ORAL CAPSULE 1 MG	1	PA; QL (126 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	1	PA; QL (84 per 28 days)
GOMEKLI ORAL TABLET FOR SUSPENSION	1	PA; QL (168 per 28 days)
GRAFAPEX	1	
HERNEXEOS	1	PA; MO; QL (90 per 30 days)
hydroxyurea	1	MO
HYRNUO	1	PA; QL (120 per 30 days)
IBRANCE ORAL CAPSULE 125 MG	1	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	1	PA; MO; QL (21 per 28 days)
IBTROZI	1	PA; QL (90 per 30 days)
ICLUSIG	1	PA; QL (30 per 30 days)
idarubicin	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
IDHIFA	1	PA; MO; LA; QL (30 per 30 days)
ifosfamide intravenous recon soln	1	MO
ifosfamide intravenous solution 1 gram/20 ml	1	MO
ifosfamide intravenous solution 3 gram/60 ml	1	
imatinib oral tablet 100 mg	1	PA; MO; QL (180 per 30 days)
imatinib oral tablet 400 mg	1	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	1	PA; QL (90 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	1	PA; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION	1	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET	1	PA; QL (28 per 28 days)
IMDELLTRA	1	PA; MO
IMFINZI	1	MO; LA
IMJUDO	1	PA; MO
IMKELDI	1	PA; MO; QL (280 per 28 days)
INLEXZO	1	PA; MO; LA
INLURIYO	1	PA
INLYTA ORAL TABLET 1 MG	1	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	1	PA; MO; QL (120 per 30 days)
INQOVI	1	PA; MO; QL (5 per 28 days)
INREBIC	1	PA; MO; LA; QL (120 per 30 days)
irinotecan intravenous solution 100 mg/5 ml	1	MO
irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml	1	
irinotecan intravenous solution 40 mg/2 ml	1	MO
ISTODAX	1	MO
ITOVEBI ORAL TABLET 3 MG	1	PA; MO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	1	PA; MO; QL (30 per 30 days)
IWILFIN	1	PA; LA; QL (240 per 30 days)
IXEMPRA	1	MO
JAKAFI	1	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
JAKAFI XR	1	PA; MO; QL (30 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	1	PA; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	1	PA; QL (30 per 30 days)
JEMPERLI	1	PA; MO
JEVTANA	1	MO
JIDEYTRO ORAL TABLET 100 MG	1	PA; LA; QL (30 per 30 days)
JIDEYTRO ORAL TABLET 25 MG	1	PA; LA; QL (90 per 30 days)
JYLAMVO	1	B/D PA; MO
KADCYLA	1	PA; MO
KEYTRUDA	1	PA; MO
KEYTRUDA QLEX	1	PA; MO
KIMMTRAK	1	
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	1	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	1	PA; MO; QL (63 per 28 days)
KOMZIFTI	1	PA; QL (90 per 30 days)
KOSELUGO	1	PA
KRAZATI	1	PA; QL (180 per 30 days)
KYPROLIS	1	MO
lanreotide subcutaneous syringe 120 mg/0.5 ml	1	PA; MO
lapatinib	1	PA; MO; QL (180 per 30 days)
LAZCLUZE ORAL TABLET 240 MG	1	PA; LA; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	1	PA; LA; QL (60 per 30 days)
lenalidomide	1	PA; MO; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	1	PA; MO; QL (30 per 30 days)
LENVIMA ORAL CAPSULE 12 MG/DAY (4 MG X 3), 18 MG/DAY (10 MG X 1-4 MG X2), 24 MG/DAY(10 MG X 2-4 MG X 1)	1	PA; MO; QL (90 per 30 days)
LENVIMA ORAL CAPSULE 14 MG/DAY(10 MG X 1-4 MG X 1), 20 MG/DAY (10 MG X 2), 8 MG/DAY (4 MG X 2)	1	PA; MO; QL (60 per 30 days)
letrozole	1	MO
LEUKERAN	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
leuprolide subcutaneous kit	1	PA; MO
LIBTAYO	1	PA; LA
LIFYORLI ORAL CAPSULE 125 MG/DAY(100 MG X1-25MG X1), 125 MG/DAY(100 MG X1-25MG X3), 125 MG/DAY(100 MG X1-25MG X9)	1	PA; LA; QL (18 per 28 days)
LIFYORLI ORAL CAPSULE 150 MG/DAY(100 MG X1-25MG X2), 150 MG/DAY(100 MG X1-25MG X3), 150 MG/DAY(100 MG X1-25MG X9)	1	PA; LA; QL (27 per 28 days)
lomustine oral capsule 10 mg, 40 mg	1	
lomustine oral capsule 100 mg	1	
LONSURF	1	PA; MO
LOQTORZI	1	PA; MO
LORBRENA ORAL TABLET 100 MG	1	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	1	PA; MO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	1	PA; MO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	1	PA; MO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	1	PA; MO; QL (90 per 30 days)
LUNSUMIO	1	PA; MO
LUNSUMIO VELO	1	PA; MO
LUPRON DEPOT	1	PA; MO
LYNOZYFIC	1	PA
LYNPARZA	1	PA; MO; QL (120 per 30 days)
LYSODREN	1	
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3)	1	PA; LA; QL (84 per 28 days)
LYTGOBI ORAL TABLET 16 MG/DAY (4 MG X 4)	1	PA; LA; QL (112 per 28 days)
LYTGOBI ORAL TABLET 20 MG/DAY (4 MG X 5)	1	PA; LA; QL (140 per 28 days)
MATULANE	1	
megestrol oral suspension 400 mg/10 ml (10 ml)	1	PA
megestrol oral suspension 400 mg/10 ml (40 mg/ml)	1	PA; MO
megestrol oral suspension 625 mg/5 ml (125 mg/ml)	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
megestrol oral tablet	1	PA; MO
MEKINIST ORAL RECON SOLN	1	PA; MO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	1	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	1	PA; MO; QL (30 per 30 days)
MEKTOVI	1	PA; MO; LA; QL (180 per 30 days)
melphalan hcl	1	
mercaptopurine oral suspension	1	MO
mercaptopurine oral tablet	1	MO
methotrexate sodium (pf) injection recon soln	1	
methotrexate sodium (pf) injection solution	1	MO
methotrexate sodium injection	1	MO
methotrexate sodium oral	1	B/D PA; MO
mitomycin intravenous recon soln 20 mg, 5 mg	1	MO
mitomycin intravenous recon soln 40 mg	1	MO
mitoxantrone	1	MO
MODEYSO	1	PA; QL (20 per 28 days)
MONJUVI	1	PA; LA
mycophenolate mofetil (hcl)	1	B/D PA; MO
mycophenolate mofetil oral capsule	1	B/D PA; MO
mycophenolate mofetil oral suspension for reconstitution	1	B/D PA; MO
mycophenolate mofetil oral tablet	1	B/D PA; MO
mycophenolate sodium	1	B/D PA; MO
MYHIBBIN	1	B/D PA; MO
MYLOTARG	1	MO; LA
nelarabine	1	MO
NEMLUVIO	1	PA; MO; QL (2 per 28 days)
NERLYNX	1	PA; MO; LA
nilotinib hcl oral capsule 150 mg, 200 mg	1	PA; MO; QL (112 per 28 days)
nilotinib hcl oral capsule 50 mg	1	PA; MO; QL (120 per 30 days)
nilutamide	1	PA; MO
NINLARO	1	PA; MO; QL (3 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
NUBEQA	1	PA; MO; LA; QL (120 per 30 days)
NULOJIX	1	B/D PA; MO
octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml	1	PA; MO
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	1	PA; MO
octreotide acetate injection syringe	1	PA; MO
octreotide,microspheres	1	PA
ODOMZO	1	PA; MO; LA; QL (30 per 30 days)
OGSIVEO ORAL TABLET 100 MG, 150 MG	1	PA; QL (56 per 28 days)
OJEMDA ORAL SUSPENSION FOR RECONSTITUTION	1	PA; QL (96 per 28 days)
OJEMDA ORAL TABLET 400 MG/WEEK (100 MG X 4)	1	PA; QL (16 per 28 days)
OJEMDA ORAL TABLET 500 MG/WEEK (100 MG X 5)	1	PA; QL (20 per 28 days)
OJEMDA ORAL TABLET 600 MG/WEEK (100 MG X 6)	1	PA; QL (24 per 28 days)
OJJAARA	1	PA; QL (30 per 30 days)
ONCASPAR	1	
ONIVYDE	1	
ONUREG	1	PA; MO; QL (14 per 28 days)
OPDIVO	1	PA; MO
OPDIVO QVANTIG	1	PA; MO
OPDUALAG	1	PA; MO
ORGOVYX	1	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	1	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	1	PA; QL (90 per 30 days)
oxaliplatin intravenous recon soln 100 mg	1	
oxaliplatin intravenous recon soln 50 mg	1	MO
oxaliplatin intravenous solution	1	MO
paclitaxel	1	MO
paclitaxel protein-bound	1	MO
PADCEV	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
pazopanib oral tablet 200 mg	1	PA; MO; QL (120 per 30 days)
PAZOPANIB ORAL TABLET 400 MG	1	PA; MO; QL (60 per 30 days)
PEMAZYRE	1	PA; LA; QL (28 per 28 days)
pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg	1	MO
pemetrexed disodium intravenous recon soln 100 mg	1	MO
pemetrexed disodium intravenous recon soln 750 mg	1	
PERJETA	1	MO
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1)	1	PA; QL (28 per 28 days)
PIQRAY ORAL TABLET 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	1	PA; QL (56 per 28 days)
POLIVY	1	PA; MO
pomalidomide	1	PA; MO; QL (21 per 28 days)
POMALYST	1	PA; MO; LA; QL (21 per 28 days)
POTELIGEO	1	PA
pralatrexate intravenous solution 20 mg/ml (1 ml)	1	MO
PRALATREXATE INTRAVENOUS SOLUTION 40 MG/2 ML (20 MG/ML)	1	MO
PROGRAF INTRAVENOUS	1	B/D PA
PROGRAF ORAL GRANULES IN PACKET	1	B/D PA; MO
QINLOCK	1	PA; LA; QL (90 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	1	PA; MO; LA; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	1	PA; MO; LA; QL (90 per 30 days)
REVUFORJ ORAL TABLET 110 MG	1	PA; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	1	PA; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	1	PA; QL (240 per 30 days)
REZLIDHIA	1	PA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
REZUROCK	1	PA; LA; QL (30 per 30 days)
romidepsin intravenous recon soln	1	
romidepsin intravenous solution	1	MO
ROMVIMZA	1	PA; LA; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	1	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	1	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	1	PA; MO; QL (336 per 28 days)
RUBRACA	1	PA; MO; LA; QL (120 per 30 days)
RUXIENCE	1	PA; MO
RYBREVANT	1	PA; MO
RYBREVANT FASPRO	1	PA; MO
RYDAPT	1	PA; MO; QL (224 per 28 days)
RYLAZE	1	
RYTELO	1	PA
SARCLISA	1	PA; LA
SCEMBLIX ORAL TABLET 100 MG	1	PA; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	1	PA; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	1	PA; QL (300 per 30 days)
SIGNIFOR	1	PA
SIMULECT	1	B/D PA
sirolimus	1	B/D PA; MO
SOLTAMOX	1	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 60 MG/0.2 ML, 90 MG/0.3 ML	1	PA; MO
sorafenib	1	PA; MO; QL (120 per 30 days)
STIVARGA	1	PA; MO; QL (84 per 28 days)
sunitinib malate	1	PA; MO; QL (28 per 28 days)
SYLVANT	1	MO
TABLOID	1	MO
TABRECTA	1	PA; MO
tacrolimus oral capsule	1	B/D PA; MO
TAFINLAR ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	1	PA; MO; QL (840 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
TAGRISSO	1	PA; MO; LA; QL (30 per 30 days)
TALVEY	1	PA
TALZENNA	1	PA; MO; QL (30 per 30 days)
tamoxifen	1	MO
TECENTRIQ	1	MO; LA
TECENTRIQ HYBREZA	1	MO; LA
TECVAYLI	1	PA
TEMODAR	1	MO
temsirolimus	1	MO
TEPMETKO	1	PA; LA
TEVIMBRA	1	PA
THALOMID ORAL CAPSULE 100 MG	1	PA; MO; QL (112 per 28 days)
THALOMID ORAL CAPSULE 50 MG	1	PA; MO; QL (28 per 28 days)
thiotepa injection recon soln 100 mg	1	
thiotepa injection recon soln 15 mg	1	MO
TIBSOVO	1	PA
TIVDAK	1	PA; MO
topotecan	1	MO
toremifene	1	MO
torpenz	1	PA; QL (30 per 30 days)
TRAZIMERA	1	MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	PA; MO
tretinoin (antineoplastic)	1	MO
TRODELVY	1	PA; LA
TRUQAP	1	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	1	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	1	PA; LA; QL (300 per 30 days)
TURALIO	1	PA; LA; QL (120 per 30 days)
UNITUXIN	1	
UNLOXCYT	1	PA
valrubicin	1	MO
VANFLYTA	1	PA; QL (56 per 28 days)
VECTIBIX	1	MO
VENCLEXTA ORAL TABLET 10 MG	1	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	1	PA; LA; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	1	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK	1	PA; LA; QL (42 per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
VEPPANU	1	PA; QL (30 per 30 days)
VERZENIO	1	PA; MO; LA; QL (56 per 28 days)
vinblastine	1	B/D PA; MO
vincristine	1	B/D PA; MO
vinorelbine	1	MO
VITRAKVI ORAL CAPSULE 100 MG	1	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	1	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	1	PA; MO; LA; QL (300 per 30 days)
VONJO	1	PA; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG	1	PA; QL (60 per 30 days)
VORANIGO ORAL TABLET 40 MG	1	PA; QL (30 per 30 days)
VYLOY	1	PA; LA
VYXEOS	1	
WELIREG	1	PA; LA
XALKORI ORAL CAPSULE	1	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLET 150 MG	1	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLET 20 MG, 50 MG	1	PA; MO; QL (120 per 30 days)
XERMELO	1	PA; LA; QL (84 per 28 days)
XOSPATA	1	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 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), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	1	PA; LA
XTANDI ORAL CAPSULE	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	1	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	1	PA; MO; QL (60 per 30 days)
YERVOY	1	MO
YONDELIS	1	
yulithira	1	PA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ZALTRAP	1	MO
ZEJULA	1	PA; MO; LA; QL (30 per 30 days)
ZELBORAF	1	PA; MO; QL (224 per 28 days)
ZENBEXUS	1	PA; QL (21 per 28 days)
ZEPZELCA	1	PA
ZIIHERA	1	PA
ZIRABEV	1	MO
ZOLADEX	1	PA; MO
ZOLINZA	1	PA; MO; QL (120 per 30 days)
ZYDELIG	1	PA; MO; QL (60 per 30 days)
ZYKADIA	1	PA; MO; QL (90 per 30 days)
ZYNLONTA	1	PA; LA
ZYNYZ	1	PA; MO
AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH		
ANTICONVULSANTS		
brivaracetam intravenous	1	PA; MO; QL (600 per 30 days)
brivaracetam oral solution	1	PA; MO; QL (600 per 30 days)
brivaracetam oral tablet	1	PA; MO; QL (60 per 30 days)
carbamazepine oral capsule, er multiphase 12 hr	1	MO
carbamazepine oral suspension 100 mg/5 ml	1	MO
carbamazepine oral suspension 100 mg/5 ml (5 ml), 200 mg/10 ml	1	
carbamazepine oral tablet	1	MO
carbamazepine oral tablet extended release 12 hr	1	MO
carbamazepine oral tablet,chewable 100 mg	1	MO
clobazam oral suspension	1	PA; MO; QL (480 per 30 days)
clobazam oral tablet	1	PA; MO; QL (60 per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)
clonazepam oral tablet 2 mg	1	MO; QL (300 per 30 days)
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	MO; QL (90 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
clonazepam oral tablet,disintegrating 2 mg	1	MO; QL (300 per 30 days)
DIACOMIT	1	PA; LA
diazepam rectal	1	MO
DILANTIN 30 MG	1	MO
divalproex	1	MO
EPIDIOLEX	1	PA; MO; LA
eslicarbazepine oral tablet 200 mg	1	MO; QL (60 per 30 days)
eslicarbazepine oral tablet 400 mg	1	MO; QL (30 per 30 days)
eslicarbazepine oral tablet 600 mg, 800 mg	1	MO; QL (60 per 30 days)
ethosuximide	1	MO
felbamate	1	MO
FINTEPLA	1	PA; LA; QL (360 per 30 days)
fosphenytoin	1	
gabapentin oral capsule 100 mg, 400 mg	1	MO; QL (270 per 30 days)
gabapentin oral capsule 200 mg	1	QL (540 per 30 days)
gabapentin oral capsule 300 mg	1	MO; QL (360 per 30 days)
gabapentin oral solution 250 mg/5 ml	1	MO; QL (2160 per 30 days)
gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)	1	QL (2160 per 30 days)
gabapentin oral tablet 600 mg	1	MO; QL (180 per 30 days)
gabapentin oral tablet 800 mg	1	MO; QL (120 per 30 days)
gabapentin oral tablet extended release 24 hr 300 mg	1	PA; MO; QL (30 per 30 days)
gabapentin oral tablet extended release 24 hr 450 mg, 600 mg, 750 mg, 900 mg	1	PA; MO; QL (60 per 30 days)
lacosamide intravenous	1	MO; QL (1200 per 30 days)
lacosamide oral solution	1	MO; QL (1200 per 30 days)
lacosamide oral tablet 100 mg, 150 mg, 200 mg	1	MO; QL (60 per 30 days)
lacosamide oral tablet 50 mg	1	MO; QL (120 per 30 days)
lamotrigine oral tablet	1	MO
lamotrigine oral tablet, chewable dispersible	1	MO
lamotrigine oral tablet,disintegrating	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml	1	MO
levetiracetam in nacl (iso-os) intravenous piggyback 1,500 mg/100 ml	1	
levetiracetam intravenous	1	MO
levetiracetam oral solution 100 mg/ml	1	MO
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	
levetiracetam oral tablet	1	MO
levetiracetam oral tablet extended release 24 hr	1	MO
LEVETIRACETAM ORAL TABLET FOR SUSPENSION	1	MO
methsuximide	1	MO
NAYZILAM	1	PA; MO; QL (10 per 30 days)
oxcarbazepine oral suspension	1	MO
oxcarbazepine oral tablet	1	MO

Drug Name	Drug Tier	Requirements/Limits
perampanel oral suspension	1	MO; QL (720 per 30 days)
perampanel oral tablet	1	MO; QL (30 per 30 days)
phenobarbital oral elixir	1	PA; MO
phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg	1	PA
phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	PA; MO
phenobarbital sodium injection solution 130 mg/ml	1	MO
phenobarbital sodium injection solution 65 mg/ml	1	
phenytoin oral suspension 125 mg/5 ml	1	MO
phenytoin oral tablet,chewable	1	MO
phenytoin sodium extended oral capsule 100 mg	1	MO
phenytoin sodium extended oral capsule 200 mg, 300 mg	1	
phenytoin sodium intravenous solution	1	

