

# 2024 HMO Formulary

## Farmacopea 2024 de EmblemHealth HMO

### 安健康保险 2024年 HMO药物名册

(List of Covered Drugs/Lista de medicamentos cubiertos /承保药物清单)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. / LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN. / 请阅读: 本文件包含关于我们在这个计划中承保的药物的信息。**

24238, V12

This formulary was updated on / Esta farmacopea se actualizó el / 该药物名册已于 05/01/2024.

**Important Message About What You Pay for Vaccines** - Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364**, for TTY users, **711**, Monday to Sunday, 8 am to 8 pm, or visit **emblemhealth.com/medicare**.

**Important Message About What You Pay for Insulin** - You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on even if you haven't paid your deductible.

**Mensaje importante sobre lo que paga por las vacunas:** nuestro plan cubre la mayoría de las vacunas de la Parte D sin costo para usted, incluso si no pagó su deducible. Para obtener información más reciente o para hacer otras preguntas, comuníquese con EmblemHealth Medicare HMO al **877-344-7364** (los usuarios de TTY deben llamar al **711**), de lunes a domingo, de 8 a.m. a 8 p.m., o visite **emblemhealth.com/medicare**.

**Mensaje importante sobre lo que paga por la insulina:** no pagará más de \$35 por un suministro de un mes de cada producto de insulina cubierto por nuestro plan, independientemente del nivel de costo compartido en el que se encuentre, incluso si no ha pagado su deducible.

**关于您为疫苗支付的费用的重要信息** - 我们的计划免费为您承保大部分 D 部分疫苗, 即使您尚未支付自付额。如需更多最新信息或有其他疑问, 请联系安健康联邦医疗保险 (Medicare, 即红蓝卡) HMO, 电话: **877-344-7364**, 或者对于听力或语言障碍人士 TTY 专线用户, 请致电 **711**, 服务时间是周一至周日 8 a.m. 至 8 p.m., 或请访问 **emblemhealth.com/medicare**。

**关于您为胰岛素支付的费用的重要信息** - 即使您没有支付自付额, 您也不会为本计划承保的每种胰岛素产品支付超过 \$35 的一个月供应费用, 无论该产品处于哪个分摊费用层级。

**List of Covered Drugs for / Lista de medicamentos cubiertos para / 承保药物清单, 适用:**

EmblemHealth VIP Rx Saver (HMO), EmblemHealth VIP Gold (HMO), EmblemHealth VIP Gold Plus (HMO), EmblemHealth VIP Dual (HMO D-SNP), EmblemHealth VIP Dual Reserve (HMO D-SNP), and EmblemHealth VIP Premier (HMO) Group.

**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 Health Insurance Plan of Greater New York (HIP). When it refers to “plan” or “our plan,” it means EmblemHealth VIP Rx Saver (HMO), EmblemHealth VIP Gold (HMO), EmblemHealth VIP Gold Plus (HMO), EmblemHealth VIP Dual Reserve (HMO D-SNP), EmblemHealth VIP Dual (HMO D-SNP), and EmblemHealth VIP Premier (HMO) Group.

This document includes a list of the drugs (formulary) for our plan, which is current as of 05/01/2024. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

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

## **What is the EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve (HMO D-SNP), EmblemHealth VIP Dual (HMO D-SNP), and EmblemHealth VIP Premier Group Formulary?**

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

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

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

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

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

below titled “How do I request an exception to the EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual, and EmblemHealth VIP Premier Group Formulary?”.

**Drugs removed from the market.** If the Food and Drug Administration (FDA) deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug.

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

**Changes that will not affect you if you are currently taking the drug.** Generally, if you are taking a drug on our 2024 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2024 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

The enclosed formulary is current as of 05/01/2024. To get updated information about the drugs covered by our plan, please contact us. Our contact information appears on the front and back cover pages.

Note: In the event of a mid-year, non-maintenance formulary change, the change is added to a comprehensive list of changes that have been made since the formulary was printed. The list of changes is included with the formulary booklet that is available online. New members receive a notice in the welcome kit with information on how to access the formulary or how to request one. Existing members can view the updated formulary by visiting us on the web at [emblemhealth.com/medicare](https://emblemhealth.com/medicare). The formulary that is posted on our website is updated.

## How do I use the Formulary?

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

### Medical Condition

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

### Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page Index 1. 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?

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

## Are there any restrictions on my coverage?

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

- **Prior Authorization:** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, our plan may not cover the drug.
- **Quantity Limits:** For certain drugs, our plan limits the amount of the drug that we will cover. For example, our plan provides 30 tablets per prescription for JANUVIA<sup>®</sup>. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, our 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, our plan may not cover Drug B unless you try Drug A first. If Drug A does not work for you, our plan will then cover Drug B.

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

You can ask our plan 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 EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual, and EmblemHealth VIP Premier Group Formulary?” on page v for information about how to request an exception.

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

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

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

- You can ask Customer Service for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

## **How do I request an exception to the EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual, and EmblemHealth VIP Premier Group Formulary?**

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

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

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

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

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

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

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

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

If you are a current member in our plan and you experience a change in the level of care, such as an admission or discharge from the long-term care facility, we will provide you with one-time temporary supply of your medications, as needed, to assist with your transition to the new level of care.

### **For more information**

For more detailed information about your EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual, and EmblemHealth VIP Premier Group prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about our plan, 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>.

### **EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual, and EmblemHealth VIP Premier Group Formulary**

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

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

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

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

## List of Abbreviations

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

**LA:** Limited Availability. This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call please call Customer Service at **877-344-7361** ( TTY users should call **711**) from 8 am to 8 pm ET, seven days a week or visit **emblemhealth.com/medicare**.

**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.

**SI:** Select Insulins available at a lower cost on participating Medicare Plans participating in Part D Senior Savings Program.

**LDS:** Limited Day Supply. For certain drugs, the plan limits the days' supply we will cover to one month at a time.

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



Please refer to the below for information about the different tier levels listed in this formulary:

<b>Copay Tier-Type of drug</b>	<b>Includes</b>
Tier 1- Preferred Generic	Lowest-cost tier. Most generic drugs on the formulary are included in this tier.
Tier 2 – Generic	Second lowest-cost tier and contains non-preferred generic drugs.
Tier 3 - Preferred Brand	This tier contains a combination of preferred brand drugs and certain generics.
Tier 4- Non-Preferred Drug	This is your higher-cost tier and includes non-preferred generic and brand drugs.
Tier 5- Specialty Tier	Specialty drugs are generally the highest cost prescription drugs that may require special handling and may be brand or generic.
Tier 6- Select Care Drugs	Zero-dollar (\$0) cost tier. This tier includes limited drug categories (i.e., certain high blood pressure, high cholesterol, vaccines, and oral diabetic drugs).

This drug list is applicable to EmblemHealth VIP Premier (HMO) Group plans with prescription drug coverage that has 6 tiers. Please see your Cost Sharing Guide for more information.

**Nota para miembros existentes:** esta farmacopea ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún se incluyan los medicamentos que usted toma.

Cuando esta lista de medicamentos (farmacopea) se refiera a “nosotros”, “nos” o “nuestro”, significa Health Insurance Plan of Greater New York (HIP). Cuando se refiera al “plan” o a “nuestro plan”, significa EmblemHealth VIP Rx Saver (HMO), EmblemHealth VIP Gold (HMO), EmblemHealth VIP Gold Plus (HMO), EmblemHealth VIP Dual Reserve (HMO D-SNP), EmblemHealth VIP Dual (HMO D-SNP) y EmblemHealth VIP Premier (HMO) Group.

El presente documento incluye una lista de medicamentos (farmacopea) para nuestro plan que se encuentra vigente a partir de 05/01/2024. Para obtener la farmacopea actualizada, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de actualización, aparecen en la portada y la contratapa.

Para poder utilizar sus beneficios de medicamentos con receta, por lo general deberá usar farmacias de la red. Los beneficios, la farmacopea, la red de farmacias o los copagos y el coseguro pueden cambiar a partir del 1.º de enero de 2025 y periódicamente durante el año.

## **¿Qué es la Farmacopea de EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve (HMO D-SNP), EmblemHealth VIP Dual (HMO D-SNP) y EmblemHealth VIP Premier Group?**

La farmacopea es una lista de medicamentos cubiertos seleccionados por nuestro plan, en colaboración con un equipo de proveedores de atención médica, que representa los tratamientos con receta considerados necesarios por un programa de tratamiento de calidad. Por lo general, nuestro plan cubre los medicamentos que se encuentran incluidos en nuestra farmacopea, siempre que el medicamento sea medicamento necesario, la receta se llene en una farmacia de la red y se cumpla la reglamentación del plan. Para obtener más información sobre cómo llenar sus recetas, consulte su Evidencia de cobertura.

## **La Farmacopea (lista de medicamentos), ¿puede cambiar?**

La mayoría de los cambios en la cobertura de medicamentos ocurren el 1.º de enero, pero nuestro plan puede agregar o quitar medicamentos de la lista durante el año, moverlos a diferentes niveles de costos compartidos o agregar nuevas restricciones. Debemos seguir las reglas de Medicare al hacer estos cambios.

**Cambios que pueden afectarle este año:** en los casos que figuran a continuación, usted se vería afectado/a por los cambios de cobertura durante el año:

- **Nuevos medicamentos genéricos.** Podríamos eliminar de inmediato de nuestra lista un medicamento de marca si lo reemplazamos por un nuevo medicamento genérico del mismo nivel de costos compartidos, o una categoría menor, y con las mismas restricciones o menos. Además, cuando agreguemos el nuevo medicamento genérico, podremos decidir mantener el medicamento de marca en nuestra lista, pero moverlo de inmediato a otra categoría de costos compartidos o agregar restricciones nuevas. Si actualmente está tomando ese medicamento de marca, es posible que no le informemos con anticipación antes de hacer el cambio, pero luego le brindaremos información sobre todos los cambios específicos que hayamos realizado.

- Si hacemos dicho cambio, usted o el profesional autorizado para recetar pueden solicitarnos que hagamos una excepción y sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos incluirá información sobre cómo solicitar una excepción, y puede encontrar información en la sección a continuación titulada “Cómo solicitar una excepción a la Farmacopea de EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual y EmblemHealth VIP Premier Group”.

**Medicamentos retirados del mercado.** Si la Administración de Alimentos y Medicamentos (FDA) considera que un medicamento de nuestra farmacopea no es seguro o el fabricante del medicamento lo retira del mercado, inmediatamente lo eliminaremos de nuestra farmacopea y notificaremos a los miembros que lo tomen.

- **Otros cambios.** Es posible que hagamos otros cambios que afecten a los miembros que actualmente toman un determinado medicamento. Por ejemplo, podemos agregar un medicamento genérico que no sea nuevo en el mercado para reemplazar un medicamento de marca actualmente incluido en la farmacopea, agregar nuevas restricciones al medicamento de marca, moverlo a un nivel de costo compartido diferente, o las dos opciones. También podemos hacer cambios basados en nuevas pautas clínicas. Si eliminamos medicamentos de nuestra farmacopea, si agregamos límites de cantidad o restricciones de tratamiento escalonado o autorización previa de un medicamento, o si movemos un medicamento a un nivel de costo compartido más alto, debemos notificar a los/las miembros afectados por el cambio al menos 30 días antes de que el cambio entre en vigencia, o en el momento en que el/la miembro solicite el resurtido de un medicamento, en cuyo caso el/la miembro recibirá el suministro del medicamento por un mes.
  - Si hacemos estos otros cambios, usted o el profesional autorizado para recetar pueden solicitarnos una excepción y que sigamos cubriendo el medicamento de marca para usted. El aviso que le proporcionamos también incluirá información sobre cómo solicitar una excepción. También puede encontrar información al respecto en la sección siguiente titulada “Cómo solicitar una excepción a la Farmacopea de EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual y EmblemHealth VIP Premier Group.”

**Cambios que no le afectarán si está tomando el medicamento actualmente.** Generalmente, si usted está tomando un medicamento de nuestra farmacopea 2024 que estaba cubierto al comienzo del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2024 (excepto como se describió anteriormente). Esto significa que estos medicamentos permanecerán disponibles con el mismo costo compartido y sin nuevas restricciones para aquellos miembros que los tomen durante el resto del año de cobertura. No obtendrá una notificación directa este año sobre los cambios que no le afectan. Sin embargo, el 1.º de enero del próximo año, esos cambios le afectarían y es importante que revise la lista de medicamentos del nuevo año del beneficio para ver los cambios en los medicamentos.

La farmacopea adjunta tendrá vigencia a partir del 05/01/2024. Comuníquese con nosotros para obtener la información más actualizada sobre los medicamentos cubiertos por nuestro plan. Nuestra información de contacto aparece en la portada y la contratapa del presente documento.

Nota: en caso de un cambio en la farmacopea que no sea por mantenimiento a mitad del año, dicho cambio se agregará a una lista exhaustiva de cambios que se hayan producido desde la publicación de la farmacopea. La lista de cambios se incluye en el folleto de la farmacopea disponible en línea. Los miembros nuevos reciben en el paquete de bienvenida un aviso con información sobre cómo acceder a la farmacopea o solicitar una. Los miembros existentes pueden consultar la farmacopea actualizada en nuestro sitio web [emblemhealth.com/medicare](http://emblemhealth.com/medicare). La farmacopea que está publicada en el sitio web está actualizada.

## **¿Cómo debo usar la farmacopea?**

Hay dos formas de encontrar su medicamento en la farmacopea:

### **Afección médica**

La farmacopea comienza en la página 1. Los medicamentos de esta farmacopea se agrupan en categorías, según el tipo de afección médica que suelen tratar. Por ejemplo, los medicamentos para tratar una afección cardíaca están enumerados en la categoría “Lípidos/Cardiovascular hipertensivo”. Si conoce para qué se utiliza su medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque su medicamento en el nombre de la categoría.

### **Lista por orden alfabético**

Si no está seguro de la categoría en la que debe buscar, busque su medicamento en el Índice que comienza en la página 1. El Índice le brinda una lista por orden alfabético de todos los medicamentos incluidos en el presente documento. Los medicamentos de marca y los genéricos están enumerados en el Índice. Busque en el Índice y encuentre su medicamento. Al lado de su medicamento, verá el número de página donde encontrará la información de la cobertura. Vaya a la página enumerada en el Índice y encuentre el nombre de su medicamento en la primera columna de la lista.

## **¿Qué son los medicamentos genéricos?**

Nuestro plan cubre los medicamentos de marca y los medicamentos genéricos. Un medicamento genérico está aprobado por la FDA como medicamento que contiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los medicamentos de marca.

## ¿Hay algunas restricciones en mi cobertura?

Es posible que algunos medicamentos cubiertos tengan requisitos o límites adicionales sobre la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** nuestro plan le exige a usted o a su médico una autorización previa para determinados medicamentos. Esto significa que deberá obtener aprobación de nuestro plan antes de llenar sus recetas. Si no obtiene la aprobación, es posible que nuestro plan no cubra el medicamento.
- **Límites de cantidad:** para determinados medicamentos, nuestro plan limita la cantidad del medicamento que cubriremos. Por ejemplo, nuestro plan proporciona 30 comprimidos por receta de JANUVIA®. Esto puede ser además del suministro estándar de uno o tres meses.
- **Tratamiento escalonado:** en algunos casos, nuestro plan le exige que pruebe primero determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, es posible que nuestro plan no cubra el medicamento B a menos que primero pruebe el medicamento A. Si el medicamento A no funciona para usted, entonces su plan cubrirá el medicamento B.

Puede averiguar si su medicamento tiene algún requisito o límite adicional buscando en la farmacopea que comienza en la página 1. Además, puede obtener más información sobre las restricciones que se aplican a los medicamentos cubiertos específicos en nuestro sitio web. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y tratamiento escalonado. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la última fecha en que hemos actualizado la farmacopea, aparece en la portada y la contratapa.

Puede solicitar a nuestro plan que haga una excepción sobre estas restricciones o límites, o para obtener una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección “Cómo solicitar una excepción a la Farmacopea de EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual y EmblemHealth VIP Premier Group” de la página v para consultar más información sobre cómo solicitar una excepción.

## ¿Qué pasa si mi medicamento no aparece en la Farmacopea?

Si su medicamento no está incluido en la presente farmacopea, debería comunicarse primero con el Servicio de Atención al Cliente y consultar si su medicamento está cubierto.

Si nuestro plan no cubre su medicamento, tiene dos opciones:

- Puede solicitar al Servicio de Atención al Cliente una lista de los medicamentos similares que están cubiertos por nuestro plan. Cuando reciba esa lista, muéstresela a su médico y pídale que recete un medicamento similar que esté cubierto por nuestro plan.
- Puede solicitar que hagamos una excepción y cubramos su medicamento. Consulte a continuación para obtener más información sobre cómo puede solicitar una excepción.

## **Cómo solicitar una excepción a la Farmacopea de EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual y EmblemHealth VIP Premier Group**

Puede solicitarle a nuestro plan que haga una excepción a las reglas de cobertura. Hay varios tipos de excepciones que puede solicitarnos que hagamos.

- Puede solicitarnos que cubramos un medicamento incluso si no está en nuestra farmacopea. Si se aprueba, se cubrirá el medicamento en un nivel de costo compartido predeterminado, y no podrá pedirnos que brindemos el medicamento a un nivel de costo compartido más bajo.
- Puede solicitarnos que cubramos un medicamento de la farmacopea a un nivel de costo compartido más bajo, a menos que el medicamento se encuentre en el nivel de especialidad. Si se aprueba, la cantidad que deberá pagar por su medicamento debería reducirse.
- Puede solicitarnos que eximamos las restricciones o los límites de cobertura sobre su medicamento. Por ejemplo, nuestro plan limita la cantidad que cubriremos de determinados medicamentos. Si un medicamento tiene un límite de cantidad, puede solicitarnos que renunciemos a ese límite y cubramos un monto mayor.

En general, nuestro plan solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en la farmacopea del plan, el medicamento de costo compartido más bajo u otras restricciones de uso adicionales no resultan tan eficaces para tratar su afección o le producen efectos adversos.

Debe contactarse con nosotros para solicitar una decisión de cobertura inicial respecto de una excepción en la restricción del uso, la farmacopea o los niveles de costo. **Cuando solicite una excepción en la restricción del uso, la farmacopea o el nivel de costo, debe presentar una declaración de su médico o profesional autorizado para recetar que apoye su solicitud.** Por lo general, debemos tomar una decisión dentro de las 72 horas de haber recibido la declaración de apoyo del profesional autorizado para recetar. Puede solicitar una excepción acelerada (rápida) si usted o su médico creen que esperar una decisión durante 72 horas podría perjudicar gravemente su salud. Si se otorga la solicitud para acelerar el proceso, debemos brindarle una decisión a más tardar 24 horas después de recibir la declaración respaldatoria de su médico u otro profesional autorizado para recetar.

## **¿Qué debo hacer antes de hablar con mi médico sobre cambiar los medicamentos o solicitar una excepción?**

Como miembro reciente o que continúa en nuestro plan, es posible que esté tomando medicamentos que no están en la farmacoepa. También es posible que esté tomando un medicamento que está en nuestra farmacoepa, pero que usted tenga una limitada capacidad de obtenerlo. Por ejemplo, es posible que necesite una autorización previa de nuestra parte antes de que pueda llenar una receta. Hable con su médico para decidir si debe cambiarse a un medicamento más adecuado que nosotros cubramos o solicitar una excepción de la farmacoepa para que cubramos el medicamento que toma. Mientras habla con su médico para determinar el curso de acción adecuado para usted, es posible que cubramos sus medicamentos en determinados casos durante los primeros 90 días en que usted es miembro de nuestro plan.

Para cada uno de sus medicamentos que no estén cubiertos en nuestra farmacoepa o su capacidad para obtenerlos se encuentra limitada, cubriremos un suministro temporal de 30 días. Si su receta médica fue hecha por pocos días, permitiremos varios resurtidos hasta un suministro máximo de 30 días del medicamento. Luego de su primer suministro de 30 días, no pagaremos por estos medicamentos, incluso si hace menos de 90 días que usted es miembro del plan.

Si usted es residente de un centro de cuidados a largo plazo y necesita un medicamento que no está en nuestra farmacoepa o si su capacidad para obtener sus medicamentos es limitada, pero ya pasaron los primeros 90 días de membresía en nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras solicita una excepción a la farmacoepa.

Si es un miembro actual de nuestro plan y experimenta algún cambio en el nivel de atención, como por ejemplo, ser admitido o dado de alta en un centro de cuidados a largo plazo, se le permitirá una renovación temporal de sus medicamentos por una única vez, según sea necesario, para ayudarle en su transición a un nuevo nivel de atención.

### **Para más información**

Para obtener información más detallada sobre la cobertura de medicamentos con receta de su plan EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual y EmblemHealth VIP Premier Group, consulte su Evidencia de cobertura y otros materiales del plan.

Si tiene preguntas sobre nuestro plan, comuníquese con nosotros. Nuestra información de contacto, junto con la última fecha en que hemos actualizado la farmacoepa, aparece en la portada y la contratapa.

Si tiene alguna pregunta en general sobre la cobertura de medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) las 24 horas del día, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O bien, visite [medicare.gov](http://medicare.gov).

## **Farmacopea de EmblemHealth VIP Rx Saver, EmblemHealth VIP Gold, EmblemHealth VIP Gold Plus, EmblemHealth VIP Dual Reserve, EmblemHealth VIP Dual y EmblemHealth VIP Premier Group**

La farmacopea que comienza en la página 1 proporciona información sobre la cobertura de los medicamentos cubiertos por nuestro plan. Si tiene problemas para encontrar su medicamento en la lista, consulte el Índice que comienza en la página 1.

La primera columna del cuadro enumera el nombre del medicamento. Los medicamentos de marca están escritos en mayúsculas (por ejemplo SYNTHROID) y los medicamentos genéricos están escritos en cursiva minúscula (por ejemplo *levothyroxine*).

La información en la columna Requisitos/límites le hace saber si nuestro plan tiene algún requisito especial para la cobertura de su medicamento.

A continuación, incluimos una lista de abreviaturas que pueden aparecer en las páginas siguientes dentro de la columna Requisitos/límites, que le informa si hay algún requisito especial de cobertura para su medicamento.



## Lista de abreviaturas

**B/D PA:** este medicamento con receta puede estar cubierto por la Parte B o la Parte D de Medicare, según las circunstancias. Es posible que se deba presentar la información que describa el uso y el entorno de la regulación del medicamento para tomar una determinación.

**LA:** disponibilidad limitada. Esta receta solamente puede estar disponible en determinadas farmacias. Para obtener más información, consulte su Directorio de farmacias o llame al Servicio de Atención al Cliente al **877-344-7361** (si es usuario de TTY, al **711**) los siete días de la semana de 8 a.m. a 8 p.m. (horario del Este) o visite **emblemhealth.com/medicare**

**MO:** medicamento pedido por correo. Este medicamento con receta está disponible a través de nuestro servicio de pedidos por correo, como también en nuestras farmacias de venta minorista de la red. Considere usar los pedidos por correo para sus medicamentos de mantenimiento a largo plazo (por ejemplo los medicamentos para la presión arterial alta). Las farmacias de venta minorista de la red pueden ser más adecuadas para los medicamentos con receta a corto plazo (como los antibióticos).

**PA:** autorización previa. El plan le exige a usted o a su médico que obtenga una autorización previa para determinados medicamentos. Esto significa que deberá obtener la aprobación antes de llenar sus medicamentos con receta. Si no obtiene la aprobación, es posible que no cubramos el medicamento.

**QL:** límite de cantidad. Para determinados medicamentos, el plan limita la cantidad del medicamento que cubriremos.

**ST:** tratamiento escalonado. En algunos casos, el plan le exige que pruebe primero determinados medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si tanto el medicamento A como el medicamento B tratan su afección médica, es posible que el plan no cubra el medicamento B a menos que primero pruebe el medicamento A. Si el medicamento A no funciona para usted, entonces cubriremos el Medicamento B.

**SI:** insulinas selectas disponibles a un costo más bajo en los planes participantes de Medicare que participan del Programa de Ahorros para Adultos Mayores de la Parte D.

**LDS:** suministro con límite de días. Para determinados medicamentos, el plan limita el suministro diario que cubriremos por un mes por vez.

**V:** La vacuna se proporciona a adultos sin costo cuando se utiliza según las recomendaciones del Comité Asesor sobre Prácticas de Inmunización (ACIP, por sus siglas en inglés) de los Centros para el Control y la Prevención de Enfermedades (CCPEEU).

Consulte a continuación la información sobre los diferentes niveles de categorías que figuran en esta farmacopea:

<b>Nivel de copago y tipo de medicamento</b>	<b>Incluye</b>
Nivel 1: Medicamentos genéricos preferidos	Nivel de menor costo. La mayoría de los medicamentos genéricos de la farmacopea están incluidos en este nivel.
Nivel 2: Medicamentos genéricos	Es el segundo nivel de menor costo y contiene medicamentos genéricos no preferidos.
Nivel 3: Medicamentos de marca preferidos	Este nivel contiene una combinación de medicamentos de marca preferidos y ciertos genéricos.
Nivel 4: Medicamento no preferido	Este es su nivel de mayor costo e incluye medicamentos genéricos y de marca no preferidos.
Nivel 5: Medicamentos especializados	Los medicamentos especializados son generalmente los medicamentos con receta de mayor costo que pueden requerir un manejo especial y pueden ser de marca o genéricos.
Nivel 6: Medicamentos de atención selecta	Nivel de costo cero en dólares (\$0). Este nivel incluye categorías limitadas de medicamentos (como ciertos medicamentos para la presión arterial alta, el colesterol alto, las vacunas y los medicamentos orales para la diabetes).

Esta lista de medicamentos se aplica a los planes grupales EmblemHealth VIP Premier (HMO) con cobertura de medicamentos con receta de 6 categorías. Consulte la Guía de participación en los costos para obtener más información.

**现有会员须知：**此药物名册自去年起已发生变化。请查看本文件，以确保其中仍然包含您服用的药物。

当本药物清单（药物名册）提及“我们”或“我们的”时，它指的是大纽约健康保险（HIP）。当提到“计划”或“我们的计划”时，它指的是**安享尊享联邦医疗保险处方药优惠计划（VIP Rx Saver）（HMO）、安享尊享联邦医疗保险金级计划（VIP Gold）（HMO）、安享尊享联邦医疗保险金级卓越计划（VIP Gold+）（HMO）、安享尊享联邦医疗保险双重资格专选计划（VIP Dual Reserve）（HMO D-SNP）、安享尊享联邦医疗保险双重资格计划（VIP Dual）（HMO D-SNP）和安享尊享联邦医疗保险至尊计划（VIP Premier）（HMO）团体计划。**

本文件包含我们的计划截至 2024 年 5 月 01 日的最新药物（药物名册）清单。如需更新版的药物名册，请联系我们。我们的联系信息以及我们上次更新药物名册的日期显示在封面和封底。

您通常必须使用网内的药房来使用您的处方药物保险福利。保险福利、药物名册、药房网络和/或自付款/共同保险可能会在 2025 年 1 月 1 日发生变更，并在全年中不时更改。

## **什么是安享尊享联邦医疗保险处方药优惠计划（VIP Rx Saver）、安享尊享联邦医疗保险金级计划（VIP Gold）、安享尊享联邦医疗保险金级卓越计划（VIP Gold+）、安享尊享联邦医疗保险双重资格专选计划（VIP Dual Reserve）（HMO D-SNP）、安享尊享联邦医疗保险双重资格计划（VIP Dual）（HMO D-SNP）和安享尊享联邦医疗保险至尊计划（VIP Premier）团体计划药物名册？**

药物名册是我们的计划与医疗服务提供方团队协商选择的承保药物列表，它代表了高质量治疗计划的必要组成部分的处方药疗法。只要药物在医疗上是必需的，且在网络内的药房配处方药，并遵循其他计划规则，我们的计划通常承保在我们的药物名册中的药物。有关如何配药的更多信息，请查看您的承保证明书。

## **药物名册（药物列表）是否可能更改？**

药物承保范围的大多数变化发生在 1 月 1 日，但我们的计划可能在年内添加或删除药物名单上的药物、将其移至不同的分摊费用等级，或添加新的限制。在做出这些改变时，我们必须遵循联邦医疗保险（Medicare，即红蓝卡）规则。

**可能在本年度带给您影响的变更：**在以下情况下，您将在本年度受承保内容变更的影响：

- **新非品牌药物。** 若我们使用某个分摊费用分级相同或较低，且拥有相同或较少限制的新非品牌药物来取代品牌药，就可能会立即在我们的药物清单中删除该品牌药。此外，在增加新非品牌药物时，我们可能会决定保留药物清单上的品牌药，但会立即将其移至不同分摊费用分级或增加新的限制。如果您目前正在服用该品牌药物，我们可能不会在我们做出该变更之前提前通知您，但我们稍后会向您提供有关我们做出的具体变更的信息。

- 如果我们做出这样的变更，您或您的处方药开立者可以要求我们进行例外处理并继续为您承保该品牌药物。我们提供的通知还将包括有关如何申请例外承保的信息，您可以在以下标题为“如何申请安保尊享联邦医疗保险处方药优惠计划 (VIP Rx Saver)、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险双重资格专选计划 (VIP Dual Reserve)、安保尊享联邦医疗保险双重资格计划 (VIP Dual) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册的例外承保？”的部分中找到相关信息。

**从市场上撤出的药物。**如果美国食品和药物管理局 (FDA) 认为我们药物名册上的药物不安全，或药物制造商将药物从市场上撤出，我们将立即从我们的药物名册中移除该药物，并通知服用药物的会员。

- **其他变更。**我们可能会做出其他会影响正在服用药物的会员的变更。例如，我们可能新增一种非新上市的非品牌药物来取代一种目前在药物名册上的品牌药物；或者对品牌药物增加新的限制，或者将其转移到不同的分摊费用层级，或两者都有。或者，我们可能会根据新的临床指南进行更改。如果我们从药物名册中移除药物，增加对药物的事先授权、数量限制和/或阶梯治疗限制，或将药物移至更高分摊费用等级，我们必须在变更生效前至少 30 天通知受影响的会员这些变更，或在会员要求续配药物时通知会员，届时会员会获得一个月的药物供应。
  - 如果我们做出这些其他变更，您或您的处方药开立者可以要求我们进行例外处理并继续为您承保该品牌药物。我们提供的通知还将包括有关如何申请例外承保的信息，您也可以在此以下标题为“如何申请安保尊享联邦医疗保险处方药优惠计划 (VIP Rx Saver)、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险双重资格专选计划 (VIP Dual Reserve)、安保尊享联邦医疗保险双重资格计划 (VIP Dual) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册的例外承保？”的部分中找到相关信息。

**如果您目前正在服用药物，有些变更将不会对您产生影响。**一般来说，如果您正在服用我们 2024 年药物名册中在年初承保的药物，我们将不会在 2024 年承保年度内停止或减少该药物的承保，但上述情况除外。这意味着将继续以相同的分摊费用提供这些药物，并且在承保年度的剩余时间内，对服用这些药物的会员不会有新的限制。您不会在本年度直接收到那些对您没影响的变更通知。然而，在下一年的 1 月 1 日，此类变更将会影响您，因此请务必查阅新保险福利年度的药单是否有任何药物的变更。

随附的药物名册是截至 2024 年 5 月 01 日的最新药物名册。要获取有关我们的计划承保药物的最新信息，请联系我们。封面和封底上有我们的联系信息。

注意：如果年中发生非维护药物名册变更，则此变更将添加到自该药物名册印刷以来所做更改的一份综合列表中。变更列表包含在在线提供的药物名册手册中。新会员将在迎新资料夹中收到通知，其中包含如何访问药物名册或如何索取一份药物名册。现有会员可以通过 [emblemhealth.com/medicare](http://emblemhealth.com/medicare) 访问我们，查看更新的药物名册。发布在我们网站上的药物名册已更新。

## 如何使用药物名册？

有两种方法可以在药物名册内找到您的药物：

### 病症

药物名册从第 1 页开始。此药物名册中的药物根据用于治疗的病症类型进行分类。例如，用于治疗心脏病的药物列在“心血管高血压/脂质”类别下。如果您知道您的药物用途，请从第 1 页开始的列表中查找类别名称。然后，在药品类别名称下查找您需要的药物。

### 字母顺序

如果您不确定应在哪个类别下查找，请在从“索引 1”页开始的索引中查找您的药物。该索引按字母顺序列出了本文件中包含的所有药物。品牌药物与非品牌药物均列在索引中。查看索引并找到您的药物。在药物旁边，您将看到页码，在那里您可以找到承保信息。转到索引中列出的页面，并在列表的第一列中找到您的药物名称。

## 什么是非品牌药物？

我们的计划承保品牌药物和非品牌药物。非品牌药物被美国食品和药物管理局（FDA）批准为与品牌药具有相同的活性成分。一般来说，非品牌药物比品牌药费用低。

## 我的承保范围是否有任何限制？

某些承保药物可能对承保范围有额外的要求或限制。这些要求和限制可能包括：

- **事先授权：**我们的计划要求您或您的医生获得针对某些药物的事先授权。这意味着您需要先获得我们的计划的批准，然后再配处方药。如果您未取得批准，我们的计划可能不承保您的药物。

- **数量限制：**对于某些药物，我们的计划限制了我们将承保的药物数量。例如，对于 JANUVIA®，我们的计划提供每个处方 30 片。这可能是一个月或三个月标准供应量的补充。
- **阶段式治疗：**在某些情况下，我们的计划要求您首先尝试某些药物来治疗您的病症，然后我们才能承保另一种治疗该疾病的药物。例如，如果药物 A 和药物 B 均治疗您的病症，我们的计划可能不会承保药物 B，除非您先尝试药物 A。若 A 药物对您无效，则我们的计划将承保 B 药物。

您可以通过查看从第 1 页开始的药物名册，了解您的药物是否有任何额外的要求或限制。您还可以访问我们的网站，获取有关适用于特定承保药物的限制的更多信息。我们已经发布了用于说明我们的事先授权和阶段式治疗限制的在线文件。您也可以要求我们寄一份给您。我们的联系信息以及我们上次更新药物名册的日期显示在封面和封底。

您可以要求我们的计划对这些限制或限额作出例外处理，或者提供可能治疗您的健康状况的其他类似药物列表。请参阅第 v 页上的“如何申请安保尊享联邦医疗保险处方药优惠计划 (VIP Rx Saver)、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险双重资格专选计划 (VIP Dual Reserve)、安保尊享联邦医疗保险双重资格计划 (VIP Dual) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册的例外承保？”部分，了解关于如何申请例外承保的信息。

## 如果我的药物不在药物名册上怎么办？

如果您的药物未包含在此药物名册（承保药物清单）中，您应首先联系客户服务部并询问您的药物是否被承保。

如果您了解到我们的计划不承保您的药物，您有两个选择：

- 您可以向客户服务部索取一份关于我们的计划承保的类似药物的名单。当您收到名单时，向您的医生出示，并要求其开具我们的计划承保的类似药物。
- 您可以要求我们例外处理，并承保您的药物。请参阅下文，了解关于如何申请例外的信息。

**如何申请安保尊享联邦医疗保险处方药优惠计划 (VIP Rx Saver)、安保尊享联邦医疗保险金级计划 (VIP Gold)、安保尊享联邦医疗保险金级优越计划 (VIP Gold+)、安保尊享联邦医疗保险双重资格专选计划 (VIP Dual Reserve)、安保尊享联邦医疗**

## 保险双重资格计划 (VIP Dual) 和安保尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册的例外承保?

您可以要求我们的计划对我们的承保规则做出例外处理。您可以要求我们做出几种类型的例外处理。

- 您可以要求我们承保一种药物，即使它不在我们的药物名册上。如果获得批准，此药物将按预先确定的分摊费用水平获得承保，而您将无法要求我们以更低的分摊费用水平提供药物。
- 您可以要求我们以更低的分摊费用水平承保药物名册上的一种药物，除非该药物属于特殊药物层级。如果获得批准，这将降低您必须为药物支付的金额。
- 您可以要求我们豁免对您的药物的承保限制或限额。例如，对于某些药物，我们的计划限制了我们将承保的药物数量。如果您的药物有数量限制，您可以要求我们免除限制并承保更高的数量。

一般来说，只有当我们的计划药物名册中包含的替代药物、更低的分摊费用药物或额外使用限制在治疗您的疾病方面效果不佳和/或会导致您出现不良医疗影响时，我们的计划才批准您的例外请求。

您应与我们联系，以要求我们做出药物名册、层级或使用限制例外情形的初始承保决定。**当您申请一个药物名册、层级或使用限制的例外处理时，您应提交来自您的处方医生或医师的声明以支持您的请求。**一般来说，我们必须收到您的处方医生的支持声明后 72 小时内做出裁定。如果您或您的医生认为，等待 72 小时内做出裁定可能会严重损害您的健康，您可以申请加急（快速）例外申请。如果您的加急请求被批准，我们必须在接到您的医生或其他处方医生的支持声明后 24 小时内做出裁定。

### 在与医生讨论更换药物或申请例外处理之前，我应该做什么？

作为我们的计划的新会员或继续投保我们的计划的会员，您可能正在服用不在我们药物名册上的药物。或者，您可能正在服用药物名册上的药物，但您获得该药物的能力有限。例如，您可能需要获得我们的事先授权，然后才能给处方配药。您应该与您的医生讨论，以决定您是否应该换用我们承保的适当药物，或申请药物名册例外承保，以便我们承保您服用的药物。当您与您的医生交谈以确定适合您的行动方案时，在某些情况下，我们可能会在您成为我们的计划会员的最初 90 天内承保您的药物。

对于不在我们药物名册上的每种药物，或者如果您获得药物的能力有限，我们将临时承保 30 天的用量。若您的处方天数较短，我们将允许续配药以提供最长 30 天的药物供应。在您首次 30 天供应后，我们将不会为这些药物支付费用，即使您加入该计划不到 90 天。

如果您是长期居住在护理院，并且您需要一种不在我们药物名册上的药物，或者如果您获得药物的能力有限，但您已经过了成为我们计划会员的最初 90 天，那么在您寻求药物名册例外承保时，我们将承保该药物的 31 天紧急供应。

如果您目前是我们计划的会员，并且您的护理水平发生了变化，例如长期护理院的住院或出院，我们将根据需要为您提供一次性临时药物供应，以帮助您过渡到新的护理水平。

## 更多信息

有关您的**安享尊享联邦医疗保险处方药优惠计划 (VIP Rx Saver)**、**安享尊享联邦医疗保险金级计划 (VIP Gold)**、**安享尊享联邦医疗保险金级卓越计划 (VIP Gold+)**、**安享尊享联邦医疗保险双重资格专选计划 (VIP Dual Reserve)**、**安享尊享联邦医疗保险双重资格计划 (VIP Dual)** 和**安享尊享联邦医疗保险至尊计划 (VIP Premier)** 团体计划处方药物承保范围的更多详细信息，请查看您的承保证明和其他计划材料。

如果您对我们的计划有任何疑问，请联系我们。我们的联系信息以及我们上次更新药物名册的日期显示在封面和封底。

如果您对**联邦医疗保险 (Medicare, 即红蓝卡)** 处方药物承保范围有常规疑问，请致电**联邦医疗保险 (Medicare, 即红蓝卡)**，电话 1-800-MEDICARE (1-800-633-4227)，服务时间是每周 7 天、每天 24 小时，听力或语言障碍人士 TTY 专线用户应致电 1-877-486-2048。或者，访问 <http://www.medicare.gov>。

## **安享尊享联邦医疗保险处方药优惠计划 (VIP Rx Saver)、安享尊享联邦医疗保险金级计划 (VIP Gold)、安享尊享联邦医疗保险金级卓越计划 (VIP Gold+)、安享尊享联邦医疗保险双重资格专选计划 (VIP Dual Reserve)、安享尊享联邦医疗保险双重资格计划 (VIP Dual) 和安享尊享联邦医疗保险至尊计划 (VIP Premier) 团体计划药物名册**

从第 1 页开始的药物处方集提供关于本计划所承保药物的承保信息。如果您在列表中查找药物时遇到问题，请转至从“索引 1”页开始的索引。

图表的第一列列出了药物名称。品牌药物为大写字体（例如，SYNTHROID），非品牌药物以小写字母斜体列出（例如，左甲状腺素）。

“要求/限制”一列中的信息告诉您我们的计划是否对您的药物承保范围有任何特殊要求。



以下是可能在以下页面中“要求/限制”列出现的缩写列表，这些缩写会告诉您是否有关于您的药物承保范围的任何特殊要求。

## 缩略语列表

**B/D PA:** 根据具体情况，联邦医疗保险 B 部分或 D 部分可能承保此处方药物。可能需要提交描述药物使用和设置的信息，以便做出裁决。

**LA:** 有限库存。该处方药可能只在某些药房有售。如需更多信息，请参阅您的药房名录或致电客户服务部，电话为 **877-344-7361**（听力或语言障碍人士 TTY 专线用户应致电 **711**），服务时间为美国东部时间每周七天，每天 8 a.m. 至晚上 8 p.m.，或访问 [emblemhealth.com/medicare](http://emblemhealth.com/medicare)

**MO:** 邮购药物。这种处方药物可通过我们的邮购服务以及我们的零售网络药房获得。请考虑使用邮购来获取您的长期（维持）药物（如高血压药物）。零售网络药房可能更适合短期处方（如抗生素）。

**PA:** 事先授权。我们的计划要求您或您的医生获得针对某些药物的事先授权。这意味着您需要先获得批准，然后再配处方药。如果您未取得批准，我们可能不承保您的药物。

**QL:** 数量限制。对于某些药物，我们的计划限制了我们将承保的药物数量。

**ST:** 阶段式治疗。在某些情况下，我们的计划要求您首先尝试某些药物来治疗您的病症，然后我们才能承保另一种治疗该疾病的药物。例如，如果药物 A 和药物 B 均治疗您的病症，我们可能不会承保药物 B，除非您先尝试药物 A。若 A 药物对您无效，则我们将承保 B 药物。

**SI:** 在参加 D 部分老年储蓄方案的参与联邦医疗保险（Medicare，即红蓝卡）计划中选择以较低费用提供的胰岛素。

**LDS:** 有限的供应天数。对于某些药物，该计划将我们每次承保的供应天数限制为一个月。

**V:** 根据疾病预防与控制中心（CDC）免疫实践咨询委员会（ACIP）的建议，成年人可免费接种疫苗。

有关此药物名册中列出的不同层级的信息，请参阅以下内容：

自付款层级 - 药物类型	包含
第 1 级 - 首选非品牌药	最低费用层级。药物名册上的大多数非品牌药物都包含在这一层级中。
第 2 级 - 非品牌药	第二最低成本等级，包含非首选非品牌药物。
第 3 级 - 首选品牌药	此层级包含首选品牌药物和某些非品牌药的组合。
第 4 级 - 非首选药物	这是您的更高费用层级，包括非首选非品牌药物和品牌药物。
第 5 级 - 专科药物	专科药物通常是最高成本的处方药物，可能需要特殊处理，并且可能是品牌或非品牌药物。
第 6 级 - 选定护理药物	零美元（\$0）费用等级。该层级包括有限的药物类别（即某些高血压、高胆固醇、疫苗和口服糖尿病药物）。

本药物名单适用于安保尊享联邦医疗保险至尊计划（VIP Premier）（HMO）团体计划，处方药物承保范围有 6 个层级。请参考您的分摊费用指南了解更多信息。

## Multi-Language Insert Multi-Language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **877-411-3625 (TTY: 711)**. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **877-411-3625 (TTY: 711)**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **877-411-3625 (TTY: 711)**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **877-411-3625 (TTY: 711)**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa **877-411-3625 (TTY: 711)**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **877-411-3625 (TTY: 711)**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **877-411-3625 (TTY: 711)** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **877-411-3625 (TTY: 711)**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **877-411-3625 (TTY: 711)**번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

EmblemHealth Plan, Inc., EmblemHealth Insurance Company, EmblemHealth Services Company, LLC, and Health Insurance Plan of Greater New York (HIP) are EmblemHealth companies. EmblemHealth Services Company, LLC provides administrative services to the EmblemHealth companies.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **877-411-3625** (TTY: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **877-411-3625** (TTY: **711**). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **877-411-3625** (TTY: **711**) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **877-411-3625** (TTY: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **877-411-3625** (TTY: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **877-411-3625** (TTY: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **877-411-3625** (TTY: **711**). Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**877-411-3625** (TTY: **711**)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

#### :Urdu

آپ کے سوالات کا جواب دینے کے لئے، ہمارے پاس ترجمان کی مفت خدمات موجود ہیں۔ ڈرگ پلان یا صحت کے متعلق آپ کے کسی بھی سوالات کے لئے ہمارے ہیلپ لائن **877-411-3625** (TTY: **711**) پر کال کریں۔ ایک فرد جو اردو زبان بولتا ہے آپ کی مدد کر سکتا ہے۔ ترجمان حاصل کرنے کے لئے، یہ مفت خدمت ہے۔

#### :Yiddish

מיר האבן אומזיסטע דאלמעטשער סערוויסעס צו ענטפערן סיי וועלכע פראגעס וואס איר קענט מעגליך האבן איבער אונזער העלט אדער דראג פלאן. צו באקומען א דאלמעטשער, פשוט רופט אונז אויף **877-411-3625** (TTY: **711**). איינער וואס רעדט אידיש קען אייך העלפן. דאס איז אן אומזיסטע סערוויס.

**Greek:** Διαθέτουμε δωρεάν υπηρεσίες διερμηνείας ώστε να απαντήσουμε σε οποιοσδήποτε ερωτήσεις ενδέχεται να έχετε σχετικά με το πρόγραμμα υγείας ή φαρμακευτικής αγωγής μας. Για να αποκτήσετε πρόσβαση σε έναν διερμηνέα, απλά καλέστε μας στο τηλέφωνο **877-411-3625** (TTY: **711**). Κάποιος που μιλάει ελληνικά μπορεί να σας βοηθήσει. Αυτή είναι μία δωρεάν υπηρεσία.

**Albanian:** Kemi shërbime përkthimi falas për t'iu përgjigjur pyetjeve që mund të keni rreth planit tonë shëndetësor ose të barnave. Për të marrë një përkthyes, mjafton të na telefononi në nr. **877-411-3625** (TTY: **711**). Aty do t'ju ndihmojë dikush që flet gjuhën shqipe. Ky shërbim ofrohet falas.

**Bengali:** আমাদের স্বাস্থ্য এবং ওষুধের পরিকল্পনা সম্পর্কে আপনার যেকোনো প্রশ্নের উত্তর দেওয়ার জন্য আমাদের বিনামূল্যের দোভাষী পরিষেবা রয়েছে। একজন দোভাষী পেতে, **877-411-3625** (TTY: **711**) নম্বরে আমাদের ফোন করুন। বাংলা বলতে পারেন এমন কেউ আপনার সহায়তা করতে পারে। এটি একটি বিনামূল্যের পরিষেবা।

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EmblemHealth:

- Provides free aids and services to people with disabilities 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, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact **1-877-411-3625** (TTY: **711**).

If you believe that EmblemHealth has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with EmblemHealth Grievance and Appeals Department, PO Box 2844, New York, NY 10116, or call **1-877-411-3625**. (Dial **711** for TTY/TDD services.) You can file a grievance in person, by mail or by phone. If you need help filing a grievance, EmblemHealth's Grievance and Appeals Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights electronically through the Office of Civil Rights Complaint Portal, available at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](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, DC 20201; 1-800-368-1019**, (dial **1-800-537-7697** for TTY services).

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI - INFECTIVES</b>		
<b>ANTIFUNGAL AGENTS</b>		
ABELCET INTRAVENOUS SUSPENSION	4	B/D PA
<i>amphotericin b injection recon soln</i>	4	B/D PA; MO
<i>caspofungin intravenous recon soln</i>	4	
<i>clotrimazole mucous membrane troche</i>	2	MO
CRESEMBA ORAL CAPSULE	5	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 100 mg/50 ml, 400 mg/200 ml</i>	4	PA
<i>fluconazole in nacl (iso-osm) intravenous piggyback 200 mg/100 ml</i>	4	PA; MO
<i>fluconazole oral suspension for reconstitution</i>	2	MO
<i>fluconazole oral tablet</i>	2	MO
<i>flucytosine oral capsule</i>	5	MO
<i>griseofulvin microsize oral suspension</i>	4	MO
<i>griseofulvin microsize oral tablet</i>	4	MO
<i>griseofulvin ultramicrosize oral tablet</i>	4	MO
<i>itraconazole oral capsule</i>	4	MO; QL (120 per 30 days)
<i>itraconazole oral solution</i>	4	MO
<i>ketoconazole oral tablet</i>	2	MO
<i>micafungin intravenous recon soln</i>	5	MO
<i>nystatin oral suspension</i>	2	MO
<i>nystatin oral tablet</i>	2	MO
<i>posaconazole oral tablet, delayed release (dr/ec)</i>	5	PA; MO; QL (96 per 30 days)
<i>terbinafine hcl oral tablet</i>	2	MO
<i>voriconazole intravenous recon soln</i>	5	PA; MO
<i>voriconazole oral suspension for reconstitution</i>	5	PA; MO
<i>voriconazole oral tablet</i>	4	PA; MO
<b>ANTIVIRALS</b>		
<i>abacavir oral solution</i>	3	MO
<i>abacavir oral tablet</i>	3	MO
<i>abacavir-lamivudine oral tablet</i>	3	MO
<i>acyclovir oral capsule</i>	2	MO

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acyclovir oral suspension 200 mg/5 ml</i>	4	MO
<i>acyclovir oral tablet</i>	2	MO
<i>acyclovir sodium intravenous solution</i>	4	B/D PA; MO
<i>adefovir oral tablet</i>	4	MO
<i>amantadine hcl oral capsule</i>	2	MO
<i>amantadine hcl oral solution</i>	2	MO
<i>amantadine hcl oral tablet</i>	2	MO
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	MO
APTIVUS ORAL CAPSULE	5	MO
<i>atazanavir oral capsule</i>	4	MO
BARACLUDE ORAL SOLUTION	5	MO
BIKTARVY ORAL TABLET	5	MO
CABENUVA INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE	5	MO
<i>cidofovir intravenous solution</i>	5	B/D PA; MO
CIMDUO ORAL TABLET	5	MO
COMPLERA ORAL TABLET	5	MO
<i>darunavir oral tablet</i>	5	MO
DELSTRIGO ORAL TABLET	5	MO
DESCOVY ORAL TABLET	5	MO
DOVATO ORAL TABLET	5	MO
EDURANT ORAL TABLET	5	MO
<i>efavirenz oral capsule</i>	4	MO
<i>efavirenz oral tablet</i>	4	MO
<i>efavirenz-emtricitabin-tenofov oral tablet</i>	5	MO
<i>efavirenz-lamivu-tenofov disop oral tablet</i>	5	MO
<i>emtricitabine oral capsule</i>	4	MO
<i>emtricitabine-tenofov (tdf) oral tablet</i>	4	MO
EMTRIVA ORAL SOLUTION	3	MO
<i>entecavir oral tablet</i>	4	MO
EPCLUSA ORAL PELLETS IN PACKET 150- 37.5 MG	5	PA; MO; QL (28 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
EPCLUSA ORAL PELLETS IN PACKET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG	5	PA; MO; QL (56 per 28 days)
EPCLUSA ORAL TABLET 400-100 MG	5	PA; MO; QL (28 per 28 days)
<i>etravirine oral tablet</i>	5	MO
EVOTAZ ORAL TABLET	5	MO
<i>famciclovir oral tablet</i>	2	MO
<i>fosamprenavir oral tablet</i>	4	MO
FUZEON SUBCUTANEOUS RECON SOLN	5	MO
<i>ganciclovir sodium intravenous recon soln</i>	2	B/D PA; MO
<i>ganciclovir sodium intravenous solution</i>	2	B/D PA
GENVOYA ORAL TABLET	5	MO
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG	5	PA; MO; QL (28 per 28 days)
HARVONI ORAL PELLETS IN PACKET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG	5	PA; MO; QL (56 per 28 days)
HARVONI ORAL TABLET 90-400 MG	5	PA; MO; QL (28 per 28 days)
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD ORAL TABLET	5	MO
ISENTRESS ORAL POWDER IN PACKET	5	MO
ISENTRESS ORAL TABLET	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	5	MO
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET	5	MO
LAGEVRIO (EUA) ORAL CAPSULE	6	QL (40 per 180 days)
<i>lamivudine oral solution</i>	3	MO
<i>lamivudine oral tablet</i>	3	MO
<i>lamivudine-zidovudine oral tablet</i>	3	MO
LEXIVA ORAL SUSPENSION	4	MO
<i>lopinavir-ritonavir oral solution</i>	4	MO
<i>lopinavir-ritonavir oral tablet</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>maraviroc oral tablet</i>	5	MO
<i>nevirapine oral suspension</i>	4	
<i>nevirapine oral tablet</i>	3	MO
<i>nevirapine oral tablet extended release 24 hr</i>	4	MO
NORVIR ORAL POWDER IN PACKET	4	MO
ODEFSEY ORAL TABLET	5	MO
<i>oseltamivir oral capsule</i>	3	MO
<i>oseltamivir oral suspension for reconstitution</i>	3	MO
PAXLOVID ORAL TABLETS,DOSE PACK 150-100 MG	6	QL (20 per 180 days)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	6	QL (30 per 180 days)
PIFELTRO ORAL TABLET	5	MO
PREVYMIS INTRAVENOUS SOLUTION	5	PA
PREVYMIS ORAL TABLET	5	PA; MO; QL (30 per 30 days)
PREZCOBIX ORAL TABLET	5	MO
PREZISTA ORAL SUSPENSION	5	MO
PREZISTA ORAL TABLET 150 MG, 75 MG	4	MO
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE	4	MO
RETROVIR INTRAVENOUS SOLUTION	3	MO
REYATAZ ORAL POWDER IN PACKET	5	MO
<i>ribavirin oral capsule</i>	3	MO
<i>ribavirin oral tablet 200 mg</i>	3	MO
<i>rimantadine oral tablet</i>	4	MO
<i>ritonavir oral tablet</i>	3	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR	5	MO
SELZENTRY ORAL SOLUTION	3	MO
SELZENTRY ORAL TABLET 25 MG, 75 MG	3	MO
STRIBILD ORAL TABLET	5	MO
SUNLENCA ORAL TABLET	5	
SUNLENCA SUBCUTANEOUS SOLUTION	5	
SYMTUZA ORAL TABLET	5	MO