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

Drug Name	Drug Tier	Requirements/Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg	1	MO; QL (90 per 30 days)
pregabalin oral capsule 225 mg, 300 mg	1	MO; QL (60 per 30 days)
pregabalin oral solution	1	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	1	MO
primidone oral tablet 250 mg, 50 mg	1	MO
relgaabi oral capsule 300 mg	1	QL (360 per 30 days)
relgaabi oral capsule 400 mg	1	QL (270 per 30 days)
roweepra	1	MO
rufinamide oral suspension	1	PA; MO
rufinamide oral tablet	1	PA; MO
SPRITAM	1	
SUBVENITE ORAL SUSPENSION	1	MO
subvenite oral tablet	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	1	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	1	PA; MO; QL (60 per 30 days)
tiagabine	1	MO
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	PA; MO
topiramate oral solution	1	PA; MO
topiramate oral tablet	1	PA; MO
valproate sodium	1	MO
valproic acid	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	MO
valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)	1	
VALTOCO	1	PA; MO; QL (10 per 30 days)
vigabatrin	1	PA; MO; LA
vigadrone	1	PA; LA
XCOPRI MAINTENANCE PACK	1	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	1	MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	1	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)-25 MG (14)	1	MO; QL (28 per 180 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 150 MG (14)-200 MG (14), 50 MG (14)- 100 MG (14)	1	MO; QL (28 per 180 days)
ZONISADE	1	PA; MO
zonisamide	1	PA; MO
ZTALMY	1	PA; LA; QL (1100 per 30 days)
ANTIPARKINSONISM AGENTS		
benztropine injection	1	
benztropine oral	1	PA; MO
bromocriptine	1	MO
carbidopa	1	MO
carbidopa-levodopa oral tablet	1	MO
carbidopa-levodopa oral tablet extended release	1	MO
carbidopa-levodopa oral tablet,disintegrating	1	MO
carbidopa-levodopa-entacapone	1	MO
entacapone	1	MO
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE	1	PA; QL (300 per 30 days)
NEUPRO	1	MO
pramipexole oral tablet	1	MO
rasagiline	1	MO
ropinirole oral tablet	1	MO
ropinirole oral tablet extended release 24 hr	1	MO
selegiline hcl	1	MO
trihexyphenidyl oral tablet	1	MO
MIGRAINE / CLUSTER HEADACHE THERAPY		
AIMOVIG AUTOINJECTOR	1	PA; MO; QL (1 per 30 days)
dihydroergotamine injection	1	
dihydroergotamine nasal	1	QL (8 per 28 days)
EMGALITY PEN	1	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	1	PA; MO; QL (2 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ergotamine-caffeine	1	MO
naratriptan	1	MO; QL (18 per 28 days)
NURTEC ODT	1	PA; QL (16 per 30 days)
QULIPTA	1	PA; MO; QL (30 per 30 days)
rizatriptan oral tablet	1	MO; QL (24 per 28 days)
rizatriptan oral tablet,disintegrating	1	MO; QL (24 per 28 days)
sumatriptan nasal	1	MO; QL (18 per 28 days)
sumatriptan succinate oral	1	MO; QL (18 per 28 days)
sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml	1	MO; QL (8 per 28 days)
sumatriptan succinate subcutaneous solution	1	MO; QL (8 per 28 days)
UBRELVY	1	PA; QL (20 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY		
AUSTEDO ORAL TABLET 12 MG, 9 MG	1	PA; MO; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	1	PA; MO; QL (60 per 30 days)
AUSTEDO XR	1	PA; MO; QL (30 per 30 days)
AUSTEDO XR TITRATION KT(WK1-4) ORAL TABLET, EXT REL 24HR DOSE PACK 12-18-24-30 MG	1	PA; MO; QL (28 per 180 days)
BRIUMVI	1	PA; MO; QL (24 per 180 days)
dalfampridine	1	PA; MO; QL (60 per 30 days)
dextromethorphan-quinidine	1	PA
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg	1	PA; MO; QL (56 per 28 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg (14)- 240 mg (46)	1	PA; MO; QL (120 per 180 days)
dimethyl fumarate oral capsule,delayed release(dr/ec) 240 mg	1	PA; MO; QL (60 per 30 days)
donepezil oral tablet 10 mg, 5 mg	1	MO
donepezil oral tablet 23 mg	1	MO
donepezil oral tablet,disintegrating	1	MO
fingolimod	1	PA; MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
galantamine oral capsule,ext rel. pellets 24 hr	1	MO
galantamine oral solution	1	MO
galantamine oral tablet	1	MO
glatiramer subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatiramer subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
glatopa subcutaneous syringe 20 mg/ml	1	PA; MO; QL (30 per 30 days)
glatopa subcutaneous syringe 40 mg/ml	1	PA; MO; QL (12 per 28 days)
INGREZZA	1	PA; LA; QL (30 per 30 days)
INGREZZA INITIATION PK(TARDIV)	1	PA; LA; QL (28 per 180 days)
INGREZZA SPRINKLE	1	PA; LA; QL (30 per 30 days)
KESIMPTA PEN	1	PA; MO; QL (1.6 per 28 days)
LEQEMBI IQLIK	1	PA
memantine oral capsule,sprinkle,er 24hr	1	PA; MO
memantine oral solution	1	PA; MO
memantine oral tablet	1	PA; MO
memantine-donepezil	1	PA; MO
RADICAVA ORS	1	PA; MO
RADICAVA ORS STARTER KIT SUSP	1	PA; MO
rivastigmine	1	MO
rivastigmine tartrate	1	MO
teriflunomide	1	PA; MO; QL (30 per 30 days)
tetrabenazine oral tablet 12.5 mg	1	PA; MO; QL (240 per 30 days)
tetrabenazine oral tablet 25 mg	1	PA; MO; QL (120 per 30 days)
VUMERITY	1	PA; MO; QL (120 per 30 days)
ZEPOSIA	1	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY)	1	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY)	1	PA; MO; QL (7 per 180 days)
MUSCLE RELAXANTS / ANTISPASMODIC THERAPY		
baclofen oral tablet 10 mg, 20 mg, 5 mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine oral tablet 10 mg, 5 mg	1	PA; MO
dantrolene intravenous	1	
dantrolene oral	1	MO
LIORESAL	1	B/D PA
pyridostigmine bromide oral tablet 60 mg	1	MO
pyridostigmine bromide oral tablet extended release 180 mg	1	MO
revonto	1	
tizanidine oral tablet	1	MO
VYVGART	1	PA; MO; LA
VYVGART HYTRULO	1	PA; MO; LA
NARCOTIC ANALGESICS		
acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 300 mg-30 mg /12.5 ml	1	QL (4500 per 30 days)
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	MO; QL (4500 per 30 days)
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg	1	MO; QL (360 per 30 days)
acetaminophen-codeine oral tablet 300-60 mg	1	MO; QL (180 per 30 days)
buprenorphine hcl injection syringe	1	
buprenorphine hcl sublingual	1	MO
buprenorphine transdermal patch	1	PA; MO; QL (4 per 28 days)
endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg	1	QL (360 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	PA; QL (10 per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	QL (5550 per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (360 per 30 days)
hydrocodone-ibuprofen oral tablet 7.5-200 mg	1	QL (50 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 10 mg/ml, 2 mg/ml	1	
hydromorphone injection solution 2 mg/ml	1	
hydromorphone injection syringe 1 mg/ml, 2 mg/ml, 4 mg/ml	1	
hydromorphone oral liquid	1	QL (2400 per 30 days)
hydromorphone oral tablet	1	QL (180 per 30 days)
hydromorphone oral tablet extended release 24 hr	1	PA; QL (60 per 30 days)
methadone injection solution	1	
methadone intensol	1	PA; QL (90 per 30 days)
methadone oral concentrate	1	PA; QL (90 per 30 days)
methadone oral solution 10 mg/5 ml	1	PA; QL (600 per 30 days)
methadone oral solution 5 mg/5 ml	1	PA; QL (1200 per 30 days)
methadone oral tablet 10 mg	1	PA; QL (120 per 30 days)
methadone oral tablet 5 mg	1	PA; QL (240 per 30 days)
methadose oral concentrate	1	PA; QL (90 per 30 days)
morphine (pf) injection solution 0.5 mg/ml, 1 mg/ml	1	
morphine concentrate oral solution	1	QL (900 per 30 days)
morphine injection syringe 4 mg/ml	1	
morphine intravenous solution 10 mg/ml, 4 mg/ml	1	
morphine intravenous syringe 2 mg/ml, 4 mg/ml	1	
morphine oral solution	1	QL (900 per 30 days)
morphine oral tablet	1	QL (180 per 30 days)
morphine oral tablet extended release	1	PA; QL (120 per 30 days)
oxycodone oral capsule	1	QL (360 per 30 days)
oxycodone oral concentrate	1	QL (180 per 30 days)
oxycodone oral solution	1	QL (1200 per 30 days)
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg	1	QL (180 per 30 days)
oxycodone oral tablet 5 mg	1	QL (360 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL (360 per 30 days)
SUBLOCADE	1	MO
NON-NARCOTIC ANALGESICS		
buprenorphine-naloxone sublingual film	1	MO
buprenorphine-naloxone sublingual tablet	1	MO
butorphanol injection	1	MO
butorphanol nasal	1	MO; QL (10 per 28 days)
celecoxib	1	MO
clonidine (pf) epidural solution 5,000 mcg/10 ml	1	
diclofenac potassium oral tablet 50 mg	1	MO
diclofenac sodium oral	1	MO
diclofenac sodium topical drops	1	PA; MO; QL (300 per 28 days)
diclofenac sodium topical solution in metered-dose pump	1	PA; MO; QL (224 per 28 days)
diclofenac-misoprostol	1	MO
diflunisal	1	MO
etodolac oral capsule	1	MO
etodolac oral tablet	1	MO
etodolac oral tablet extended release 24 hr	1	MO
flurbiprofen oral tablet 100 mg	1	MO
ibu	1	MO
ibuprofen oral suspension	1	MO
ibuprofen oral tablet 400 mg, 800 mg	1	MO
ibuprofen oral tablet 600 mg	1	
JOURNAVX	1	MO; QL (30 per 90 days)
KLOXXADO	1	MO
lurbiro	1	
meloxicam oral tablet	1	MO; QL (30 per 30 days)
nabumetone	1	MO
nalbuphine	1	
naloxone injection solution	1	
naloxone injection syringe	1	
naltrexone	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
naproxen oral tablet	1	MO
naproxen oral tablet,delayed release (dr/ec)	1	MO
naproxen sodium oral tablet 275 mg, 550 mg	1	MO
piroxicam	1	MO
salsalate	1	MO
sulindac	1	MO
tramadol oral tablet 50 mg	1	MO; QL (240 per 30 days)
tramadol-acetaminophen	1	MO; QL (240 per 30 days)
VIVITROL	1	MO
PSYCHOTHERAPEUTIC DRUGS		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	1	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	1	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA	1	MO; QL (1 per 28 days)
amitriptyline	1	MO
amoxapine	1	MO
amphetamine	1	MO
aripiprazole oral solution	1	MO
aripiprazole oral tablet	1	MO; QL (30 per 30 days)
aripiprazole oral tablet,disintegrating	1	MO; QL (60 per 30 days)
ARISTADA INITIO	1	MO; QL (2.4 per 180 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	1	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	1	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	1	MO; QL (2.4 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	1	MO; QL (3.2 per 28 days)
armodafinil	1	PA; MO; QL (30 per 30 days)
asenapine maleate	1	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg	1	MO; QL (60 per 30 days)
atomoxetine oral capsule 100 mg, 60 mg, 80 mg	1	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	1	QL (60 per 30 days)
AUVELITY ORAL TABLET,IR ER BIPHASIC,DOSEPACK	1	QL (51 per 180 days)
BELSOMRA	1	PA; QL (30 per 30 days)
bupropion hcl oral tablet	1	MO
bupropion hcl oral tablet extended release 24 hr 150 mg	1	MO; QL (90 per 30 days)
bupropion hcl oral tablet extended release 24 hr 300 mg	1	MO; QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr	1	MO; QL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	MO
BYSANTI	1	ST; QL (60 per 30 days)
BYSANTI TITRATION PACK A	1	ST; QL (8 per 180 days)
BYSANTI TITRATION PACK B	1	ST; QL (12 per 180 days)
BYSANTI TITRATION PACK C	1	ST; QL (8 per 180 days)
CAPLYTA	1	MO; QL (30 per 30 days)
chlorpromazine injection	1	
chlorpromazine oral	1	MO
citalopram oral solution	1	MO
citalopram oral tablet	1	MO; QL (30 per 30 days)
clomipramine	1	MO
clonidine hcl oral tablet extended release 12 hr	1	MO
clorazepate dipotassium oral tablet 15 mg	1	PA; MO; QL (180 per 30 days)
clorazepate dipotassium oral tablet 3.75 mg	1	PA; MO; QL (90 per 30 days)
clorazepate dipotassium oral tablet 7.5 mg	1	PA; MO; QL (360 per 30 days)
clozapine oral tablet	1	
clozapine oral tablet,disintegrating	1	
COBENFY	1	MO; QL (60 per 30 days)
COBENFY STARTER PACK	1	MO; QL (56 per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
desipramine	1	MO
desvenlafaxine succinate	1	MO; QL (30 per 30 days)
dextroamphetamine-amphetamine oral capsule,extended release 24hr	1	MO
dextroamphetamine-amphetamine oral tablet	1	MO
diazepam injection	1	PA
diazepam intensol	1	PA; QL (240 per 30 days)
diazepam oral concentrate	1	PA; QL (240 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	PA; MO; QL (1200 per 30 days)
diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)	1	PA; QL (1200 per 30 days)
diazepam oral tablet	1	PA; MO; QL (120 per 30 days)
doxepin oral capsule	1	MO
doxepin oral concentrate	1	MO
doxepin oral tablet	1	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	1	MO; QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	1	MO; QL (30 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg, 60 mg	1	MO; QL (60 per 30 days)
EMSAM	1	MO
escitalopram oxalate oral solution	1	MO
escitalopram oxalate oral tablet	1	MO; QL (30 per 30 days)
eszopiclone	1	MO; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 18.2 MG	1	ST; QL (30 per 30 days)
EXXUA ORAL TABLET EXTENDED RELEASE 24 HR 36.3 MG, 54.5 MG, 72.6 MG	1	ST; MO; QL (30 per 30 days)
EXXUA ORAL TABLET, EXT REL 24HR DOSE PACK	1	ST; MO; QL (32 per 180 days)
FANAPT	1	ST; MO; QL (60 per 30 days)
FANAPT TITRATION PACK A	1	ST; MO; QL (8 per 180 days)
FANAPT TITRATION PACK B	1	ST; QL (12 per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
FANAPT TITRATION PACK C	1	ST; QL (8 per 180 days)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	1	QL (28 per 180 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR	1	QL (30 per 30 days)
flumazenil	1	
fluoxetine oral capsule 10 mg	1	MO; QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	MO; QL (120 per 30 days)
fluoxetine oral capsule 40 mg	1	MO; QL (60 per 30 days)
fluoxetine oral solution	1	MO
fluphenazine decanoate	1	MO
fluphenazine hcl injection	1	
fluphenazine hcl oral	1	MO
fluvoxamine oral tablet 100 mg	1	MO; QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	MO; QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	MO; QL (60 per 30 days)
haloperidol	1	MO
haloperidol decanoate intramuscular solution 100 mg/ml (1 ml)	1	
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml, 50 mg/ml(1ml)	1	MO
haloperidol lactate injection	1	
haloperidol lactate oral	1	MO
imipramine hcl	1	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	1	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	1	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	1	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	1	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	1	MO; QL (1.5 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	1	MO; QL (0.25 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	1	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	1	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	1	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	1	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	1	MO; QL (2.63 per 90 days)
lithium carbonate oral capsule	1	MO
lithium carbonate oral tablet	1	MO
lithium carbonate oral tablet extended release	1	MO
lithium citrate oral solution	1	MO
lorazepam injection	1	PA
lorazepam intensol	1	PA; QL (150 per 30 days)
lorazepam oral concentrate	1	PA; MO; QL (150 per 30 days)
lorazepam oral tablet 0.5 mg, 1 mg	1	PA; MO; QL (90 per 30 days)
lorazepam oral tablet 2 mg	1	PA; MO; QL (150 per 30 days)
loxapine succinate	1	MO
lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg	1	MO; QL (30 per 30 days)
lurasidone oral tablet 80 mg	1	MO; QL (60 per 30 days)
LYBALVI	1	MO; QL (30 per 30 days)
MARPLAN	1	MO
methylphenidate hcl oral capsule,er biphasic 50-50	1	MO
methylphenidate hcl oral solution	1	MO
methylphenidate hcl oral tablet	1	MO
methylphenidate hcl oral tablet extended release	1	MO
methylphenidate hcl oral tablet,chewable	1	MO
mirtazapine oral tablet	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
mirtazapine oral tablet,disintegrating	1	MO
modafinil oral tablet 100 mg	1	PA; MO; QL (30 per 30 days)
modafinil oral tablet 200 mg	1	PA; MO; QL (60 per 30 days)
molindone oral tablet 10 mg, 25 mg	1	
molindone oral tablet 5 mg	1	MO
nefazodone	1	MO
nortriptyline oral capsule	1	MO
nortriptyline oral solution	1	MO
NUPLAZID	1	PA; MO; QL (30 per 30 days)
olanzapine intramuscular	1	
olanzapine oral tablet	1	MO; QL (30 per 30 days)
olanzapine oral tablet,disintegrating	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 10 MG	1	MO; QL (90 per 30 days)
OPIPZA ORAL FILM 2 MG	1	MO; QL (30 per 30 days)
OPIPZA ORAL FILM 5 MG	1	MO; QL (180 per 30 days)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	MO; QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral suspension	1	MO
paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg	1	MO; QL (30 per 30 days)
paroxetine hcl oral tablet 30 mg	1	MO; QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr	1	MO; QL (60 per 30 days)
pentobarbital sodium injection solution	1	
perphenazine oral tablet 16 mg, 8 mg	1	MO
perphenazine oral tablet 2 mg, 4 mg	1	MO
phenelzine	1	MO
pimozide	1	MO
protriptyline	1	MO
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	MO; QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	MO; QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	MO; QL (60 per 30 days)
RALDESY	1	ST; MO
ramelteon	1	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	1	MO; QL (30 per 30 days)
risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml	1	QL (2 per 28 days)
risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml	1	MO; QL (2 per 28 days)
risperidone oral solution	1	MO
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet 4 mg	1	MO; QL (120 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg	1	MO; QL (60 per 30 days)
risperidone oral tablet,disintegrating 4 mg	1	MO; QL (120 per 30 days)
SECUADO	1	MO; QL (30 per 30 days)
sertraline oral concentrate	1	MO
sertraline oral tablet 100 mg, 50 mg	1	MO; QL (60 per 30 days)
sertraline oral tablet 25 mg	1	MO; QL (30 per 30 days)
sodium oxybate	1	PA; MO; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	1	PA; MO
thioridazine	1	MO
thiothixene	1	MO
tranylcypromine	1	MO
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	MO
trifluoperazine	1	MO
trimipramine	1	MO
TRINTELLIX	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
venlafaxine oral capsule,extended release 24hr 75 mg	1	MO; QL (90 per 30 days)
venlafaxine oral tablet	1	MO; QL (90 per 30 days)
VERSACLOZ	1	
vilazodone	1	MO; QL (30 per 30 days)
VRAYLAR	1	MO; QL (30 per 30 days)
zaleplon oral capsule 10 mg	1	MO; QL (60 per 30 days)
zaleplon oral capsule 5 mg	1	MO; QL (30 per 30 days)
ziprasidone hcl	1	MO; QL (60 per 30 days)
ziprasidone mesylate	1	
zolpidem oral tablet	1	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	1	PA; MO; QL (28 per 365 days)
ZURZUVAE ORAL CAPSULE 30 MG	1	PA; MO; QL (14 per 365 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	1	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	1	QL (1 per 28 days)
CARDIOVASCULAR, HYPERTENSION / LIPIDS		
ANTIARRHYTHMIC AGENTS		
adenosine	1	
amiodarone intravenous solution	1	
amiodarone oral	1	MO
dofetilide	1	MO
flecainide	1	MO
ibutilide fumarate	1	
lidocaine (pf) intravenous	1	
lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)	1	
mexiletine	1	MO
MULTAQ	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
pacerone oral tablet 100 mg, 200 mg	1	
procainamide injection	1	
propafenone oral capsule,extended release 12 hr	1	MO
propafenone oral tablet	1	MO
quinidine sulfate oral tablet	1	MO
sotalol af	1	
sotalol oral	1	MO
ANTIHYPERTENSIVE THERAPY		
acebutolol	1	MO
aliskiren	1	MO
amiloride	1	MO
amiloride-hydrochlorothiazide	1	MO
amlodipine	1	MO
amlodipine-benazepril	1	MO
amlodipine-olmesartan	1	MO
amlodipine-valsartan	1	MO
amlodipine-valsartan-hcthiazid	1	MO
atenolol	1	MO
atenolol-chlorthalidone	1	MO
azilsartan medoxomil	1	MO
benazepril	1	MO
benazepril-hydrochlorothiazide	1	MO
betaxolol oral	1	MO
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	MO
bisoprolol-hydrochlorothiazide	1	MO
bumetanide injection	1	
bumetanide oral	1	MO
candesartan	1	MO
candesartan-hydrochlorothiazid	1	MO
captopril	1	MO
captopril-hydrochlorothiazide	1	
cartia xt	1	MO
carvedilol	1	MO
chlorothiazide sodium	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	MO
clonidine transdermal patch	1	MO; QL (4 per 28 days)
clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)	1	