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Drug Name	Drug Tier	Requirements/Limits
SYNAGIS INTRAMUSCULAR SOLUTION	5	MO; LA
<i>tenofovir disoproxil fumarate oral tablet</i>	4	MO
TIVICAY ORAL TABLET 10 MG	3	
TIVICAY ORAL TABLET 25 MG, 50 MG	5	MO
TIVICAY PD ORAL TABLET FOR SUSPENSION	5	MO
TRIUMEQ ORAL TABLET	5	MO
TRIUMEQ PD ORAL TABLET FOR SUSPENSION	5	MO
TRIZIVIR ORAL TABLET	5	
TROGARZO INTRAVENOUS SOLUTION	5	MO; LA
<i>valacyclovir oral tablet 1 gram</i>	2	MO; QL (120 per 30 days)
<i>valacyclovir oral tablet 500 mg</i>	2	MO; QL (60 per 30 days)
<i>valganciclovir oral recon soln</i>	5	MO
<i>valganciclovir oral tablet</i>	3	MO
VEKLURY INTRAVENOUS RECON SOLN	5	
VEMLIDY ORAL TABLET	5	MO
VIRACEPT ORAL TABLET	5	MO
VIREAD ORAL POWDER	5	MO
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	4	MO
VOSEVI ORAL TABLET	5	PA; MO; QL (28 per 28 days)
XOFLUZA ORAL TABLET 40 MG, 80 MG	3	MO
<i>zidovudine oral capsule</i>	3	MO
<i>zidovudine oral syrup</i>	3	MO
<i>zidovudine oral tablet</i>	2	MO
<b>CEPHALOSPORINS</b>		
<i>cefaclor oral capsule</i>	2	MO
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml</i>	2	MO
<i>cefaclor oral suspension for reconstitution 250 mg/5 ml, 375 mg/5 ml</i>	2	
<i>cefaclor oral tablet extended release 12 hr</i>	4	MO
<i>cefadroxil oral capsule</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	2	MO
<i>cefazolin in dextrose (iso-osm) intravenous piggyback 1 gram/50 ml, 2 gram/50 ml</i>	4	MO
<i>cefazolin injection recon soln 1 gram, 500 mg</i>	4	MO
<i>cefazolin injection recon soln 10 gram, 100 gram, 300 g</i>	4	
<i>cefazolin intravenous recon soln 1 gram</i>	4	
<i>cefdinir oral capsule</i>	2	MO
<i>cefdinir oral suspension for reconstitution</i>	3	MO
<i>cefepime in dextrose (iso-osm) intravenous piggyback</i>	4	
<i>cefepime injection recon soln</i>	4	MO
<i>cefixime oral capsule</i>	4	MO
<i>cefixime oral suspension for reconstitution</i>	4	MO
<i>cefoxitin in dextrose (iso-osm) intravenous piggyback</i>	4	PA
<i>cefoxitin intravenous recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>cefoxitin intravenous recon soln 10 gram</i>	4	PA
<i>cefpodoxime oral suspension for reconstitution</i>	4	MO
<i>cefpodoxime oral tablet</i>	4	MO
<i>cefprozil oral suspension for reconstitution</i>	2	MO
<i>cefprozil oral tablet</i>	2	MO
<i>ceftazidime injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>ceftazidime injection recon soln 6 gram</i>	4	PA
<i>ceftriaxone in dextrose (iso-osm) intravenous piggyback</i>	4	MO
<i>ceftriaxone injection recon soln 1 gram, 2 gram, 250 mg, 500 mg</i>	4	MO
<i>ceftriaxone injection recon soln 10 gram</i>	4	
<i>ceftriaxone intravenous recon soln</i>	4	MO
<i>cefuroxime axetil oral tablet</i>	2	MO
<i>cefuroxime sodium injection recon soln 750 mg</i>	4	PA; MO
<i>cefuroxime sodium intravenous recon soln 1.5 gram</i>	4	PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefuroxime sodium intravenous recon soln 7.5 gram</i>	4	PA
<i>cephalexin oral capsule 250 mg, 500 mg</i>	2	MO
<i>cephalexin oral suspension for reconstitution</i>	2	MO
<i>tazicef injection recon soln</i>	4	PA; MO
<i>tazicef intravenous recon soln</i>	4	PA
TEFLARO INTRAVENOUS RECON SOLN	5	PA; MO
<b>ERYTHROMYCINS / OTHER MACROLIDES</b>		
<i>azithromycin intravenous recon soln</i>	4	PA; MO
<i>azithromycin oral packet</i>	3	MO
<i>azithromycin oral suspension for reconstitution</i>	2	MO
<i>azithromycin oral tablet 250 mg (6 pack), 500 mg (3 pack)</i>	2	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	2	MO
<i>clarithromycin oral suspension for reconstitution</i>	2	MO
<i>clarithromycin oral tablet</i>	2	MO
<i>clarithromycin oral tablet extended release 24 hr</i>	2	MO
DIFICID ORAL TABLET	5	MO; QL (20 per 10 days)
<i>e.e.s. 400 oral tablet</i>	4	MO
<i>ery-tab oral tablet, delayed release (dr/ec) 250 mg, 333 mg</i>	4	MO
<i>erythrocin (as stearate) oral tablet 250 mg</i>	4	
<i>erythromycin ethylsuccinate oral tablet</i>	4	MO
<i>erythromycin oral capsule, delayed release (dr/ec)</i>	4	MO
<i>erythromycin oral tablet</i>	4	MO
<i>erythromycin oral tablet, delayed release (dr/ec)</i>	4	MO
<b>MISCELLANEOUS ANTIINFECTIVES</b>		
<i>albendazole oral tablet</i>	5	MO
<i>amikacin injection solution 1,000 mg/4 ml, 500 mg/2 ml</i>	4	PA; MO
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION	5	PA; LA
<i>atovaquone oral suspension</i>	4	MO
<i>atovaquone-proguanil oral tablet</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aztreonam injection recon soln</i>	4	PA; MO
<i>bacitracin intramuscular recon soln</i>	4	
CAYSTON INHALATION SOLUTION FOR NEBULIZATION	5	PA; MO; LA; QL (84 per 56 days)
<i>chloramphenicol sod succinate intravenous recon soln</i>	4	
<i>chloroquine phosphate oral tablet</i>	2	MO
<i>clindamycin hcl oral capsule</i>	2	MO
<i>clindamycin in 5 % dextrose intravenous piggyback</i>	4	PA; MO
<i>clindamycin phosphate injection solution</i>	4	PA; MO
<i>clindamycin phosphate intravenous solution</i>	4	PA; MO
COARTEM ORAL TABLET	4	MO
<i>colistin (colistimethate na) injection recon soln</i>	4	PA; MO; QL (30 per 10 days)
<i>dapsone oral tablet</i>	3	MO
DAPTOMYCIN INTRAVENOUS RECON SOLN 350 MG	5	MO
<i>daptomycin intravenous recon soln 500 mg</i>	5	MO
EMVERM ORAL TABLET,CHEWABLE	5	MO
<i>ertapenem injection recon soln</i>	4	PA; MO; QL (14 per 14 days)
<i>ethambutol oral tablet</i>	3	MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 100 mg/100 ml, 60 mg/50 ml, 80 mg/50 ml</i>	4	PA; MO
<i>gentamicin in nacl (iso-osm) intravenous piggyback 80 mg/100 ml</i>	4	PA
<i>gentamicin injection solution 40 mg/ml</i>	4	PA; MO
<i>gentamicin sulfate (ped) (pf) injection solution</i>	4	PA; MO
<i>hydroxychloroquine oral tablet 200 mg</i>	2	MO
<i>imipenem-cilastatin intravenous recon soln</i>	4	PA; MO
<i>isoniazid injection solution</i>	4	
<i>isoniazid oral solution</i>	2	MO
<i>isoniazid oral tablet</i>	2	MO
<i>ivermectin oral tablet</i>	3	PA; MO; QL (20 per 30 days)
<i>lincomycin injection solution</i>	4	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>linezolid in dextrose 5% intravenous piggyback</i>	4	PA; MO
<i>linezolid oral suspension for reconstitution</i>	5	MO
<i>linezolid oral tablet</i>	4	MO
<i>linezolid-0.9% sodium chloride intravenous parenteral solution</i>	4	PA
<i>mefloquine oral tablet</i>	2	MO
<i>meropenem intravenous recon soln 1 gram</i>	4	PA; QL (30 per 10 days)
<i>meropenem intravenous recon soln 500 mg</i>	4	PA; QL (10 per 10 days)
<i>metro i.v. intravenous piggyback</i>	4	PA; MO
<i>metronidazole in nacl (iso-osm) intravenous piggyback</i>	4	PA; MO
<i>metronidazole oral tablet</i>	2	MO
<i>neomycin oral tablet</i>	2	MO
<i>nitazoxanide oral tablet</i>	5	MO
<i>paromomycin oral capsule</i>	4	
<i>pentamidine inhalation recon soln</i>	4	B/D PA; MO; QL (1 per 28 days)
<i>pentamidine injection recon soln</i>	4	MO
<i>praziquantel oral tablet</i>	4	MO
PRIFTIN ORAL TABLET	3	MO
PRIMAQUINE ORAL TABLET	4	MO
<i>pyrazinamide oral tablet</i>	4	MO
<i>pyrimethamine oral tablet</i>	5	PA; MO
<i>quinine sulfate oral capsule</i>	4	MO
<i>rifabutin oral capsule</i>	4	MO
<i>rifampin intravenous recon soln</i>	4	MO
<i>rifampin oral capsule</i>	3	MO
SIRTURO ORAL TABLET	5	PA; LA
STREPTOMYCIN INTRAMUSCULAR RECON SOLN	5	PA; MO; QL (60 per 30 days)
<i>tigecycline intravenous recon soln</i>	5	PA; MO
<i>tinidazole oral tablet</i>	3	MO
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE	5	MO; QL (224 per 56 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization</i>	5	PA; MO; QL (280 per 28 days)
<i>tobramycin inhalation solution for nebulization</i>	5	PA; MO; QL (224 per 28 days)
<i>tobramycin sulfate injection recon soln</i>	4	PA; QL (9 per 14 days)
<i>tobramycin sulfate injection solution</i>	4	PA; MO
TRECTOR ORAL TABLET	4	MO
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 1 GRAM/200 ML	3	PA; QL (4000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 500 MG/100 ML	3	PA; QL (1000 per 10 days)
VANCOMYCIN IN 0.9 % SODIUM CHL INTRAVENOUS PIGGYBACK 750 MG/150 ML	3	PA; QL (4050 per 10 days)
VANCOMYCIN INJECTION RECON SOLN	4	PA; QL (1 per 10 days)
<i>vancomycin intravenous recon soln 1,000 mg</i>	4	PA; MO; QL (20 per 10 days)
<i>vancomycin intravenous recon soln 10 gram</i>	4	PA; QL (2 per 10 days)
<i>vancomycin intravenous recon soln 5 gram</i>	4	PA; QL (4 per 10 days)
<i>vancomycin intravenous recon soln 500 mg</i>	4	PA; MO; QL (10 per 10 days)
<i>vancomycin intravenous recon soln 750 mg</i>	4	PA; MO; QL (27 per 10 days)
<i>vancomycin oral capsule 125 mg</i>	4	PA; MO; QL (40 per 10 days)
<i>vancomycin oral capsule 250 mg</i>	4	PA; MO; QL (80 per 10 days)
VIBATIV INTRAVENOUS RECON SOLN 750 MG	5	PA
XIFAXAN ORAL TABLET 200 MG	3	QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	MO; QL (90 per 30 days)
<b>PENICILLINS</b>		
<i>amoxicillin oral capsule</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 400 mg/5 ml</i>	1	MO
<i>amoxicillin oral suspension for reconstitution 200 mg/5 ml, 250 mg/5 ml</i>	2	MO
<i>amoxicillin oral tablet</i>	1	MO
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	2	MO
<i>amoxicillin-pot clavulanate oral suspension for reconstitution</i>	2	MO

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin-pot clavulanate oral tablet</i>	2	MO
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr</i>	4	MO
<i>amoxicillin-pot clavulanate oral tablet, chewable</i>	2	MO
<i>ampicillin oral capsule 500 mg</i>	2	MO
<i>ampicillin sodium injection recon soln</i>	4	PA; MO
<i>ampicillin sodium intravenous recon soln</i>	4	PA
<i>ampicillin-sulbactam injection recon soln 1.5 gram, 3 gram</i>	4	PA; MO
<i>ampicillin-sulbactam injection recon soln 15 gram</i>	4	PA
<i>ampicillin-sulbactam intravenous recon soln</i>	4	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	4	MO
BICILLIN C-R INTRAMUSCULAR SYRINGE	3	PA; MO
BICILLIN L-A INTRAMUSCULAR SYRINGE	4	PA; MO
<i>dicloxacillin oral capsule</i>	2	MO
<i>nafcillin in dextrose (iso-osm) intravenous piggyback</i>	4	PA
<i>nafcillin injection recon soln 1 gram, 2 gram</i>	4	PA; MO
<i>nafcillin injection recon soln 10 gram</i>	5	PA
<i>oxacillin in dextrose(iso-osm) intravenous piggyback</i>	4	PA
<i>oxacillin injection recon soln 1 gram, 10 gram</i>	4	PA
<i>oxacillin injection recon soln 2 gram</i>	4	PA; MO
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 1 MILLION UNIT/50 ML	3	PA
PENICILLIN G POT IN DEXTROSE INTRAVENOUS PIGGYBACK 2 MILLION UNIT/50 ML, 3 MILLION UNIT/50 ML	4	PA
<i>penicillin g potassium injection recon soln</i>	4	PA; MO
<i>penicillin g sodium injection recon soln</i>	4	PA; MO
<i>penicillin v potassium oral recon soln</i>	2	MO
<i>penicillin v potassium oral tablet</i>	2	MO
<i>pfizerpen-g injection recon soln</i>	4	PA

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This drug list was last updated on 04/16/2024.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>piperacillin-tazobactam intravenous recon soln 13.5 gram, 40.5 gram</i>	4	
<i>piperacillin-tazobactam intravenous recon soln 2.25 gram, 3.375 gram, 4.5 gram</i>	4	MO
<b>QUINOLONES</b>		
<i>ciprofloxacin hcl oral tablet 100 mg</i>	2	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i>	1	MO
<i>ciprofloxacin hcl oral tablet 750 mg</i>	2	MO
<i>ciprofloxacin in 5 % dextrose intravenous piggyback</i>	4	PA; MO
<i>ciprofloxacin oral suspension,microcapsule recon 500 mg/5 ml</i>	4	
<i>levofloxacin in d5w intravenous piggyback 250 mg/50 ml</i>	4	PA
<i>levofloxacin in d5w intravenous piggyback 500 mg/100 ml, 750 mg/150 ml</i>	4	PA; MO
<i>levofloxacin intravenous solution</i>	4	PA; MO
<i>levofloxacin oral solution</i>	4	MO
<i>levofloxacin oral tablet</i>	2	MO
<i>moxifloxacin oral tablet</i>	3	MO
<i>moxifloxacin-sod.chloride(iso) intravenous piggyback</i>	4	PA; MO
<b>SULFA'S / RELATED AGENTS</b>		
<i>sulfadiazine oral tablet</i>	4	MO
<i>sulfamethoxazole-trimethoprim intravenous solution</i>	4	PA; MO
<i>sulfamethoxazole-trimethoprim oral suspension</i>	2	MO
<i>sulfamethoxazole-trimethoprim oral tablet</i>	1	MO
<b>TETRACYCLINES</b>		
<i>demeclocycline oral tablet</i>	4	MO
<i>doxy-100 intravenous recon soln</i>	4	PA; MO
<i>doxycycline hyclate intravenous recon soln</i>	4	PA
<i>doxycycline hyclate oral capsule</i>	2	MO
<i>doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	2	MO
<i>doxycycline monohydrate oral suspension for reconstitution</i>	4	MO
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	2	MO
<i>minocycline oral capsule</i>	2	MO
<i>minocycline oral tablet</i>	4	MO
<i>mondoxylene nl oral capsule 100 mg</i>	2	
<i>tetracycline oral capsule</i>	4	MO
<b>URINARY TRACT AGENTS</b>		
<i>methenamine hippurate oral tablet</i>	3	MO
<i>methenamine mandelate oral tablet</i>	2	MO
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	3	MO
<i>nitrofurantoin monohyd/m-cryst oral capsule</i>	3	MO
<i>trimethoprim oral tablet</i>	2	MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<b>ADJUNCTIVE AGENTS</b>		
<i>dexrazoxane hcl intravenous recon soln</i>	5	B/D PA; MO
ELITEK INTRAVENOUS RECON SOLN	5	MO
KEPIVANCE INTRAVENOUS RECON SOLN 5.16 MG	5	
KHAPZORY INTRAVENOUS RECON SOLN 175 MG	5	B/D PA
<i>leucovorin calcium oral tablet</i>	3	MO
<i>levoleucovorin calcium intravenous recon soln</i>	5	B/D PA; MO
<i>levoleucovorin calcium intravenous solution</i>	5	B/D PA
<i>mesna intravenous solution</i>	2	B/D PA; MO
MESNEX ORAL TABLET	5	MO
VISTOGARD ORAL GRANULES IN PACKET	5	PA
XGEVA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
<b>ANTINEOPLASTIC / IMMUNOSUPPRESSANT DRUGS</b>		
<i>abiraterone oral tablet 250 mg</i>	5	PA; MO; QL (120 per 30 days)

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>abiraterone oral tablet 500 mg</i>	5	PA; MO; QL (60 per 30 days)
ABRAXANE INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	B/D PA; MO
ADCETRIS INTRAVENOUS RECON SOLN	5	B/D PA; MO
ADSTILADRIN INTRAVESICAL SUSPENSION	5	PA
AKEEGA ORAL TABLET	5	PA; LA; QL (60 per 30 days)
ALECENSA ORAL CAPSULE	5	PA; MO; QL (240 per 30 days)
ALIQOPA INTRAVENOUS RECON SOLN	5	B/D PA; LA
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA; QL (60 per 30 days)
ALUNBRIG ORAL TABLETS,DOSE PACK	5	PA; QL (30 per 180 days)
<i>anastrozole oral tablet</i>	2	MO
<i>arsenic trioxide intravenous solution 1 mg/ml</i>	5	B/D PA
<i>arsenic trioxide intravenous solution 2 mg/ml</i>	5	B/D PA; MO
ASPARLAS INTRAVENOUS SOLUTION	5	PA
AUGTYRO ORAL CAPSULE	5	PA; MO; QL (240 per 30 days)
AYVAKIT ORAL TABLET	5	PA; LA; QL (30 per 30 days)
<i>azacitidine injection recon soln</i>	5	B/D PA; MO
<i>azathioprine oral tablet 50 mg</i>	2	B/D PA; MO
<i>azathioprine sodium injection recon soln</i>	2	B/D PA; MO
BALVERSA ORAL TABLET	5	PA; LA
BAVENCIO INTRAVENOUS SOLUTION	5	B/D PA; LA
BELEODAQ INTRAVENOUS RECON SOLN	5	B/D PA
<i>bendamustine intravenous recon soln</i>	5	B/D PA; MO
BENDEKA INTRAVENOUS SOLUTION	5	B/D PA; MO
BESPONSА INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA
<i>bexarotene oral capsule</i>	5	PA; MO
<i>bexarotene topical gel</i>	5	PA; MO
<i>bicalutamide oral tablet</i>	2	MO
<i>bleomycin injection recon soln</i>	2	B/D PA
BLINCYTO INTRAVENOUS KIT	5	B/D PA
BORTEZOMIB INJECTION RECON SOLN 1 MG, 2.5 MG	5	B/D PA

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bortezomib injection recon soln 3.5 mg</i>	5	B/D PA; MO
BOSULIF ORAL CAPSULE 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA; MO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA; MO; QL (90 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA; MO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE	5	PA; MO; LA; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE	5	PA; LA; QL (120 per 30 days)
<i>busulfan intravenous solution</i>	5	B/D PA
CABOMETYX ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET	5	PA; LA; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA; LA; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA; LA; QL (30 per 30 days)
<i>carboplatin intravenous solution</i>	2	B/D PA; MO
<i>carmustine intravenous recon soln 100 mg</i>	5	B/D PA; MO
<i>cisplatin intravenous solution</i>	2	B/D PA; MO
<i>cladribine intravenous solution</i>	5	B/D PA; MO
<i>clofarabine intravenous solution</i>	5	B/D PA
COLUMVI INTRAVENOUS SOLUTION	5	PA; MO
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1)	5	PA; MO; QL (56 per 28 days)
COMETRIQ ORAL CAPSULE 140 MG/DAY(80 MG X1-20 MG X3)	5	PA; MO; QL (112 per 28 days)
COMETRIQ ORAL CAPSULE 60 MG/DAY (20 MG X 3/DAY)	5	PA; MO; QL (84 per 28 days)
COPIKTRA ORAL CAPSULE	5	PA; LA; QL (60 per 30 days)
COSMEGEN INTRAVENOUS RECON SOLN	5	B/D PA; MO
COTELLIC ORAL TABLET	5	PA; MO; LA; QL (63 per 28 days)
<i>cyclophosphamide intravenous recon soln</i>	2	B/D PA; MO
<i>cyclophosphamide oral capsule</i>	3	B/D PA; MO
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG	3	B/D PA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	B/D PA; MO

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine intravenous solution</i>	2	B/D PA
<i>cyclosporine modified oral capsule</i>	3	B/D PA; MO
<i>cyclosporine modified oral solution</i>	3	B/D PA
<i>cyclosporine oral capsule</i>	3	B/D PA; MO
CYRAMZA INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>cytarabine (pf) injection solution 100 mg/5 ml (20 mg/ml), 2 gram/20 ml (100 mg/ml)</i>	2	B/D PA; MO
<i>cytarabine (pf) injection solution 20 mg/ml</i>	2	B/D PA
<i>cytarabine injection solution</i>	2	B/D PA; MO
<i>dacarbazine intravenous recon soln</i>	2	B/D PA; MO
<i>dactinomycin intravenous recon soln</i>	2	B/D PA; MO
DANYELZA INTRAVENOUS SOLUTION	5	PA
DARZALEX INTRAVENOUS SOLUTION	5	B/D PA; MO; LA
<i>daunorubicin intravenous solution</i>	2	B/D PA
DAURISMO ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA; MO; QL (60 per 30 days)
<i>decitabine intravenous recon soln</i>	5	B/D PA; MO
<i>docetaxel intravenous solution 160 mg/16 ml (10 mg/ml), 80 mg/8 ml (10 mg/ml)</i>	5	B/D PA
<i>docetaxel intravenous solution 160 mg/8 ml (20 mg/ml), 20 mg/2 ml (10 mg/ml), 20 mg/ml (1 ml), 80 mg/4 ml (20 mg/ml)</i>	5	B/D PA; MO
<i>doxorubicin intravenous recon soln 10 mg</i>	2	B/D PA
<i>doxorubicin intravenous recon soln 50 mg</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 10 mg/5 ml, 20 mg/10 ml, 50 mg/25 ml</i>	2	B/D PA; MO
<i>doxorubicin intravenous solution 2 mg/ml</i>	2	B/D PA
<i>doxorubicin, peg-liposomal intravenous suspension</i>	5	B/D PA; MO
DROXIA ORAL CAPSULE	3	MO
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE	3	PA; MO
ELIGARD SUBCUTANEOUS SYRINGE	3	PA; MO
ELREXFIO SUBCUTANEOUS SOLUTION	5	PA
ELZONRIS INTRAVENOUS SOLUTION	5	PA; LA
EMCYT ORAL CAPSULE	5	MO
EMPLICITI INTRAVENOUS RECON SOLN	5	B/D PA; MO
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR	4	B/D PA; MO
<i>epirubicin intravenous solution 200 mg/100 ml</i>	2	B/D PA
EPKINLY SUBCUTANEOUS SOLUTION	5	PA
ERBITUX INTRAVENOUS SOLUTION	5	B/D PA; MO
ERIVEDGE ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 240 MG	5	PA; MO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA; MO; QL (120 per 30 days)
<i>erlotinib oral tablet 100 mg, 150 mg</i>	5	PA; MO; QL (30 per 30 days)
<i>erlotinib oral tablet 25 mg</i>	5	PA; MO; QL (60 per 30 days)
ERWINASE INJECTION RECON SOLN	5	B/D PA
ETOPOPHOS INTRAVENOUS RECON SOLN	4	B/D PA; MO
<i>etoposide intravenous solution</i>	2	B/D PA; MO
<i>everolimus (antineoplastic) oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg</i>	5	PA; MO; QL (330 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 3 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>everolimus (antineoplastic) oral tablet for suspension 5 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>everolimus (immunosuppressive) oral tablet 0.25 mg</i>	4	B/D PA; MO
<i>everolimus (immunosuppressive) oral tablet 0.5 mg, 0.75 mg, 1 mg</i>	5	B/D PA; MO
<i>exemestane oral tablet</i>	4	MO
EXKIVITY ORAL CAPSULE	5	PA; LA; QL (120 per 30 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	5	PA; MO

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FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	4	PA; MO
<i>floxuridine injection recon soln</i>	2	B/D PA
<i>fludarabine intravenous recon soln</i>	2	B/D PA; MO
<i>fludarabine intravenous solution</i>	2	B/D PA
<i>fluorouracil intravenous solution 1 gram/20 ml, 500 mg/10 ml</i>	2	B/D PA; MO
<i>fluorouracil intravenous solution 2.5 gram/50 ml, 5 gram/100 ml</i>	2	B/D PA
FOLOTYN INTRAVENOUS SOLUTION	5	B/D PA; MO
FOTIVDA ORAL CAPSULE	5	PA; LA; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA; QL (21 per 28 days)
<i>fulvestrant intramuscular syringe</i>	5	B/D PA; MO
FYARRO INTRAVENOUS SUSPENSION FOR RECONSTITUTION	5	PA
GAVRETO ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
GAZYVA INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>gefitinib oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>gemcitabine intravenous recon soln 1 gram, 200 mg</i>	2	B/D PA; MO
<i>gemcitabine intravenous recon soln 2 gram</i>	2	B/D PA
<i>gemcitabine intravenous solution 1 gram/26.3 ml (38 mg/ml), 2 gram/52.6 ml (38 mg/ml), 200 mg/5.26 ml (38 mg/ml)</i>	2	B/D PA; MO
GEMCITABINE INTRAVENOUS SOLUTION 100 MG/ML	3	B/D PA
<i>gengraf oral capsule</i>	3	B/D PA; MO
<i>gengraf oral solution</i>	3	B/D PA; MO
GILOTRIF ORAL TABLET	5	PA; MO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE	5	MO
HALAVEN INTRAVENOUS SOLUTION	5	B/D PA; MO
<i>hydroxyurea oral capsule</i>	2	MO
IBRANCE ORAL CAPSULE	5	PA; MO; QL (21 per 28 days)
IBRANCE ORAL TABLET	5	PA; MO; QL (21 per 28 days)

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ICLUSIG ORAL TABLET	5	PA; QL (30 per 30 days)
<i>idarubicin intravenous solution</i>	2	B/D PA; MO
IDHIFA ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
<i>ifosfamide intravenous recon soln</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 1 gram/20 ml</i>	2	B/D PA; MO
<i>ifosfamide intravenous solution 3 gram/60 ml</i>	2	B/D PA
<i>imatinib oral tablet 100 mg</i>	5	PA; MO; QL (180 per 30 days)
<i>imatinib oral tablet 400 mg</i>	5	PA; MO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA; QL (30 per 30 days)
IMBRUVICA ORAL SUSPENSION	5	PA; QL (324 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	5	PA; QL (30 per 30 days)
IMFINZI INTRAVENOUS SOLUTION	5	B/D PA; MO; LA
IMJUDO INTRAVENOUS SOLUTION	5	PA; MO
INLYTA ORAL TABLET 1 MG	5	PA; MO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA; MO; QL (120 per 30 days)
INQOVI ORAL TABLET	5	PA; MO; QL (5 per 28 days)
INREBIC ORAL CAPSULE	5	PA; MO; LA; QL (120 per 30 days)
<i>irinotecan intravenous solution 100 mg/5 ml</i>	2	B/D PA; MO
<i>irinotecan intravenous solution 300 mg/15 ml, 500 mg/25 ml</i>	5	B/D PA
<i>irinotecan intravenous solution 40 mg/2 ml</i>	5	B/D PA; MO
ISTODAX INTRAVENOUS RECON SOLN	5	B/D PA; MO
IWILFIN ORAL TABLET	5	PA; LA; QL (240 per 30 days)
IXEMPRA INTRAVENOUS RECON SOLN	5	B/D PA; MO
JAKAFI ORAL TABLET	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA; MO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA; MO; QL (30 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION	5	PA; MO
JEVTANA INTRAVENOUS SOLUTION	5	B/D PA; MO
KADCYLA INTRAVENOUS RECON SOLN	5	PA; MO
KEYTRUDA INTRAVENOUS SOLUTION	5	PA

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This drug list was last updated on 04/16/2024.



Drug Name	Drug Tier	Requirements/Limits
KIMMTRAK INTRAVENOUS SOLUTION	5	PA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG	5	PA; MO; QL (49 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 400 MG/DAY(200 MG X 2)-2.5 MG	5	PA; MO; QL (70 per 28 days)
KISQALI FEMARA CO-PACK ORAL TABLET 600 MG/DAY(200 MG X 3)-2.5 MG	5	PA; MO; QL (91 per 28 days)
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1)	5	PA; MO; QL (21 per 28 days)
KISQALI ORAL TABLET 400 MG/DAY (200 MG X 2)	5	PA; MO; QL (42 per 28 days)
KISQALI ORAL TABLET 600 MG/DAY (200 MG X 3)	5	PA; MO; QL (63 per 28 days)
KOSELUGO ORAL CAPSULE	5	PA
KRAZATI ORAL TABLET	5	PA; QL (180 per 30 days)
KYPROLIS INTRAVENOUS RECON SOLN	5	B/D PA
<i>lapatinib oral tablet</i>	5	PA; MO; QL (180 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg</i>	5	PA; MO; QL (28 per 28 days)
<i>lenalidomide oral capsule 2.5 mg, 20 mg</i>	5	PA; QL (28 per 28 days)
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 4 MG	5	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 X 2), 24 MG/DAY(10 MG X 2-4 MG X 1)	5	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)	5	PA; MO; QL (60 per 30 days)
<i>letrozole oral tablet</i>	2	MO
LEUKERAN ORAL TABLET	5	MO
<i>leuprolide subcutaneous kit</i>	5	PA; MO
LIBTAYO INTRAVENOUS SOLUTION	5	PA; LA
LONSURF ORAL TABLET	5	PA; MO
LOQTORZI INTRAVENOUS SOLUTION	5	PA
LORBRENA ORAL TABLET 100 MG	5	PA; MO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA; MO; QL (90 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUMAKRAS ORAL TABLET	5	PA; MO
LUNSUMIO INTRAVENOUS SOLUTION	5	PA; MO
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT	5	PA; MO
LYNPARZA ORAL TABLET	5	PA; MO; QL (120 per 30 days)
LYSODREN ORAL TABLET	5	
LYTGOBI ORAL TABLET	5	PA; LA
MARGENZA INTRAVENOUS SOLUTION	5	PA
MATULANE ORAL CAPSULE	5	
<i>megestrol oral suspension 400 mg/10 ml (10 ml)</i>	3	PA
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	3	PA; MO
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	4	PA; MO
<i>megestrol oral tablet</i>	3	PA; MO
MEKINIST ORAL RECON SOLN	5	PA; MO; QL (1200 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA; MO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA; MO; QL (30 per 30 days)
MEKTOVI ORAL TABLET	5	PA; MO; LA; QL (180 per 30 days)
<i>melphalan hcl intravenous recon soln</i>	5	B/D PA
<i>mercaptopurine oral tablet</i>	3	MO
<i>methotrexate sodium (pf) injection recon soln</i>	2	B/D PA
<i>methotrexate sodium (pf) injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium injection solution</i>	2	B/D PA; MO
<i>methotrexate sodium oral tablet</i>	1	B/D PA; MO
<i>mitomycin intravenous recon soln 20 mg, 5 mg</i>	2	B/D PA; MO
<i>mitomycin intravenous recon soln 40 mg</i>	5	B/D PA; MO
<i>mitoxantrone intravenous concentrate</i>	2	B/D PA; MO
MONJUVI INTRAVENOUS RECON SOLN	5	PA; LA
<i>mycophenolate mofetil (hcl) intravenous recon soln</i>	4	B/D PA; MO
<i>mycophenolate mofetil oral capsule</i>	3	B/D PA; MO
<i>mycophenolate mofetil oral suspension for reconstitution</i>	5	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil oral tablet</i>	3	B/D PA; MO
<i>mycophenolate sodium oral tablet, delayed release (dr/ec)</i>	4	B/D PA; MO
MYLOTARG INTRAVENOUS RECON SOLN	5	B/D PA; MO; LA
<i>nelarabine intravenous solution</i>	5	B/D PA; MO
NERLYNX ORAL TABLET	5	PA; MO; LA
<i>nilutamide oral tablet</i>	5	PA; MO
NINLARO ORAL CAPSULE	5	PA; MO; QL (3 per 28 days)
NUBEQA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
NULOJIX INTRAVENOUS RECON SOLN	5	B/D PA; MO
<i>octreotide acetate injection solution 1,000 mcg/ml, 500 mcg/ml</i>	5	PA; MO
<i>octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml</i>	4	PA; MO
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml)</i>	4	PA; MO
<i>octreotide acetate injection syringe 50 mcg/ml (1 ml)</i>	4	PA
<i>octreotide acetate injection syringe 500 mcg/ml (1 ml)</i>	5	PA; MO
ODOMZO ORAL CAPSULE	5	PA; MO; LA; QL (30 per 30 days)
OJJAARA ORAL TABLET	5	PA; QL (30 per 30 days)
ONCASPAR INJECTION SOLUTION	5	B/D PA
ONIVYDE INTRAVENOUS DISPERSION	5	B/D PA
ONUREG ORAL TABLET	5	PA; MO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION	5	PA; MO
OPDUALAG INTRAVENOUS SOLUTION	5	PA; MO
ORGOVYX ORAL TABLET	5	PA; LA; QL (30 per 28 days)
ORSERDU ORAL TABLET 345 MG	5	PA; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA; QL (90 per 30 days)
<i>oxaliplatin intravenous recon soln</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 100 mg/20 ml, 50 mg/10 ml (5 mg/ml)</i>	2	B/D PA; MO
<i>oxaliplatin intravenous solution 200 mg/40 ml</i>	2	B/D PA
<i>paclitaxel intravenous concentrate</i>	2	B/D PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PADCEV INTRAVENOUS RECON SOLN	5	PA; MO
<i>paraplatin intravenous solution</i>	2	B/D PA
<i>pazopanib oral tablet</i>	5	PA; MO; QL (120 per 30 days)
PEMAZYRE ORAL TABLET	5	PA; LA; QL (28 per 28 days)
<i>pemetrexed disodium intravenous recon soln 1,000 mg, 500 mg</i>	5	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 100 mg</i>	4	B/D PA; MO
<i>pemetrexed disodium intravenous recon soln 750 mg</i>	5	B/D PA
PERJETA INTRAVENOUS SOLUTION	5	B/D PA; MO
PIQRAY ORAL TABLET	5	PA; MO
POLIVY INTRAVENOUS RECON SOLN	5	PA; MO
POMALYST ORAL CAPSULE	5	PA; MO; LA
PORTRAZZA INTRAVENOUS SOLUTION	5	B/D PA; MO
POTELIGEO INTRAVENOUS SOLUTION	5	PA
PROGRAF INTRAVENOUS SOLUTION	3	B/D PA; MO
PROGRAF ORAL GRANULES IN PACKET	4	B/D PA; MO
PURIXAN ORAL SUSPENSION	5	
QINLOCK ORAL TABLET	5	PA; LA; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA; MO; LA; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA; MO; LA; QL (120 per 30 days)
REZLIDHIA ORAL CAPSULE	5	PA; QL (60 per 30 days)
REZUROCK ORAL TABLET	5	PA; QL (30 per 30 days)
<i>romidepsin intravenous recon soln</i>	5	B/D PA
ROZLYTREK ORAL CAPSULE 100 MG	5	PA; MO; QL (150 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA; MO; QL (90 per 30 days)
ROZLYTREK ORAL PELLETS IN PACKET	5	PA; QL (336 per 28 days)
RUBRACA ORAL TABLET	5	PA; MO; LA; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION	5	PA; MO
RYBREVANT INTRAVENOUS SOLUTION	5	PA; MO
RYDAPT ORAL CAPSULE	5	PA; MO; QL (224 per 28 days)
RYLAZE INTRAMUSCULAR SOLUTION	5	PA
SANDIMMUNE ORAL SOLUTION	4	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	5	PA; MO
SARCLISA INTRAVENOUS SOLUTION	5	PA; LA
SCEMBLIX ORAL TABLET 20 MG	5	PA; MO; QL (600 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA; MO; QL (300 per 30 days)
SIGNIFOR SUBCUTANEOUS SOLUTION	5	PA
SIMULECT INTRAVENOUS RECON SOLN	3	B/D PA; MO
<i>sirolimus oral solution</i>	5	B/D PA; MO
<i>sirolimus oral tablet</i>	4	B/D PA; MO
SOLTAMOX ORAL SOLUTION	5	MO
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE	5	PA; MO
<i>sorafenib oral tablet</i>	5	PA; MO; QL (120 per 30 days)
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 80 MG	5	PA; MO; QL (30 per 30 days)
SPRYCEL ORAL TABLET 20 MG, 70 MG	5	PA; MO; QL (60 per 30 days)
STIVARGA ORAL TABLET	5	PA; MO; QL (84 per 28 days)
<i>sunitinib malate oral capsule</i>	5	PA; MO; QL (30 per 30 days)
TABLOID ORAL TABLET	4	MO
TABRECTA ORAL TABLET	5	PA; MO
<i>tacrolimus oral capsule</i>	3	B/D PA; MO
TAFINLAR ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
TAFINLAR ORAL TABLET FOR SUSPENSION	5	PA; MO; QL (840 per 28 days)
TAGRISSE ORAL TABLET	5	PA; MO; LA; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION	5	PA
TALZENNA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
<i>tamoxifen oral tablet</i>	2	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA; MO; QL (120 per 30 days)
TAZVERIK ORAL TABLET	5	PA; LA
TECENTRIQ INTRAVENOUS SOLUTION	5	B/D PA; MO; LA
TECVAYLI SUBCUTANEOUS SOLUTION	5	PA
TEMODAR INTRAVENOUS RECON SOLN	5	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>temsirolimus intravenous recon soln</i>	5	B/D PA; MO
TEPMETKO ORAL TABLET	5	PA; LA
THALOMID ORAL CAPSULE 100 MG, 50 MG	5	PA; MO; QL (28 per 28 days)
THALOMID ORAL CAPSULE 150 MG, 200 MG	5	PA; MO; QL (56 per 28 days)
<i>thiotepa injection recon soln 100 mg</i>	5	B/D PA
<i>thiotepa injection recon soln 15 mg</i>	5	B/D PA; MO
TIBSOVO ORAL TABLET	5	PA
TIVDAK INTRAVENOUS RECON SOLN	5	PA; MO
<i>topotecan intravenous recon soln</i>	5	B/D PA; MO
<i>topotecan intravenous solution</i>	5	B/D PA; MO
<i>toremifene oral tablet</i>	5	MO
TRAZIMERA INTRAVENOUS RECON SOLN	5	B/D PA; MO
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	4	PA; MO
<i>tretinoin (antineoplastic) oral capsule</i>	5	MO
TRODELVY INTRAVENOUS RECON SOLN	5	PA; LA
TRUQAP ORAL TABLET	5	PA; QL (64 per 28 days)
TUKYSA ORAL TABLET 150 MG	5	PA; LA; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA; LA; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG	5	PA; LA; QL (120 per 30 days)
UNITUXIN INTRAVENOUS SOLUTION	5	B/D PA
<i>valrubicin intravesical solution</i>	5	B/D PA; MO
VANFLYTA ORAL TABLET	5	PA; QL (56 per 28 days)
VECTIBIX INTRAVENOUS SOLUTION	5	B/D PA; MO
VENCLEXTA ORAL TABLET 10 MG	4	PA; LA; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA; LA; QL (120 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA; LA; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK	5	PA; LA; QL (42 per 180 days)
VERZENIO ORAL TABLET	5	PA; MO; LA; QL (60 per 30 days)
<i>vinblastine intravenous solution</i>	2	B/D PA; MO
<i>vincristine intravenous solution</i>	2	B/D PA; MO
<i>vinorelbine intravenous solution</i>	2	B/D PA; MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITRAKVI ORAL CAPSULE 100 MG	5	PA; MO; LA; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA; MO; LA; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION	5	PA; MO; LA; QL (300 per 30 days)
VIZIMPRO ORAL TABLET	5	PA; MO; QL (30 per 30 days)
VONJO ORAL CAPSULE	5	PA; QL (120 per 30 days)
VOTRIENT ORAL TABLET	5	PA; MO; QL (120 per 30 days)
VYXEOS INTRAVENOUS RECON SOLN	5	B/D PA
WELIREG ORAL TABLET	5	PA; LA
XALKORI ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
XALKORI ORAL PELLETT 150 MG	5	PA; MO; QL (180 per 30 days)
XALKORI ORAL PELLETT 20 MG, 50 MG	5	PA; MO; QL (120 per 30 days)
XATMEP ORAL SOLUTION	4	B/D PA; MO
XERMELO ORAL TABLET	5	PA; LA; QL (84 per 28 days)
XOSPATA ORAL TABLET	5	PA; LA; QL (90 per 30 days)
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (40 MG X 1), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80MG TWICE WEEK (160 MG/WEEK)	5	PA; LA
XTANDI ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA; MO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA; MO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION	5	B/D PA; MO
YONDELIS INTRAVENOUS RECON SOLN	5	B/D PA
ZALTRAP INTRAVENOUS SOLUTION	5	B/D PA; MO
ZANOSAR INTRAVENOUS RECON SOLN	4	B/D PA; MO
ZEJULA ORAL CAPSULE	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG	5	PA; MO; LA; QL (90 per 30 days)
ZEJULA ORAL TABLET 200 MG, 300 MG	5	PA; MO; LA; QL (30 per 30 days)
ZELBORAF ORAL TABLET	5	PA; MO; QL (240 per 30 days)
ZEPZELCA INTRAVENOUS RECON SOLN	5	PA
ZIRABEV INTRAVENOUS SOLUTION	5	B/D PA; MO
ZOLADEX SUBCUTANEOUS IMPLANT	4	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
ZOLINZA ORAL CAPSULE	5	PA; MO; QL (120 per 30 days)
ZYDELIG ORAL TABLET	5	PA; MO; QL (60 per 30 days)
ZYKADIA ORAL TABLET	5	PA; MO; QL (90 per 30 days)
ZYNLONTA INTRAVENOUS RECON SOLN	5	PA; LA
ZYNYZ INTRAVENOUS SOLUTION	5	PA

## AUTONOMIC / CNS DRUGS, NEUROLOGY / PSYCH

### ANTICONVULSANTS

APTIOM ORAL TABLET 200 MG	5	MO; QL (180 per 30 days)
APTIOM ORAL TABLET 400 MG	5	MO; QL (90 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	MO; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION	4	MO; QL (600 per 30 days)
BRIVIACT ORAL SOLUTION	5	MO; QL (600 per 30 days)
BRIVIACT ORAL TABLET	5	MO; QL (60 per 30 days)
<i>carbamazepine oral capsule, er multiphase 12 hr</i>	3	MO
<i>carbamazepine oral suspension 100 mg/5 ml</i>	2	MO
<i>carbamazepine oral tablet</i>	1	MO
<i>carbamazepine oral tablet extended release 12 hr</i>	3	MO
<i>carbamazepine oral tablet, chewable</i>	1	MO
<i>clobazam oral suspension</i>	4	PA; MO; QL (480 per 30 days)
<i>clobazam oral tablet</i>	4	PA; MO; QL (60 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	2	MO; QL (300 per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	MO; QL (90 per 30 days)
<i>clonazepam oral tablet, disintegrating 2 mg</i>	2	MO; QL (300 per 30 days)
DIACOMIT ORAL CAPSULE	5	PA; LA
DIACOMIT ORAL POWDER IN PACKET	5	PA; LA
<i>diazepam rectal kit</i>	4	MO
DILANTIN 30 MG ORAL CAPSULE	4	MO
<i>divalproex oral capsule, delayed release sprinkle</i>	2	MO
<i>divalproex oral tablet extended release 24 hr</i>	2	MO
<i>divalproex oral tablet, delayed release (dr/ec)</i>	2	MO
EPIDIOLEX ORAL SOLUTION	5	PA; MO; LA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epitol oral tablet</i>	2	MO
EPRONTIA ORAL SOLUTION	4	PA; MO
<i>ethosuximide oral capsule</i>	3	MO
<i>ethosuximide oral solution</i>	3	MO
<i>felbamate oral suspension</i>	5	MO
<i>felbamate oral tablet</i>	4	MO
FINTEPLA ORAL SOLUTION	5	PA; LA; QL (360 per 30 days)
<i>fosphephenytoin injection solution</i>	2	MO
FYCOMPA ORAL SUSPENSION	5	MO; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	MO; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	MO; QL (60 per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	MO; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 400 mg</i>	2	MO; QL (270 per 30 days)
<i>gabapentin oral capsule 300 mg</i>	2	MO; QL (360 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml</i>	3	MO; QL (2160 per 30 days)
<i>gabapentin oral solution 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	3	QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	2	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	2	MO; QL (120 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 300 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>gabapentin oral tablet extended release 24 hr 600 mg</i>	3	PA; MO; QL (90 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG	3	PA; MO; QL (30 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 450 MG, 750 MG, 900 MG	3	PA; MO; QL (60 per 30 days)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	3	PA; MO; QL (90 per 30 days)
<i>lacosamide intravenous solution</i>	3	MO; QL (1200 per 30 days)
<i>lacosamide oral solution</i>	4	QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg</i>	4	MO; QL (60 per 30 days)
<i>lacosamide oral tablet 50 mg</i>	3	MO; QL (120 per 30 days)
<i>lamotrigine oral tablet</i>	1	MO

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<i>lamotrigine oral tablet disintegrating, dose pk</i>	4	MO
<i>lamotrigine oral tablet, chewable dispersible</i>	2	MO
<i>lamotrigine oral tablet, disintegrating</i>	4	MO
<i>lamotrigine oral tablets, dose pack</i>	4	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,000 mg/100 ml, 500 mg/100 ml</i>	2	MO
<i>levetiracetam in nacl (iso-osm) intravenous piggyback 1,500 mg/100 ml</i>	2	
<i>levetiracetam intravenous solution</i>	2	MO
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	2	
<i>levetiracetam oral tablet</i>	2	MO
<i>levetiracetam oral tablet extended release 24 hr</i>	2	MO
<i>methsuximide oral capsule</i>	4	MO
<b>NAYZILAM NASAL SPRAY, NON-AEROSOL</b>	5	PA; MO; QL (10 per 30 days)
<i>oxcarbazepine oral suspension</i>	2	MO
<i>oxcarbazepine oral tablet</i>	2	MO
<i>phenobarbital oral elixir</i>	4	PA; MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 30 mg, 60 mg</i>	3	PA
<i>phenobarbital oral tablet 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	3	PA; MO
<i>phenobarbital sodium injection solution 130 mg/ml</i>	2	MO
<i>phenobarbital sodium injection solution 65 mg/ml</i>	2	
<i>phenytoin oral suspension 100 mg/4 ml</i>	2	
<i>phenytoin oral suspension 125 mg/5 ml</i>	2	MO
<i>phenytoin oral tablet, chewable</i>	2	MO
<i>phenytoin sodium extended oral capsule 100 mg</i>	2	MO
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	2	
<i>phenytoin sodium intravenous solution</i>	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin oral solution</i>	2	MO; QL (900 per 30 days)
PRIMIDONE ORAL TABLET 125 MG	4	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	2	MO
<i>roweepra oral tablet 500 mg</i>	2	MO
<i>rufinamide oral suspension</i>	5	PA; MO
<i>rufinamide oral tablet 200 mg</i>	4	PA; MO
<i>rufinamide oral tablet 400 mg</i>	5	PA; MO
SPRITAM ORAL TABLET FOR SUSPENSION	4	MO
<i>subvenite oral tablet</i>	1	MO
<i>subvenite starter (blue) kit oral tablets,dose pack</i>	4	MO
<i>subvenite starter (green) kit oral tablets,dose pack</i>	4	MO
<i>subvenite starter (orange) kit oral tablets,dose pack</i>	4	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG	5	PA; MO; QL (60 per 30 days)
SYMPAZAN ORAL FILM 5 MG	4	PA; MO; QL (60 per 30 days)
<i>tiagabine oral tablet</i>	4	MO
<i>topiramate oral capsule, sprinkle</i>	2	PA; MO
<i>topiramate oral tablet</i>	2	PA; MO
<i>valproate sodium intravenous solution</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	2	MO
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml (5 ml), 500 mg/10 ml (10 ml)</i>	2	
<i>valproic acid oral capsule</i>	2	MO
VALTOCO NASAL SPRAY, NON-AEROSOL	5	PA; MO; QL (10 per 30 days)
<i>vigabatrin oral powder in packet</i>	5	PA; MO; LA
<i>vigabatrin oral tablet</i>	5	PA; MO; LA
<i>vigadrone oral powder in packet</i>	5	PA; LA
<i>vigadrone oral tablet</i>	5	PA; LA
<i>vigpoder oral powder in packet</i>	5	PA; LA
XCOPRI MAINTENANCE PACK ORAL TABLET 250MG/DAY(150 MG X1-100MG X1), 350 MG/DAY (200 MG X1-150MG X1)	5	MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG	5	MO; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XCOPRI ORAL TABLET 150 MG, 200 MG	5	MO; QL (60 per 30 days)
XCOPRI ORAL TABLET 50 MG	5	MO; QL (240 per 30 days)
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14)	4	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)	5	MO; QL (28 per 180 days)
ZONISADE ORAL SUSPENSION	5	PA; MO
<i>zonisamide oral capsule</i>	2	PA; MO
ZTALMY ORAL SUSPENSION	5	PA; LA; QL (1080 per 30 days)
<b>ANTIPARKINSONISM AGENTS</b>		
APOKYN SUBCUTANEOUS CARTRIDGE	5	PA; MO; LA; QL (90 per 30 days)
<i>apomorphine subcutaneous cartridge</i>	5	PA; QL (90 per 30 days)
<i>benztropine injection solution</i>	2	MO
<i>benztropine oral tablet</i>	2	PA; MO
<i>bromocriptine oral capsule</i>	4	MO
<i>bromocriptine oral tablet</i>	4	MO
<i>carbidopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet</i>	2	MO
<i>carbidopa-levodopa oral tablet extended release</i>	2	MO
<i>carbidopa-levodopa oral tablet,disintegrating</i>	2	
<i>carbidopa-levodopa-entacapone oral tablet</i>	4	MO
<i>entacapone oral tablet</i>	4	MO
NEUPRO TRANSDERMAL PATCH 24 HOUR	4	MO
<i>pramipexole oral tablet</i>	2	MO
<i>rasagiline oral tablet</i>	4	MO
<i>ropinirole oral tablet</i>	2	MO
<i>ropinirole oral tablet extended release 24 hr</i>	4	MO
<i>selegiline hcl oral capsule</i>	2	MO
<i>selegiline hcl oral tablet</i>	2	MO
<b>MIGRAINE / CLUSTER HEADACHE THERAPY</b>		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (1 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dihydroergotamine injection solution</i>	5	
<i>dihydroergotamine nasal spray,non-aerosol</i>	5	QL (8 per 28 days)
<i>eletriptan oral tablet</i>	4	MO; QL (18 per 28 days)
EMGALITY SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>ergotamine-caffeine oral tablet</i>	3	MO
<i>naratriptan oral tablet</i>	3	MO; QL (18 per 28 days)
NURTEC ODT ORAL TABLET,DISINTEGRATING	3	PA; QL (16 per 30 days)
QULIPTA ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>rizatriptan oral tablet</i>	2	MO; QL (36 per 28 days)
<i>rizatriptan oral tablet,disintegrating</i>	3	MO; QL (36 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation</i>	4	MO; QL (18 per 28 days)
<i>sumatriptan nasal spray,non-aerosol 5 mg/actuation</i>	4	MO; QL (36 per 28 days)
<i>sumatriptan succinate oral tablet</i>	2	MO; QL (18 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous cartridge 6 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml</i>	4	QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous pen injector 6 mg/0.5 ml</i>	4	MO; QL (8 per 28 days)
<i>sumatriptan succinate subcutaneous solution</i>	4	MO; QL (8 per 28 days)
UBRELVY ORAL TABLET	3	PA; QL (20 per 30 days)
<i>zolmitriptan oral tablet</i>	4	MO; QL (18 per 28 days)
<i>zolmitriptan oral tablet,disintegrating</i>	4	MO; QL (18 per 28 days)