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

Drug Name	Drug Tier	Requirements/Limits
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	MO
diltiazem hcl intravenous solution	1	
diltiazem hcl oral capsule,ext.rel 24h degradable	1	MO
diltiazem hcl oral capsule,extended release 12 hr	1	MO
diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 420 mg	1	MO
diltiazem hcl oral capsule,extended release 24hr	1	MO
diltiazem hcl oral tablet	1	MO
dilt-xr	1	MO
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	MO; QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	MO; QL (60 per 30 days)
EDARBYCLOR	1	MO
enalapril maleate oral tablet	1	MO
enalaprilat intravenous solution	1	
enalapril-hydrochlorothiazide	1	MO
eplerenone	1	MO
esmolol intravenous solution	1	
ethacrynate sodium	1	
felodipine	1	MO
fosinopril	1	MO
fosinopril-hydrochlorothiazide	1	MO
furosemide injection	1	
furosemide oral solution	1	MO
furosemide oral tablet	1	MO
hydralazine injection	1	
hydralazine oral	1	MO
hydrochlorothiazide	1	MO
indapamide	1	MO
irbesartan	1	MO
irbesartan-hydrochlorothiazide	1	MO
isosorbide-hydralazine	1	MO; QL (180 per 30 days)
isradipine	1	
KERENDIA	1	PA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
labetalol intravenous solution	1	
labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)	1	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	MO
lisinopril	1	MO
lisinopril-hydrochlorothiazide	1	MO
losartan	1	MO
losartan-hydrochlorothiazide	1	MO
mannitol 20 %	1	
mannitol 25 % intravenous solution	1	
metolazone	1	MO
metoprolol succinate	1	MO
metoprolol ta-hydrochlorothiaz	1	MO
metoprolol tartrate intravenous	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	1	MO
metyrosine	1	PA; MO
minoxidil oral	1	MO
moexipril	1	MO
nadolol	1	MO
nebivolol	1	MO
nicardipine intravenous solution	1	
nicardipine oral	1	MO
nifedipine oral tablet extended release	1	MO
nifedipine oral tablet extended release 24hr	1	MO
nimodipine oral capsule	1	MO
olmesartan	1	MO
olmesartan-amlodipin-hcthiazid	1	MO
olmesartan-hydrochlorothiazide	1	MO
osmitrol 20 %	1	
perindopril erbumine	1	MO
phentolamine	1	
pindolol	1	MO
prazosin	1	MO
propranolol intravenous	1	
propranolol oral capsule,extended release 24 hr	1	MO
propranolol oral solution	1	MO
propranolol oral tablet	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
quinapril	1	MO
quinapril-hydrochlorothiazide	1	MO
ramipril	1	MO
spironolactone oral tablet	1	MO
spironolacton-hydrochlorothiaz	1	MO
telmisartan	1	MO
telmisartan-amlodipine	1	
telmisartan-hydrochlorothiazid	1	MO
terazosin oral capsule 1 mg, 2 mg, 5 mg	1	MO; QL (30 per 30 days)
terazosin oral capsule 10 mg	1	MO; QL (60 per 30 days)
tiadylt er	1	MO
timolol maleate oral tablet 10 mg	1	
timolol maleate oral tablet 20 mg, 5 mg	1	MO
torsemide oral	1	MO
trandolapril	1	MO
treprostinil sodium	1	PA; MO; LA
triamterene-hydrochlorothiazid	1	MO
UPTRAVI ORAL TABLET	1	PA; MO; LA; QL (60 per 30 days)
UPTRAVI ORAL TABLETS,DOSE PACK	1	PA; MO; LA; QL (200 per 180 days)
valsartan oral tablet	1	MO
valsartan-hydrochlorothiazide	1	MO
veletri	1	B/D PA; MO
verapamil intravenous solution	1	
verapamil oral capsule, 24 hr er pellet ct	1	MO
verapamil oral capsule,ext rel. pellets 24 hr	1	MO
verapamil oral tablet	1	MO
verapamil oral tablet extended release	1	MO
COAGULATION THERAPY		
aminocaproic acid intravenous	1	MO
aminocaproic acid oral	1	MO
aspirin-dipyridamole	1	MO
CABLIVI INJECTION KIT	1	PA; LA
CEPROTIN (BLUE BAR)	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
CEPROTIN (GREEN BAR)	1	PA; MO
cilostazol	1	MO
clopidogrel oral tablet 300 mg	1	
clopidogrel oral tablet 75 mg	1	MO; QL (30 per 30 days)
dabigatran etexilate	1	MO; QL (60 per 30 days)
dipyridamole intravenous	1	
dipyridamole oral	1	MO
DOPTELET (10 TAB PACK)	1	PA; MO; LA
DOPTELET (15 TAB PACK)	1	PA; MO; LA
DOPTELET (30 TAB PACK)	1	PA; MO; LA
DOPTELET SPRINKLE	1	PA; MO; LA
ELIQUIS DVT-PE TREAT 30D START	1	MO; QL (74 per 180 days)
ELIQUIS ORAL TABLET	1	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG	1	MO; QL (140 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 1.5 MG (0.5 MG X 3)	1	MO; QL (420 per 28 days)
ELIQUIS ORAL TABLET FOR SUSPENSION 2 MG (0.5 MG X 4)	1	MO; QL (560 per 28 days)
ELIQUIS SPRINKLE	1	QL (70 per 28 days)
eltrombopag olamine	1	PA; MO
enoxaparin subcutaneous solution	1	MO; QL (60 per 30 days)
enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml	1	MO; QL (56 per 28 days)
enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml	1	MO; QL (44.8 per 28 days)
enoxaparin subcutaneous syringe 30 mg/0.3 ml	1	MO; QL (16.8 per 28 days)
enoxaparin subcutaneous syringe 40 mg/0.4 ml	1	MO; QL (22.4 per 28 days)
enoxaparin subcutaneous syringe 60 mg/0.6 ml	1	MO; QL (33.6 per 28 days)
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
fondaparinux subcutaneous syringe 2.5 mg/0.5 ml	1	MO
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)	1	
heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml	1	MO
heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml	1	
heparin (porcine) injection solution	1	MO
heparin (porcine) injection syringe 5,000 unit/ml	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	1	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	MO
heparin, porcine (pf) injection solution 1,000 unit/ml	1	
heparin, porcine (pf) injection solution 5,000 unit/0.5 ml	1	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE	1	MO
jantoven	1	
pentoxifylline	1	MO
prasugrel hcl	1	MO
protamine	1	
rivaroxaban oral suspension for reconstitution	1	MO; QL (775 per 28 days)
rivaroxaban oral tablet	1	MO; QL (60 per 30 days)
ticagrelor	1	MO
warfarin	1	MO
XARELTO DVT-PE TREAT 30D START	1	MO; QL (51 per 180 days)
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	1	MO; QL (30 per 30 days)
LIPID/CHOLESTEROL LOWERING AGENTS		

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

Drug Name	Drug Tier	Requirements/Limits
amlodipine-atorvastatin	1	MO; QL (30 per 30 days)
atorvastatin	1	MO; QL (30 per 30 days)
cholestyramine (with sugar) oral powder	1	MO
cholestyramine (with sugar) oral powder in packet	1	MO
cholestyramine light oral powder	1	MO
cholestyramine light oral powder in packet	1	MO
colesevelam	1	MO
colestipol oral granules	1	MO
colestipol oral packet	1	
colestipol oral tablet	1	MO
ezetimibe	1	MO
ezetimibe-simvastatin	1	MO; QL (30 per 30 days)
fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg	1	MO
fenofibrate nanocrystallized	1	MO
fenofibrate oral tablet 160 mg, 54 mg	1	MO
fenofibric acid	1	
fenofibric acid (choline)	1	MO
fluvastatin oral capsule 20 mg	1	MO; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	MO; QL (60 per 30 days)
gemfibrozil	1	MO
icosapent ethyl	1	MO
lovastatin oral tablet 10 mg	1	MO; QL (30 per 30 days)
lovastatin oral tablet 20 mg, 40 mg	1	MO; QL (60 per 30 days)
NEXLETOL	1	PA; MO
NEXLIZET	1	PA; MO
niacin oral tablet extended release 24 hr	1	MO
omega-3 acid ethyl esters	1	MO
pitavastatin calcium	1	MO; QL (30 per 30 days)
pravastatin	1	MO; QL (30 per 30 days)
REPATHA	1	PA; QL (6 per 28 days)
REPATHA SURECLICK	1	PA; QL (6 per 28 days)
rosuvastatin	1	MO; QL (30 per 30 days)
simvastatin	1	MO; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS		
CAMZYOS	1	PA; MO; QL (30 per 30 days)
digoxin oral solution	1	MO
digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)	1	MO
dobutamine	1	B/D PA
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)	1	B/D PA
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)	1	B/D PA
dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)	1	B/D PA; MO
dopamine intravenous solution 200 mg/5 ml (40 mg/ml)	1	B/D PA
dopamine intravenous solution 400 mg/10 ml (40 mg/ml)	1	B/D PA; MO
ENTRESTO SPRINKLE	1	QL (240 per 30 days)
FILSPARI	1	PA; QL (30 per 30 days)
ivabradine	1	MO; QL (60 per 30 days)
milrinone	1	B/D PA
milrinone in 5 % dextrose	1	B/D PA
norepinephrine bitartrate	1	
ranolazine	1	MO
sacubitril-valsartan oral tablet 24-26 mg	1	MO; QL (180 per 30 days)
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	1	MO; QL (60 per 30 days)
VERQUVO	1	MO; QL (30 per 30 days)
VYNDAMAX	1	PA; MO
NITRATES		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
isosorbide mononitrate	1	MO
nitro-bid	1	MO
nitroglycerin sublingual	1	MO
nitroglycerin transdermal ointment	1	
nitroglycerin transdermal patch 24 hour	1	MO
nitroglycerin translingual	1	MO
DERMATOLOGICALS/TOPICAL THERAPY		
ANTIPSORIATIC / ANTISEBORRHEIC		
acitretin	1	MO
calcipotriene scalp	1	MO; QL (120 per 30 days)
calcipotriene topical cream	1	MO; QL (120 per 30 days)
calcipotriene topical ointment	1	MO; QL (120 per 30 days)
COSENTYX (2 SYRINGES)	1	PA; MO; QL (10 per 28 days)
COSENTYX INTRAVENOUS	1	PA; QL (20 per 28 days)
COSENTYX PEN	1	PA; MO; QL (5 per 28 days)
COSENTYX PEN (2 PENS)	1	PA; MO; QL (10 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (5 per 28 days)
COSENTYX SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; QL (2.5 per 28 days)
COSENTYX UNOREADY PEN	1	PA; MO; QL (10 per 28 days)
ICOTYDE	1	PA; MO; QL (30 per 30 days)
OTULFI INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
OTULFI SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
OTULFI SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
pellix	1	QL (120 per 30 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) INTRAVENOUS SOLUTION 130 MG/26 ML	1	PA; MO; QL (104 per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
PYZCHIVA (ONLY NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
selenium sulfide topical lotion	1	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	1	PA; MO; QL (2 per 84 days)
SKYRIZI SUBCUTANEOUS SYRINGE 55 MG/0.37 ML	1	PA; MO; QL (0.74 per 84 days)
TREMFYA INTRAVENOUS	1	PA; MO; QL (20 per 28 days)
TREMFYA ONE-PRESS	1	PA; MO; QL (2 per 28 days)
TREMFYA PEN	1	PA; MO; QL (2 per 28 days)
TREMFYA PEN INDUCTION PK(2PEN)	1	PA; MO; QL (12 per 180 days)
TREMFYA SUBCUTANEOUS SYRINGE	1	PA; MO; QL (2 per 28 days)
YESINTEK INTRAVENOUS	1	PA; MO; QL (104 per 180 days)
YESINTEK SUBCUTANEOUS SOLUTION	1	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
YESINTEK SUBCUTANEOUS SYRINGE 90 MG/ML	1	PA; MO; QL (1 per 28 days)
MISCELLANEOUS DERMATOLOGICALS		
ADBRY	1	PA; MO; QL (6 per 28 days)
ammonium lactate	1	MO
chloroprocaine (pf)	1	
dermacinrx lidocan	1	PA; QL (90 per 30 days)
diclofenac sodium topical gel 3 %	1	PA; MO; QL (100 per 28 days)
DUPIXENT SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
DUPIXENT SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	1	PA; MO; QL (8 per 28 days)
EUCRISA	1	PA; MO; QL (120 per 30 days)
fluorouracil topical cream 5 %	1	MO
fluorouracil topical solution	1	MO
glydo	1	MO; QL (60 per 30 days)
imiquimod topical cream in packet 5 %	1	MO
lidocaine (pf) injection solution	1	
lidocaine hcl injection solution	1	
lidocaine hcl laryngotracheal	1	
lidocaine hcl mucous membrane jelly	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator	1	MO; QL (60 per 30 days)
lidocaine hcl mucous membrane solution	1	MO
lidocaine topical adhesive patch,medicated 5 %	1	PA; MO; QL (90 per 30 days)
lidocaine topical ointment	1	PA; MO; QL (50 per 30 days)
lidocaine-epinephrine	1	
lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000	1	
lidocaine-prilocaine topical cream	1	PA; MO; QL (30 per 30 days)
lidocan iii	1	PA; QL (90 per 30 days)
lidocan iv	1	PA; QL (90 per 30 days)
lidocan v	1	PA; QL (90 per 30 days)
methoxsalen	1	MO
PANRETIN	1	PA; MO
pimecrolimus	1	PA; MO; QL (100 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
podofilox topical solution	1	MO
polocaine injection solution 1 % (10 mg/ml)	1	
polocaine-mpf	1	
SANTYL	1	MO; QL (180 per 30 days)
silver sulfadiazine	1	MO
ssd	1	MO
tacrolimus topical	1	PA; MO; QL (100 per 30 days)
VALCHLOR	1	PA; MO
THERAPY FOR ACNE		
accutane	1	
amnesteem	1	
azelaic acid	1	MO
claravis	1	
clindamycin phosphate topical gel	1	MO; QL (120 per 30 days)
clindamycin phosphate topical lotion	1	MO; QL (120 per 30 days)
clindamycin phosphate topical solution	1	MO; QL (120 per 30 days)
ery pads	1	MO
erythromycin with ethanol topical solution	1	MO
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
metronidazole topical cream	1	MO
metronidazole topical gel 0.75 %	1	MO
metronidazole topical gel 1 %	1	MO
metronidazole topical gel with pump	1	MO
metronidazole topical lotion	1	MO
tazarotene topical cream	1	PA; MO
tazarotene topical gel	1	PA; MO
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA; MO
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA; MO
trilitas	1	PA
zenatane	1	
TOPICAL ANTIBACTERIALS		
gentamicin topical cream	1	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
gentamicin topical ointment	1	MO; QL (60 per 30 days)
mupirocin	1	MO; QL (44 per 30 days)
sulfacetamide sodium (acne)	1	MO
TOPICAL ANTIFUNGALS		
ciclodan topical solution	1	QL (6.6 per 28 days)
ciclopirox topical cream	1	MO; QL (90 per 28 days)
ciclopirox topical gel	1	MO; QL (100 per 28 days)
ciclopirox topical shampoo	1	MO; QL (120 per 28 days)
ciclopirox topical solution	1	MO; QL (6.6 per 28 days)
ciclopirox topical suspension	1	MO; QL (60 per 28 days)
clotrimazole topical cream	1	MO; QL (45 per 28 days)
clotrimazole topical solution	1	MO; QL (30 per 28 days)
clotrimazole-betamethasone topical cream	1	MO; QL (45 per 28 days)
clotrimazole-betamethasone topical lotion	1	MO; QL (60 per 28 days)
econazole nitrate topical cream	1	MO; QL (85 per 28 days)
ketoconazole topical cream	1	MO; QL (60 per 28 days)
ketoconazole topical shampoo	1	MO; QL (120 per 28 days)
klayesta	1	MO; QL (180 per 30 days)
naftifine topical gel	1	MO; QL (60 per 28 days)
nyamyc	1	QL (180 per 30 days)
nystatin topical cream	1	MO; QL (30 per 28 days)
nystatin topical ointment	1	MO; QL (30 per 28 days)
nystatin topical powder	1	MO; QL (180 per 30 days)
nystatin-triamcinolone topical cream	1	MO; QL (60 per 28 days)
nystatin-triamcinolone topical ointment	1	MO; QL (60 per 28 days)
nystop	1	MO; QL (180 per 30 days)
TOPICAL ANTIVIRALS		
acyclovir topical ointment	1	PA; MO; QL (30 per 30 days)
penciclovir	1	MO; QL (5 per 30 days)
TOPICAL CORTICOSTEROIDS		

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

Drug Name	Drug Tier	Requirements/Limits
ala-cort topical cream	1	MO
alclometasone	1	MO
betamethasone dipropionate	1	MO
betamethasone valerate topical cream	1	MO
betamethasone valerate topical lotion	1	MO
betamethasone valerate topical ointment	1	MO
betamethasone, augmented topical cream	1	MO
betamethasone, augmented topical gel	1	MO
betamethasone, augmented topical lotion	1	MO
betamethasone, augmented topical ointment	1	MO
clobetasol scalp	1	MO; QL (100 per 28 days)
clobetasol topical cream 0.05 %	1	MO; QL (120 per 28 days)
clobetasol topical foam	1	MO; QL (100 per 28 days)
clobetasol topical gel	1	MO; QL (120 per 28 days)
clobetasol topical lotion	1	MO; QL (118 per 28 days)
clobetasol topical ointment	1	MO; QL (120 per 28 days)
clobetasol topical shampoo	1	MO; QL (236 per 28 days)
clobetasol-emollient topical cream	1	MO; QL (120 per 28 days)
desonide topical cream	1	MO
desonide topical ointment	1	MO
fluocinolone and shower cap	1	MO
fluocinolone topical cream	1	MO
fluocinolone topical oil	1	MO
fluocinolone topical ointment	1	MO
fluocinolone topical solution	1	MO
fluocinonide topical cream 0.05 %	1	MO; QL (120 per 30 days)
fluocinonide topical gel	1	MO; QL (120 per 30 days)
fluocinonide topical ointment	1	MO; QL (120 per 30 days)
fluocinonide topical solution	1	MO; QL (120 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
fluocinonide-emollient	1	MO; QL (120 per 30 days)
fluticasone propionate topical cream	1	MO
fluticasone propionate topical ointment	1	MO
halobetasol propionate topical cream	1	MO
halobetasol propionate topical ointment	1	MO
hydrocortisone topical cream 1 %, 2.5 %	1	MO
hydrocortisone topical lotion 2.5 %	1	MO
hydrocortisone topical ointment 1 %, 2.5 %	1	MO
mometasone topical	1	MO
triamcinolone acetonide topical cream	1	MO
triamcinolone acetonide topical lotion	1	MO
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	MO
triderm topical cream 0.5 %	1	
TOPICAL SCABICIDES / PEDICULICIDES		
malathion	1	MO
permethrin	1	MO; QL (60 per 30 days)
DIAGNOSTICS / MISCELLANEOUS AGENTS		
ANTIDOTES		
acetylcysteine intravenous	1	
IRRIGATING SOLUTIONS		
lactated ringers irrigation	1	
neomycin-polymyxin b gu	1	
ringer's irrigation	1	MO
MISCELLANEOUS AGENTS		
acamprosate	1	MO
acetic acid irrigation	1	MO
anagrelide	1	MO
caffeine citrate intravenous	1	
caffeine citrate oral	1	MO
carglumic acid	1	PA; MO
cevimeline	1	MO
CHEMET	1	PA