### MISCELLANEOUS NEUROLOGICAL THERAPY

BRIUMVI INTRAVENOUS SOLUTION	5	PA; MO; QL (24 per 180 days)
<i>dalfampridine oral tablet extended release 12 hr</i>	3	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule,delayed release(dr/ec) 120 mg</i>	5	PA; MO; QL (14 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	5	PA; MO; QL (120 per 180 days)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 240 mg</i>	5	PA; MO; QL (60 per 30 days)
<i>donepezil oral tablet 10 mg, 5 mg</i>	1	MO
<i>donepezil oral tablet 23 mg</i>	4	MO
<i>donepezil oral tablet, disintegrating</i>	1	MO
<i>fingolimod oral capsule</i>	5	PA; MO; QL (30 per 30 days)
FIRDAPSE ORAL TABLET	5	PA; LA
<i>galantamine oral capsule, extended release pellets 24 hr</i>	3	MO
<i>galantamine oral solution</i>	4	
<i>galantamine oral tablet</i>	3	MO
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous syringe 20 mg/ml</i>	5	PA; MO; QL (30 per 30 days)
<i>glatopa subcutaneous syringe 40 mg/ml</i>	5	PA; MO; QL (12 per 28 days)
INGREZZA INITIATION PACK ORAL CAPSULE, DOSE PACK	5	PA; LA; QL (28 per 180 days)
INGREZZA ORAL CAPSULE	5	PA; LA; QL (30 per 30 days)
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 28 days)
<i>memantine oral capsule, sprinkle, er 24hr</i>	4	PA; MO
<i>memantine oral solution</i>	3	PA; MO
<i>memantine oral tablet</i>	2	PA; MO
NAMZARIC ORAL CAP, SPRINKLE, ER 24HR DOSE PACK	3	PA
NAMZARIC ORAL CAPSULE, SPRINKLE, ER 24HR	3	PA; MO
NUEDEXTA ORAL CAPSULE	5	PA; MO
RADICAVA ORS ORAL SUSPENSION	5	PA; MO
RADICAVA ORS STARTER KIT SUSP ORAL SUSPENSION	5	PA; MO
<i>rivastigmine tartrate oral capsule</i>	3	MO
<i>rivastigmine transdermal patch 24 hour</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>teriflunomide oral tablet</i>	5	PA; MO; QL (30 per 30 days)
<i>tetrabenazine oral tablet 12.5 mg</i>	5	PA; MO; QL (240 per 30 days)
<i>tetrabenazine oral tablet 25 mg</i>	5	PA; MO; QL (120 per 30 days)
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC)	5	PA; MO; QL (120 per 30 days)
ZEPOSIA ORAL CAPSULE	5	PA; MO; QL (30 per 30 days)
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MO; QL (28 per 180 days)
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK	5	PA; MO; QL (7 per 180 days)

### MUSCLE RELAXANTS / ANTISPASMODIC THERAPY

<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	4	PA; MO
<i>dantrolene intravenous recon soln</i>	2	
<i>dantrolene oral capsule</i>	4	MO
LIORESAL INTRATHECAL SOLUTION 2,000 MCG/ML, 500 MCG/ML	3	B/D PA; MO
LIORESAL INTRATHECAL SOLUTION 50 MCG/ML	3	B/D PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	3	MO
<i>pyridostigmine bromide oral tablet extended release</i>	3	
<i>revonto intravenous recon soln</i>	2	
<i>tizanidine oral tablet</i>	2	MO

### NARCOTIC ANALGESICS

<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	2	MO; QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	2	MO; QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	2	MO; QL (180 per 30 days)
BELBUCA BUCCAL FILM	3	PA; MO; QL (60 per 30 days)
<i>buprenorphine hcl injection syringe</i>	2	
<i>buprenorphine hcl sublingual tablet</i>	2	MO
<i>buprenorphine transdermal patch weekly</i>	4	PA; MO; QL (4 per 28 days)
<i>endocet oral tablet</i>	3	MO; QL (360 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate (pf) injection solution</i>	2	
<i>fentanyl citrate (pf) intravenous syringe 100 mcg/2 ml (50 mcg/ml)</i>	2	
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; MO; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	4	PA; MO; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	4	PA; MO; QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	3	MO; QL (5550 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 5-300 mg, 7.5-300 mg</i>	3	MO; QL (390 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>hydrocodone-ibuprofen oral tablet</i>	3	MO; QL (50 per 30 days)
<i>hydromorphone (pf) injection solution 10 (mg/ml) (5 ml), 2 mg/ml</i>	4	
<i>hydromorphone (pf) injection solution 10 mg/ml</i>	4	MO
<i>hydromorphone injection solution 1 mg/ml</i>	4	
<i>hydromorphone injection solution 2 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 1 mg/ml, 4 mg/ml</i>	4	MO
<i>hydromorphone injection syringe 2 mg/ml</i>	4	
<i>hydromorphone oral liquid</i>	4	MO; QL (2400 per 30 days)
<i>hydromorphone oral tablet</i>	3	MO; QL (180 per 30 days)
<i>hydromorphone oral tablet extended release 24 hr</i>	4	PA; MO; QL (60 per 30 days)
<i>methadone injection solution</i>	3	
<i>methadone intensol oral concentrate</i>	3	PA; MO; QL (90 per 30 days)
<i>methadone oral concentrate</i>	3	PA; QL (90 per 30 days)
<i>methadone oral solution 10 mg/5 ml</i>	3	PA; MO; QL (600 per 30 days)
<i>methadone oral solution 5 mg/5 ml</i>	3	PA; MO; QL (1200 per 30 days)
<i>methadone oral tablet 10 mg</i>	3	PA; MO; QL (120 per 30 days)
<i>methadone oral tablet 5 mg</i>	3	PA; MO; QL (240 per 30 days)
<i>methadose oral concentrate</i>	3	PA; MO; QL (90 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine (pf) injection solution 0.5 mg/ml</i>	4	
<i>morphine (pf) injection solution 1 mg/ml</i>	4	MO
<i>morphine concentrate oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine injection syringe 4 mg/ml</i>	4	MO
<i>morphine intravenous solution 10 mg/ml, 4 mg/ml</i>	4	MO
<i>morphine intravenous syringe 10 mg/ml, 2 mg/ml, 4 mg/ml</i>	4	
<i>morphine oral solution</i>	3	MO; QL (900 per 30 days)
<i>morphine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>morphine oral tablet extended release</i>	3	PA; MO; QL (120 per 30 days)
<i>oxycodone oral capsule</i>	3	MO; QL (360 per 30 days)
<i>oxycodone oral concentrate</i>	4	MO; QL (180 per 30 days)
<i>oxycodone oral solution</i>	3	MO; QL (1200 per 30 days)
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	3	MO; QL (180 per 30 days)
<i>oxycodone oral tablet 5 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	3	MO; QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	3	QL (360 per 30 days)
OXYCONTIN ORAL TABLET, ORAL ONLY, EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	3	PA; MO; QL (90 per 30 days)
OXYCONTIN ORAL TABLET, EXTENDED RELEASE 12 HR 80 MG	5	PA; MO; QL (60 per 30 days)

## **NON-NARCOTIC ANALGESICS**

<i>buprenorphine-naloxone sublingual film 12-3 mg</i>	3	MO; QL (60 per 30 days)
<i>buprenorphine-naloxone sublingual film 2-0.5 mg</i>	3	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual film 4-1 mg, 8-2 mg</i>	3	MO; QL (90 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg</i>	2	MO; QL (360 per 30 days)
<i>buprenorphine-naloxone sublingual tablet 8-2 mg</i>	2	MO; QL (90 per 30 days)
<i>butorphanol injection solution</i>	2	MO
<i>butorphanol nasal spray, non-aerosol</i>	4	MO; QL (10 per 28 days)
<i>celecoxib oral capsule</i>	2	MO
<i>clonidine (pf) epidural solution 5,000 mcg/10 ml</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO
<i>diclofenac sodium oral tablet extended release 24 hr</i>	2	MO
<i>diclofenac sodium oral tablet, delayed release (dr/ec)</i>	2	MO
<i>diclofenac sodium topical gel 1 %</i>	3	MO; QL (1000 per 28 days)
<i>diclofenac-misoprostol oral tablet, ir, delayed release, biphasic</i>	4	MO
<i>diflunisal oral tablet</i>	3	MO
<i>ec-naproxen oral tablet, delayed release (dr/ec)</i>	2	
<i>etodolac oral capsule</i>	3	MO
<i>etodolac oral tablet</i>	3	MO
<i>etodolac oral tablet extended release 24 hr</i>	4	MO
<i>flurbiprofen oral tablet 100 mg</i>	2	MO
<i>ibu oral tablet</i>	1	MO
<i>ibuprofen oral suspension</i>	2	MO
<i>ibuprofen oral tablet 400 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 600 mg</i>	1	
<i>meloxicam oral tablet</i>	1	MO; QL (30 per 30 days)
<i>nabumetone oral tablet</i>	2	MO
<i>nalbuphine injection solution</i>	2	
<i>naloxone injection solution</i>	2	MO
<i>naloxone injection syringe</i>	2	MO
<i>naloxone nasal spray, non-aerosol</i>	2	MO
<i>naltrexone oral tablet</i>	2	
<i>naproxen oral tablet</i>	1	MO
<i>naproxen oral tablet, delayed release (dr/ec)</i>	2	MO
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	2	MO
<i>oxaprozin oral tablet</i>	4	MO
<i>piroxicam oral capsule</i>	3	MO
<i>salsalate oral tablet</i>	1	MO
<i>sulindac oral tablet</i>	2	MO
<i>tramadol oral tablet 50 mg</i>	2	MO; QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet</i>	2	MO; QL (240 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIVITROL INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	5	MO
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	3	MO; QL (30 per 30 days)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	3	MO; QL (60 per 30 days)
<b>PSYCHOTHERAPEUTIC DRUGS</b>		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	5	MO; QL (2.4 per 56 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	5	MO; QL (3.2 per 56 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE RECON	5	MO; QL (1 per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE	5	MO; QL (1 per 28 days)
<i>alprazolam oral tablet</i>	2	MO
<i>alprazolam oral tablet extended release 24 hr</i>	2	MO
<i>alprazolam oral tablet,disintegrating</i>	2	MO
<i>amitriptyline oral tablet</i>	2	MO
<i>amoxapine oral tablet</i>	3	MO
<i>aripiprazole oral solution</i>	4	MO
<i>aripiprazole oral tablet</i>	2	MO; QL (30 per 30 days)
<i>aripiprazole oral tablet,disintegrating</i>	4	MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING	5	MO; QL (4.8 per 365 days)
ARISTADA INTRAMUSCULAR SUSPENSION, EXTENDED RELEASE SYRINGE 1,064 MG/3.9 ML	5	MO; QL (3.9 per 56 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	5	MO; QL (1.6 per 28 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	5	MO; QL (2.4 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	5	MO; QL (3.2 per 28 days)
<i>armodafinil oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>asenapine maleate sublingual tablet</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	4	MO; QL (60 per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	4	MO; QL (30 per 30 days)
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC	5	ST; MO; QL (60 per 30 days)
<i>bupropion hcl oral tablet</i>	2	MO
<i>bupropion hcl oral tablet extended release 24 hr 150 mg</i>	2	MO; QL (90 per 30 days)
<i>bupropion hcl oral tablet extended release 24 hr 300 mg</i>	2	MO; QL (30 per 30 days)
<i>bupropion hcl oral tablet sustained-release 12 hr</i>	2	MO; QL (60 per 30 days)
<i>bupirone oral tablet</i>	2	MO
CAPLYTA ORAL CAPSULE	4	MO; QL (30 per 30 days)
<i>chlorpromazine injection solution</i>	2	MO
<i>chlorpromazine oral concentrate</i>	4	MO
<i>chlorpromazine oral tablet</i>	4	MO
<i>citalopram oral solution</i>	3	MO
<i>citalopram oral tablet</i>	1	MO; QL (30 per 30 days)
<i>clomipramine oral capsule</i>	4	MO
<i>clonidine hcl oral tablet extended release 12 hr</i>	4	MO
<i>clorazepate dipotassium oral tablet 15 mg</i>	3	PA; MO; QL (180 per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	3	PA; MO; QL (90 per 30 days)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	3	PA; MO; QL (360 per 30 days)
<i>clozapine oral tablet</i>	3	
<i>clozapine oral tablet,disintegrating</i>	4	
<i>desipramine oral tablet</i>	2	MO
<i>desvenlafaxine succinate oral tablet extended release 24 hr</i>	3	MO; QL (30 per 30 days)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr</i>	4	MO

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine-amphetamine oral tablet</i>	3	MO
<i>diazepam injection solution</i>	2	PA
<i>diazepam injection syringe</i>	2	PA
<i>diazepam intensol oral concentrate</i>	2	PA; MO; QL (240 per 30 days)
<i>diazepam oral concentrate</i>	2	PA; QL (240 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	2	PA; MO; QL (1200 per 30 days)
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml, 5 ml)</i>	2	PA; QL (1200 per 30 days)
<i>diazepam oral tablet</i>	2	PA; MO; QL (120 per 30 days)
<i>doxepin oral capsule</i>	4	MO
<i>doxepin oral concentrate</i>	4	MO
<i>doxepin oral tablet</i>	3	MO; QL (30 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 60 MG	4	QL (60 per 30 days)
DRIZALMA ORAL CAPSULE, DELAYED REL SPRINKLE 40 MG	4	QL (90 per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR	5	MO
<i>escitalopram oxalate oral solution</i>	2	MO
<i>escitalopram oxalate oral tablet</i>	1	MO; QL (30 per 30 days)
<i>eszopiclone oral tablet</i>	4	MO; QL (30 per 30 days)
FANAPT ORAL TABLET	4	MO; QL (60 per 30 days)
FANAPT ORAL TABLETS, DOSE PACK	4	MO; QL (8 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24HR DOSE PACK	3	QL (28 per 180 days)
FETZIMA ORAL CAPSULE, EXTENDED RELEASE 24 HR	3	MO; QL (30 per 30 days)
<i>flumazenil intravenous solution</i>	2	
<i>fluoxetine (pmd) oral tablet 10 mg</i>	2	QL (240 per 30 days)
<i>fluoxetine (pmd) oral tablet 20 mg</i>	2	QL (120 per 30 days)
<i>fluoxetine oral capsule 10 mg</i>	1	MO; QL (30 per 30 days)
<i>fluoxetine oral capsule 20 mg</i>	1	MO; QL (90 per 30 days)
<i>fluoxetine oral capsule 40 mg</i>	1	MO; QL (60 per 30 days)
<i>fluoxetine oral capsule, delayed release(dr/ec)</i>	2	MO; QL (4 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluoxetine oral solution</i>	2	MO
<i>fluoxetine oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>fluoxetine oral tablet 20 mg</i>	2	MO; QL (120 per 30 days)
<i>fluphenazine decanoate injection solution</i>	4	MO
<i>fluphenazine hcl injection solution</i>	4	MO
<i>fluphenazine hcl oral concentrate</i>	4	MO
<i>fluphenazine hcl oral elixir</i>	4	MO
<i>fluphenazine hcl oral tablet</i>	4	MO
<i>fluvoxamine oral capsule,extended release 24hr</i>	4	MO; QL (60 per 30 days)
<i>fluvoxamine oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>fluvoxamine oral tablet 25 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvoxamine oral tablet 50 mg</i>	2	MO; QL (60 per 30 days)
<i>haloperidol decanoate intramuscular solution 100 mg/ml (1 ml), 50 mg/ml(1ml)</i>	4	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	4	MO
<i>haloperidol lactate injection solution</i>	4	MO
<i>haloperidol lactate intramuscular syringe</i>	2	
<i>haloperidol lactate oral concentrate</i>	2	MO
<i>haloperidol oral tablet</i>	2	MO
<i>imipramine hcl oral tablet</i>	4	MO
<i>imipramine pamoate oral capsule</i>	4	MO
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	5	MO; QL (3.5 per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	5	MO; QL (5 per 180 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	5	MO; QL (0.75 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	5	MO; QL (1 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	5	MO; QL (1.5 per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	3	MO; QL (0.25 per 28 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	5	MO; QL (0.5 per 28 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	5	MO; QL (0.88 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	5	MO; QL (1.32 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	5	MO; QL (1.75 per 90 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	5	MO; QL (2.63 per 90 days)
<i>lithium carbonate oral capsule</i>	1	MO
<i>lithium carbonate oral tablet</i>	1	MO
<i>lithium carbonate oral tablet extended release</i>	1	MO
<i>lithium citrate oral solution</i>	2	
<i>lorazepam injection solution</i>	2	PA; MO
<i>lorazepam injection syringe 2 mg/ml</i>	2	PA; MO
<i>lorazepam intensol oral concentrate</i>	2	PA; QL (150 per 30 days)
<i>lorazepam oral concentrate</i>	2	PA; MO; QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	2	PA; MO; QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	2	PA; MO; QL (150 per 30 days)
<i>loxapine succinate oral capsule</i>	2	MO
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	5	MO; QL (30 per 30 days)
<i>lurasidone oral tablet 80 mg</i>	5	MO; QL (60 per 30 days)
MARPLAN ORAL TABLET	4	MO
<i>methylphenidate hcl oral capsule,er biphasic 50-50</i>	4	MO
<i>methylphenidate hcl oral solution</i>	4	MO
<i>methylphenidate hcl oral tablet</i>	3	MO
<i>methylphenidate hcl oral tablet extended release</i>	4	MO
<i>methylphenidate hcl oral tablet,chewable</i>	4	MO
<i>mirtazapine oral tablet</i>	2	MO
<i>mirtazapine oral tablet,disintegrating</i>	3	MO
<i>modafinil oral tablet 100 mg</i>	3	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	3	PA; MO; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>molindone oral tablet 10 mg, 25 mg</i>	4	
<i>molindone oral tablet 5 mg</i>	4	MO
<i>nefazodone oral tablet</i>	4	MO
<i>nortriptyline oral capsule</i>	2	MO
<i>nortriptyline oral solution</i>	4	MO
NUPLAZID ORAL CAPSULE	4	PA; MO; QL (30 per 30 days)
NUPLAZID ORAL TABLET	4	PA; MO; QL (30 per 30 days)
<i>olanzapine intramuscular recon soln</i>	4	MO
<i>olanzapine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>olanzapine oral tablet, disintegrating</i>	4	MO; QL (30 per 30 days)
<i>olanzapine-fluoxetine oral capsule</i>	4	MO
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	4	MO; QL (60 per 30 days)
<i>paroxetine hcl oral suspension</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
<i>paroxetine hcl oral tablet 30 mg</i>	2	MO; QL (60 per 30 days)
<i>paroxetine hcl oral tablet extended release 24 hr</i>	3	MO; QL (60 per 30 days)
<i>perphenazine oral tablet</i>	4	MO
PERSERIS SUBCUTANEOUS SUSPENSION, EXTENDED REL SYRING	5	MO; QL (1 per 30 days)
<i>phenelzine oral tablet</i>	3	MO
<i>pimozide oral tablet</i>	4	MO
<i>protriptyline oral tablet</i>	4	MO
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO; QL (90 per 30 days)
<i>quetiapine oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg</i>	3	MO; QL (30 per 30 days)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg</i>	3	MO; QL (60 per 30 days)
<i>ramelteon oral tablet</i>	3	MO; QL (30 per 30 days)
REXULTI ORAL TABLET	4	MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML	3	MO; QL (2 per 28 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 37.5 MG/2 ML, 50 MG/2 ML	5	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml</i>	3	MO; QL (2 per 28 days)
<i>risperidone microspheres intramuscular suspension,extended rel recon 37.5 mg/2 ml, 50 mg/2 ml</i>	5	MO; QL (2 per 28 days)
<i>risperidone oral solution</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	MO; QL (60 per 30 days)
<i>risperidone oral tablet 4 mg</i>	1	MO; QL (120 per 30 days)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	4	MO; QL (60 per 30 days)
<i>risperidone oral tablet,disintegrating 4 mg</i>	4	MO; QL (120 per 30 days)
SECUADO TRANSDERMAL PATCH 24 HOUR	5	MO; QL (30 per 30 days)
<i>sertraline oral concentrate</i>	4	MO
<i>sertraline oral tablet 100 mg, 50 mg</i>	1	MO; QL (60 per 30 days)
<i>sertraline oral tablet 25 mg</i>	1	MO; QL (30 per 30 days)
SODIUM OXYBATE ORAL SOLUTION	5	PA; LA; QL (540 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3)	5	PA; MO
<i>tasimelteon oral capsule</i>	5	PA; QL (30 per 30 days)
<i>thioridazine oral tablet</i>	3	MO
<i>thiothixene oral capsule</i>	2	MO
<i>tranylcypromine oral tablet</i>	4	MO
<i>trazodone oral tablet</i>	1	MO
<i>trifluoperazine oral tablet</i>	3	MO
<i>trimipramine oral capsule</i>	4	MO
TRINTELLIX ORAL TABLET	3	MO; QL (30 per 30 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	5	MO; QL (0.28 per 28 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	5	MO; QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	5	MO; QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	5	MO; QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	5	MO; QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	5	MO; QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	5	MO; QL (0.21 per 28 days)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg</i>	2	MO; QL (30 per 30 days)
<i>venlafaxine oral capsule,extended release 24hr 75 mg</i>	2	MO; QL (90 per 30 days)
<i>venlafaxine oral tablet</i>	2	MO; QL (90 per 30 days)
VERSACLOZ ORAL SUSPENSION	5	
<i>vilazodone oral tablet</i>	3	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE	4	MO; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK	4	QL (7 per 180 days)
<i>zaleplon oral capsule 10 mg</i>	4	MO; QL (60 per 30 days)
<i>zaleplon oral capsule 5 mg</i>	4	MO; QL (30 per 30 days)
<i>ziprasidone hcl oral capsule</i>	3	MO; QL (60 per 30 days)
<i>ziprasidone mesylate intramuscular recon soln</i>	4	MO
<i>zolpidem oral tablet</i>	2	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE	5	PA; MO
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG	3	MO; QL (2 per 28 days)

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 300 MG	5	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	5	MO; QL (1 per 28 days)

## CARDIOVASCULAR, HYPERTENSION / LIPIDS

### ANTIARRHYTHMIC AGENTS

<i>adenosine intravenous solution</i>	2	
<i>adenosine intravenous syringe</i>	2	
<i>amiodarone intravenous solution</i>	2	B/D PA; MO
<i>amiodarone intravenous syringe</i>	2	B/D PA
<i>amiodarone oral tablet</i>	2	MO
<i>dofetilide oral capsule</i>	4	MO
<i>flecainide oral tablet</i>	2	MO
<i>ibutilide fumarate intravenous solution</i>	2	
<i>lidocaine (pf) intravenous solution</i>	2	
<i>lidocaine (pf) intravenous syringe</i>	2	
<i>lidocaine in 5 % dextrose (pf) intravenous parenteral solution 4 mg/ml (0.4 %), 8 mg/ml (0.8 %)</i>	4	
<i>mexiletine oral capsule</i>	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>procainamide injection solution</i>	2	
<i>propafenone oral capsule, extended release 12 hr</i>	4	MO
<i>propafenone oral tablet</i>	2	MO
<i>quinidine sulfate oral tablet</i>	2	MO
<i>sorine oral tablet 120 mg, 160 mg</i>	2	MO
<i>sorine oral tablet 80 mg</i>	2	
<i>sotalol af oral tablet</i>	2	
<i>sotalol oral tablet</i>	2	MO

### ANTIHYPERTENSIVE THERAPY

<i>acebutolol oral capsule</i>	2	MO
<i>aliskiren oral tablet</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amiloride oral tablet</i>	2	MO
<i>amiloride-hydrochlorothiazide oral tablet</i>	2	MO
<i>amlodipine oral tablet</i>	1	MO
<i>amlodipine-benazepril oral capsule</i>	1	MO
<i>amlodipine-olmesartan oral tablet</i>	1	MO
<i>amlodipine-valsartan oral tablet</i>	6	MO
<i>amlodipine-valsartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>atenolol oral tablet</i>	1	MO
<i>atenolol-chlorthalidone oral tablet</i>	1	MO
<i>benazepril oral tablet</i>	6	MO
<i>benazepril-hydrochlorothiazide oral tablet</i>	6	MO
<i>betaxolol oral tablet</i>	3	MO
<i>bisoprolol fumarate oral tablet</i>	2	MO
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1	MO
<i>bumetanide injection solution</i>	4	MO
<i>bumetanide oral tablet</i>	2	MO
<i>candesartan oral tablet</i>	1	MO
<i>candesartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>captopril oral tablet 100 mg, 50 mg</i>	2	MO
<i>captopril oral tablet 12.5 mg, 25 mg</i>	1	MO
<i>captopril-hydrochlorothiazide oral tablet</i>	2	
<i>cartia xt oral capsule,extended release 24hr</i>	2	MO
<i>carvedilol oral tablet</i>	1	MO
<i>chlorothiazide sodium intravenous recon soln</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	2	MO
<i>clonidine (pf) epidural solution 1,000 mcg/10 ml (100 mcg/ml)</i>	2	
<i>clonidine hcl oral tablet</i>	1	MO
<i>clonidine transdermal patch weekly</i>	4	MO; QL (4 per 28 days)
<i>diltiazem hcl intravenous recon soln</i>	2	
<i>diltiazem hcl intravenous solution</i>	2	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl oral capsule,extended release 12 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24 hr</i>	2	MO
<i>diltiazem hcl oral capsule,extended release 24hr</i>	2	MO
<i>diltiazem hcl oral tablet</i>	2	MO
<i>diltiazem hcl oral tablet extended release 24 hr</i>	2	MO
<i>dilt-xr oral capsule, extended release 24h degradable</i>	2	MO
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>doxazosin oral tablet 8 mg</i>	2	MO; QL (60 per 30 days)
EDARBI ORAL TABLET	3	MO
EDARBYCLOR ORAL TABLET	3	MO
<i>enalapril maleate oral tablet</i>	6	MO
<i>enalaprilat intravenous solution</i>	2	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	6	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	6	MO
<i>eplerenone oral tablet</i>	3	MO
<i>esmolol intravenous solution</i>	2	
<i>ethacrynate sodium intravenous recon soln</i>	5	
<i>felodipine oral tablet extended release 24 hr</i>	2	MO
<i>fosinopril oral tablet</i>	6	MO
<i>fosinopril-hydrochlorothiazide oral tablet</i>	1	MO
<i>furosemide injection solution</i>	4	MO
<i>furosemide oral solution 10 mg/ml, 40 mg/5 ml (8 mg/ml)</i>	2	MO
<i>furosemide oral tablet</i>	1	MO
<i>hydralazine injection solution</i>	2	MO
<i>hydralazine oral tablet</i>	2	MO
<i>hydrochlorothiazide oral capsule</i>	1	MO
<i>hydrochlorothiazide oral tablet</i>	1	MO
<i>indapamide oral tablet</i>	1	MO
<i>irbesartan oral tablet</i>	6	MO
<i>irbesartan-hydrochlorothiazide oral tablet</i>	6	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide-hydralazine oral tablet</i>	3	MO; QL (180 per 30 days)
<i>isradipine oral capsule</i>	2	MO
KERENDIA ORAL TABLET	3	PA; QL (30 per 30 days)
<i>labetalol intravenous solution</i>	2	
<i>labetalol intravenous syringe 20 mg/4 ml (5 mg/ml)</i>	2	
<i>labetalol oral tablet</i>	2	MO
<i>lisinopril oral tablet</i>	6	MO
<i>lisinopril-hydrochlorothiazide oral tablet</i>	6	MO
<i>losartan oral tablet</i>	6	MO
<i>losartan-hydrochlorothiazide oral tablet</i>	6	MO
<i>mannitol 20 % intravenous parenteral solution</i>	4	
<i>mannitol 25 % intravenous solution</i>	2	MO
<i>matzim la oral tablet extended release 24 hr</i>	2	MO
<i>metolazone oral tablet</i>	2	MO
<i>metoprolol succinate oral tablet extended release 24 hr</i>	1	MO
<i>metoprolol tartrate intravenous solution</i>	2	
<i>metoprolol tartrate oral tablet</i>	1	MO
<i>metoprolol tartrate-hydrochlorothiazide oral tablet</i>	2	MO
<i>metyrosine oral capsule</i>	5	PA; MO
<i>minoxidil oral tablet</i>	2	MO
<i>moexipril oral tablet</i>	1	MO
<i>nadolol oral tablet</i>	4	MO
<i>nebivolol oral tablet</i>	2	MO
<i>nicardipine intravenous solution</i>	2	
<i>nicardipine oral capsule</i>	4	MO
<i>nifedipine oral tablet extended release</i>	2	MO
<i>nifedipine oral tablet extended release 24hr</i>	2	MO
<i>nimodipine oral capsule</i>	4	MO
<i>nisoldipine oral tablet extended release 24 hr</i>	4	MO
<i>olmesartan oral tablet</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan-amlodipine-hydrochlorothiazide oral tablet</i>	2	MO
<i>olmesartan-hydrochlorothiazide oral tablet</i>	1	MO
<i>osmitrol 20 % intravenous parenteral solution</i>	4	
<i>perindopril erbumine oral tablet</i>	1	MO
<i>phentolamine injection recon soln</i>	2	
<i>pindolol oral tablet</i>	3	MO
<i>prazosin oral capsule</i>	2	MO
<i>propranolol intravenous solution</i>	2	
<i>propranolol oral capsule,extended release 24 hr</i>	2	MO
<i>propranolol oral solution</i>	2	MO
<i>propranolol oral tablet</i>	1	MO
<i>quinapril oral tablet</i>	6	
<i>quinapril-hydrochlorothiazide oral tablet</i>	1	
<i>ramipril oral capsule</i>	6	MO
<i>spironolactone oral tablet</i>	1	MO
<i>spironolactone-hydrochlorothiazide oral tablet</i>	2	MO
<i>taztia xt oral capsule,extended release 24 hr 120 mg, 300 mg</i>	2	
<i>taztia xt oral capsule,extended release 24 hr 180 mg, 240 mg, 360 mg</i>	2	MO
<i>telmisartan oral tablet</i>	1	MO
<i>telmisartan-amlodipine oral tablet</i>	2	MO
<i>telmisartan-hydrochlorothiazide oral tablet</i>	2	MO
<i>terazosin oral capsule 1 mg, 2 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>terazosin oral capsule 10 mg</i>	1	MO; QL (60 per 30 days)
<i>tiadylt er oral capsule,extended release 24 hr</i>	2	MO
<i>timolol maleate oral tablet</i>	4	MO
<i>toremide oral tablet</i>	2	MO
<i>trandolapril oral tablet</i>	6	MO
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr</i>	2	MO
<i>treprostinil sodium injection solution</i>	5	PA; MO; LA
<i>triamterene-hydrochlorothiazide oral capsule</i>	1	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene-hydrochlorothiazide oral tablet</i>	1	MO
UPTRAVI ORAL TABLET	5	PA; MO; LA
UPTRAVI ORAL TABLETS,DOSE PACK	5	PA; MO; LA
<i>valsartan oral tablet</i>	6	MO
<i>valsartan-hydrochlorothiazide oral tablet</i>	6	MO
<i>veletri intravenous recon soln</i>	2	B/D PA; MO
<i>verapamil intravenous solution</i>	2	
<i>verapamil intravenous syringe</i>	2	
<i>verapamil oral capsule, 24 hr er pellet ct</i>	2	MO
<i>verapamil oral capsule, extended release pellets 24 hr</i>	2	MO
<i>verapamil oral tablet</i>	1	MO
<i>verapamil oral tablet extended release</i>	2	MO
<b>COAGULATION THERAPY</b>		
<i>aminocaproic acid intravenous solution</i>	2	MO
<i>aminocaproic acid oral solution</i>	5	MO
<i>aminocaproic acid oral tablet</i>	5	MO
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr</i>	4	MO
BRILINTA ORAL TABLET	3	MO
CABLIVI INJECTION KIT	5	PA; LA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN	3	PA; MO
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN	3	PA; MO
<i>cilostazol oral tablet</i>	2	MO
<i>clopidogrel oral tablet 300 mg</i>	2	MO
<i>clopidogrel oral tablet 75 mg</i>	1	MO; QL (30 per 30 days)
<i>dabigatran etexilate oral capsule 110 mg</i>	4	
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	4	MO
<i>dipyridamole intravenous solution</i>	2	
<i>dipyridamole oral tablet</i>	4	MO
DOPTELET (10 TAB PACK) ORAL TABLET	5	PA; MO; LA
DOPTELET (15 TAB PACK) ORAL TABLET	5	PA; MO; LA

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Drug Name	Drug Tier	Requirements/Limits
DOPTELET (30 TAB PACK) ORAL TABLET	5	PA; MO; LA
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
ELIQUIS ORAL TABLET	3	MO
<i>enoxaparin subcutaneous solution</i>	2	MO; QL (30 per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	4	MO; QL (28 per 28 days)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	4	MO; QL (22.4 per 28 days)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml, 60 mg/0.6 ml</i>	4	MO; QL (16.8 per 28 days)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	4	MO; QL (11.2 per 28 days)
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml</i>	5	MO
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	4	MO
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml)</i>	3	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml</i>	3	MO
<i>heparin (porcine) in nacl (pf) intravenous parenteral solution 2,000 unit/1,000 ml</i>	3	
<i>heparin (porcine) injection cartridge</i>	3	MO
<i>heparin (porcine) injection solution</i>	3	MO
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	3	MO
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML	3	
<i>heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml</i>	3	MO
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	3	
<i>heparin, porcine (pf) injection solution 5,000 unit/0.5 ml</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml</i>	3	MO
HEPARIN, PORCINE (PF) INJECTION SYRINGE 5,000 UNIT/ML	3	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE	3	MO
<i>jantoven oral tablet</i>	1	MO
<i>pentoxifylline oral tablet extended release</i>	2	MO
<i>prasugrel oral tablet</i>	3	MO
PROMACTA ORAL POWDER IN PACKET	5	PA; MO; LA
PROMACTA ORAL TABLET	5	PA; MO; LA
<i>protamine intravenous solution</i>	2	
<i>warfarin oral tablet</i>	1	MO
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK	3	MO
XARELTO ORAL SUSPENSION FOR RECONSTITUTION	3	MO
XARELTO ORAL TABLET	3	MO
<b>LIPID/CHOLESTEROL LOWERING AGENTS</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	2	MO; QL (30 per 30 days)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg</i>	2	QL (30 per 30 days)
<i>atorvastatin oral tablet</i>	6	MO; QL (30 per 30 days)
<i>cholestyramine (with sugar) oral powder</i>	3	MO
<i>cholestyramine (with sugar) oral powder in packet</i>	3	MO
<i>cholestyramine light oral powder</i>	3	
<i>cholestyramine light oral powder in packet</i>	3	
<i>colesevelam oral powder in packet</i>	4	MO
<i>colesevelam oral tablet</i>	4	MO
<i>colestipol oral granules</i>	4	MO
<i>colestipol oral packet</i>	4	
<i>colestipol oral tablet</i>	4	MO
<i>ezetimibe oral tablet</i>	2	MO
<i>ezetimibe-simvastatin oral tablet</i>	2	MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate nanocrystallized oral tablet</i>	2	MO
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	2	MO
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec)</i>	4	MO
<i>fenofibric acid oral tablet</i>	2	
<i>fluvastatin oral capsule 20 mg</i>	2	MO; QL (30 per 30 days)
<i>fluvastatin oral capsule 40 mg</i>	2	MO; QL (60 per 30 days)
<i>gemfibrozil oral tablet</i>	1	MO
<i>icosapent ethyl oral capsule</i>	3	MO
JUXTAPID ORAL CAPSULE	5	PA; MO; LA
<i>lovastatin oral tablet 10 mg</i>	6	MO; QL (30 per 30 days)
<i>lovastatin oral tablet 20 mg, 40 mg</i>	6	MO; QL (60 per 30 days)
NEXLETOL ORAL TABLET	3	PA; MO
NEXLIZET ORAL TABLET	3	PA; MO
<i>niacin oral tablet 500 mg</i>	2	MO
<i>niacin oral tablet extended release 24 hr</i>	4	MO
<i>omega-3 acid ethyl esters oral capsule</i>	2	MO
<i>pitavastatin calcium oral tablet</i>	6	MO; QL (30 per 30 days)
<i>pravastatin oral tablet</i>	6	MO; QL (30 per 30 days)
<i>prevalite oral powder</i>	3	MO
<i>prevalite oral powder in packet</i>	3	MO
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR	3	PA; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SYRINGE	3	PA; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR	3	PA; QL (6 per 28 days)
<i>rosuvastatin oral tablet</i>	6	MO; QL (30 per 30 days)
<i>simvastatin oral tablet</i>	6	MO; QL (30 per 30 days)
<b>MISCELLANEOUS CARDIOVASCULAR AGENTS</b>		
CORLANOR ORAL SOLUTION	3	QL (450 per 30 days)
CORLANOR ORAL TABLET	3	MO; QL (60 per 30 days)
<i>digoxin oral solution</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	2	MO
<i>digoxin oral tablet 62.5 mcg (0.0625 mg)</i>	3	MO
<i>dobutamine in d5w intravenous parenteral solution 1,000 mg/250 ml (4,000 mcg/ml), 250 mg/250 ml (1 mg/ml), 500 mg/250 ml (2,000 mcg/ml)</i>	2	B/D PA
<i>dobutamine intravenous solution</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 200 mg/250 ml (800 mcg/ml), 400 mg/250 ml (1,600 mcg/ml), 400 mg/500 ml (800 mcg/ml), 800 mg/500 ml (1,600 mcg/ml)</i>	2	B/D PA
<i>dopamine in 5 % dextrose intravenous solution 800 mg/250 ml (3,200 mcg/ml)</i>	2	B/D PA; MO
<i>dopamine intravenous solution 200 mg/5 ml (40 mg/ml)</i>	2	B/D PA
<i>dopamine intravenous solution 400 mg/10 ml (40 mg/ml)</i>	2	B/D PA; MO
<b>ENTRESTO ORAL TABLET</b>	3	MO; QL (60 per 30 days)
<i>milrinone in 5 % dextrose intravenous piggyback</i>	2	B/D PA
<i>milrinone intravenous solution</i>	2	B/D PA
<i>norepinephrine bitartrate intravenous solution</i>	2	
<i>ranolazine oral tablet extended release 12 hr</i>	3	MO
<i>sodium nitroprusside intravenous solution</i>	2	B/D PA
<b>VECAMYL ORAL TABLET</b>	5	
<b>VERQUVO ORAL TABLET</b>	3	MO; QL (30 per 30 days)
<b>VYNDAMAX ORAL CAPSULE</b>	5	PA; MO
<b>NITRATES</b>		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate oral tablet</i>	1	
<i>isosorbide mononitrate oral tablet extended release 24 hr</i>	1	MO
<i>nitro-bid transdermal ointment</i>	3	MO
<i>nitroglycerin in 5 % dextrose intravenous solution 100 mg/250 ml (400 mcg/ml), 25 mg/250 ml (100 mcg/ml), 50 mg/250 ml (200 mcg/ml)</i>	2	B/D PA

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Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin intravenous solution</i>	2	B/D PA
<i>nitroglycerin sublingual tablet</i>	2	MO
<i>nitroglycerin transdermal patch 24 hour</i>	2	MO
<i>nitroglycerin translingual spray,non-aerosol</i>	4	MO

## DERMATOLOGICALS/TOPICAL THERAPY

### ANTIPSORIATIC / ANTISEBORRHEIC

<i>acitretin oral capsule</i>	4	MO
<i>calcipotriene scalp solution</i>	3	MO; QL (120 per 30 days)
<i>calcipotriene topical cream</i>	4	MO; QL (120 per 30 days)
<i>calcipotriene topical ointment</i>	4	MO; QL (120 per 30 days)
<i>calcitriol topical ointment</i>	4	
<i>selenium sulfide topical lotion</i>	2	MO
SKYRIZI SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (2 per 28 days)
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	5	PA; MO; QL (2 per 28 days)
STELARA INTRAVENOUS SOLUTION	5	PA; MO; QL (104 per 180 days)
STELARA SUBCUTANEOUS SOLUTION	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML	5	PA; MO; QL (0.5 per 28 days)
STELARA SUBCUTANEOUS SYRINGE 90 MG/ML	5	PA; MO; QL (1 per 28 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days)
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (3 per 180 days)
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days)
TALTZ SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days)

### MISCELLANEOUS DERMATOLOGICALS

ADBRY SUBCUTANEOUS SYRINGE	5	PA; MO; QL (6 per 28 days)
<i>ammonium lactate topical cream</i>	2	MO
<i>ammonium lactate topical lotion</i>	2	MO
<i>chloroprocaine (pf) injection solution</i>	2	
CIBINQO ORAL TABLET	5	PA; MO; QL (30 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dermacinrx lidocan topical adhesive patch,medicated</i>	4	PA; QL (90 per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	4	PA; MO; QL (100 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	5	PA; QL (1.34 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML	5	PA; MO; QL (4.56 per 28 days)
DUPIXENT SUBCUTANEOUS SYRINGE 300 MG/2 ML	5	PA; MO; QL (8 per 28 days)
<i>fluorouracil topical cream 5 %</i>	3	MO
<i>fluorouracil topical solution</i>	3	MO
<i>glydo mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>iniquimod topical cream in packet 5 %</i>	3	MO
<i>lidocaine (pf) injection solution</i>	2	
<i>lidocaine hcl injection solution</i>	2	
<i>lidocaine hcl laryngotracheal solution</i>	3	MO
<i>lidocaine hcl mucous membrane jelly in applicator</i>	2	MO; QL (60 per 30 days)
<i>lidocaine hcl mucous membrane solution 2 %</i>	2	MO
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	3	MO
<i>lidocaine topical adhesive patch,medicated 5 %</i>	4	PA; MO; QL (90 per 30 days)
<i>lidocaine topical ointment</i>	4	MO; QL (36 per 30 days)
<i>lidocaine viscous mucous membrane solution</i>	2	
<i>lidocaine-epinephrine (pf) injection solution 1.5 %-1:200,000, 2 %-1:200,000</i>	2	
<i>lidocaine-epinephrine injection solution</i>	2	
<i>lidocaine-prilocaine topical cream</i>	3	MO; QL (30 per 30 days)
<i>lidocan iii topical adhesive patch,medicated</i>	4	PA; QL (90 per 30 days)
<i>methoxsalen oral capsule, liquid-filled, rapid release</i>	5	MO
PANRETIN TOPICAL GEL	5	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
<i>pimecrolimus topical cream</i>	4	PA; MO; QL (100 per 30 days)
<i>podofilox topical solution</i>	3	MO
<i>polocaine injection solution 1 % (10 mg/ml)</i>	2	
<i>polocaine-mpf injection solution</i>	2	
REGRANEX TOPICAL GEL	5	QL (15 per 30 days)
SANTYL TOPICAL OINTMENT	3	MO; QL (180 per 30 days)
<i>silver sulfadiazine topical cream</i>	2	MO
<i>ssd topical cream</i>	2	MO
<i>tacrolimus topical ointment</i>	4	PA; MO; QL (100 per 30 days)
VALCHLOR TOPICAL GEL	5	PA; MO

### THERAPY FOR ACNE

<i>accutane oral capsule</i>	4	
<i>amnesteem oral capsule</i>	4	
<i>azelaic acid topical gel</i>	4	MO
<i>claravis oral capsule</i>	4	
<i>clindamycin phosphate topical gel</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical gel, once daily</i>	3	MO; QL (150 per 30 days)
<i>clindamycin phosphate topical lotion</i>	3	MO; QL (120 per 30 days)
<i>clindamycin phosphate topical solution</i>	3	MO; QL (120 per 30 days)
<i>ery pads topical swab</i>	3	MO
<i>erythromycin with ethanol topical solution</i>	2	MO
<i>isotretinoin oral capsule</i>	4	
<i>ivermectin topical cream</i>	2	MO; QL (90 per 30 days)
<i>metronidazole topical cream</i>	4	MO
<i>metronidazole topical gel</i>	4	MO
<i>metronidazole topical gel with pump</i>	4	MO
<i>metronidazole topical lotion</i>	4	MO
<i>tazarotene topical cream</i>	4	PA; MO
<i>tazarotene topical gel</i>	4	PA; MO
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	4	PA; MO
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	3	PA; MO
<i>zenatane oral capsule</i>	4	

### TOPICAL ANTIBACTERIALS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gentamicin topical cream</i>	3	MO; QL (60 per 30 days)
<i>gentamicin topical ointment</i>	3	MO; QL (60 per 30 days)
<i>mupirocin topical ointment</i>	2	MO; QL (44 per 30 days)
<i>sulfacetamide sodium (acne) topical suspension</i>	4	MO
<b>TOPICAL ANTIFUNGALS</b>		
<i>ciclodan topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical cream</i>	2	MO; QL (90 per 28 days)
<i>ciclopirox topical gel</i>	3	MO; QL (100 per 28 days)
<i>ciclopirox topical shampoo</i>	3	MO; QL (120 per 28 days)
<i>ciclopirox topical solution</i>	2	MO; QL (6.6 per 28 days)
<i>ciclopirox topical suspension</i>	3	MO; QL (60 per 28 days)
<i>clotrimazole topical cream</i>	2	MO; QL (45 per 28 days)
<i>clotrimazole topical solution</i>	2	MO; QL (30 per 28 days)
<i>clotrimazole-betamethasone topical cream</i>	3	MO; QL (45 per 28 days)
<i>clotrimazole-betamethasone topical lotion</i>	4	MO; QL (60 per 28 days)
<i>econazole topical cream</i>	4	MO; QL (85 per 28 days)
<i>ketoconazole topical cream</i>	2	MO; QL (60 per 28 days)
<i>ketoconazole topical shampoo</i>	2	MO; QL (120 per 28 days)
<i>klayesta topical powder</i>	3	QL (180 per 30 days)
<i>naftifine topical cream</i>	4	MO; QL (60 per 28 days)
<i>naftifine topical gel 2 %</i>	4	MO; QL (60 per 28 days)
<i>nyamyc topical powder</i>	3	QL (180 per 30 days)
<i>nystatin topical cream</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical ointment</i>	2	MO; QL (30 per 28 days)
<i>nystatin topical powder</i>	3	MO; QL (180 per 30 days)
<i>nystatin-triamcinolone topical cream</i>	3	MO; QL (60 per 28 days)
<i>nystatin-triamcinolone topical ointment</i>	3	MO; QL (60 per 28 days)
<i>nystop topical powder</i>	3	MO; QL (180 per 30 days)
<b>TOPICAL ANTIVIRALS</b>		
<i>acyclovir topical ointment</i>	4	PA; MO; QL (30 per 30 days)
<i>penciclovir topical cream</i>	4	MO; QL (5 per 30 days)
<b>TOPICAL CORTICOSTEROIDS</b>		
<i>ala-cort topical cream 1 %</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ala-cort topical cream 2.5 %</i>	2	
<i>alclometasone topical cream</i>	3	MO
<i>alclometasone topical ointment</i>	3	MO
<i>betamethasone dipropionate topical cream</i>	2	MO
<i>betamethasone dipropionate topical lotion</i>	2	MO
<i>betamethasone dipropionate topical ointment</i>	2	MO
<i>betamethasone valerate topical cream</i>	2	MO
<i>betamethasone valerate topical lotion</i>	2	MO
<i>betamethasone valerate topical ointment</i>	2	MO
<i>betamethasone, augmented topical cream</i>	2	MO
<i>betamethasone, augmented topical gel</i>	2	MO
<i>betamethasone, augmented topical lotion</i>	2	MO
<i>betamethasone, augmented topical ointment</i>	2	MO
<i>clobetasol scalp solution</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical cream</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical foam</i>	4	MO; QL (100 per 28 days)
<i>clobetasol topical gel</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical lotion</i>	4	MO; QL (118 per 28 days)
<i>clobetasol topical ointment</i>	4	MO; QL (120 per 28 days)
<i>clobetasol topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>clobetasol-emollient topical cream</i>	4	MO; QL (120 per 28 days)
<i>clodan topical shampoo</i>	4	MO; QL (236 per 28 days)
<i>desonide topical cream</i>	4	MO
<i>desonide topical gel</i>	4	MO
<i>desonide topical lotion</i>	4	MO
<i>desonide topical ointment</i>	4	MO
<i>fluocinolone and shower cap scalp oil</i>	4	MO
<i>fluocinolone topical cream 0.01 %</i>	4	MO
<i>fluocinolone topical cream 0.025 %</i>	4	
<i>fluocinolone topical oil</i>	4	MO
<i>fluocinolone topical ointment</i>	4	MO
<i>fluocinolone topical solution</i>	4	MO
<i>fluocinonide topical cream 0.05 %</i>	4	MO; QL (120 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinonide topical gel</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical ointment</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide topical solution</i>	4	MO; QL (120 per 30 days)
<i>fluocinonide-emollient topical cream</i>	4	MO; QL (120 per 30 days)
<i>halobetasol propionate topical cream</i>	4	MO
<i>halobetasol propionate topical ointment</i>	4	MO
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	2	MO
<i>hydrocortisone topical lotion 2.5 %</i>	2	MO
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	2	MO
<i>mometasone topical cream</i>	2	MO
<i>mometasone topical ointment</i>	2	MO
<i>mometasone topical solution</i>	2	MO
<i>prednicarbate topical ointment</i>	4	
<i>triamcinolone acetonide topical cream</i>	2	MO
<i>triamcinolone acetonide topical lotion</i>	2	MO
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	2	MO
<i>triderm topical cream</i>	2	

### **TOPICAL SCABICIDES / PEDICULICIDES**

<i>crotan topical lotion</i>	2	
<i>malathion topical lotion</i>	4	MO
<i>permethrin topical cream</i>	3	MO; QL (60 per 30 days)

### **DIAGNOSTICS / MISCELLANEOUS AGENTS**

#### **ANTIDOTES**

<i>acetylcysteine intravenous solution</i>	3	
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#### **IRRIGATING SOLUTIONS**

<i>lactated ringers irrigation solution</i>	4	
<i>neomycin-polymyxin b gu irrigation solution</i>	2	
<i>ringer's irrigation solution</i>	4	