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

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/D5W SULFIT FREE	1	B/D PA
d10 %-0.45 % sodium chloride	1	
d2.5 %-0.45 % sodium chloride	1	
d5 % and 0.9 % sodium chloride	1	MO
d5 %-0.45 % sodium chloride	1	MO
deferasirox oral granules in packet	1	PA; MO
deferasirox oral tablet	1	PA; MO
deferasirox oral tablet, dispersible 125 mg	1	PA; MO
deferasirox oral tablet, dispersible 250 mg, 500 mg	1	PA; MO
deferiprone	1	PA; MO
deferoxamine	1	B/D PA; MO
dextrose 10 % and 0.2 % nacl	1	
dextrose 10 % in water (d10w)	1	
dextrose 25 % in water (d25w)	1	
dextrose 5 % in water (d5w)	1	MO
dextrose 5 %-lactated ringers	1	MO
dextrose 5%-0.2 % sod chloride	1	
dextrose 5%-0.3 % sod.chloride	1	
dextrose 50 % in water (d50w)	1	
dextrose 70 % in water (d70w)	1	
disulfiram oral tablet 250 mg	1	MO
disulfiram oral tablet 500 mg	1	
droxidopa oral capsule 100 mg	1	PA; MO
droxidopa oral capsule 200 mg, 300 mg	1	PA; MO
glutamine (sickle cell)	1	PA; MO
INCRELEX	1	LA
kionex oral suspension	1	MO
levocarnitine (with sugar)	1	MO
levocarnitine oral solution 100 mg/ml	1	MO
levocarnitine oral tablet	1	MO
LOKELMA	1	MO
midodrine	1	MO
nitisinone	1	PA; MO
pilocarpine hcl oral	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
PROLASTIN-C INTRAVENOUS SOLUTION	1	PA; MO; LA
REVCOVI	1	PA; LA
REZDIFFRA	1	PA; MO; QL (30 per 30 days)
riluzole	1	PA; MO
risedronate oral tablet 30 mg	1	MO; QL (30 per 30 days)
sevelamer carbonate oral tablet	1	PA; MO
sodium benzoate-sod phenylacet	1	
sodium chloride 0.9 % intravenous	1	MO
sodium chloride irrigation	1	MO
sodium phenylbutyrate oral powder	1	PA
sodium phenylbutyrate oral tablet	1	PA; MO
sodium polystyrene sulfonate	1	MO
sps (with sorbitol) oral	1	MO
sps (with sorbitol) rectal	1	
trientine oral capsule 250 mg	1	PA; MO
VELTASSA ORAL POWDER IN PACKET 1 GRAM, 16.8 GRAM, 8.4 GRAM	1	MO
VELTASSA ORAL POWDER IN PACKET 25.2 GRAM	1	
water for irrigation, sterile	1	MO
WEGOVY ORAL	1	PA; QL (30 per 30 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	1	PA; QL (2 per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	1	PA; QL (3 per 28 days)
XIAFLEX	1	PA
zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml	1	PA; MO
SMOKING DETERRENTS		
bupropion hcl (smoking deter)	1	MO
NICOTROL NS	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
varenicline tartrate oral tablet 0.5 mg, 1 mg	1	MO
varenicline tartrate oral tablet 1 mg (56 pack)	1	
varenicline tartrate oral tablets,dose pack	1	MO
EAR, NOSE / THROAT MEDICATIONS		
MISCELLANEOUS AGENTS		
azelastine nasal spray,non-aerosol 137 mcg (0.1 %)	1	MO; QL (60 per 30 days)
chlorhexidine gluconate mucous membrane	1	MO
denta 5000 plus	1	MO
dentagel	1	MO
fluoride (sodium) dental cream	1	
fluoride (sodium) dental gel	1	
fluoride (sodium) dental paste	1	MO
ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)	1	MO; QL (30 per 28 days)
ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)	1	MO; QL (30 per 20 days)
kourzeq	1	MO
periogard	1	MO
sf	1	MO
sf 5000 plus	1	MO
sodium fluoride 5000 dry mouth	1	MO
sodium fluoride 5000 plus	1	
sodium fluoride-pot nitrate	1	MO
triamcinolone acetonide dental	1	MO
MISCELLANEOUS OTIC PREPARATIONS		
acetic acid otic (ear)	1	MO
ciprofloxacin hcl otic (ear)	1	MO
fluocinolone acetonide oil	1	MO
hydrocortisone-acetic acid	1	MO
ofloxacin otic (ear)	1	MO
OTIC STEROID / ANTIBIOTIC		
ciprofloxacin-dexamethasone	1	MO; QL (7.5 per 7 days)

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

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-hc otic (ear)	1	MO
ENDOCRINE/DIABETES		
ADRENAL HORMONES		
cortisone	1	
dexamethasone intensol	1	MO
dexamethasone oral elixir	1	MO
dexamethasone oral solution	1	MO
dexamethasone oral tablet	1	MO
dexamethasone sodium phos (pf) injection solution 10 mg/ml	1	MO
dexamethasone sodium phosphate injection solution	1	MO
dexamethasone sodium phosphate injection syringe	1	
fludrocortisone	1	MO
hydrocortisone oral	1	MO
methylprednisolone acetate	1	MO
methylprednisolone oral tablet	1	B/D PA; MO
methylprednisolone oral tablets,dose pack	1	MO
methylprednisolone sodium succ injection recon soln 125 mg, 40 mg	1	MO
methylprednisolone sodium succ intravenous	1	MO
prednisolone oral solution	1	MO
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)	1	MO
prednisone intensol	1	MO
prednisone oral solution	1	MO
prednisone oral tablet	1	MO
prednisone oral tablet,delayed release (dr/ec)	1	MO
prednisone oral tablets,dose pack 10 mg (48 pack), 5 mg (48 pack)	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
TARPEYO	1	PA; QL (120 per 30 days)
triamcinolone acetonide injection suspension 10 mg/ml	1	
triamcinolone acetonide injection suspension 40 mg/ml	1	MO
ANTITHYROID AGENTS		
methimazole oral tablet 10 mg, 5 mg	1	MO
propylthiouracil	1	MO
DIABETES THERAPY		
acarbose oral tablet 100 mg	1	MO; QL (90 per 30 days)
acarbose oral tablet 25 mg	1	MO; QL (360 per 30 days)
acarbose oral tablet 50 mg	1	MO; QL (180 per 30 days)
ACCU-CHEK GUIDE TEST STRIPS	1	MO
alcohol pads	1	PA; MO
BAQSIMI	1	MO
dapagliflozin	1	MO; QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg	1	MO; QL (30 per 30 days)
dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg, 5-500 mg	1	MO; QL (60 per 30 days)
diazoxide	1	MO
DROPSAFE ALCOHOL PREP PADS	1	PA
FARXIGA	1	MO; QL (30 per 30 days)
FREESTYLE INSULINX STRIP	1	MO
FREESTYLE INSULINX TEST STRIPS	1	MO
FREESTYLE LITE STRIPS	1	MO
FREESTYLE PRECISION NEO STRIPS	1	MO
FREESTYLE TEST	1	MO
glimepiride oral tablet 1 mg	1	MO; QL (240 per 30 days)
glimepiride oral tablet 2 mg	1	MO; QL (120 per 30 days)
glimepiride oral tablet 4 mg	1	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
glipizide oral tablet 10 mg	1	MO; QL (120 per 30 days)
glipizide oral tablet 5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 10 mg	1	MO; QL (60 per 30 days)
glipizide oral tablet extended release 24hr 2.5 mg	1	MO; QL (240 per 30 days)
glipizide oral tablet extended release 24hr 5 mg	1	MO; QL (120 per 30 days)
glipizide-metformin oral tablet 2.5-250 mg	1	MO; QL (240 per 30 days)
glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg	1	MO; QL (120 per 30 days)
GLYXAMBI	1	MO; QL (30 per 30 days)
GVOKE	1	MO
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	1	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	1	MO
GVOKE HYPOPEN 2-PACK	1	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	1	MO
HUMALOG JUNIOR KWIKPEN U-100	1	MO
HUMALOG KWIKPEN INSULIN	1	MO
HUMALOG MIX 50-50 KWIKPEN	1	MO
HUMALOG MIX 75-25 KWIKPEN	1	MO
HUMALOG MIX 75-25(U-100)INSULN	1	MO
HUMALOG U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 INSULIN	1	MO
HUMULIN 70/30 U-100 KWIKPEN	1	MO
HUMULIN N NPH INSULIN KWIKPEN	1	MO
HUMULIN N NPH U-100 INSULIN	1	MO
HUMULIN R REGULAR U-100 INSULN	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 (CONC) KWIKPEN	1	MO
INPEFA	1	PA; MO; QL (30 per 30 days)
INSULIN LISPRO	1	MO
INSULIN LISPRO PROTAMIN-LISPRO	1	MO
JARDIANCE	1	MO; QL (30 per 30 days)
KIRSTY	1	
KIRSTY PEN	1	
LANTUS SOLOSTAR U-100 INSULIN	1	MO
LANTUS U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-100 INSULIN	1	MO
LYUMJEV KWIKPEN U-200 INSULIN	1	MO
LYUMJEV U-100 INSULIN	1	MO
metformin oral tablet 1,000 mg	1	MO; QL (75 per 30 days)
metformin oral tablet 500 mg	1	MO; QL (150 per 30 days)
metformin oral tablet 850 mg	1	MO; QL (90 per 30 days)
metformin oral tablet extended release 24 hr 500 mg	1	MO; QL (120 per 30 days)
metformin oral tablet extended release 24 hr 750 mg	1	MO; QL (60 per 30 days)
MOUNJARO	1	PA; QL (2 per 28 days)
nateglinide oral tablet 120 mg	1	MO; QL (90 per 30 days)
nateglinide oral tablet 60 mg	1	MO; QL (180 per 30 days)
NOVOLIN 70/30 U-100 INSULIN	1	MO
NOVOLIN 70-30 FLEXPEN U-100	1	MO
NOVOLIN N FLEXPEN	1	MO
NOVOLIN N NPH U-100 INSULIN	1	MO
NOVOLIN R FLEXPEN	1	MO
NOVOLIN R REGULAR U100 INSULIN	1	MO
OZEMPIC ORAL	1	PA; QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS	1	PA; QL (3 per 28 days)
pioglitazone	1	MO; QL (30 per 30 days)
PRECISION XTRA TEST	1	MO
repaglinide oral tablet 0.5 mg	1	MO; QL (960 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
repaglinide oral tablet 1 mg	1	MO; QL (480 per 30 days)
repaglinide oral tablet 2 mg	1	MO; QL (240 per 30 days)
RYBELSUS	1	PA; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet	1	MO; QL (60 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 100-1,000 mg	1	MO; QL (30 per 30 days)
sitagliptin phos-metformin oral tablet, er multiphase 24 hr 50-1,000 mg, 50-500 mg	1	MO; QL (60 per 30 days)
sitagliptin phosphate	1	MO; QL (30 per 30 days)
SOLIQUA 100/33	1	QL (15 per 25 days)
SYNJARDY	1	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	1	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	1	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR	1	MO
TOUJEO SOLOSTAR U-300 INSULIN	1	MO
TRADJENTA	1	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	1	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	1	MO; QL (60 per 30 days)
TRULICITY	1	PA; QL (2 per 28 days)
MISCELLANEOUS HORMONES		
ALDURAZYME	1	PA; MO
cabergoline	1	MO
calcitonin (salmon) injection	1	MO
calcitonin (salmon) nasal	1	MO
calcitriol oral capsule	1	MO
calcitriol oral solution	1	
cinacalcet	1	PA; MO
clomid	1	PA; MO
clomiphene citrate	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
CRYSVITA	1	PA; MO; LA
danazol	1	MO
desmopressin injection	1	
desmopressin nasal spray with pump	1	MO
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	
desmopressin oral	1	MO
doxercalciferol intravenous	1	MO
doxercalciferol oral	1	MO
ELAPRASE	1	PA; MO
FABRAZYME	1	PA; MO
KANUMA	1	PA; MO
LUMIZYME	1	PA; MO
MEPSEVII	1	PA; MO
mifepristone oral tablet 300 mg	1	PA; MO
milophene	1	PA; MO
NAGLAZYME	1	PA; MO; LA
pamidronate intravenous solution	1	MO
paricalcitol intravenous	1	
paricalcitol oral	1	MO
sapropterin	1	PA; MO
SOMAVERT	1	PA; MO
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA; MO
testosterone cypionate intramuscular oil 200 mg/ml (1 ml)	1	PA
testosterone enanthate	1	PA; MO
testosterone transdermal gel	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)	1	PA; MO; QL (150 per 30 days)
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)	1	PA; MO; QL (300 per 30 days)
testosterone transdermal solution in metered pump w/app	1	PA; MO; QL (180 per 30 days)
tolvaptan	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
tolvaptan (polycys kidney dis)	1	PA; MO
VIMIZIM	1	PA; MO; LA
zoledronic acid intravenous solution	1	MO
THYROID HORMONES		
levothyroxine intravenous recon soln	1	
levothyroxine oral tablet	1	MO
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	1	MO
liomny	1	
liothyronine intravenous	1	
liothyronine oral	1	MO
unithroid	1	MO
GASTROENTEROLOGY		
ANTIDIARRHEALS / ANTISPASMODICS		
dicyclomine intramuscular	1	MO
dicyclomine oral capsule	1	MO
dicyclomine oral solution	1	MO
dicyclomine oral tablet 20 mg	1	MO
diphenoxylate-atropine oral tablet	1	MO
glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)	1	
glycopyrrolate (pf) injection syringe 0.4 mg/2 ml (0.2 mg/ml)	1	MO
glycopyrrolate injection	1	MO
glycopyrrolate oral tablet 1 mg, 2 mg	1	MO
loperamide oral capsule	1	MO
opium tincture	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS		
alosetron	1	PA; MO
aprepitant	1	B/D PA; MO
balsalazide	1	MO
betaine	1	MO
budesonide oral capsule,delayed,extend.release	1	MO
budesonide oral tablet,delayed and ext.release	1	MO
CIMZIA POWDER FOR RECONST	1	PA; MO; QL (2 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT	1	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML	1	PA; QL (4 per 28 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	1	PA; MO; QL (2 per 28 days)
CINVANTI	1	MO
compro	1	MO
constulose	1	MO
CREON	1	MO
cromolyn oral	1	MO
dimenhydrinate injection solution	1	MO
dronabinol oral capsule	1	PA; MO
droperidol injection solution	1	
ENTYVIO	1	PA; MO; QL (2 per 28 days)
ENTYVIO PEN	1	PA; MO; QL (1.36 per 28 days)
enulose	1	MO
fosaprepitant	1	MO
GATTEX 30-VIAL	1	PA; MO
GATTEX ONE-VIAL	1	PA; MO
gavilyte-c	1	MO
gavilyte-g	1	MO
gavilyte-n	1	MO
generlac	1	MO
granisetron (pf) intravenous solution 1 mg/ml (1 ml)	1	MO
granisetron hcl intravenous solution 1 mg/ml	1	MO
granisetron hcl intravenous solution 1 mg/ml (1 ml)	1	
granisetron hcl oral	1	B/D PA; MO
hydrocortisone rectal	1	MO
hydrocortisone topical cream with perineal applicator 1 %	1	MO
hydrocortisone topical cream with perineal applicator 2.5 %	1	
INFLIXIMAB	1	PA; QL (20 per 28 days)
lactulose oral solution	1	MO
LINZESS	1	MO; QL (30 per 30 days)
LIVDELZI	1	PA; QL (30 per 30 days)
lubiprostone oral capsule 24 mcg	1	MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
lubiprostone oral capsule 8 mcg	1	MO; QL (180 per 30 days)
meclizine oral tablet 12.5 mg, 25 mg	1	MO
mesalamine	1	MO
mesalamine with cleansing wipe	1	MO
metoclopramide hcl injection	1	
metoclopramide hcl oral solution	1	MO
metoclopramide hcl oral tablet	1	MO
nitroglycerin rectal	1	MO
ondansetron hcl (pf) injection solution	1	MO
ondansetron hcl (pf) injection syringe	1	
ondansetron hcl intravenous	1	MO
ondansetron hcl oral solution	1	B/D PA; MO
ondansetron hcl oral tablet 4 mg, 8 mg	1	B/D PA; MO
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	B/D PA; MO
palonosetron intravenous solution 0.25 mg/5 ml	1	MO
palonosetron intravenous syringe	1	
peg 3350-electrolytes	1	
peg-electrolyte	1	MO
prochlorperazine	1	MO
prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)	1	MO
prochlorperazine maleate oral	1	MO
procto-med hc	1	MO
proctosol hc topical	1	MO
proctozone-hc	1	
RELISTOR SUBCUTANEOUS SOLUTION	1	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	1	ST; MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	1	ST; MO; QL (12 per 30 days)
REMICADE	1	PA; MO; QL (20 per 28 days)
scopolamine base	1	MO
SKYRIZI INTRAVENOUS	1	PA; MO; QL (60 per 180 days)

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

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	1	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	1	PA; MO; QL (2.4 per 56 days)
sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram	1	MO
sodium,potassium, mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)	1	
SUCRAID	1	PA
sulfasalazine	1	MO
SYMPROIC	1	MO; QL (30 per 30 days)
TRULANCE	1	QL (30 per 30 days)
ursodiol oral capsule 300 mg	1	MO
ursodiol oral tablet	1	MO
VARUBI	1	B/D PA
VIBERZI	1	MO; QL (60 per 30 days)
VOWST	1	PA; LA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 - 42,000 UNIT, 15,000-47,000 - 63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 - 14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000-24,000 UNIT, 60,000-189,600-252,600 UNIT	1	MO
ZYMFENTRA	1	PA; MO; QL (2 per 28 days)
ULCER THERAPY		
bismuth subcit k-metronidz-tcn	1	MO; QL (120 per 180 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	MO; QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
esomeprazole sodium	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
famotidine (pf) intravenous solution 20 mg/2 ml	1	MO
famotidine (pf)-nacl (iso-os)	1	MO
famotidine intravenous solution 10 mg/ml	1	MO
famotidine oral tablet 20 mg, 40 mg	1	MO
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	MO; QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	MO; QL (60 per 30 days)
misoprostol	1	MO
omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg	1	MO; QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 40 mg	1	MO; QL (60 per 30 days)
pantoprazole intravenous	1	MO
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	MO; QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	MO; QL (60 per 30 days)
sucralfate oral suspension	1	MO
sucralfate oral tablet	1	MO
VOQUEZNA DUAL PAK	1	MO; QL (112 per 180 days)
VOQUEZNA TRIPLE PAK	1	MO; QL (112 per 180 days)
IMMUNOLOGY, VACCINES / BIOTECHNOLOGY		
BIOTECHNOLOGY DRUGS		
ACTIMMUNE	1	PA; MO
ARCALYST	1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	1	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	1	PA; MO; QL (1 per 28 days)
BESREMI	1	PA; LA
BESREMI PEN	1	PA; LA
BETASERON SUBCUTANEOUS KIT	1	PA; MO; QL (14 per 28 days)
FULPHILA	1	PA; MO
ILARIS (PF)	1	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	1	PA; MO
NIVESTYM	1	PA; MO

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

Drug Name	Drug Tier	Requirements/Limits
NYVEPRIA	1	PA; MO
OMNITROPE	1	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	1	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	1	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	1	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	1	PA; MO; QL (1 per 180 days)
plerixafor	1	MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	1	PA; MO
RELEUKO SUBCUTANEOUS	1	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	1	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	1	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO (PF)	1	V
ACTHIB (PF)	1	
ADACEL(TDAP ADOLESN/ADULT)(PF)	1	V

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

Drug Name	Drug Tier	Requirements/Limits
AREXVY (PF)	1	V
BCG VACCINE, LIVE (PF)	1	V
BEXSERO	1	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	1	V
DAPTACEL (DTAP PEDIATRIC) (PF)	1	
ENGERIX-B (PF)	1	B/D PA; V
ENGERIX-B PEDIATRIC (PF)	1	B/D PA; V
fomepizole	1	
GAMASTAN	1	MO
GAMUNEX-C	1	PA; MO
GARDASIL 9 (PF)	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	1	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	1	
HEPLISAV-B (PF)	1	B/D PA; V
HIBERIX (PF)	1	
HYPERHEP B	1	
HYPERHEP B NEONATAL	1	
IMOVAX RABIES VACCINE (PF)	1	B/D PA; V
INFANRIX (DTAP) (PF)	1	
IPOL	1	V
IXIARO (PF)	1	V
JYNNEOS (PF)	1	B/D PA; V
KINRIX (PF)	1	
MENQUADFI (PF)	1	V
MENVEO A-C-Y-W-135-DIP (PF)	1	V
M-M-R II (PF)	1	V
MRESVIA (PF)	1	V
PEDIARIX (PF)	1	
PEDVAX HIB (PF)	1	
PENBRAYA (PF)	1	V
PENMENVY MEN A-B-C-W-Y (PF)	1	V
PENTACEL (PF)	1	
PRIORIX (PF)	1	V
PROQUAD (PF)	1	
QUADRACEL (PF)	1	
RABAVERT (PF)	1	B/D PA; V
RECOMBIVAX HB (PF)	1	B/D PA; V
ROTARIX	1	
ROTATEQ VACCINE	1	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	1	V; QL (2 per 720 days)