#### **MISCELLANEOUS AGENTS**

<i>acamprosate oral tablet, delayed release (dr/ec)</i>	4	MO
<i>acetic acid irrigation solution</i>	2	MO
<i>anagrelide oral capsule</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>caffeine citrate intravenous solution</i>	2	
<i>caffeine citrate oral solution</i>	2	MO
<i>carglumic acid oral tablet, dispersible</i>	5	PA
<i>cevimeline oral capsule</i>	4	MO
CHEMET ORAL CAPSULE	3	PA
CLINIMIX 4.25%/D5W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>d10 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d2.5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	
<i>d5 % and 0.9 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>d5 %-0.45 % sodium chloride intravenous parenteral solution</i>	4	MO
<i>deferasirox oral granules in packet</i>	5	PA; MO
<i>deferasirox oral tablet 180 mg, 360 mg</i>	5	PA; MO
<i>deferasirox oral tablet 90 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible 125 mg</i>	4	PA; MO
<i>deferasirox oral tablet, dispersible 250 mg, 500 mg</i>	5	PA; MO
<i>deferiprone oral tablet</i>	5	PA; MO
<i>deferoxamine injection recon soln</i>	2	B/D PA; MO
<i>dextrose 10 % and 0.2 % nacl intravenous parenteral solution</i>	4	
<i>dextrose 10 % in water (d10w) intravenous parenteral solution</i>	4	
<i>dextrose 25 % in water (d25w) intravenous syringe</i>	4	
<i>dextrose 5 % in water (d5w) intravenous parenteral solution</i>	4	MO
<i>dextrose 5 % in water (d5w) intravenous piggyback</i>	4	MO
<i>dextrose 5 %-lactated ringers intravenous parenteral solution</i>	4	MO
<i>dextrose 5%-0.2 % sod chloride intravenous parenteral solution</i>	4	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextrose 5%-0.3 % sod.chloride intravenous parenteral solution</i>	4	
<i>dextrose 50 % in water (d50w) intravenous parenteral solution</i>	4	
<i>dextrose 50 % in water (d50w) intravenous syringe</i>	4	
<i>dextrose 70 % in water (d70w) intravenous parenteral solution</i>	4	
<i>disulfiram oral tablet 250 mg</i>	2	MO
<i>disulfiram oral tablet 500 mg</i>	2	
<i>droxidopa oral capsule</i>	5	PA; MO
ENDARI ORAL POWDER IN PACKET	5	PA; MO
INCRELEX SUBCUTANEOUS SOLUTION	5	MO; LA
<i>levocarnitine (with sugar) oral solution</i>	4	MO
<i>levocarnitine oral solution 100 mg/ml</i>	4	MO
<i>levocarnitine oral tablet</i>	4	MO
LOKELMA ORAL POWDER IN PACKET	3	MO
<i>midodrine oral tablet</i>	3	MO
<i>nitisinone oral capsule</i>	5	PA; MO
<i>pilocarpine hcl oral tablet</i>	4	MO
PROLASTIN-C INTRAVENOUS RECON SOLN	5	PA; LA
PROLASTIN-C INTRAVENOUS SOLUTION	5	PA; LA
REVCOVI INTRAMUSCULAR SOLUTION	5	PA; LA
<i>riluzole oral tablet</i>	3	PA; MO
<i>risedronate oral tablet 30 mg</i>	3	MO; QL (30 per 30 days)
<i>sevelamer carbonate oral tablet</i>	4	MO; QL (270 per 30 days)
<i>sodium benzoate-sod phenylacet intravenous solution</i>	5	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	4	MO
<i>sodium chloride 0.9 % intravenous piggyback</i>	4	MO
<i>sodium chloride irrigation solution</i>	4	
<i>sodium phenylbutyrate oral powder</i>	5	PA; MO
<i>sodium phenylbutyrate oral tablet</i>	5	PA
<i>sodium polystyrene sulfonate oral powder</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sps (with sorbitol) oral suspension</i>	3	MO
<i>sps (with sorbitol) rectal enema</i>	3	
<i>trientine oral capsule 250 mg</i>	5	PA; MO
VELPHORO ORAL TABLET,CHEWABLE	5	MO; QL (180 per 30 days)
VELTASSA ORAL POWDER IN PACKET	3	MO
<i>water for irrigation, sterile irrigation solution</i>	4	MO
XIAFLEX INJECTION RECON SOLN	5	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	2	PA; MO
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr</i>	2	
NICOTROL INHALATION CARTRIDGE	4	
NICOTROL NS NASAL SPRAY,NON-AEROSOL	4	
<i>varenicline oral tablet</i>	4	MO
<i>varenicline oral tablets,dose pack</i>	4	MO
<b>EAR, NOSE / THROAT MEDICATIONS</b>		
<b>MISCELLANEOUS AGENTS</b>		
<i>azelastine nasal spray, aerosol</i>	3	MO; QL (60 per 30 days)
<i>azelastine nasal spray,non-aerosol</i>	3	QL (60 per 30 days)
<i>chlorhexidine gluconate mucous membrane mouthwash</i>	1	MO
<i>denta 5000 plus dental cream</i>	2	MO
<i>dentagel dental gel</i>	2	MO
<i>fluoride (sodium) dental cream</i>	2	
<i>fluoride (sodium) dental gel</i>	2	
<i>fluoride (sodium) dental paste</i>	2	MO
<i>ipratropium bromide nasal spray,non-aerosol</i>	2	MO; QL (30 per 30 days)
<i>kourzeq dental paste</i>	2	
<i>oralone dental paste</i>	2	
<i>periogard mucous membrane mouthwash</i>	1	MO
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREVIDENT 5000 DRY MOUTH DENTAL PASTE	4	MO
<i>sf 5000 plus dental cream</i>	2	MO
<i>sf dental gel</i>	2	MO
<i>sodium fluoride 5000 dry mouth dental paste</i>	2	MO
<i>sodium fluoride 5000 plus dental cream</i>	2	
<i>sodium fluoride-pot nitrate dental paste</i>	2	MO
<i>triamcinolone acetonide dental paste</i>	2	MO
<b>MISCELLANEOUS OTIC PREPARATIONS</b>		
<i>acetic acid otic (ear) solution</i>	2	MO
<i>ciprofloxacin hcl otic (ear) dropperette</i>	4	MO
<i>flac oil otic (ear) drops</i>	4	
<i>fluocinolone acetonide oil otic (ear) drops</i>	4	MO
<i>hydrocortisone-acetic acid otic (ear) drops</i>	3	MO
<i>ofloxacin otic (ear) drops</i>	3	MO
<b>OTIC STEROID / ANTIBIOTIC</b>		
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension</i>	3	MO; QL (7.5 per 7 days)
<i>neomycin-polymyxin-hc otic (ear) drops,suspension</i>	3	MO
<i>neomycin-polymyxin-hc otic (ear) solution</i>	3	MO
<b>ENDOCRINE/DIABETES</b>		
<b>ADRENAL HORMONES</b>		
<i>cortisone oral tablet</i>	2	
<i>dexamethasone intensol oral drops</i>	2	MO
<i>dexamethasone oral elixir</i>	2	MO
<i>dexamethasone oral solution</i>	2	MO
<i>dexamethasone oral tablet</i>	2	MO
<i>dexamethasone sodium phos (pf) injection solution 10 mg/ml</i>	2	MO
<i>dexamethasone sodium phosphate injection solution</i>	2	MO
<i>dexamethasone sodium phosphate injection syringe</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fludrocortisone oral tablet</i>	2	MO
<i>hydrocortisone oral tablet</i>	2	MO
<i>methylprednisolone acetate injection suspension</i>	2	MO
<i>methylprednisolone oral tablet</i>	2	B/D PA; MO
<i>methylprednisolone oral tablets,dose pack</i>	2	MO
<i>methylprednisolone sodium succ injection recon soln 125 mg, 40 mg</i>	2	MO
<i>methylprednisolone sodium succ intravenous recon soln</i>	2	MO
<i>prednisolone oral solution</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	2	MO
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (5 ml)</i>	2	
<i>prednisone intensol oral concentrate</i>	4	MO
<i>prednisone oral solution</i>	2	MO
<i>prednisone oral tablet</i>	1	MO
<i>prednisone oral tablets,dose pack</i>	1	MO
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	2	MO
<b>ANTITHYROID AGENTS</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet</i>	2	MO
<b>DIABETES THERAPY</b>		
<i>acarbose oral tablet 100 mg</i>	2	MO; QL (90 per 30 days)
<i>acarbose oral tablet 25 mg</i>	2	MO; QL (360 per 30 days)
<i>acarbose oral tablet 50 mg</i>	2	MO; QL (180 per 30 days)
<i>alcohol pads topical pads, medicated</i>	3	
BAQSIMI NASAL SPRAY, NON-AEROSOL	3	MO
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR	3	PA; MO; QL (4 per 28 days)
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML	3	PA; MO; QL (2.4 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
BYETTA SUBCUTANEOUS PEN INJECTOR 5 MCG/DOSE (250 MCG/ML) 1.2 ML	3	PA; MO; QL (1.2 per 30 days)
<i>diazoxide oral suspension</i>	4	MO
FARXIGA ORAL TABLET 10 MG	3	MO; QL (30 per 30 days)
FARXIGA ORAL TABLET 5 MG	3	MO; QL (60 per 30 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS PEN	3	MO
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
<i>glimepiride oral tablet 1 mg</i>	6	MO; QL (240 per 30 days)
<i>glimepiride oral tablet 2 mg</i>	6	MO; QL (120 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	6	MO; QL (60 per 30 days)
<i>glipizide oral tablet 10 mg</i>	6	MO; QL (120 per 30 days)
<i>glipizide oral tablet 5 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 10 mg</i>	6	MO; QL (60 per 30 days)
<i>glipizide oral tablet extended release 24hr 2.5 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide oral tablet extended release 24hr 5 mg</i>	6	MO; QL (120 per 30 days)
<i>glipizide-metformin oral tablet 2.5-250 mg</i>	6	MO; QL (240 per 30 days)
<i>glipizide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	6	MO; QL (120 per 30 days)
GLYXAMBI ORAL TABLET	3	MO; QL (30 per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	3	MO
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR	3	MO
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	3	MO
GVOKE SUBCUTANEOUS SOLUTION	3	MO
INPEFA ORAL TABLET 200 MG	3	PA; MO; QL (60 per 30 days)
INPEFA ORAL TABLET 400 MG	3	PA; MO; QL (30 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
INSULIN GLARGINE SUBCUTANEOUS INSULIN PEN	3	
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	3	
JANUMET ORAL TABLET	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET	3	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	3	MO; QL (30 per 30 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS PEN	3	MO
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION	3	MO
<i>metformin oral tablet 1,000 mg</i>	6	MO; QL (75 per 30 days)
<i>metformin oral tablet 500 mg</i>	6	MO; QL (150 per 30 days)
<i>metformin oral tablet 850 mg</i>	6	MO; QL (90 per 30 days)
<i>metformin oral tablet extended release 24 hr 500 mg</i>	6	MO; QL (120 per 30 days)
<i>metformin oral tablet extended release 24 hr 750 mg</i>	6	MO; QL (60 per 30 days)
MOUNJARO SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg</i>	2	MO; QL (90 per 30 days)
<i>nateglinide oral tablet 60 mg</i>	2	MO; QL (180 per 30 days)
NOVO PEN NEEDLE	3	MO
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	MO

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION	3	MO
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION	3	MO
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS PEN	3	MO
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION	3	
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN	3	MO
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE	3	MO
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION	3	MO
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone oral tablet</i>	6	MO; QL (30 per 30 days)
QTERN ORAL TABLET	3	MO; QL (30 per 30 days)
<i>repaglinide oral tablet 0.5 mg</i>	2	MO; QL (960 per 30 days)
<i>repaglinide oral tablet 1 mg</i>	2	MO; QL (480 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	2	MO; QL (240 per 30 days)
RYBELSUS ORAL TABLET	3	PA; MO; QL (30 per 30 days)
<i>saxagliptin oral tablet</i>	3	MO; QL (30 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	3	MO; QL (60 per 30 days)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	3	MO; QL (30 per 30 days)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 7.5-1,000 MG, 7.5-500 MG	3	MO; QL (60 per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG	3	MO; QL (120 per 30 days)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN	3	MO; QL (90 per 30 days)

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Drug Name	Drug Tier	Requirements/Limits
STEGLATRO ORAL TABLET	3	MO; QL (30 per 30 days)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (10.8 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (6 per 30 days)
SYNJARDY ORAL TABLET	3	MO; QL (60 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	3	MO; QL (60 per 30 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN	3	MO
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS PEN	3	MO
TRADJENTA ORAL TABLET	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 5-2.5-1,000 MG	3	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR	3	MO
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE	3	MO

### MISCELLANEOUS HORMONES

ALDURAZYME INTRAVENOUS SOLUTION	5	PA; MO
<i>cabergoline oral tablet</i>	3	MO
<i>calcitonin (salmon) injection solution</i>	5	MO
<i>calcitonin (salmon) nasal spray, non-aerosol</i>	3	MO
<i>calcitriol intravenous solution 1 mcg/ml</i>	2	MO

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitriol oral capsule</i>	2	MO
<i>calcitriol oral solution</i>	4	
<i>cinacalcet oral tablet</i>	4	PA; MO
<i>clomid oral tablet</i>	2	PA; MO
<i>clomiphene citrate oral tablet</i>	2	PA
CRYSVITA SUBCUTANEOUS SOLUTION	5	PA; MO; LA
<i>danazol oral capsule</i>	4	MO
<i>desmopressin injection solution</i>	2	MO
<i>desmopressin nasal spray with pump</i>	4	MO
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	4	
<i>desmopressin oral tablet</i>	3	MO
<i>doxercalciferol intravenous solution</i>	2	
<i>doxercalciferol oral capsule</i>	4	MO
ELAPRASE INTRAVENOUS SOLUTION	5	PA; MO
FABRAZYME INTRAVENOUS RECON SOLN	5	PA; MO
KANUMA INTRAVENOUS SOLUTION	5	PA; MO
KORLYM ORAL TABLET	5	PA
LUMIZYME INTRAVENOUS RECON SOLN	5	PA; MO
MEPSEVII INTRAVENOUS SOLUTION	5	PA; MO
<i>mifepristone oral tablet 300 mg</i>	5	PA
MYALEPT SUBCUTANEOUS RECON SOLN	5	PA; MO; LA
NAGLAZYME INTRAVENOUS SOLUTION	5	PA; MO; LA
<i>pamidronate intravenous solution</i>	2	MO
<i>paricalcitol intravenous solution</i>	2	
<i>paricalcitol oral capsule</i>	4	MO
<i>sapropterin oral powder in packet</i>	5	PA; MO
<i>sapropterin oral tablet,soluble</i>	5	PA; MO
SOMAVERT SUBCUTANEOUS RECON SOLN	5	PA; MO
STRENSIQ SUBCUTANEOUS SOLUTION	5	PA; LA
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	3	PA; MO
<i>testosterone cypionate intramuscular oil 200 mg/ml (1 ml)</i>	3	PA

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>testosterone enanthate intramuscular oil</i>	3	PA
<i>testosterone transdermal gel</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	4	PA; MO; QL (120 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	3	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	4	PA; MO; QL (37.5 per 30 days)
<i>testosterone transdermal gel in packet 1.62 % (40.5 mg/2.5 gram)</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal solution in metered pump w/app</i>	4	PA; MO; QL (180 per 30 days)
<i>tolvaptan oral tablet</i>	5	PA; MO
VIMIZIM INTRAVENOUS SOLUTION	5	PA; MO; LA
<i>zoledronic acid intravenous solution</i>	2	B/D PA; MO
<i>zoledronic acid-mannitol-water intravenous piggyback 4 mg/100 ml</i>	2	B/D PA; MO
<b>THYROID HORMONES</b>		
<i>euthyrox oral tablet</i>	1	MO
<i>levo-t oral tablet</i>	1	
<i>levothyroxine intravenous recon soln</i>	2	
<i>levothyroxine oral tablet</i>	1	MO
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine intravenous solution</i>	2	MO
<i>liothyronine oral tablet</i>	2	MO
SYNTHROID ORAL TABLET	4	MO
<i>unithroid oral tablet</i>	1	MO
<b>GASTROENTEROLOGY</b>		
<b>ANTIDIARRHEALS / ANTISPASMODICS</b>		

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atropine injection solution 0.4 mg/ml</i>	2	
<i>atropine injection syringe 0.1 mg/ml</i>	2	
<i>atropine intravenous solution 0.4 mg/ml</i>	2	
<i>atropine intravenous syringe 0.25 mg/5 ml (0.05 mg/ml)</i>	2	
<i>dicyclomine intramuscular solution</i>	2	MO
<i>dicyclomine oral capsule</i>	2	MO
<i>dicyclomine oral solution</i>	4	MO
<i>dicyclomine oral tablet</i>	2	MO
<i>diphenoxylate-atropine oral liquid</i>	4	MO
<i>diphenoxylate-atropine oral tablet</i>	3	MO
<i>glycopyrrolate (pf) in water intravenous syringe 0.4 mg/2 ml (0.2 mg/ml)</i>	2	MO
<i>glycopyrrolate injection solution</i>	2	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	3	MO
<i>glycopyrrolate oral tablet 1.5 mg</i>	3	
<i>loperamide oral capsule</i>	2	MO
<i>opium oral tincture</i>	2	MO
<b>MISCELLANEOUS GASTROINTESTINAL AGENTS</b>		
<i>alosetron oral tablet 0.5 mg</i>	4	PA; MO
<i>alosetron oral tablet 1 mg</i>	5	PA; MO
<i>aprepitant oral capsule</i>	4	B/D PA; MO
<i>aprepitant oral capsule, dose pack</i>	4	B/D PA; MO
<i>balsalazide oral capsule</i>	3	MO
<i>betaine oral powder</i>	5	MO
<i>budesonide oral capsule, delayed, extended release</i>	4	MO
<i>budesonide oral tablet, delayed and ext. release</i>	5	MO
<b>CHENODAL ORAL TABLET</b>	5	PA; LA
<b>CHOLBAM ORAL CAPSULE 250 MG</b>	5	PA
<b>CHOLBAM ORAL CAPSULE 50 MG</b>	5	PA; QL (120 per 30 days)
<b>CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT</b>	5	PA; MO; QL (2 per 28 days)

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Drug Name	Drug Tier	Requirements/Limits
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE	5	PA; MO; QL (3 per 180 days)
CIMZIA SUBCUTANEOUS SYRINGE KIT	5	PA; MO; QL (2 per 28 days)
CINVANTI INTRAVENOUS EMULSION	3	MO
<i>compro rectal suppository</i>	4	MO
<i>constulose oral solution</i>	2	MO
CORTIFOAM RECTAL FOAM	3	MO
CREON ORAL CAPSULE, DELAYED RELEASE(DR/EC)	3	MO
<i>cromolyn oral concentrate</i>	4	MO
<i>dimenhydrinate injection solution</i>	2	MO
<i>dronabinol oral capsule</i>	4	B/D PA
<i>droperidol injection solution</i>	2	MO
EMEND ORAL SUSPENSION FOR RECONSTITUTION	4	B/D PA
ENTYVIO INTRAVENOUS RECON SOLN	5	PA; MO; QL (2 per 28 days)
<i>enulose oral solution</i>	2	MO
<i>fosaprepitant intravenous recon soln</i>	2	MO
GATTEX 30-VIAL SUBCUTANEOUS KIT	5	PA; MO
GATTEX ONE-VIAL SUBCUTANEOUS KIT	5	PA; MO
<i>gavilyte-c oral recon soln</i>	2	MO
<i>gavilyte-g oral recon soln</i>	2	MO
<i>generlac oral solution</i>	2	
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	2	MO
<i>granisetron hcl intravenous solution</i>	2	MO
<i>granisetron hcl oral tablet</i>	3	B/D PA; MO
<i>hydrocortisone rectal enema</i>	4	MO
<i>hydrocortisone topical cream with perineal applicator</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml</i>	2	MO
<i>lactulose oral solution 10 gram/15 ml (15 ml), 20 gram/30 ml</i>	2	
LINZESS ORAL CAPSULE	3	MO; QL (30 per 30 days)
<i>lubiprostone oral capsule</i>	4	MO; QL (60 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	2	MO
<i>mesalamine oral capsule (with del rel tablets)</i>	4	MO
<i>mesalamine oral capsule, extended release</i>	5	
<i>mesalamine oral capsule,extended release 24hr</i>	4	MO
<i>mesalamine oral tablet,delayed release (dr/ec)</i>	4	MO
<i>mesalamine rectal enema</i>	4	MO
<i>mesalamine rectal suppository</i>	4	MO
<i>mesalamine with cleansing wipe rectal enema kit</i>	4	MO
<i>metoclopramide hcl injection solution</i>	2	MO
<i>metoclopramide hcl injection syringe</i>	2	
<i>metoclopramide hcl oral solution</i>	2	MO
<i>metoclopramide hcl oral tablet</i>	1	MO
<b>MOVANTIK ORAL TABLET</b>	3	MO; QL (30 per 30 days)
<i>nitroglycerin rectal ointment</i>	3	MO
<b>OCALIVA ORAL TABLET</b>	5	PA; MO; LA; QL (30 per 30 days)
<i>ondansetron hcl (pf) injection solution</i>	2	MO
<i>ondansetron hcl (pf) injection syringe</i>	2	
<i>ondansetron hcl intravenous solution</i>	2	MO
<i>ondansetron hcl oral solution</i>	4	B/D PA; MO
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	2	B/D PA; MO
<i>ondansetron oral tablet,disintegrating</i>	2	B/D PA; MO
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	2	MO
<i>palonosetron intravenous syringe</i>	2	
<i>peg 3350-electrolytes oral recon soln</i>	2	
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet</i>	4	MO
<i>peg-electrolyte oral recon soln</i>	2	MO
<b>PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG</b>	4	MO
<i>prochlorperazine edisylate injection solution 10 mg/2 ml (5 mg/ml)</i>	2	MO
<i>prochlorperazine maleate oral tablet</i>	2	MO
<i>prochlorperazine rectal suppository</i>	4	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>procto-med hc topical cream with perineal applicator</i>	2	MO
<i>proctosol hc topical cream with perineal applicator</i>	2	MO
<i>proctozone-hc topical cream with perineal applicator</i>	2	
RECTIV RECTAL OINTMENT	3	MO
RELISTOR SUBCUTANEOUS SOLUTION	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML	5	MO; QL (18 per 30 days)
RELISTOR SUBCUTANEOUS SYRINGE 8 MG/0.4 ML	5	MO; QL (12 per 30 days)
REMICADE INTRAVENOUS RECON SOLN	5	PA; MO; QL (20 per 28 days)
SANCUSO TRANSDERMAL PATCH WEEKLY	5	MO
<i>scopolamine base transdermal patch 3 day</i>	4	MO
SKYRIZI INTRAVENOUS SOLUTION	5	PA; MO; QL (30 per 180 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML)	5	PA; MO; QL (1.2 per 56 days)
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 360 MG/2.4 ML (150 MG/ML)	5	PA; MO; QL (2.4 per 56 days)
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	4	MO
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram 2 pack (480ml)</i>	4	
SUCRAID ORAL SOLUTION	5	PA
<i>sulfasalazine oral tablet</i>	2	MO
<i>sulfasalazine oral tablet, delayed release (dr/ec)</i>	2	MO
TRULANCE ORAL TABLET	3	MO; QL (30 per 30 days)
<i>ursodiol oral capsule 300 mg</i>	3	MO
<i>ursodiol oral tablet</i>	3	MO
VARUBI ORAL TABLET	3	B/D PA
VIBERZI ORAL TABLET	5	MO; QL (60 per 30 days)
VIOKACE ORAL TABLET	3	MO

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This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000-84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000-168,000 UNIT, 5,000-17,000- 24,000 UNIT	3	MO
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	5	MO
ULCER THERAPY		
<i>cimetidine oral tablet</i>	2	MO
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	3	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	3	MO; QL (60 per 30 days)
<i>esomeprazole sodium intravenous recon soln 40 mg</i>	2	MO
<i>famotidine (pf) intravenous solution</i>	2	MO
<i>famotidine (pf)-nacl (iso-osm) intravenous piggyback</i>	2	MO
<i>famotidine intravenous solution</i>	2	MO
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	2	MO; QL (60 per 30 days)
<i>misoprostol oral tablet</i>	3	MO
<i>nizatidine oral capsule</i>	3	MO
<i>omeprazole oral capsule,delayed release(dr/ec) 10 mg, 20 mg</i>	1	MO; QL (30 per 30 days)
<i>omeprazole oral capsule,delayed release(dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>pantoprazole intravenous recon soln</i>	2	MO
<i>pantoprazole oral tablet,delayed release (dr/ec) 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole oral tablet,delayed release (dr/ec) 40 mg</i>	1	MO; QL (60 per 30 days)
<i>sucralfate oral suspension</i>	4	MO

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Drug Name	Drug Tier	Requirements/Limits
<i>sucralfate oral tablet</i>	2	MO
<b>IMMUNOLOGY, VACCINES / BIOTECHNOLOGY</b>		
<b>BIOTECHNOLOGY DRUGS</b>		
ACTIMMUNE SUBCUTANEOUS SOLUTION	5	B/D PA; MO
ARCALYST SUBCUTANEOUS RECON SOLN	5	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT	5	PA; MO; QL (1 per 28 days)
AVONEX INTRAMUSCULAR SYRINGE KIT	5	PA; MO; QL (1 per 28 days)
BESREMI SUBCUTANEOUS SYRINGE	5	PA; LA
BETASERON SUBCUTANEOUS KIT	5	PA; MO; QL (14 per 28 days)
ILARIS (PF) SUBCUTANEOUS SOLUTION	5	PA; MO; LA; QL (2 per 28 days)
LEUKINE INJECTION RECON SOLN	5	PA; MO
MOZOBIL SUBCUTANEOUS SOLUTION	5	B/D PA; MO
NIVESTYM INJECTION SOLUTION	5	PA; MO
NIVESTYM SUBCUTANEOUS SYRINGE	5	PA; MO
NYVEPRIA SUBCUTANEOUS SYRINGE	5	PA; MO
OMNITROPE SUBCUTANEOUS CARTRIDGE	5	PA; MO
OMNITROPE SUBCUTANEOUS RECON SOLN	5	PA; MO
PEGASYS SUBCUTANEOUS SOLUTION	5	MO; QL (4 per 28 days)
PEGASYS SUBCUTANEOUS SYRINGE	5	MO; QL (2 per 28 days)
PLEGRIDY INTRAMUSCULAR SYRINGE	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML	5	PA; MO; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SYRINGE 63 MCG/0.5 ML- 94 MCG/0.5 ML	5	PA; MO; QL (1 per 180 days)
<i>plerixafor subcutaneous solution</i>	5	B/D PA; MO
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO

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Drug Name	Drug Tier	Requirements/Limits
PROCRIT INJECTION SOLUTION 20,000 UNIT/ML, 40,000 UNIT/ML	5	PA; MO
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	3	PA; MO
RETACRIT INJECTION SOLUTION 40,000 UNIT/ML	5	PA; MO
ZARXIO INJECTION SYRINGE	5	PA; MO
ZIEXTENZO SUBCUTANEOUS SYRINGE	5	PA; MO
VACCINES / MISCELLANEOUS IMMUNOLOGICALS		
ABRYSVO INTRAMUSCULAR RECON SOLN	6	V
ACTHIB (PF) INTRAMUSCULAR RECON SOLN	3	
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION	6	V
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE	6	V
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	6	V
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	V
BEXSERO INTRAMUSCULAR SYRINGE	6	V
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION	6	V
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE	6	V
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION	3	
DENGVAXIA (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION	6	B/D PA; V
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE	6	B/D PA; V
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE	6	B/D PA; V
<i>fomepizole intravenous solution</i>	2	

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GAMASTAN INTRAMUSCULAR SOLUTION	3	MO
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION	6	V
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE	6	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	6	V
HAVRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT/0.5 ML	3	
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE	6	B/D PA; V
HIBERIX (PF) INTRAMUSCULAR RECON SOLN	3	
HIZENTRA SUBCUTANEOUS SOLUTION	5	B/D PA; MO
HIZENTRA SUBCUTANEOUS SYRINGE	5	B/D PA; MO
HYPERHEP B INTRAMUSCULAR SOLUTION	3	
HYPERHEP B NEONATAL INTRAMUSCULAR SYRINGE	3	
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN	6	V
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE	3	
IPOL INJECTION SUSPENSION	6	V
IXCHIQ INTRAMUSCULAR RECON SOLN	6	V
IXIARO (PF) INTRAMUSCULAR SYRINGE	6	V
JYNNEOS (PF) SUBCUTANEOUS SUSPENSION	6	B/D PA; V
KINRIX (PF) INTRAMUSCULAR SYRINGE	3	
MENACTRA (PF) INTRAMUSCULAR SOLUTION	6	V
MENQUADFI (PF) INTRAMUSCULAR SOLUTION	6	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT	6	V
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION	1	V

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This drug list was last updated on 04/16/2024.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
M-M-R II (PF) SUBCUTANEOUS RECON SOLN	6	V
PEDIARIX (PF) INTRAMUSCULAR SYRINGE	3	
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION	3	
PENBRAYA (PF) INTRAMUSCULAR KIT	6	V
PENTACEL (PF) INTRAMUSCULAR KIT 15LF-48MCG-62DU -10 MCG/0.5ML	3	
PREHEVBRIO (PF) INTRAMUSCULAR SUSPENSION	6	B/D PA; V
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	V
PRIVIGEN INTRAVENOUS SOLUTION	5	PA; MO
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	3	
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION	3	
QUADRACEL (PF) INTRAMUSCULAR SYRINGE	3	
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	6	V
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION	6	B/D PA; V
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE	6	B/D PA; V
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION	3	
ROTATEQ VACCINE ORAL SOLUTION	3	
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION	6	V; QL (2 per 720 days)
TDVAX INTRAMUSCULAR SUSPENSION	6	V
TENIVAC (PF) INTRAMUSCULAR SUSPENSION	6	V
TENIVAC (PF) INTRAMUSCULAR SYRINGE	6	V
TETANUS,DIPHThERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION	3	

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Drug Name	Drug Tier	Requirements/Limits
TICE BCG INTRAVESICAL SUSPENSION FOR RECONSTITUTION	3	B/D PA
TICOVAC INTRAMUSCULAR SYRINGE 1.2 MCG/0.25 ML	3	
TICOVAC INTRAMUSCULAR SYRINGE 2.4 MCG/0.5 ML	3	V
TRUMENBA INTRAMUSCULAR SYRINGE	6	V
TWINRIX (PF) INTRAMUSCULAR SYRINGE	6	V
TYPHIM VI INTRAMUSCULAR SOLUTION	6	V
TYPHIM VI INTRAMUSCULAR SYRINGE	6	V
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	6	V
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML	3	
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	6	V
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	V
VARIZIG INTRAMUSCULAR SOLUTION	3	
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION	6	V

## MISCELLANEOUS SUPPLIES

### MISCELLANEOUS SUPPLIES

GAUZE PADS 2 X 2	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.3 ML 29 GAUGE, 1/2 ML 28 GAUGE	3	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
INSULIN SYRINGES (NON-PREFERRED BRANDS) SYRINGE 1 ML 29 GAUGE X 1/2"	3	MO
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	