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

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX (PF) INTRAMUSCULAR SYRINGE	1	V; QL (1 per 720 days)
TENIVAC (PF)	1	V
TICE BCG	1	
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	1	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	1	V
TRUMENBA	1	V
TWINRIX (PF)	1	V
TYPHIM VI INTRAMUSCULAR SYRINGE	1	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	1	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	1	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	1	V
VARIVAX (PF)	1	V
VARIZIG	1	
VAXCHORA VACCINE	1	V
VIMKUNYA (PF)	1	V
VIVOTIF	1	MO; V
XEMBIFY	1	B/D PA; MO; LA
YF-VAX (PF)	1	V
MISCELLANEOUS SUPPLIES		
MISCELLANEOUS SUPPLIES		
ACCU-CHEK GUIDE GLUCOSE METER	1	MO
ACCU-CHEK GUIDE ME GLUCOSE MTR	1	MO
NOVO PEN NEEDLE	1	PA; MO
CEQUR SIMPLICITY DEVICE 1 UNIT (240 UNIT)	1	QL (4 per 28 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (200 UNIT)	1	MO; QL (8 per 30 days)
CEQUR SIMPLICITY DEVICE 2 UNIT (240 UNIT)	1	QL (5 per 30 days)
CEQUR SIMPLICITY INSERTER	1	MO; QL (1 per 720 days)
DEXCOM G6 RECEIVER	1	MO
DEXCOM G6 SENSOR	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 TRANSMITTER	1	MO
DEXCOM G7 RECEIVER	1	MO
DEXCOM G7 SENSOR	1	MO
FREESTYLE FREEDOM LITE	1	MO
FREESTYLE INSULINX	1	
FREESTYLE LIBRE 14 DAY READER	1	
FREESTYLE LIBRE 14 DAY SENSOR	1	
FREESTYLE LIBRE 2 PLUS SENSOR	1	MO
FREESTYLE LIBRE 2 READER	1	MO
FREESTYLE LIBRE 2 SENSOR	1	
FREESTYLE LIBRE 3 PLUS SENSOR	1	MO
FREESTYLE LIBRE 3 READER	1	MO
FREESTYLE LIBRE 3 SENSOR	1	
FREESTYLE LITE METER	1	MO
GAUZE PADS 2 X 2	1	PA; MO
EMBECTA INSULIN SYRINGE	1	PA; MO
BD PEN NEEDLE	1	PA; MO
OMNIPOD 5 (LIBRE 2/3 PLUS)	1	MO; QL (15 per 30 days)
OMNIPOD 5 G6-G7 INTRO KT(GEN5)	1	MO; QL (1 per 720 days)
OMNIPOD 5 G6-G7 PODS (GEN 5)	1	MO; QL (15 per 30 days)
OMNIPOD 5 INTRO (LIBRE2/3PLUS)	1	MO; QL (1 per 720 days)
OMNIPOD DASH INTRO KIT (GEN 4)	1	QL (1 per 720 days)
OMNIPOD DASH PODS (GEN 4)	1	MO; QL (15 per 30 days)
EMBECTA PEN NEEDLE	1	PA; MO
PIVOT INSULIN PUMP STARTER KIT	1	QL (1 per 720 days)
PIVOT SUPPLY KIT	1	QL (40 per 30 days)
PRECISION XTRA MONITOR	1	MO
TWIIST REFILL KT(CSST-NDL-SYR)	1	QL (1 per 30 days)
TWIIST RFL(INFUS-CSST-NDL-SYR)	1	MO; QL (1 per 30 days)
TWIIST STARTER KIT	1	MO; QL (1 per 720 days)
BD INSULIN SYRINGE	1	PA; MO
MUSCULOSKELETAL / RHEUMATOLOGY		
GOUT THERAPY		

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

Drug Name	Drug Tier	Requirements/Limits
allopurinol oral tablet 100 mg, 300 mg	1	MO
allopurinol sodium	1	
aloprim	1	
colchicine oral tablet	1	MO
febuxostat	1	MO
probenecid	1	MO
probenecid-colchicine	1	MO
OSTEOPOROSIS THERAPY		
alendronate oral solution	1	MO; QL (300 per 28 days)
alendronate oral tablet 10 mg	1	MO; QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	MO; QL (4 per 28 days)
BONSITY	1	PA; MO; QL (2.24 per 28 days)
ibandronate intravenous solution	1	PA
ibandronate intravenous syringe	1	PA; MO
ibandronate oral	1	MO; QL (1 per 30 days)
JUBBONTI	1	MO; QL (1 per 180 days)
PROLIA	1	MO; QL (1 per 180 days)
raloxifene	1	MO
risedronate oral tablet 150 mg	1	MO; QL (1 per 30 days)
risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)	1	MO; QL (4 per 28 days)
risedronate oral tablet 5 mg	1	MO; QL (30 per 30 days)
risedronate oral tablet,delayed release (dr/ec)	1	MO; QL (4 per 28 days)
teriparatide (only ndcs starting with 47781)	1	PA; MO; QL (2.24 per 28 days)
TYMLOS	1	PA; MO; QL (1.56 per 30 days)
OTHER RHEUMATOLOGICALS		
AVTOZMA AUTOINJECTOR	1	PA; MO; QL (3.6 per 28 days)
AVTOZMA INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
AVTOZMA SUBCUTANEOUS	1	PA; MO; QL (3.6 per 28 days)
BENLYSTA	1	PA; MO
ENBREL MINI	1	PA; MO; QL (8 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SUBCUTANEOUS SOLUTION	1	PA; MO; QL (8 per 28 days)
ENBREL SUBCUTANEOUS SYRINGE	1	PA; MO; QL (8 per 28 days)
ENBREL SURECLICK	1	PA; MO; QL (8 per 28 days)
HADLIMA	1	PA; MO; QL (4.8 per 28 days)
HADLIMA PUSHTOUCH	1	PA; MO; QL (4.8 per 28 days)
HADLIMA(CF)	1	PA; MO; QL (2.4 per 28 days)
HADLIMA(CF) PUSHTOUCH	1	PA; MO; QL (2.4 per 28 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR	1	PA; MO; QL (2.28 per 28 days)
KEVZARA SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	1	PA; MO; QL (2.28 per 28 days)
KINERET	1	PA; QL (18.76 per 28 days)
leflunomide	1	MO; QL (30 per 30 days)
milnacipran oral tablet	1	MO; QL (60 per 30 days)
milnacipran oral tablets,dose pack	1	MO; QL (55 per 180 days)
OTEZLA	1	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	1	PA; MO; QL (55 per 180 days)
OTEZLA XR	1	PA; MO; QL (30 per 30 days)
OTEZLA XR INITIATION	1	PA; MO; QL (41 per 180 days)
penicillamine oral tablet	1	PA; MO
RINVOQ LQ	1	PA; MO; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	1	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	1	PA; MO; QL (84 per 180 days)
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	1	PA; MO; QL (3 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML	1	PA; MO; QL (2 per 28 days)
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 40 MG/0.4 ML	1	PA; MO; QL (4 per 28 days)
tofacitinib oral solution	1	PA; MO; QL (480 per 30 days)
tofacitinib oral tablet	1	PA; MO; QL (60 per 30 days)
tofacitinib oral tablet extended release 24 hr	1	PA; MO; QL (30 per 30 days)
TYENNE AUTOINJECTOR	1	PA; MO; QL (3.6 per 28 days)
TYENNE INTRAVENOUS	1	PA; MO; QL (160 per 28 days)
TYENNE SUBCUTANEOUS	1	PA; QL (3.6 per 28 days)
OBSTETRICS / GYNECOLOGY		
ESTROGENS / PROGESTINS		
abigale	1	MO
abigale lo	1	MO
camila	1	MO
conjugated estrogens	1	MO
deblitane	1	MO
DEPO-SUBQ PROVERA 104	1	MO
dotti	1	QL (8 per 28 days)
emzahh	1	MO
errin	1	MO
estradiol oral	1	MO
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
estradiol transdermal patch semiweekly 0.0375 mg/24 hr, 0.05 mg/24 hr	1	QL (8 per 28 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr	1	QL (4 per 28 days)
estradiol transdermal patch weekly 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	MO; QL (4 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
estradiol vaginal cream	1	MO
estradiol vaginal tablet	1	MO
estradiol valerate	1	MO
estradiol-norethindrone acet	1	MO
fyavolv	1	MO
gallifrey	1	MO
heather	1	MO
IMVEXXY MAINTENANCE PACK	1	MO
IMVEXXY STARTER PACK	1	MO
incassia	1	MO
jencycla	1	MO
jinteli	1	MO
lyleq	1	MO
lyllana transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr	1	QL (8 per 28 days)
lyllana transdermal patch semiweekly 0.1 mg/24 hr	1	MO; QL (8 per 28 days)
lyza	1	
medroxyprogesterone intramuscular	1	MO
medroxyprogesterone oral	1	MO
meleya	1	MO
mimvey	1	MO
nora-be	1	MO
norethindrone (contraceptive)	1	
norethindrone acetate	1	MO
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	MO
orquidea	1	MO
PREMARIN VAGINAL	1	
PREMPHASE	1	MO
PREMPRO	1	MO
progesterone	1	MO
progesterone micronized oral	1	MO
sharobel	1	MO
yuvafem	1	
MISCELLANEOUS OB/GYN		
clindamycin phosphate vaginal	1	MO
eluryng	1	MO
etonogestrel-ethinyl estradiol	1	
LILETTA	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75 % (37.5mg/5 gram)	1	MO
mifepristone oral tablet 200 mg	1	LA
MYFEMBREE	1	PA; MO
NEXPLANON	1	
norelgestromin-ethin.estradiol	1	MO
terconazole	1	MO
tranexamic acid oral	1	MO
xulane	1	
zafemy	1	MO
ORAL CONTRACEPTIVES / RELATED AGENTS		
afirmelle	1	
altavera (28)	1	MO
alyacen 1/35 (28)	1	MO
alyacen 7/7/7 (28)	1	MO
amethyst (28)	1	
apri	1	MO
aranelle (28)	1	MO
aubra eq	1	MO
aviane	1	MO
azurette (28)	1	MO
camrese	1	MO
cryselle (28)	1	MO
cyred eq	1	MO
dasetta 1/35 (28)	1	MO
dasetta 7/7/7 (28)	1	MO
daysee	1	MO
desog-e.estradiol/e.estradiol	1	
drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg	1	MO
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	1	
elinest	1	MO
enskyce	1	MO
estarylla	1	MO
falmina (28)	1	MO
introvale	1	MO
isibloom	1	MO
jasmiel (28)	1	MO
jolessa	1	MO
juleber	1	MO
kalliga	1	
kariva (28)	1	
kelnor 1/35 (28)	1	MO
kurvelo (28)	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)	1	
larin 1.5/30 (21)	1	MO
larin 1/20 (21)	1	MO
larin 24 fe	1	MO
larin fe 1.5/30 (28)	1	MO
larin fe 1/20 (28)	1	MO
lessina	1	MO
levonest (28)	1	MO
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month	1	
levonorg-eth estrad triphasic	1	MO
loryna (28)	1	MO
lo-zumandimine (28)	1	MO
lutera (28)	1	
marlissa (28)	1	MO
microgestin 1.5/30 (21)	1	MO
microgestin 1/20 (21)	1	MO
microgestin fe 1.5/30 (28)	1	MO
microgestin fe 1/20 (28)	1	MO
mili	1	MO
mono-linyah	1	MO
nikki (28)	1	MO
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	MO
norgestimate-ethinyl estradiol	1	
nortrel 0.5/35 (28)	1	MO
nortrel 1/35 (21)	1	MO
nortrel 1/35 (28)	1	MO
nortrel 7/7/7 (28)	1	MO
philith	1	MO
pimtrea (28)	1	MO
portia 28	1	MO
reclipsen (28)	1	MO
setlakin	1	MO
sprintec (28)	1	MO
syeda	1	MO
tarina fe 1-20 eq (28)	1	MO
tilia fe	1	MO
tri-estarylla	1	MO
tri-legest fe	1	MO
tri-linyah	1	MO
tri-lo-estarylla	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
tri-lo-marzia	1	MO
tri-lo-sprintec	1	
tri-sprintec (28)	1	MO
turqoz (28)	1	MO
valtya	1	MO
velivet triphasic regimen (28)	1	MO
vestura (28)	1	MO
vienva	1	MO
viorele (28)	1	MO
wera (28)	1	MO
zovia 1-35 (28)	1	MO
zumandimine (28)	1	MO
OXYTOCICS		
methylergonovine oral	1	PA
OPHTHALMOLOGY		
ANTIBIOTICS		
bacitracin-polymyxin b	1	MO
ciprofloxacin hcl ophthalmic (eye)	1	MO
erythromycin ophthalmic (eye)	1	MO; QL (3.5 per 14 days)
gatifloxacin	1	MO
gentamicin ophthalmic (eye) drops	1	MO; QL (70 per 30 days)
levofloxacin ophthalmic (eye) drops 0.5 %	1	MO
levofloxacin ophthalmic (eye) drops 1.5 %	1	
moxifloxacin ophthalmic (eye) drops	1	MO
moxifloxacin ophthalmic (eye) drops, viscous	1	
NATACYN	1	
neomycin-bacitracin-polymyxin	1	MO
neomycin-polymyxin-gramicidin	1	MO
ofloxacin ophthalmic (eye)	1	MO
polymyxin b sulf-trimethoprim	1	MO
tobramycin ophthalmic (eye)	1	MO; QL (10 per 14 days)
ANTIVIRALS		
trifluridine	1	MO
ZIRGAN	1	MO
BETA-BLOCKERS		
betaxolol ophthalmic (eye)	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
carteolol	1	MO
levobunolol ophthalmic (eye) drops 0.5 %	1	MO
timolol maleate ophthalmic (eye) drops (not single use)	1	MO
timolol maleate ophthalmic (eye) gel forming solution	1	MO
MISCELLANEOUS OPHTHALMOLOGICS		
atropine ophthalmic (eye) drops 1 %	1	MO
azelastine ophthalmic (eye)	1	MO
CIMERLI	1	PA; MO
cromolyn ophthalmic (eye)	1	MO
cyclosporine ophthalmic (eye)	1	MO; QL (60 per 30 days)
CYSTARAN	1	PA
epinastine	1	MO
MIEBO (PF)	1	MO; QL (3 per 30 days)
OXERVATE	1	PA; MO
PAVBLU	1	PA; MO
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	MO
sulfacetamide sodium ophthalmic (eye) drops	1	MO
sulfacetamide-prednisolone	1	MO
XDEMVY	1	PA; QL (10 per 42 days)
XIIDRA	1	MO; QL (60 per 30 days)
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS		
bromfenac ophthalmic (eye) drops 0.07 %, 0.075 %	1	MO
diclofenac sodium ophthalmic (eye)	1	MO
flurbiprofen sodium	1	MO
ketorolac ophthalmic (eye)	1	MO
ORAL DRUGS FOR GLAUCOMA		
acetazolamide	1	MO
acetazolamide sodium	1	MO
methazolamide	1	MO
OTHER GLAUCOMA DRUGS		
bimatoprost ophthalmic (eye) drops 0.01 %	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
bimatoprost ophthalmic (eye) drops 0.03 %	1	MO
dorzolamide	1	MO
dorzolamide-timolol	1	MO
latanoprost	1	MO
miostat	1	
RHOPRESSA	1	
ROCKLATAN	1	
travoprost	1	MO
STEROID-ANTIBIOTIC COMBINATIONS		
neomycin-bacitracin-poly-hc	1	MO
neomycin-polymyxin b-dexameth	1	MO
neomycin-polymyxin-hc ophthalmic (eye)	1	MO
TOBRADEX	1	MO; QL (3.5 per 14 days)
tobramycin-dexamethasone	1	MO; QL (10 per 14 days)
STEROIDS		
dexamethasone sodium phosphate ophthalmic (eye)	1	MO
fluorometholone	1	MO
loteprednol etabonate ophthalmic (eye) drops,gel	1	MO
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	MO
OZURDEX	1	MO
prednisolone acetate	1	MO
prednisolone sodium phosphate ophthalmic (eye)	1	MO
SYMPATHOMIMETICS		
apraclonidine	1	MO
brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %	1	MO
brimonidine ophthalmic (eye) drops 0.2 %	1	MO
RESPIRATORY AND ALLERGY		
ANTIHISTAMINE / ANTIALLERGENIC AGENTS		
adrenalin injection solution 1 mg/ml	1	
adrenalin injection solution 1 mg/ml (1 ml)	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
cetirizine oral solution 1 mg/ml	1	MO
diphenhydramine hcl injection solution 50 mg/ml	1	MO
diphenhydramine hcl injection syringe	1	
epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)	1	MO; QL (4 per 30 days)
epinephrine injection solution	1	
hydroxyzine hcl oral tablet	1	PA; MO
levocetirizine oral solution	1	MO
levocetirizine oral tablet	1	MO; QL (30 per 30 days)
promethazine injection solution	1	MO
promethazine oral	1	PA; MO
PULMONARY AGENTS		
acetylcysteine	1	B/D PA; MO
ADEMPAS	1	PA; MO; LA; QL (90 per 30 days)
ADVAIR HFA	1	MO; QL (12 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation	1	MO; QL (17 per 30 days)
albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation package size 6.7 gm	1	QL (13.4 per 30 days)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml	1	B/D PA; MO
albuterol sulfate oral syrup	1	MO
albuterol sulfate oral tablet	1	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	1	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	1	MO; QL (6.1 per 30 days)
alyq	1	PA; MO; QL (60 per 30 days)
ambrisentan	1	PA; MO; LA; QL (30 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
arformoterol	1	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 50 MCG/ACTUATION	1	MO; QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 200 MCG/ACTUATION	1	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	1	MO; QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	1	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	1	QL (2 per 28 days)
BEVESPI AEROSPHERE	1	MO; QL (10.7 per 30 days)
bosentan oral tablet	1	PA; MO; LA; QL (60 per 30 days)
BREO ELLIPTA	1	MO; QL (60 per 30 days)
breyna	1	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE	1	MO; QL (10.7 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml	1	B/D PA; MO; QL (120 per 30 days)
budesonide inhalation suspension for nebulization 1 mg/2 ml	1	B/D PA; MO; QL (60 per 30 days)
budesonide-formoterol	1	QL (10.2 per 30 days)
CINRYZE	1	PA; MO
COMBIVENT RESPIMAT	1	QL (8 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
cromolyn inhalation	1	B/D PA; MO
DULERA	1	MO; QL (13 per 30 days)
FASENRA PEN	1	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 10 MG/0.5 ML	1	PA; MO; QL (0.5 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML	1	PA; MO; QL (1 per 28 days)
flunisolide	1	MO; QL (50 per 30 days)
FLUTICASONE FUROATE-VILANTEROL	1	MO; QL (60 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION	1	ST; MO; QL (12 per 30 days)
FLUTICASONE PROPIONATE INHALATION HFA AEROSOL INHALER 220 MCG/ACTUATION	1	ST; MO; QL (24 per 30 days)
fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation	1	MO; QL (10.6 per 30 days)
fluticasone propionate nasal	1	MO; QL (16 per 30 days)
fluticasone propion-salmeterol inhalation blister with device	1	MO; QL (60 per 30 days)
formoterol fumarate	1	B/D PA; MO; QL (120 per 30 days)
icatibant	1	PA; MO
ipratropium bromide inhalation hfa aerosol inhaler	1	MO; QL (25.8 per 30 days)
ipratropium bromide inhalation solution	1	B/D PA; MO
ipratropium-albuterol	1	B/D PA; MO
KALYDECO	1	PA; MO; QL (56 per 28 days)
macitentan	1	PA; MO; QL (30 per 30 days)
mometasone nasal	1	MO; QL (34 per 30 days)
montelukast oral granules in packet	1	MO
montelukast oral tablet	1	MO
montelukast oral tablet,chewable	1	MO
nintedanib	1	PA; MO; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
NUCALA SUBCUTANEOUS AUTO-INJECTOR	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	1	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	1	PA; MO; LA; QL (0.4 per 28 days)
OFEV	1	PA; MO; QL (60 per 30 days)
ORKAMBI ORAL GRANULES IN PACKET	1	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	1	PA; MO; QL (112 per 28 days)
pirfenidone oral capsule	1	PA; MO; QL (270 per 30 days)
pirfenidone oral tablet 267 mg	1	PA; MO; QL (270 per 30 days)
pirfenidone oral tablet 801 mg	1	PA; MO; QL (90 per 30 days)
PULMOZYME	1	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	1	QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	1	QL (21.2 per 30 days)
roflumilast	1	PA; MO; QL (30 per 30 days)
sajazir	1	PA; MO
sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml	1	
sildenafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT	1	MO; QL (4 per 30 days)
STIOLTO RESPIMAT	1	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT	1	MO; QL (4 per 30 days)
SYMDEKO	1	PA; MO; QL (56 per 28 days)
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg	1	PA; QL (60 per 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
terbutaline oral	1	MO
terbutaline subcutaneous	1	
TEZSPIRE	1	PA; MO; QL (1.91 per 30 days)
theophylline oral elixir	1	MO
theophylline oral solution	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg	1	
theophylline oral tablet extended release 12 hr 300 mg, 450 mg	1	MO
theophylline oral tablet extended release 24 hr	1	MO
TRELEGY ELLIPTA	1	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	1	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	1	PA; MO; QL (84 per 28 days)
WINREVAIR	1	PA; MO; QL (1 per 21 days)
wixela inhub	1	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	1	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	1	PA; MO; LA; QL (1 per 28 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG	1	PA; MO; QL (224 per 28 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 26.5 MCG	1	PA; MO; QL (896 per 28 days)
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 53 MCG	1	PA; MO; QL (448 per 28 days)

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

Drug Name	Drug Tier	Requirements/Limits
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 79.5 MCG	1	PA; MO; QL (308 per 28 days)
zafirlukast	1	MO
UROLOGICALS		
ANTICHOLINERGICS / ANTISPASMODICS		
GEMTESA	1	MO
mirabegron oral tablet extended release 24 hr	1	MO
oxybutynin chloride oral syrup	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
oxybutynin chloride oral tablet extended release 24hr	1	MO
solifenacin	1	MO
tolterodine	1	MO
trospium oral tablet	1	MO
BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY		
alfuzosin	1	MO
dutasteride	1	MO
dutasteride-tamsulosin	1	MO
finasteride oral tablet 5 mg	1	MO
tamsulosin	1	MO
MISCELLANEOUS UROLOGICALS		
alprostadil	1	
bethanechol chloride	1	MO
CYSTAGON	1	PA; LA
ELMIRON	1	MO
glycine urologic solution	1	
K-PHOS NO 2	1	MO
K-PHOS ORIGINAL	1	MO
potassium citrate oral tablet extended release	1	MO
RENACIDIN	1	MO
tadalafil oral tablet 2.5 mg	1	PA; MO; QL (60 per 30 days)
tadalafil oral tablet 5 mg	1	PA; MO; QL (30 per 30 days)
VITAMINS, HEMATINICS / ELECTROLYTES		
BLOOD DERIVATIVES		
albumin, human 25 %	1	
alburx (human) 25 %	1	
alburx (human) 5 %	1	
albutein 25 %	1	
albutein 5 %	1	

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

Drug Name	Drug Tier	Requirements/Limits
ELECTROLYTES		
calcium acetate(phosphat bind)	1	PA; MO
calcium chloride	1	
calcium gluconate intravenous	1	
effer-k oral tablet, effervescent 25 meq	1	MO
klor-con 10	1	MO
klor-con 8	1	MO
klor-con m10	1	MO
klor-con m15	1	MO
klor-con m20	1	MO
klor-con oral packet 20	1	MO
lactated ringers intravenous	1	MO
magnesium chloride injection	1	
MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML	1	
magnesium sulfate in water intravenous parenteral solution	1	
magnesium sulfate in water intravenous piggyback 2 gram/50 ml (4 %), 4 gram/100 ml (4 %), 4 gram/50 ml (8 %)	1	
magnesium sulfate injection	1	
potassium acetate	1	
potassium chlorid-d5-0.45%nacl	1	
potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l	1	
potassium chloride in 5 % dex	1	
potassium chloride in lr-d5	1	
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	1	
potassium chloride intravenous	1	
potassium chloride oral capsule, extended release	1	MO

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

Drug Name	Drug Tier	Requirements/Limits
potassium chloride oral liquid	1	MO
potassium chloride oral packet 20 meq	1	MO
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	MO
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1	MO
potassium chloride oral tablet,er particles/crystals 15 meq	1	
potassium chloride-0.45 % nacl	1	
potassium chloride-d5-0.2%nacl	1	
potassium chloride-d5-0.9%nacl	1	
potassium phosphate m-/d-basic intravenous solution 3 mmol/ml	1	
ringer's intravenous	1	
sodium acetate	1	
sodium bicarbonate intravenous solution	1	
sodium bicarbonate intravenous syringe 50 meq/50 ml (8.4 %)	1	
sodium chloride 0.45 % intravenous	1	MO
sodium chloride 3 % hypertonic	1	
sodium chloride 5 % hypertonic	1	MO
sodium chloride intravenous	1	
sodium phosphate	1	MO
MISCELLANEOUS NUTRITION PRODUCTS		
CLINIMIX 5%/D15W SULFITE FREE	1	B/D PA
CLINIMIX 4.25%/D10W SULF FREE	1	B/D PA
CLINIMIX 5%-D20W(SULFITE-FREE)	1	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE)	1	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE)	1	B/D PA
electrolyte-148	1	
electrolyte-a	1	
intralipid intravenous emulsion 20 %	1	B/D PA
ISOLYTE S PH 7.4	1	

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

Drug Name	Drug Tier	Requirements/Limits
ISOLYTE-P IN 5 % DEXTROSE	1	
ISOLYTE-S	1	
PLENAMINE	1	B/D PA
premasol 10 %	1	B/D PA
travasol 10 %	1	B/D PA
TROPHAMINE 10 %	1	B/D PA

Drug Name	Drug Tier	Requirements/Limits
VITAMINS / HEMATINICS		
fluoride (sodium) oral tablet	1	MO
prenatal vitamin oral tablet	1	MO
wescap-pn dha	1	MO

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

Index

A

abacavir 2
abacavir-lamivudine 2
abigale 74
abigale lo 74
ABILIFY ASIMTUFII 34
ABILIFY MAINTENA 34
abiraterone 11
abirtega 11
ABRYSVO (PF) 69
acamprosate 55
acarbose 59
ACCU-CHEK GUIDE GLUCOSE METER 70
ACCU-CHEK GUIDE ME GLUCOSE MTR 70
ACCU-CHEK GUIDE TEST STRIPS 59
accutane 52
acebutolol 42
acetaminophen-codeine 32
acetazolamide 79
acetazolamide sodium 79
acetic acid 55, 58
acetylcysteine 55, 80
acitretin 49
ACTHIB (PF) 69
ACTIMMUNE 68
acyclovir 2, 53
acyclovir sodium 2
ADACEL(TDAP ADOLESN/ADULT)(PF) 69
ADBRY 51
ADCETRIS 11
adefovir 2
ADEMPAS 80
adenosine 41
adrenalin 80
ADSTILADRIN 11
ADVAIR HFA 80
afirmelle 76
AIMOVIG AUTOINJECTOR 29
AKEEGA 11
ala-cort 53
albendazole 6
albumin, human 25 % 85
alburx (human) 25 % 85
alburx (human) 5 % 85
albutein 25 % 85
albutein 5 % 85
albuterol sulfate 80
alclometasone 53
alcohol pads 59
ALDURAZYME 62
ALECENSA 12
alendronate 72
alfuzosin 85
aliskiren 42
allopurinol 72
allopurinol sodium 72
aloprim 72
alosetron 64
alprostadil 85
altavera (28) 76
ALUNBRIG 12
ALVESCO 80, 81
alyacen 1/35 (28) 76
alyacen 7/7/7 (28) 76
alyq 81
amantadine hcl 2
ambrisentan 81
amethyst (28) 76
amikacin 6
amiloride 42
amiloride-hydrochlorothiazide 42
aminocaproic acid 45
amiodarone 42
amitriptyline 35
amlodipine 42
amlodipine-atorvastatin 47
amlodipine-benazepril 42
amlodipine-olmesartan 42
amlodipine-valsartan 42
amlodipine-valsartan-hcthiazid 42
ammonium lactate 51
amnesteem 52
amoxapine 35
amoxicillin 9
amoxicillin-pot clavulanate 9
amphetamine 35
amphotericin b 2
amphotericin b liposome 2
ampicillin 9
ampicillin sodium 9
ampicillin-sulbactam 9
anagrelide 55
anastrozole 12
ANKTIVA 12
apraclonidine 79
aprepitant 64
apri 76
APTIVUS 2
aranelle (28) 76
ARCALYST 68
AREXVY (PF) 69
arformoterol 81

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

ARIKAYCE....6
aripiprazole....35
ARISTADA....35
ARISTADA INITIO....35
armodafinil....35
arsenic trioxide....12
asenapine maleate....35
ASMANEX HFA....81
ASMANEX TWISTHALER....81
ASPARLAS....12
aspirin-dipyridamole....45
ASSURE ID INSULIN SAFETY 70
atazanavir....2
atenolol....42
atenolol-chlorthalidone....42
atomoxetine....35
atorvastatin....47
atovaquone....6
atovaquone-proguanil....6
atropine....78
aubra eq....76
AUGMENTIN....9
AUGTYRO....12
AUSTEDO....30
AUSTEDO XR....30
AUSTEDO XR TITRATION KT(WK1-4)....30
AUVELITY....35
aviane....76
AVMAPKI-FAKZYNJA....12
AVONEX....68
AVTOZMA....73
AVTOZMA AUTOINJECTOR..72
AYVAKIT....12
azacitidine....12
azathioprine....12
azathioprine sodium....12
azelaic acid....52
azelastine....57, 78
azilsartan medoxomil....42
azithromycin....6
aztreonam....6
azurette (28)....76
B
bacitracin-polymyxin b....77
baclofen....31
balsalazide....64
BALVERSA....12
BAQSIMI....59
BARACLUDE....2
BAVENCIO....12
BCG VACCINE, LIVE (PF)....69
BD PEN NEEDLE....71
BEIZRAY-ALBUMIN....12
BELEODAQ....12
BELSOMRA....35
benazepril....42
benazepril-hydrochlorothiazide....42
bendamustine....12
BENDEKA....12
BENLYSTA....73
benztropine....29
BESPONSA....12
BESREMI....68
BESREMI PEN....68
betaine....64
betamethasone dipropionate....53
betamethasone valerate 53, 54
*betamethasone, augmented*54
BETASERON....68
betaxolol....42, 78
bethanechol chloride....85
BEVESPI AEROSPHERE....81
bexarotene....12
BEXSERO....69
bicalutamide....12
BICILLIN L-A....9
BIKTARVY....3
bimatoprost....79
bismuth subcit k-metronidz-tcn....67
bisoprolol fumarate....42
bisoprolol-hydrochlorothiazide....42
BIXLENVO....3
BIZENGRI....12
BLENREP....12
bleomycin....12
BLINCYTO....12
BOMYNTRA....11
BONSITY....72
BOOSTRIX TDAP....69
bortezomib....12
BORTEZOMIB....12
bosentan....81
BOSULIF....12
bosutinib....13
BRAFTOVI....13
BREO ELLIPTA....81
breyna....81
BREZTRI AEROSPHERE....81
brimonidine....80
BRIUMVI....30
brivaracetam....25
bromfenac....79
bromocriptine....29
BRUKINSA....13
budesonide....64, 81
budesonide-formoterol....81
bumetanide....42
buprenorphine hcl....32
buprenorphine transdermal patch....32
buprenorphine-naloxone....33
bupropion hcl....35
bupropion hcl (smoking deter)....57
buspirone....35
busulfan....13
butorphanol....33

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

BYSANTI 35
BYSANTI TITRATION PACK A 36
BYSANTI TITRATION PACK B 36
BYSANTI TITRATION PACK C 36

C

CABENUVA..... 3
cabergoline 62
CABLIVI 45
CABOMETYX 13
caffeine citrate 55
calcipotriene..... 49
calcitonin (salmon)..... 62
calcitriol..... 62
calcium acetate(phosphat bind) 85
calcium chloride 85
calcium gluconate..... 85
CALQUENCE (ACALABRUTINIB MAL)..... 13
camila..... 74
camrese 76
CAMZYOS..... 48
candesartan 42
candesartan-hydrochlorothiazid 42
CAPLYTA..... 36
CAPRELSA 13
captopril 42
captopril-hydrochlorothiazide 42
carbamazepine 26
carbidopa 29
carbidopa-levodopa..... 29
carbidopa-levodopa-entacapone 29
carboplatin..... 13
carglumic acid..... 55
carmustine 13
carteolol 78
cartia xt 42
carvedilol..... 42
caspofungin..... 2
CAYSTON 6
cefaclor..... 5
cefadroxil..... 5
cefazolin 5
cefazolin in dextrose (iso-os) .. 5
cefdinir..... 5
cefepime 5
cefepime in dextrose,iso-osm . 5
cefixime 5
cefoxitin 5
cefoxitin in dextrose, iso-osm . 5
cefpodoxime 5
cefprozil 5
ceftaroline fosamil 5
ceftazidime 5
ceftriaxone..... 5, 6
ceftriaxone in dextrose,iso-os. 5
cefuroxime axetil 6
cefuroxime sodium 6
celecoxib..... 33
cephalexin 6
CEPROTIN (BLUE BAR)..... 45
CEPROTIN (GREEN BAR) 45
CEQUR SIMPLICITY..... 70, 71
CEQUR SIMPLICITY INSERTER 71
cetirizine 80
cevimeline 55
CHEMET..... 55
chlorhexidine gluconate..... 57
chloroprocaine (pf)..... 51
chloroquine phosphate 6
chlorothiazide sodium..... 42
chlorpromazine 36
chlorthalidone 43
cholestyramine (with sugar) 47
cholestyramine light..... 47
ciclodan 53
ciclopirox 53
cidofovir..... 3
cilostazol..... 45
CIMDUO 3
CIMERLI 78
CIMZIA 64
CIMZIA POWDER FOR RECONST 64
CIMZIA STARTER KIT 64
cinacalcet 62
CINRYZE..... 82
CINVANTI 64
ciprofloxacin 10
ciprofloxacin hcl 10, 58, 77
ciprofloxacin in 5 % dextrose 10
ciprofloxacin-dexamethasone 58
cisplatin 13
citalopram 36
cladribine..... 13
claravis 52
clarithromycin 6
clindamycin hcl..... 6
clindamycin in 5 % dextrose ... 7
clindamycin phosphate ... 7, 52, 75
CLINIMIX 5%/D15W SULFITE FREE..... 87
CLINIMIX 4.25%/D10W SULF FREE..... 87
CLINIMIX 4.25%/D5W SULFIT FREE..... 55
CLINIMIX 5%-D20W(SULFITE-FREE) 87
CLINIMIX 6%-D5W (SULFITE-FREE) 87
CLINIMIX 8%-D10W(SULFITE-FREE) 87
CLINIMIX 8%-D14W(SULFITE-FREE) 87
clobazam 26
clobetasol 54
clobetasol-emollient..... 54

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

clofarabine 13
clomid 62
clomiphene citrate 62
clomipramine 36
clonazepam 26
clonidine (pf) 33, 43
clonidine hcl 36, 43
clonidine transdermal patch 43
clopidogrel 45
clorazepate dipotassium 36
clotrimazole 2, 53
clotrimazole-betamethasone 53
clozapine 36
COARTEM 7
COBENFY 36
COBENFY STARTER PACK 36
colchicine 72
colesevelam 47
colestipol 47
colistin (colistimethate na) 7
COLUMVI 13
COMBIVENT RESPIMAT 82
COMETRIQ 13
compro 64
conjugated estrogens 74
constulose 64
COPIKTRA 13
cortisone 58
COSENTYX 49
COSENTYX (2 SYRINGES) 49
COSENTYX PEN 49
COSENTYX PEN (2 PENS) 49
COSENTYX UNOREADY PEN . 49
COTELLIC 13
CREON 64
CRESEMBA 2
cromolyn 64, 78, 82
cryselle (28) 76
CRYSVITA 62
cyclobenzaprine 31
cyclophosphamide 13
CYCLOPHOSPHAMIDE 13
cyclosporine 13, 78
cyclosporine modified 13
CYRAMZA 13
cyred eq 76
CYSTAGON 85
CYSTARAN 78
cytarabine 13
cytarabine (pf) 13, 14

D

d10 %-0.45 % sodium chloride 55
d2.5 %-0.45 % sodium chloride 55
d5 % and 0.9 % sodium chloride 55
d5 %-0.45 % sodium chloride 55
dabigatran etexilate 45
dacarbazine 14
dactinomycin 14
dalfampridine 30
danazol 62
dantrolene 31
DANYELZA 14
DANZITEN 14
dapagliflozin 59
dapagliflozin-metformin 59
dapsone 7
DAPTACEL (DTAP PEDIATRIC) (PF) 69
daptomycin 7
DAPTOMYCIN 7
darunavir 3
DARZALEX 14
DARZALEX FASPRO 14
dasatinib 14
dasetta 1/35 (28) 76
dasetta 7/7/7 (28) 76
DATROWAY 14
daunorubicin 14
DAURISMO 14
daysee 76
deblitane 74
decitabine 14
DECNUPAZ 14
deferasirox 55
deferiprone 55
deferoxamine 55
DELSTRIGO 3
demeclocycline 10
denta 5000 plus 57
dentagel 57
DEPO-SUBQ PROVERA 104 .. 74
dermacinrx lidocan 51
DESCOVY 3
desipramine 36
desmopressin 62
desog-e.estradiol/e.estradiol 76
desonide 54
desvenlafaxine succinate 36
dexamethasone 58
dexamethasone intensol 58
dexamethasone sodium phos (pf) 58
dexamethasone sodium phosphate 58, 79
DEXCOM G6 RECEIVER 71
DEXCOM G6 SENSOR 71
DEXCOM G6 TRANSMITTER .. 71
DEXCOM G7 RECEIVER 71
DEXCOM G7 SENSOR 71
dexrazoxane hcl 11
dextroamphetamine-amphetamine 36
dextromethorphan-quinidine 30
dextrose 10 % and 0.2 % nacl 55
dextrose 10 % in water (d10w) 55

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

dextrose 25 % in water (d25w) 56
dextrose 5 % in water (d5w) . 56
dextrose 5 %-lactated ringers 56
dextrose 5%-0.2 % sod chloride 56
dextrose 5%-0.3 % sod.chloride 56
dextrose 50 % in water (d50w) 56
dextrose 70 % in water (d70w) 56
DIACOMIT 26
diazepam 26, 36
diazepam intensol 36
diazoxide 59
diclofenac potassium 33
diclofenac sodium ... 33, 34, 51, 79
diclofenac-misoprostol 34
dicloxacillin 9
dicyclomine 64
diflunisal 34
digoxin 48
dihydroergotamine 29
DILANTIN 30 MG 26
diltiazem hcl 43
dilt-xr 43
dimenhydrinate 64
dimethyl fumarate 30
diphenhydramine hcl 80
diphenoxylate-atropine 64
dipyridamole 45
disulfiram 56
divalproex 26
dobutamine 48
dobutamine in d5w 48
docetaxel 14
dofetilide 42
donepezil 30
dopamine 48
dopamine in 5 % dextrose 48
DOPTELET (10 TAB PACK) 45
DOPTELET (15 TAB PACK) 45
DOPTELET (30 TAB PACK) 45
DOPTELET SPRINKLE 46
dorzolamide 79
dorzolamide-timolol 79
dotti 74
DOVATO 3
doxazosin 43
doxepin 36
doxercalciferol 62, 63
doxorubicin 14
doxorubicin, peg-liposomal . 14
doxy-100 10
doxycycline hyclate 10, 11
doxycycline monohydrate 11
DRIZALMA SPRINKLE 36, 37
dronabinol 64
droperidol 64
DROPSAFE ALCOHOL PREP PADS 59
drospirenone-e.estradiol-lm.fa 76
drospirenone-ethinyl estradiol 76
DROXIA 14
droxidopa 56
DULERA 82
duloxetine 37
DUPIXENT PEN 51
DUPIXENT SYRINGE 51
dutasteride 85
dutasteride-tamsulosin 85

E

econazole nitrate 53
EDARBYCLOR 43
EDURANT PED 3
efavirenz 3
efavirenz-emtricitabin-tenofov 3
efavirenz-lamivu-tenofov disop 3
effer-k 85
ELAHERE 14
ELAPRASE 63
electrolyte-148 87
electrolyte-a 87
ELIGARD 14
ELIGARD (3 MONTH) 14
ELIGARD (4 MONTH) 14
ELIGARD (6 MONTH) 14
elinest 76
ELIQUIS 46
ELIQUIS DVT-PE TREAT 30D START 46
ELIQUIS SPRINKLE 46
ELITEK 11
ELMIRON 85
ELREXFIO 14
eltrombopag olamine 46
eluryng 75
ELZONRIS 14
EMGALITY PEN 29
EMGALITY SYRINGE 29
EMPLICITI 14
EMRELIS 14
EMSAM 37
emtricitabine 3
emtricitabine-tenofovir (tdf) ... 3
emtricita-rilpivirine-tenof df ... 3
EMTRIVA 3
EMVERM 7
emzahh 74
enalapril maleate 43
enalaprilat 43
enalapril-hydrochlorothiazide 43
ENBREL 73
ENBREL MINI 73

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

ENBREL SURECLICK....73
endocet....32
ENGERIX-B (PF)....69
ENGERIX-B PEDIATRIC (PF)..69
enoxaparin....46
ENSACOVE....14
enskyce....76
entacapone....29
entecavir....3
ENTRESTO SPRINKLE....48
ENTYVIO....64
ENTYVIO PEN....64
enulose....64
ENVARSUS XR....14
EPIDIOLEX....26
epinastine....78
epinephrine....80
EPKINLY....15
eplerenone....43
ERBITUX....15
ergotamine-caffeine....30
eribulin....15
ERIVEDGE....15
ERLEADA....15
erlotinib....15
errin....74
ertapenem....7
ery pads....52
ery-tab....6
erythromycin....6, 77
erythromycin ethylsuccinate..6
erythromycin with ethanol...52
escitalopram oxalate....37
eslicarbazepine....26
esmolol....43
esomeprazole magnesium...67
esomeprazole sodium....67
estarylla....76
estradiol....74
estradiol valerate....75
estradiol-norethindrone acet....75
eszopiclone....37
ethacrynate sodium....43
ethambutol....7
ethosuximide....26
etodolac....34
etonogestrel-ethinyl estradiol....75
ETOPOPHOS....15
etoposide....15
etravirine....3
EUCRISA....51
EULEXIN....15
everolimus (antineoplastic)..15
everolimus (immunosuppressive)....15
EVOTAZ....3
exemestane....15
EXXUA....37
ezetimibe....47
ezetimibe-simvastatin....47

F

FABRAZYME....63
falmina (28)....76
famciclovir....3
famotidine....67
famotidine (pf)....67
famotidine (pf)-nacl (iso-os) 67
FANAPT....37
FANAPT TITRATION PACK A..37
FANAPT TITRATION PACK B..37
FANAPT TITRATION PACK C..37
FARXIGA....59
FASENRA....82
FASENRA PEN....82
FAVLYXA....15
febuxostat....72
felbamate....26
felodipine....43
fenofibrate....47
fenofibrate micronized....47
fenofibrate nanocrystallized 47
fenofibric acid....48
fenofibric acid (choline)....48
fentanyl....32
FETZIMA....37
fidaxomicin....6
FILSPARI....49
finasteride....85
fingolimod....30
FINTEPLA....26
FIRMAGON KIT W DILUENT SYRINGE....15
flecainide....42
floxuridine....15
fluconazole....2
fluconazole in nacl (iso-osm)..2
flucytosine....2
fludarabine....15
fludrocortisone....58
flumazenil....37
flunisolide....82
fluocinolone....54
fluocinolone acetonide oil....58
*fluocinolone and shower cap*54
fluocinonide....54
fluocinonide-emollient....54
fluoride (sodium)....57, 87
fluorometholone....79
fluorouracil....15, 51
fluoxetine....37
fluphenazine decanoate....37
fluphenazine hcl....37
flurbiprofen....34
flurbiprofen sodium....79
FLUTICASONE FUROATE-VILANTEROL....82
fluticasone propionate...54, 82
FLUTICASONE PROPIONATE82
fluticasone propion-salmeterol....82

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

fluvastatin 48
fluvoxamine 37
fomepizole 69
fondaparinux 46
formoterol fumarate 82
fosamprenavir 3
fosaprepitant 65
fosfomycin tromethamine 11
fosinopril 43
fosinopril-hydrochlorothiazide 43
fosphenytoin 26
FOTIVDA 15
FREESTYLE FREEDOM LITE .. 71
FREESTYLE INSULINX 59, 71
FREESTYLE INSULINX TEST STRIPS 59
FREESTYLE LIBRE 14 DAY READER 71
FREESTYLE LIBRE 14 DAY SENSOR 71
FREESTYLE LIBRE 2 PLUS SENSOR 71
FREESTYLE LIBRE 2 READER 71
FREESTYLE LIBRE 2 SENSOR 71
FREESTYLE LIBRE 3 PLUS SENSOR 71
FREESTYLE LIBRE 3 READER 71
FREESTYLE LIBRE 3 SENSOR 71
FREESTYLE LITE METER 71
FREESTYLE LITE STRIPS 59
FREESTYLE PRECISION NEO STRIPS 59
FREESTYLE TEST 59
FRUZAQLA 16
FULPHILA 68
fulvestrant 16
furosemide 43
FYARRO 16
fyavolv 75

G

gabapentin 26, 27
galantamine 30, 31
gallifrey 75
GAMASTAN 69
GAMUNEX-C 69
ganciclovir sodium 3
GARDASIL 9 (PF) 69
gatifloxacin 77
GATTEX 30-VIAL 65
GATTEX ONE-VIAL 65
GAUZE PAD 71
gavilyte-c 65
gavilyte-g 65
gavilyte-n 65
GAVRETO 16
GAZYVA 16
gefitinib 16
gemcitabine 16
gemfibrozil 48
GEMTESA 85
generlac 65
gengraf 16
gentamicin 7, 52, 78
gentamicin in nacl (iso-osm) .. 7
gentamicin sulfate (ped) (pf) .. 7
GENVOYA 3
GILOTRIF 16
glatiramer 31
glatopa 31
glimepiride 59
glipizide 59, 60
glipizide-metformin 60
glutamine (sickle cell) 56
glycine urologic solution 85
glycopyrrolate 64
glycopyrrolate (pf) 64
glycopyrrolate (pf) in water .. 64
glydo 51
GLYXAMBI 60
GOMEKLI 16
GRAFAPEX 16
granisetron (pf) 65
granisetron hcl 65
griseofulvin microsize 2
griseofulvin ultramicrosize 2
GVOKE 60
GVOKE HYPOPEN 1-PACK 60
GVOKE HYPOPEN 2-PACK 60
GVOKE PFS 1-PACK SYRINGE 60
GVOKE PFS 2-PACK SYRINGE 60

H

HADLIMA 73
HADLIMA PUSHTOUCH 73
HADLIMA(CF) 73
HADLIMA(CF) PUSHTOUCH . 73
halobetasol propionate 54
haloperidol 37
haloperidol decanoate 38
haloperidol lactate 38
HAVRIX (PF) 69
heather 75
heparin (porcine) 46
heparin (porcine) in 5 % dex . 46
heparin (porcine) in nacl (pf) 46
heparin(porcine) in 0.45% nacl 47
HEPARIN(PORCINE) IN 0.45% NACL 47
heparin, porcine (pf) 47
HEPARIN, PORCINE (PF) 47
HEPLISAV-B (PF) 69
HERNEXEOS 16
HIBERIX (PF) 69
HUMALOG JUNIOR KWIKPEN U-100 60
HUMALOG KWIKPEN INSULIN 60
HUMALOG MIX 50-50 KWIKPEN 60

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

HUMALOG MIX 75-25 KWIKPEN 60
HUMALOG MIX 75-25(U-100)INSULN 60
HUMALOG U-100 INSULIN ... 60
HUMULIN 70/30 U-100 INSULIN 60
HUMULIN 70/30 U-100 KWIKPEN 60
HUMULIN N NPH INSULIN KWIKPEN 60
HUMULIN N NPH U-100 INSULIN 60
HUMULIN R REGULAR U-100 INSULN 60
HUMULIN R U-500 (CONC) KWIKPEN 60
hydralazine 43
hydrochlorothiazide 43
hydrocodone-acetaminophen 32
hydrocodone-ibuprofen 32
hydrocortisone 54, 55, 58, 65
hydrocortisone-acetic acid ... 58
hydromorphone 32
hydromorphone (pf) 32
hydroxychloroquine 7
hydroxyurea 16
hydroxyzine hcl 80
HYPERHEP B 69
HYPERHEP B NEONATAL 69
HYRNUO 16

I

ibandronate 72
IBRANCE 16
IBTROZI 16
ibu 34
ibuprofen 34
ibutilide fumarate 42
icatibant 82
ICLUSIG 16
icosapent ethyl 48
ICOTYDE 49
idarubicin 16
IDHIFA 16
IDVYNSO 3
ifosfamide 16
ILARIS (PF) 68
imatinib 16
IMBRUVICA 17
IMDELLTRA 17
IMFINZI 17
imipenem-cilastatin 7
imipramine hcl 38
imiquimod 51
IMJUDO 17
IMKELDI 17
IMOVAX RABIES VACCINE (PF) 69
IMPAVIDO 7
IMVEXXY MAINTENANCE PACK 75
IMVEXXY STARTER PACK 75
INBRIJA 29
incassia 75
INCRELEX 56
indapamide 43
INFANRIX (DTAP) (PF) 69
INFLIXIMAB 65
INGREZZA 31
INGREZZA INITIATION PK(TARDIV) 31
INGREZZA SPRINKLE 31
INLEXZO 17
INLURIYO 17
INLYTA 17
INPEFA 60
INQOVI 17
INREBIC 17
INSULIN LISPRO 60
INSULIN LISPRO PROTAMIN-LISPRO 61
INSULIN SYRINGE-NEEDLE U-100 71
INTELENCE 3
intralipid 87
introvale 76
INVEGA HAFYERA 38
INVEGA SUSTENNA 38
INVEGA TRINZA 38
IPOL 69
ipratropium bromide 57, 82
ipratropium-albuterol 82
irbesartan 43
irbesartan-hydrochlorothiazide 43
irinotecan 17
ISENTRESS 3
ISENTRESS HD 3
isibloom 76
ISOLYTE S PH 7.4 87
ISOLYTE-P IN 5 % DEXTROSE 87
ISOLYTE-S 87
isoniazid 7
isosorbide dinitrate 49
isosorbide mononitrate 49
isosorbide-hydralazine 43
isotretinoin 52
isradipine 43
ISTODAX 17
ITOVEBI 17
itraconazole 2
ivabradine 49
ivermectin 7
IWILFIN 17
IXEMPRA 17
IXIARO (PF) 69

J

JAKAFI 17
JAKAFI XR 17
jantoven 47
JARDIANCE 61

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

jasmiel (28) 76
JAYPIRCA 17
JEMPERLI 17
jencycla 75
JEVTANA 17
JIDEYTRO 17
jinteli 75
jolessa 76
JOURNAVX 34
JUBBONTI 72
juleber 76
JULUCA 3
JYLAMVO 17
JYNNEOS (PF) 69
K
KADCYLA 17
kalliga 76
KALYDECO 82
KANUMA 63
kariva (28) 76
kelnor 1/35 (28) 76
KERENDIA 43
KESIMPTA PEN 31
ketoconazole 2, 53
ketorolac 79
KEVZARA 73
KEYTRUDA 17
KEYTRUDA QLEX 17
KHAPZORY 11
KIMMTRAK 18
KINERET 73
KINRIX (PF) 69
kionex 56
KIRSTY 61
KIRSTY PEN 61
KISQALI 18
klayesta 53
klor-con 10 85
klor-con 8 85
klor-con m10 85
klor-con m15 86
klor-con m20 86
klor-con oral packet 20 86
KLOXXADO 34
KOMZIFTI 18
KOSELUGO 18
kourzeq 57
K-PHOS NO 2 85
K-PHOS ORIGINAL 85
KRAZATI 18
kurvelo (28) 76
KYPROLIS 18
L
l norgest/e.estradiol-e.estrad 76
labetalol 43, 44
lacosamide 27
lactated ringers 55, 86
lactulose 65
lamivudine 3
lamivudine-zidovudine 3
lamotrigine 27
lanreotide 18
lansoprazole 67
LANTUS SOLOSTAR U-100 INSULIN 61
LANTUS U-100 INSULIN 61
lapatinib 18
larin 1.5/30 (21) 76
larin 1/20 (21) 76
larin 24 fe 76
larin fe 1.5/30 (28) 76
larin fe 1/20 (28) 76
latanoprost 79
LAZCLUZE 18
leflunomide 73
lenalidomide 18
LENVIMA 18
LEQEMBI IQLIK 31
lessina 76
letrozole 18
leucovorin calcium 11
LEUKERAN 18
LEUKINE 68
leuprolide 18
levetiracetam 27
LEVETIRACETAM 27
levetiracetam in nacl (iso-os) 27
levobunolol 78
levocarnitine 56
levocarnitine (with sugar) 56
levocetirizine 80
levofloxacin 10, 78
levofloxacin in d5w 10
levoleucovorin calcium 11
levonest (28) 76
levonorgestrel-ethinyl estrad 76
levonorg-eth estrad triphasic 76
levothyroxine 63
levoxyl 63
LIBTAYO 18
lidocaine 51
lidocaine (pf) 42, 51
lidocaine hcl 51
lidocaine in 5 % dextrose (pf) 42
lidocaine-epinephrine 51
lidocaine-epinephrine (pf) 51
lidocaine-prilocaine 51
lidocan iii 51
lidocan iv 51
lidocan v 52
LIFYORLI 18
LILETTA 75
lincomycin 7
linezolid 7
linezolid in dextrose 5% 7
LINZESS 65
liomny 63
LIORESAL 32
liothyronine 63
lisinopril 44

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

lisinopril-hydrochlorothiazide 44
lithium carbonate 38
lithium citrate 39
LIVDELZI 65
LIVTENCITY 3
LOKELMA 56
lomustine 19
LONSURF 19
loperamide 64
lopinavir-ritonavir 3
LOQTORZI 19
lorazepam 39
lorazepam intensol 39
LORBRENA 19
loryna (28) 77
losartan 44
losartan-hydrochlorothiazide 44
loteprednol etabonate 79
lovastatin 48
loxapine succinate 39
lo-zumandimine (28) 77
lubiprostone 65
LUMAKRAS 19
LUMIZYME 63
LUNSUMIO 19
LUNSUMIO VELO 19
LUPRON DEPOT 19
lurasidone 39
lurbiro 34
lutera (28) 77
LYBALVI 39
lyleq 75
lyllana 75
LYNOZYFIC 19
LYNPARZA 19
LYSODREN 19
LYTGOBI 19
LYUMJEV KWIKPEN U-100 INSULIN 61
LYUMJEV KWIKPEN U-200 INSULIN 61
LYUMJEV U-100 INSULIN 61
lyza 75

M

macitentan 82
magnesium chloride 86
magnesium sulfate 86
MAGNESIUM SULFATE IN D5W 86
magnesium sulfate in water 86
malathion 55
mannitol 20 % 44
mannitol 25 % 44
maraviroc 3
marlissa (28) 77
MARPLAN 39
MATULANE 19
MAVYRET 3
meclizine 65
medroxyprogesterone 75
mefloquine 7
megestrol 19
MEKINIST 19
MEKTOVI 19
meleya 75
meloxicam 34
melphalan hcl 19
memantine 31
memantine-donepezil 31
MENQUADFI (PF) 69
MENVEO A-C-Y-W-135-DIP (PF) 69
MEPSEVII 63
mercaptopurine 19
meropenem 7
mesalamine 65
mesalamine with cleansing wipe 65
mesna 11
metformin 61
methadone 33
methadone intensol 33
methadose 33
methazolamide 79
methenamine hippurate 11
methenamine mandelate 11
methimazole 59
methotrexate sodium 20
methotrexate sodium (pf) 20
methoxsalen 52
methsuximide 27
methylergonovine 77
methylphenidate hcl 39
methylprednisolone 58
methylprednisolone acetate 58
methylprednisolone sodium succ 58
metoclopramide hcl 65
metolazone 44
metoprolol succinate 44
metoprolol ta-hydrochlorothiaz 44
metoprolol tartrate 44
metronidazole 7, 52, 75
metronidazole in nacl (iso-os) 7
metyrosine 44
mexiletine 42
micafungin 2
microgestin 1.5/30 (21) 77
microgestin 1/20 (21) 77
microgestin fe 1.5/30 (28) 77
microgestin fe 1/20 (28) 77
midodrine 56
MIEBO (PF) 78
mifepristone 63, 75
mili 77
milnacipran 73
milophene 63
milrinone 49
milrinone in 5 % dextrose 49
mimvey 75

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

minocycline 11
minoxidil 44
miostat 79
mirabegron 85
mirtazapine 39
misoprostol 67
mitomycin 20
mitoxantrone 20
M-M-R II (PF) 69
modafinil 39
MODEYSO 20
moexipril 44
molindone 39
mometasone 55, 82
mondoxyne nl 11
MONJUVI 20
mono-linyah 77
montelukast 82
morphine 33
morphine (pf) 33
morphine concentrate 33
MOUNJARO 61
moxifloxacin 10, 78
moxifloxacin-sod.chloride(iso) 10
MRESVIA (PF) 69
MULTAQ 42
mupirocin 53
mycophenolate mofetil 20
mycophenolate mofetil (hcl) 20
mycophenolate sodium 20
MYFEMBREE 75
MYHIBBIN 20
MYLOTARG 20

N

nabumetone 34
nadolol 44
nafcillin 9
nafcillin in dextrose iso-osm ... 9
naftifine 53
NAGLAZYME 63
nalbuphine 34
naloxone 34
naltrexone 34
naproxen 34
naproxen sodium 34
naratriptan 30
NATACYN 78
nateglinide 61
NAYZILAM 27
nebivolol 44
nefazodone 39
nelarabine 20
NEMLUVIO 20
neomycin 7
neomycin-bacitracin-poly-hc 79
neomycin-bacitracin-polymyxin 78
neomycin-polymyxin b gu 55
neomycin-polymyxin b-dexameth 79
neomycin-polymyxin-gramicidin 78
neomycin-polymyxin-hc . 58, 79
NERLYNX 20
NEUPRO 29
nevirapine 3, 4
NEXLETOL 48
NEXLIZET 48
NEXPLANON 75
niacin 48
nicardipine 44
NICOTROL NS 57
nifedipine 44
nikki (28) 77
nilotinib hcl 20
nilutamide 20
nimodipine 44
NINLARO 20
nintedanib 82
nitazoxanide 7
nitisinone 56
nitro-bid 49
nitrofurantoin macrocrystal . 11
nitrofurantoin monohyd/m-cryst 11
nitroglycerin 49, 65
NIVESTYM 68
nora-be 75
norelgestromin-ethin.estradiol 75
norepinephrine bitartrate 49
norethindrone (contraceptive) 75
norethindrone acetate 75
norethindrone ac-eth estradiol 75, 77
norgestimate-ethinyl estradiol 77
nortrel 0.5/35 (28) 77
nortrel 1/35 (21) 77
nortrel 1/35 (28) 77
nortrel 7/7/7 (28) 77
nortriptyline 39
NOVOLIN 70/30 U-100 INSULIN 61
NOVOLIN 70-30 FLEXPEN U-100 61
NOVOLIN N FLEXPEN 61
NOVOLIN N NPH U-100 INSULIN 61
NOVOLIN R FLEXPEN 61
NOVOLIN R REGULAR U100 INSULIN 61
NUBEQA 20
NUCALA 82, 83
NULOJIX 20
NUPLAZID 39
NURTEC ODT 30
nyamyc 53
nystatin 2, 53
nystatin-triamcinolone 53
nystop 53

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

NYVEPRIA 68
O
octreotide acetate 20
octreotide,microspheres 20
ODEFSEY 4
ODOMZO 20
OFEV 83
ofloxacin 58, 78
OGSIVEO 20
OJEMDA 20, 21
OJJAARA 21
olanzapine 39
olmesartan 44
olmesartan-amlodipin-hcthiazid 44
olmesartan-hydrochlorothiazide 44
omega-3 acid ethyl esters 48
omeprazole 67
OMNIPOD 5 (LIBRE 2/3 PLUS) 71
OMNIPOD 5 G6-G7 INTRO KT(GEN5) 71
OMNIPOD 5 G6-G7 PODS (GEN 5) 71
OMNIPOD 5 INTRO (LIBRE2/3PLUS) 71
OMNIPOD DASH INTRO KIT (GEN 4) 71
OMNIPOD DASH PODS (GEN 4) 71
OMNITROPE 68
ONCASPAR 21
ondansetron 65
ondansetron hcl 65
ondansetron hcl (pf) 65
ONIVYDE 21
ONUREG 21
OPDIVO 21
OPDIVO QVANTIG 21
OPDUALAG 21
OPIPZA 39
opium tincture 64
ORGOVYX 21
ORKAMBI 83
orquidea 75
ORSERDU 21
oseltamivir 4
osmitrol 20 % 44
OTEZLA 73
OTEZLA STARTER 73
OTEZLA XR 73
OTEZLA XR INITIATION 73
OTULFI 50
oxacillin 9
oxacillin in dextrose(iso-osm) 9
oxaliplatin 21
oxcarbazepine 27
OXERVATE 78
oxybutynin chloride 85
oxycodone 33
oxycodone-acetaminophen 33
OZEMPIC 61
OZURDEX 79
P
pacerone 42
paclitaxel 21
paclitaxel protein-bound 21
PADCEV 21
paliperidone 39, 40
palonosetron 65
pamidronate 63
PANRETIN 52
pantoprazole 67
paricalcitol 63
paroxetine hcl 40
PAVBLU 78
PAXLOVID 4
pazopanib 21
PAZOPANIB 21
PEDIARIX (PF) 69
PEDVAX HIB (PF) 69
peg 3350-electrolytes 65
PEGASYS 68
peg-electrolyte 66
pellix 50
PEMAZYRE 21
pemetrexed disodium 21
PEN NEEDLE, DIABETIC 71
PENBRAYA (PF) 69
penciclovir 53
penicillamine 73
PENICILLIN G POT IN DEXTROSE 10
penicillin g potassium 10
penicillin g sodium 10
penicillin v potassium 10
PENMENVY MEN A-B-C-W-Y (PF) 69
PENTACEL (PF) 69
pentamidine 7, 8
pentobarbital sodium 40
pentoxifylline 47
perampanel 27
perindopril erbumine 44
periogard 57
PERJETA 21
permethrin 55
perphenazine 40
pfizerpen-g 10
phenelzine 40
phenobarbital 27
phenobarbital sodium 27
phentolamine 44
phenytoin 27, 28
phenytoin sodium 28
phenytoin sodium extended 28
philith 77
PIFELTRO 4
pilocarpine hcl 56, 78
pimecrolimus 52
pimozide 40
pimtrea (28) 77

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

pindolol 44
pioglitazone 61
piperacillin-tazobactam 10
PIQRAY..... 21, 22
pirfenidone 83
piroxicam..... 34
pitavastatin calcium 48
PIVOT INSULIN PUMP STARTER KIT 71
PIVOT SUPPLY KIT 71
PLEGRIDY 68
PLENAMINE 87
plerixafor 68
podofilox..... 52
POLIVY 22
polocaine..... 52
polocaine-mpf 52
polymyxin b sulf-trimethoprim 78
pomalidomide 22
POMALYST..... 22
portia 28 77
posaconazole 2
potassium acetate 86
potassium chlorid-d5-0.45%nacl 86
potassium chloride..... 86
potassium chloride in 0.9%nacl 86
potassium chloride in 5 % dex 86
potassium chloride in lr-d5 .. 86
potassium chloride in water. 86
potassium chloride-0.45 % nacl 86
potassium chloride-d5-0.2%nacl 86
potassium chloride-d5-0.9%nacl 86
potassium citrate 85
potassium phosphate m-/d-basic 86
POTELIGEO..... 22
pralatrexate 22
PRALATREXATE 22
pramipexole 29
prasugrel hcl..... 47
pravastatin 48
praziquantel 8
prazosin 44
PRECISION XTRA MONITOR . 72
PRECISION XTRA TEST..... 61
prednisolone..... 58
prednisolone acetate 79
prednisolone sodium phosphate 58, 79
prednisone..... 58, 59
prednisone intensol..... 58
pregabalin 28
PREMARIN 75
premasol 10 % 87
PREMPHASE 75
PREMPRO 75
prenatal vitamin oral tablet. 87
PREVYMIS 4
PREZCOBIX..... 4
PREZISTA..... 4
PRIFTIN..... 8
PRIMAQUINE 8
primidone 28
PRIMIDONE..... 28
PRIORIX (PF) 69
probenecid 72
probenecid-colchicine 72
procainamide 42
prochlorperazine 66
prochlorperazine edisylate .. 66
prochlorperazine maleate oral 66
PROCRIT 68
procto-med hc 66
proctosol hc 66
proctozone-hc..... 66
progesterone 75
progesterone micronized 75
PROGRAF 22
PROLASTIN-C 56
PROLIA..... 72
promethazine 80
propafenone 42
propranolol..... 44
propylthiouracil 59
PROQUAD (PF)..... 70
protamine 47
protriptyline..... 40
PULMOZYME..... 83
pyrazinamide..... 8
pyridostigmine bromide 32
pyrimethamine 8
PYZCHIVA (ONLY NDCS STARTING WITH 61314) ... 50

Q

QINLOCK..... 22
QUADRACEL (PF) 70
quetiapine 40
quinapril 44
quinapril-hydrochlorothiazide 44
quinidine sulfate..... 42
quinine sulfate 8
QULIPTA 30
QVAR REDIHALER 83

R

RABAVERT (PF) 70
RADICAVA ORS..... 31
RADICAVA ORS STARTER KIT SUSP 31
RALDESY 40
raloxifene..... 72
ramelteon 40
ramipril 44
ranolazine..... 49

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

rasagiline 29
reclipsen (28) 77
RECOMBIVAX HB (PF) 70
RELENZA DISKHALER 4
RELEUKO 68
relgaabi 28
RELISTOR 66
REMICADE 66
RENACIDIN 85
repaglinide 61
REPATHA 48
REPATHA SURECLICK 48
RETACRIT 69
RETEVMO 22
RETROVIR 4
REVCOVI 56
revonto 32
REVUFORJ 22
REXULTI 40
REYATAZ 4
REZDIFFRA 56
REZLIDHIA 22
REZUROCK 22
RHOPRESSA 79
ribavirin 4
rifabutin 8
rifampin 8
rilpivirine hcl 4
riluzole 56
rimantadine 4
ringer's 55, 87
RINVOQ 73
RINVOQ LQ 73
risedronate 56, 72
risperidone 40
risperidone microspheres 40
ritonavir 4
rivaroxaban 47
rivastigmine 31
rivastigmine tartrate 31
rizatriptan 30
ROCKLATAN 79
roflumilast 83
romidepsin 22
ROMVIMZA 22
ropinirole 29
rosuvastatin 48
ROTARIX 70
ROTATEQ VACCINE 70
roweepra 28
ROZLYTREK 22
RUBRACA 22
rufinamide 28
RUKOBIA 4
RUXIENCE 22
RYBELSUS 61
RYBREVANT 22
RYBREVANT FASPRO 22
RYDAPT 22
RYLAZE 22
RYTELO 22
S
sacubitril-valsartan 49
sajazir 83
salsalate 34
SANTYL 52
sapropterin 63
SARCLISA 23
SCEMBLIX 23
scopolamine base 66
SECUADO 40
selegiline hcl 29
selenium sulfide 50
sertraline 40, 41
setlakin 77
sevelamer carbonate 56
sf 57
sf 5000 plus 57
sharobel 75
SHINGRIX (PF) 70
SIGNIFOR 23
sildenafil (pulmonary arterial hypertension) 83
silver sulfadiazine 52
SIMLANDI(CF) 74
SIMLANDI(CF) AUTOINJECTOR 74
SIMULECT 23
simvastatin 48
sirolimus 23
SIRTURO 8
sitagliptin phos-metformin ..61, 62
sitagliptin phosphate 62
SKYRIZI 50, 66
sodium acetate 87
sodium benzoate-sod phenylacet 56
sodium bicarbonate 87
sodium chloride 56, 87
sodium chloride 0.45 % 87
sodium chloride 0.9 % 56
sodium chloride 3 % hypertonic 87
sodium chloride 5 % hypertonic 87
sodium fluoride 5000 dry mouth 58
sodium fluoride 5000 plus 58
sodium fluoride-pot nitrate ..58
sodium oxybate 41
sodium phenylbutyrate 56
sodium phosphate 87
sodium polystyrene sulfonate 56
sodium,potassium,mag sulfates 66
solifenacin 85
SOLIQUA 100/33 62
SOLTAMOX 23
SOMATULINE DEPOT 23
SOMAVERT 63

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

sorafenib 23
sotalol 42
sotalol af 42
SPIRIVA RESPIMAT 83
spironolactone 44
spironolacton-hydrochlorothiaz 44
SPRAVATO 41
sprintec (28) 77
SPRITAM 28
sps (with sorbitol) 56
ssd 52
STIOLTO RESPIMAT 83
STIVARGA 23
STREPTOMYCIN 8
STRIBILD 4
STRIVERDI RESPIMAT 83
SUBLOCADE 33
subvenite 28
SUBVENITE 28
SUCRAID 66
sucralfate 67
sulfacetamide sodium 78
sulfacetamide sodium (acne) 53
sulfacetamide-prednisolone 78
sulfadiazine 10
sulfamethoxazole-trimethoprim 10
sulfasalazine 66
sulindac 34
sumatriptan nasal 30
sumatriptan succinate 30
sunitinib malate 23
SUNLENCA 4
syeda 77
SYLVANT 23
SYMDEKO 83
SYMPAZAN 28
SYMPROIC 66
SYMTUZA 4
SYNJARDY 62
SYNJARDY XR 62
T
TABLOID 23
TABRECTA 23
tacrolimus 23, 52
tadalafil 85
tadalafil (pulmonary arterial hypertension) oral tablet 20 mg 83
TAFINLAR 23
TAGRISSO 23
TALVEY 23
TALZENNA 23
tamoxifen 23
tamsulosin 85
tarina fe 1-20 eq (28) 77
TARPEYO 59
tazarotene 52
tazicef 6
TECENTRIQ 23
TECENTRIQ HYBREZA 23
TECVAYLI 23
telmisartan 44
telmisartan-amlodipine 45
telmisartan-hydrochlorothiazid 45
TEMODAR 23
temsirolimus 23
TENIVAC (PF) 70
tenofovir disoproxil fumarate 4
TEPMETKO 23
terazosin 45
terbinafine hcl 2
terbutaline 83
terconazole 75
teriflunomide 31
teriparatide 72
testosterone 63
testosterone cypionate 63
testosterone enanthate 63
tetrabenazine 31
tetracycline 11
TEVIMBRA 23
TEZSPIRE 84
THALOMID 23
theophylline 84
thioridazine 41
thiotepa 23
thiothixene 41
tiadylt er 45
tiagabine 28
TIBSOVO 23
ticagrelor 47
TICE BCG 70
TICOVAC 70
tigecycline 8
tilia fe 77
timolol maleate 45, 78
tinidazole 8
TIVDAK 23
TIVICAY 4
TIVICAY PD 4
tizanidine 32
TOBI PODHALER 8
TOBRADEX 79
tobramycin 8, 78
tobramycin in 0.225 % nacl 8
tobramycin sulfate 8
tobramycin-dexamethasone 79
tofacitinib 74
tolterodine 85
tolvaptan 63
tolvaptan (polycys kidney dis) 63
topiramate 28
topotecan 23
toremifene 23
torpenz 23
torsemide 45
TOUJEO MAX U-300 SOLOSTAR 62

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

TOUJEO SOLOSTAR U-300 INSULIN 62
TRADJENTA 62
tramadol 34
tramadol-acetaminophen ... 34
trandolapril 45
tranexamic acid 75
tranylcypromine 41
travasol 10 % 87
travoprost 79
TRAZIMERA 24
trazodone 41
TRELEGY ELLIPTA 84
TRELSTAR 24
TREMFYA 50
TREMFYA ONE-PRESS 50
TREMFYA PEN 50
TREMFYA PEN INDUCTION PK(2PEN) 50
treprostinil sodium 45
tretinoin (antineoplastic) 24
tretinoin topical 52
triamcinolone acetonide 55, 58, 59
triamterene-hydrochlorothiazid 45
triderm 55
trientine 56
tri-estarylla 77
trifluoperazine 41
trifluridine 78
trihexyphenidyl 29
TRIJARDY XR 62
TRIKAFTA 84
tri-legest fe 77
tri-linyah 77
trilitas 52
tri-lo-estarylla 77
tri-lo-marzia 77
tri-lo-sprintec 77
trimethoprim 11
trimipramine 41
TRINTELLIX 41
tri-sprintec (28) 77
TRIUMEQ 4
TRIUMEQ PD 4
TRODELVY 24
TROGARZO 4
TROPHAMINE 10 % 87
trospium 85
TRULANCE 66
TRULICITY 62
TRUMENBA 70
TRUQAP 24
TUKYSA 24
TURALIO 24
turqoz (28) 77
TWIIST REFILL KT(CSST-NDL-SYR) 72
TWIIST RFL(INFUS-CSST-NDL-SYR) 72
TWIIST STARTER KIT 72
TWINRIX (PF) 70
TYENNE 74
TYENNE AUTOINJECTOR 74
TYMLOS 72
TYPHIM VI 70

U

UBRELVY 30
ULTRA-FINE INSULIN SYRINGE 72
unithroid 63
UNITUXIN 24
UNLOXCYT 24
UPTRAVI 45
ursodiol 66

V

valacyclovir 4
VALCHLOR 52
valganciclovir 4
valproate sodium 28
valproic acid 28
valproic acid (as sodium salt) 28
valrubicin 24
valsartan 45
valsartan-hydrochlorothiazide 45
VALTOCO 28
valtya 77
vancomycin 8
VANCOMYCIN IN 0.9 % SODIUM CHL 8
VANFLYTA 24
VAQTA (PF) 70
varenicline tartrate 57
VARIVAX (PF) 70
VARIZIG 70
VARUBI 66
VAXCHORA VACCINE 70
VECTIBIX 24
veletri 45
velivet triphasic regimen (28) 77
VELTASSA 57
VEMLIDY 4
VENCLEXTA 24
VENCLEXTA STARTING PACK 24
venlafaxine 41
VEPPANU 24
verapamil 45
VERQUVO 49
VERSACLOZ 41
VERZENIO 24
vestura (28) 77
VIBATIV 9
VIBERZI 66
vienva 77
vigabatrin 28
vigadrone 28
vilazodone 41
VIMIZIM 63

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

VIMKUNYA (PF) 70
vinblastine 24
vincristine 24
vinorelbine 24
viorele (28) 77
VIRACEPT 4
VIREAD 5
VITRAKVI 24
VIVITROL 34
VIVOTIF 70
VONJO 24
VOQUEZNA DUAL PAK 67
VOQUEZNA TRIPLE PAK 67
VORANIGO 24
voriconazole 2
voriconazole-hpbcd 2
VOSEVI 5
VOWST 66
VRAYLAR 41
VUMERITY 31
VYLOY 24
VYNDAMAX 49
VYVGART 32
VYVGART HYTRULO 32
VYXEOS 24
W
warfarin 47
water for irrigation, sterile ... 57
WEGOVY 57
WELIREG 24
wera (28) 77
wescap-pn dha 87
WINREVAIR 84
wixela inhub 84
WYOST 11
X
XALKORI 24, 25
XARELTO 47
XARELTO DVT-PE TREAT 30D START 47
XCOPRI 29
XCOPRI MAINTENANCE PACK 28
XCOPRI TITRATION PACK 29
XDEMVY 79
XEMBIFY 70
XERMELO 25
XIAFLEX 57
XIFAXAN 9
XIIDRA 79
XOFLUZA 5
XOLAIR 84
XOSPATA 25
XPOVIO 25
XTANDI 25
xulane 76
Y
YERVOY 25
YESINTEK 50, 51
YF-VAX (PF) 70
YONDELIS 25
yulithira 25
YUTREPIA 84
yuvafem 75
Z
zafemy 76
zafirlukast 84
zaleplon 41
ZALTRAP 25
ZEJULA 25
ZELBORAF 25
zenatane 52
ZENBEXUS 25
ZENPEP 67
ZEPOSIA 31
ZEPOSIA STARTER KIT (28-DAY) 31
ZEPOSIA STARTER PACK (7-DAY) 31
ZEPZELCA 25
zidovudine 5
ZIIHERA 25
ziprasidone hcl 41
ziprasidone mesylate 41
ZIRABEV 25
ZIRGAN 78
ZOLADEX 25
zoledronic acid 63
zoledronic acid-mannitol-water 57
ZOLINZA 25
zolpidem 41
ZONISADE 29
zonisamide 29
zovia 1-35 (28) 77
ZTALMY 29
zumandimine (28) 77
ZURZUVAE 41
ZYDELIG 25
ZYKADIA 25
ZYMFENTRA 67
ZYNLONTA 25
ZYNYZ 25
ZYPREXA RELPREVV 41

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

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call **800-580-7000** (TTY: **711)**; or speak to your provider.

Español (Spanish) ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al **800-580-7000**(TTY: **711**) o hable con su proveedor.

中文 (Simplified Chinese) **注意**：**如果**您说[**中文**]，**我**们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 **800-580-7000**（**文本**电话： **711**）**或咨**询您的服务提供商。

РУССКИЙ (Russian) ВНИМАНИЕ: Если вы говорите на русском, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону **800-580-7000**(TTY: **711**) или обратитесь к своему поставщику услуг.

Kreyòl Ayisyen (Haitian Creole) ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan **800-580-7000**(TTY: **711**) oswa pale avèk founisè w la.

한국어 (Korean) 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. **800-580-7000**(TTY: **711**) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Italiano (Italian) ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l' **800-580-7000** (TTY: **711**) o parla con il tuo fornitore.

ייִדי ש (Yiddish) נאטיץ: אויב איר רעדט ייִדיש, שפראך הילף סערוויסעס זענען בארעכטיגט פאר דיר פריי. צונעמען ־אידס און־באדינונגס אַלאר־צַראווייִדינג אינאָלאַרמַאציע אין צוטריטלעך אָלאַרמַאטירונגען זענען אויך בנימצא פריי. רופן **800-580-7000** (TTY:711). אָדער רעדן מיט דיין טרעגער

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

(Bengali) ইংরেজিরে মরNোরhোগ: আপনN hনি অNয ভোষো বলরে পোরেN, োোহরল নবNোমূরলয ভোষো সহোয়ো পনেরষবো আপNোে িNয উপলব্ধ। অযোরেসরhোগয ফম্যোরে োথ্য প্রিোরNে িNয উপhুক্ত সহোয়ক সহোয়ো এবং পনেরষবোগুনলও নবNোমূরলয পোওয়ো hোয়। **800-580-7000** (TTY: 711; অথ্বো আপNোে প্রিোNকোোী সোরথ্ কথ্ো বলুN।

POLSKI (Polish) UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer **800-580-7000**(TTY: **711**) lub porozmawiaj ze swoim dostawcą.

العربية (Arabic)

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير) أو تحدث إلى مقدم الخدمة .
800-580-7000 (TTY:**711**) المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم

Français (French) ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour
fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le **800-580-7000**(TTY: **711**) ou parlez à votre fournisseur.

اردو (Urdu)

توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم پر کال کریں یا **-800**:TTY)
580-7000 711کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (
اپنے فراہم کنندہ سے بات کریں۔

Tagalog (Tagalog) PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa **800-580-7000** (TTY: **711**) o makipag-usap sa iyong provider.

Ελληνικά (Greek) ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το **800-580-7000**(TTY: **711**) ή απευθυνθείτε στον πάροχό σας.

Hindi ह िंदी ध्यान दें: यदि आप द5िंिी बोलते 5ें, तो आपके दलए दनिः शुल्क भाषा स5ायता सेवाएि उपलब्ध 5ोती 5ें। सुलभ प्रारूपोिं में जानकारी प्रिान करने के दलए उपयुक्त स5ायक साधन और सेवाएँ भी दनिः शुल्क उपलब्ध 5ें। **800-580-7000 (TTY:** 711**)** पर कॉल करें या अपने प्रिाता से बात करें।.

ElderServe Health, Inc. Notice of Nondiscrimination

ElderServe Health, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). ElderServe Health, Inc. does not exclude people or treat them less favorable because of race, color, national origin, age, disability, or sex.

ElderServe Health, Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, which may include:
    - Qualified interpreters
    - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Civil Rights Coordinator. If you believe that ElderServe Health, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

ElderServe Health, Inc.
ATTN Civil Rights Coordinator
80 West 225th Street
Bronx, NY, 10463

Phone: 1-800-771-0088, TTY 711
Fax: 1-888-341-5009

You may file a grievance in person or by mail, phone, or fax. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

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

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

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

ElderServe Health

This formulary was updated on 10/06/2026. For more recent information or other questions, please contact us, ElderServe Health Member Services, at 1-800-580-7000 or, for TTY users, TTY/TDD 711, seven days a week from 8 a.m. to 8 p.m., or visit www.ElderServeHealth.org.

H6776_CY27Formulary001_C