## MUSCULOSKELETAL / RHEUMATOLOGY

### GOUT THERAPY

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>allopurinol sodium intravenous recon soln</i>	2	
<i>aloprim intravenous recon soln</i>	2	
<i>colchicine oral tablet</i>	2	MO
<i>febuxostat oral tablet</i>	3	MO
<i>probenecid oral tablet</i>	3	MO
<i>probenecid-colchicine oral tablet</i>	3	MO
<b>OSTEOPOROSIS THERAPY</b>		
<i>alendronate oral solution</i>	2	MO; QL (300 per 28 days)
<i>alendronate oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
FOSAMAX PLUS D ORAL TABLET	4	ST; MO; QL (4 per 28 days)
<i>ibandronate intravenous solution</i>	2	PA
<i>ibandronate intravenous syringe</i>	2	PA; MO
<i>ibandronate oral tablet</i>	2	MO; QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE	4	PA; MO; QL (1 per 180 days)
<i>raloxifene oral tablet</i>	2	MO
<i>risedronate oral tablet 150 mg</i>	3	MO; QL (1 per 30 days)
<i>risedronate oral tablet 35 mg, 35 mg (12 pack), 35 mg (4 pack)</i>	3	MO; QL (4 per 28 days)
<i>risedronate oral tablet 5 mg</i>	3	MO; QL (30 per 30 days)
<i>risedronate oral tablet, delayed release (dr/ec)</i>	4	MO; QL (4 per 28 days)
TERIPARATIDE SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (620MCG/2.48ML)	5	PA; QL (2.48 per 28 days)
<b>OTHER RHEUMATOLOGICALS</b>		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (3.6 per 28 days)
ACTEMRA INTRAVENOUS SOLUTION	5	PA; MO; QL (160 per 28 days)
ACTEMRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (3.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 28 days)
ADALIMUMAB-ADAZ SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1.6 per 28 days)

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

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

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Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 20 MG/0.2 ML	5	PA; MO; QL (0.4 per 28 days)
HYRIMOZ(CF) (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML	5	PA; MO; QL (2.4 per 180 days)
HYRIMOZ(CF) PEDI CROHN STARTER (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS SYRINGE 80 MG/0.8 ML-40 MG/0.4 ML	5	PA; MO; QL (1.2 per 180 days)
HYRIMOZ(CF) PEN (PREFERRED NDCS STARTING WITH 61314) SUBCUTANEOUS PEN INJECTOR	5	PA; MO; QL (1.6 per 28 days)
<i>leflunomide oral tablet</i>	2	MO; QL (30 per 30 days)
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN	5	PA; MO; QL (12 per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML	5	PA; MO; QL (4 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 50 MG/0.4 ML	5	PA; MO; QL (1.6 per 28 days)
ORENCIA SUBCUTANEOUS SYRINGE 87.5 MG/0.7 ML	5	PA; MO; QL (2.8 per 28 days)
OTEZLA ORAL TABLET	5	PA; MO; QL (60 per 30 days)
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47)	5	PA; MO; QL (55 per 180 days)
<i>penicillamine oral tablet</i>	5	PA; MO
RIDAURA ORAL CAPSULE	5	MO
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG	5	PA; MO; QL (30 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 45 MG	5	PA; MO; QL (84 per 180 days)
SAVELLA ORAL TABLET	3	MO; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK	3	MO; QL (55 per 180 days)

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Drug Name	Drug Tier	Requirements/Limits
XELJANZ ORAL SOLUTION	5	PA; MO; QL (300 per 30 days)
XELJANZ ORAL TABLET	5	PA; MO; QL (60 per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR	5	PA; MO; QL (30 per 30 days)

## OBSTETRICS / GYNECOLOGY

### ESTROGENS / PROGESTINS

<i>amabelz oral tablet</i>	3	PA
<i>camila oral tablet</i>	2	MO
<i>deblitane oral tablet</i>	2	MO
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE	4	MO
<i>dotti transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
DUAVEE ORAL TABLET	3	MO
<i>errin oral tablet</i>	2	MO
<i>estradiol oral tablet</i>	4	PA; MO
<i>estradiol transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly</i>	3	PA; QL (4 per 28 days)
<i>estradiol vaginal cream</i>	4	MO
<i>estradiol vaginal tablet</i>	4	MO
<i>estradiol valerate intramuscular oil</i>	4	MO
<i>estradiol-norethindrone acet oral tablet</i>	3	PA; MO
<i>fyavolv oral tablet</i>	4	PA; MO
<i>heather oral tablet</i>	2	MO
<i>hydroxyprogesterone caproate intramuscular oil</i>	5	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT	3	MO
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK	3	MO
<i>incassia oral tablet</i>	2	MO
<i>jencycla oral tablet</i>	2	MO
<i>jinteli oral tablet</i>	4	PA; MO
<i>lyleq oral tablet</i>	2	MO
<i>lyllana transdermal patch semiweekly</i>	3	PA; MO; QL (8 per 28 days)
<i>lyza oral tablet</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>medroxyprogesterone intramuscular suspension</i>	2	MO
<i>medroxyprogesterone intramuscular syringe</i>	2	MO
<i>medroxyprogesterone oral tablet</i>	2	MO
MENEST ORAL TABLET	3	PA; MO
<i>mimvey oral tablet</i>	3	PA; MO
<i>nora-be oral tablet</i>	2	MO
<i>norethindrone (contraceptive) oral tablet</i>	2	
<i>norethindrone acetate oral tablet</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	4	PA; MO
PREMARIN ORAL TABLET	3	MO
PREMARIN VAGINAL CREAM	3	MO
PREMPHASE ORAL TABLET	3	MO
PREMPRO ORAL TABLET	3	MO
<i>progesterone intramuscular oil</i>	2	MO
<i>progesterone micronized oral capsule</i>	2	MO
<i>sharobel oral tablet</i>	2	MO
<i>yuvafem vaginal tablet</i>	4	MO
<b>MISCELLANEOUS OB/GYN</b>		
<i>clindamycin phosphate vaginal cream</i>	3	MO
<i>eluryng vaginal ring</i>	4	MO
<i>etonogestrel-ethinyl estradiol vaginal ring</i>	4	
<i>metronidazole vaginal gel</i>	3	MO
<i>mifepristone oral tablet 200 mg</i>	2	LA
MYFEMBREE ORAL TABLET	5	PA; MO
NEXPLANON SUBDERMAL IMPLANT	4	
<i>terconazole vaginal cream</i>	3	MO
<i>terconazole vaginal suppository</i>	3	MO
<i>tranexamic acid oral tablet</i>	3	MO
<i>vandazole vaginal gel</i>	3	MO
<i>xulane transdermal patch weekly</i>	4	MO
<i>zafemy transdermal patch weekly</i>	4	MO
<b>ORAL CONTRACEPTIVES / RELATED AGENTS</b>		

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>altavera (28) oral tablet</i>	2	MO
<i>alyacen 1/35 (28) oral tablet</i>	2	MO
<i>alyacen 7/7/7 (28) oral tablet</i>	2	MO
<i>amethyst (28) oral tablet</i>	2	MO
<i>apri oral tablet</i>	2	MO
<i>aranelle (28) oral tablet</i>	2	MO
<i>aubra eq oral tablet</i>	2	MO
<i>aviane oral tablet</i>	2	MO
<i>azurette (28) oral tablet</i>	2	MO
<i>camrese oral tablets,dose pack,3 month</i>	2	MO
<i>cryselle (28) oral tablet</i>	2	MO
<i>cyred eq oral tablet</i>	2	MO
<i>dasetta 1/35 (28) oral tablet</i>	2	MO
<i>dasetta 7/7/7 (28) oral tablet</i>	2	MO
<i>daysee oral tablets,dose pack,3 month</i>	2	MO
<i>desog-e.estradiol/e.estradiol oral tablet</i>	2	
<i>desogestrel-ethinyl estradiol oral tablet</i>	2	
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.03-0.451 mg (21) (7)</i>	4	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg</i>	2	MO
<i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i>	2	
<i>elinest oral tablet</i>	2	MO
<i>enpresse oral tablet</i>	2	MO
<i>enskyce oral tablet</i>	2	MO
<i>estarylla oral tablet</i>	2	MO
<i>ethynodiol diac-eth estradiol oral tablet</i>	2	
<i>falmina (28) oral tablet</i>	2	MO
<i>introvale oral tablets,dose pack,3 month</i>	2	
<i>isibloom oral tablet</i>	2	MO
<i>jasmiel (28) oral tablet</i>	2	MO
<i>jolessa oral tablets,dose pack,3 month</i>	2	MO
<i>juleber oral tablet</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kalliga oral tablet</i>	2	
<i>kariva (28) oral tablet</i>	2	MO
<i>kelnor 1/35 (28) oral tablet</i>	2	MO
<i>kelnor 1-50 (28) oral tablet</i>	2	MO
<i>kurvelo (28) oral tablet</i>	2	MO
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7), 0.15 mg-30 mcg (84)/10 mcg (7)</i>	2	
<i>l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	2	MO
<i>larin 1.5/30 (21) oral tablet</i>	2	MO
<i>larin 1/20 (21) oral tablet</i>	2	MO
<i>larin 24 fe oral tablet</i>	2	MO
<i>larin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>larin fe 1/20 (28) oral tablet</i>	2	MO
<i>lessina oral tablet</i>	2	MO
<i>levonest (28) oral tablet</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg</i>	2	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.15-0.03 mg, 90-20 mcg (28)</i>	2	
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month</i>	2	MO
<i>levonorg-eth estrad triphasic oral tablet</i>	2	MO
<i>levora-28 oral tablet</i>	2	MO
<i>loryna (28) oral tablet</i>	2	MO
<i>low-ogestrel (28) oral tablet</i>	2	MO
<i>lo-zumandimine (28) oral tablet</i>	2	MO
<i>lutra (28) oral tablet</i>	2	MO
<i>marlissa (28) oral tablet</i>	2	MO
<i>microgestin 1.5/30 (21) oral tablet</i>	2	MO
<i>microgestin 1/20 (21) oral tablet</i>	2	MO
<i>microgestin fe 1.5/30 (28) oral tablet</i>	2	MO
<i>microgestin fe 1/20 (28) oral tablet</i>	2	MO
<i>mili oral tablet</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mono-linyah oral tablet</i>	2	MO
<i>nikki (28) oral tablet</i>	2	MO
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	2	MO
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7)</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	2	
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-35 mcg (28)</i>	2	MO
<i>nortrel 0.5/35 (28) oral tablet</i>	2	MO
<i>nortrel 1/35 (21) oral tablet</i>	2	MO
<i>nortrel 1/35 (28) oral tablet</i>	2	MO
<i>nortrel 7/7/7 (28) oral tablet</i>	2	MO
<i>philith oral tablet</i>	2	MO
<i>pimtreea (28) oral tablet</i>	2	MO
<i>portia 28 oral tablet</i>	2	MO
<i>reclipsen (28) oral tablet</i>	2	MO
<i>setlakin oral tablets,dose pack,3 month</i>	2	MO
<i>sprintec (28) oral tablet</i>	2	MO
<i>sronyx oral tablet</i>	2	MO
<i>syeda oral tablet</i>	2	MO
<i>tarina 24 fe oral tablet</i>	2	MO
<i>tarina fe 1-20 eq (28) oral tablet</i>	2	MO
<i>tilia fe oral tablet</i>	2	MO
<i>tri-estarylla oral tablet</i>	2	MO
<i>tri-legest fe oral tablet</i>	2	MO
<i>tri-linyah oral tablet</i>	2	MO
<i>tri-lo-estarylla oral tablet</i>	2	MO
<i>tri-lo-marzia oral tablet</i>	2	MO
<i>tri-lo-sprintec oral tablet</i>	2	
<i>tri-sprintec (28) oral tablet</i>	2	MO
<i>trivora (28) oral tablet</i>	2	MO
<i>turqoz (28) oral tablet</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>velivet triphasic regimen (28) oral tablet</i>	2	MO
<i>vestura (28) oral tablet</i>	2	MO
<i>vienva oral tablet</i>	2	MO
<i>viorele (28) oral tablet</i>	2	MO
<i>wera (28) oral tablet</i>	2	MO
<i>zovia 1-35 (28) oral tablet</i>	2	MO
<i>zumandimine (28) oral tablet</i>	2	MO
<b>OXYTOCICS</b>		
<i>methylergonovine oral tablet</i>	4	PA
<b>OPHTHALMOLOGY</b>		
<b>ANTIBIOTICS</b>		
<b>AZASITE OPHTHALMIC (EYE) DROPS</b>	3	MO
<i>bacitracin ophthalmic (eye) ointment</i>	3	MO
<i>bacitracin-polymyxin b ophthalmic (eye) ointment</i>	2	MO
<b>BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	3	MO
<i>ciprofloxacin hcl ophthalmic (eye) drops</i>	2	MO
<i>erythromycin ophthalmic (eye) ointment</i>	2	MO; QL (3.5 per 14 days)
<i>gatifloxacin ophthalmic (eye) drops</i>	4	MO
<i>gentamicin ophthalmic (eye) drops</i>	2	MO; QL (70 per 30 days)
<i>levofloxacin ophthalmic (eye) drops 0.5 %</i>	3	MO
<i>levofloxacin ophthalmic (eye) drops 1.5 %</i>	3	
<i>moxifloxacin ophthalmic (eye) drops</i>	3	MO
<i>moxifloxacin ophthalmic (eye) drops, viscous</i>	3	
<b>NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION</b>	4	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment</i>	3	MO
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops</i>	3	MO
<i>neo-polycin ophthalmic (eye) ointment</i>	3	
<i>ofloxacin ophthalmic (eye) drops</i>	2	MO
<i>polycin ophthalmic (eye) ointment</i>	2	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops</i>	2	MO
<i>tobramycin ophthalmic (eye) drops</i>	2	MO; QL (10 per 14 days)
<b>ANTIVIRALS</b>		
<i>trifluridine ophthalmic (eye) drops</i>	3	MO
ZIRGAN OPHTHALMIC (EYE) GEL	4	MO
<b>BETA-BLOCKERS</b>		
<i>betaxolol ophthalmic (eye) drops</i>	3	MO
<i>carteolol ophthalmic (eye) drops</i>	2	MO
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	2	MO
<i>timolol maleate ophthalmic (eye) drops (timoptic generic)</i>	1	MO
<i>timolol maleate ophthalmic (eye) gel forming solution (timoptic generic)</i>	4	MO
<b>MISCELLANEOUS OPHTHALMOLOGICS</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	3	MO
<i>azelastine ophthalmic (eye) drops</i>	2	MO
<i>balanced salt intraocular solution</i>	2	
<i>bepotastine besilate ophthalmic (eye) drops</i>	3	MO
<i>bss intraocular solution</i>	2	
CIMERLI INTRAVITREAL SOLUTION	5	PA; MO
<i>cromolyn ophthalmic (eye) drops</i>	2	MO
<i>cyclosporine ophthalmic (eye) dropperette</i>	3	MO; QL (60 per 30 days)
CYSTARAN OPHTHALMIC (EYE) DROPS	5	PA
<i>epinastine ophthalmic (eye) drops</i>	3	MO
EYLEA INTRAVITREAL SOLUTION	5	PA; MO
EYLEA INTRAVITREAL SYRINGE	5	PA; MO
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	3	MO
OXERVATE OPHTHALMIC (EYE) DROPS	5	PA; MO
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS	4	
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	3	MO
<i>sulfacetamide sodium ophthalmic (eye) drops</i>	2	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfacetamide sodium ophthalmic (eye) ointment</i>	2	MO
<i>sulfacetamide-prednisolone ophthalmic (eye) drops</i>	2	
XDEMVY OPHTHALMIC (EYE) DROPS	5	PA; QL (10 per 42 days)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE	3	MO; QL (60 per 30 days)
<b>NON-STEROIDAL ANTI-INFLAMMATORY AGENTS</b>		
<i>bromfenac ophthalmic (eye) drops</i>	3	MO
BROMSITE OPHTHALMIC (EYE) DROPS	3	MO
<i>diclofenac sodium ophthalmic (eye) drops</i>	2	MO
<i>flurbiprofen sodium ophthalmic (eye) drops</i>	2	MO
<i>ketorolac ophthalmic (eye) drops</i>	2	MO
PROLENSA OPHTHALMIC (EYE) DROPS	3	MO
<b>ORAL DRUGS FOR GLAUCOMA</b>		
<i>acetazolamide oral capsule, extended release</i>	3	MO
<i>acetazolamide oral tablet</i>	3	MO
<i>acetazolamide sodium injection recon soln</i>	2	MO
<i>methazolamide oral tablet</i>	4	MO
<b>OTHER GLAUCOMA DRUGS</b>		
<i>brimonidine-timolol ophthalmic (eye) drops</i>	3	MO
<i>dorzolamide ophthalmic (eye) drops</i>	2	MO
<i>dorzolamide-timolol ophthalmic (eye) drops</i>	2	MO
<i>latanoprost ophthalmic (eye) drops</i>	1	MO
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	3	MO
<i>miostat intraocular solution</i>	2	
RHOPRESSA OPHTHALMIC (EYE) DROPS	3	MO
ROCKLATAN OPHTHALMIC (EYE) DROPS	3	MO
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>tafluprost (pf) ophthalmic (eye) dropperette</i>	3	MO
<i>travoprost ophthalmic (eye) drops</i>	3	MO
<b>STEROID-ANTIBIOTIC COMBINATIONS</b>		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment</i>	3	MO

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension</i>	2	MO
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment</i>	2	MO
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension</i>	3	MO
<i>neo-polycin hc ophthalmic (eye) ointment</i>	3	
TOBRADEX OPHTHALMIC (EYE) OINTMENT	3	MO; QL (3.5 per 14 days)
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension</i>	3	MO; QL (10 per 14 days)
<b>STERIODS</b>		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>dexamethasone sodium phosphate ophthalmic (eye) drops</i>	2	MO
<i>fluorometholone ophthalmic (eye) drops,suspension</i>	3	MO
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,gel</i>	3	MO
<i>loteprednol etabonate ophthalmic (eye) drops,suspension</i>	3	MO
OZURDEX INTRAVITREAL IMPLANT	5	MO
<i>prednisolone acetate ophthalmic (eye) drops,suspension</i>	2	MO
<i>prednisolone sodium phosphate ophthalmic (eye) drops</i>	2	
<b>SYMPATHOMIMETICS</b>		
<i>apraclonidine ophthalmic (eye) drops</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.1 %, 0.15 %</i>	3	MO
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	2	MO
<b>RESPIRATORY AND ALLERGY</b>		
<b>ANTI HISTAMINE / ANTIALLERGENIC AGENTS</b>		
<i>adrenalin injection solution 1 mg/ml</i>	2	
<i>adrenalin injection solution 1 mg/ml (1 ml)</i>	2	MO

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<i>cetirizine oral solution 1 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	2	MO
<i>diphenhydramine hcl injection syringe</i>	2	MO
<i>diphenhydramine hcl oral elixir</i>	2	PA
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml (manufactured by mylan specialty)</i>	3	MO; QL (2 per 30 days)
<i>epinephrine injection solution 1 mg/ml</i>	2	
<i>hydroxyzine hcl oral tablet</i>	2	PA; MO
<i>levocetirizine oral solution</i>	4	MO
<i>levocetirizine oral tablet</i>	2	MO; QL (30 per 30 days)
<i>promethazine injection solution</i>	4	MO
<i>promethazine oral syrup</i>	4	PA; MO
<i>promethazine oral tablet</i>	4	PA; MO
<b>PULMONARY AGENTS</b>		
<i>acetylcysteine solution</i>	3	B/D PA; MO
ADEMPAS ORAL TABLET	5	PA; MO; LA
ADVAIR HFA AEROSOL INHALER	3	MO; QL (12 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation (nda020503)</i>	2	QL (13.4 per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 2.5 mg/0.5 ml</i>	2	B/D PA; MO
<i>albuterol sulfate inhalation solution for nebulization 5 mg/ml</i>	2	B/D PA
<i>albuterol sulfate oral syrup</i>	2	MO
<i>albuterol sulfate oral tablet</i>	4	MO
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION	3	MO; QL (12.2 per 30 days)
ALVESCO INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION	3	MO; QL (6.1 per 30 days)
<i>alyq oral tablet</i>	5	PA; QL (60 per 30 days)
<i>ambrisentan oral tablet</i>	5	PA; MO; LA

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ANORO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
<i>arformoterol inhalation solution for nebulization</i>	4	B/D PA; MO; QL (120 per 30 days)
ASMANEX HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION	3	MO; QL (13 per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 50 MCG/ACTUATION	3	QL (13 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30)	3	QL (1 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (120)	3	MO; QL (2 per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (14)	3	QL (2 per 28 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	3	MO; QL (1 per 30 days)
ATROVENT HFA AEROSOL INHALER	4	MO; QL (25.8 per 30 days)
BEVESPI AEROSPHERE HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
<i>bosentan oral tablet</i>	5	PA; MO; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
<i>breyndra inhalation hfa aerosol inhaler</i>	3	MO; QL (10.3 per 30 days)
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER	3	MO; QL (10.7 per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	4	B/D PA; MO; QL (60 per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler</i>	3	QL (10.2 per 30 days)
CINRYZE INTRAVENOUS RECON SOLN	5	PA; MO
COMBIVENT RESPIMAT INHALATION MIST	3	MO; QL (8 per 30 days)
<i>cromolyn inhalation solution for nebulization</i>	4	B/D PA; MO

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DULERA INHALATION HFA AEROSOL INHALER	3	MO; QL (13 per 30 days)
ELIXOPHYLLIN ORAL ELIXIR	4	
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; QL (1 per 28 days)
FASENRA SUBCUTANEOUS SYRINGE	5	PA; MO; QL (1 per 28 days)
<i>flunisolide nasal spray,non-aerosol</i>	3	MO; QL (50 per 30 days)
<i>fluticasone propionate nasal spray,suspension</i>	2	MO; QL (16 per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device</i>	3	MO; QL (60 per 30 days)
<i>formoterol fumarate inhalation solution for nebulization</i>	4	B/D PA; MO; QL (120 per 30 days)
<i>icatibant subcutaneous syringe</i>	5	PA; MO
<i>ipratropium bromide inhalation solution</i>	2	B/D PA; MO
<i>ipratropium-albuterol inhalation solution for nebulization</i>	2	B/D PA; MO
KALYDECO ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
KALYDECO ORAL TABLET	5	PA; MO; QL (56 per 28 days)
<i>levalbuterol hcl inhalation solution for nebulization</i>	4	B/D PA; MO
<i>mometasone nasal spray,non-aerosol</i>	2	MO; QL (34 per 30 days)
<i>montelukast oral granules in packet</i>	4	MO
<i>montelukast oral tablet</i>	1	MO
<i>montelukast oral tablet,chewable</i>	2	MO
NUCALA SUBCUTANEOUS AUTO-INJECTOR	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML	5	PA; MO; LA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	5	PA; MO; LA; QL (0.4 per 28 days)
OFEV ORAL CAPSULE	5	PA; MO; QL (60 per 30 days)
OPSUMIT ORAL TABLET	5	PA; MO; LA
ORKAMBI ORAL GRANULES IN PACKET	5	PA; MO; QL (56 per 28 days)
ORKAMBI ORAL TABLET	5	PA; MO; QL (112 per 28 days)
<i>pirfenidone oral capsule</i>	5	PA; MO; QL (270 per 30 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pirfenidone oral tablet 267 mg</i>	5	PA; MO; QL (270 per 30 days)
<i>pirfenidone oral tablet 801 mg</i>	5	PA; MO; QL (90 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION	3	MO; QL (2 per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	3	MO; QL (1 per 30 days)
PULMOZYME INHALATION SOLUTION	5	B/D PA; MO
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION	3	MO; QL (10.6 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 80 MCG/ACTUATION	3	MO; QL (21.2 per 30 days)
<i>roflumilast oral tablet</i>	4	PA; MO; QL (30 per 30 days)
<i>sajazir subcutaneous syringe</i>	5	PA; MO
<i>sildenafil (pulmonary arterial hypertension) intravenous solution 10 mg/12.5 ml</i>	5	PA
<i>sildenafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	3	PA; MO; QL (90 per 30 days)
SPIRIVA RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION MIST	3	MO; QL (4 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
<i>tadalafil (pulmonary arterial hypertension) oral tablet 20 mg</i>	5	PA; QL (60 per 30 days)
<i>terbutaline oral tablet</i>	4	MO
<i>terbutaline subcutaneous solution</i>	2	MO
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR	3	MO
<i>theophylline oral elixir</i>	4	MO
<i>theophylline oral solution</i>	4	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg</i>	2	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	2	MO

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<i>theophylline oral tablet extended release 24 hr</i>	2	MO
<i>tiotropium bromide inhalation capsule, w/inhalation device</i>	3	QL (90 per 90 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE	3	MO; QL (60 per 30 days)
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL	5	PA; MO; QL (56 per 28 days)
TRIKAFTA ORAL TABLETS, SEQUENTIAL	5	PA; MO; QL (84 per 28 days)
TYVASO INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION	5	B/D PA; MO
VENTOLIN HFA AEROSOL INHALER	3	MO; QL (36 per 30 days)
<i>wixela inhub inhalation blister with device</i>	3	QL (60 per 30 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
XOLAIR SUBCUTANEOUS RECON SOLN	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	5	PA; MO; LA; QL (8 per 28 days)
XOLAIR SUBCUTANEOUS SYRINGE 75 MG/0.5 ML	5	PA; MO; LA; QL (1 per 28 days)
<i>zafirlukast oral tablet</i>	4	MO

## **UROLOGICALS**

### **ANTICHOLINERGICS / ANTISPASMODICS**

<i>fesoterodine oral tablet extended release 24 hr</i>	3	MO
<i>flavoxate oral tablet</i>	2	MO
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON	3	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR	3	MO

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<i>oxybutynin chloride oral syrup</i>	2	MO
<i>oxybutynin chloride oral tablet 5 mg</i>	2	MO
<i>oxybutynin chloride oral tablet extended release 24hr</i>	2	MO
<i>solifenacin oral tablet</i>	2	MO
<i>tolterodine oral capsule,extended release 24hr</i>	3	MO
<i>tolterodine oral tablet</i>	3	MO
<i>tropium oral tablet</i>	2	MO
<b>BENIGN PROSTATIC HYPERPLASIA(BPH) THERAPY</b>		
<i>alfuzosin oral tablet extended release 24 hr</i>	2	MO
<i>dutasteride oral capsule</i>	2	MO
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr</i>	4	MO
<i>finasteride oral tablet 5 mg</i>	1	MO
<i>silodosin oral capsule</i>	4	MO
<i>tamsulosin oral capsule</i>	1	MO
<b>MISCELLANEOUS UROLOGICALS</b>		
<i>bethanechol chloride oral tablet</i>	2	MO
CYSTAGON ORAL CAPSULE	4	PA; LA
ELMIRON ORAL CAPSULE	3	MO
<i>glycine urologic irrigation solution</i>	2	
<i>glycine urologic irrigation solution</i>	2	
K-PHOS NO 2 ORAL TABLET	3	MO
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE	3	MO
<i>potassium citrate oral tablet extended release</i>	2	MO
RENACIDIN IRRIGATION SOLUTION	3	MO
<b>VITAMINS, HEMATINICS / ELECTROLYTES</b>		
<b>BLOOD DERIVATIVES</b>		
<i>albumin, human 25 % intravenous parenteral solution</i>	4	
<i>alburx (human) 25 % intravenous parenteral solution</i>	4	
<i>alburx (human) 5 % intravenous parenteral solution</i>	4	

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<i>albutein 25 % intravenous parenteral solution</i>	4	
<i>albutein 5 % intravenous parenteral solution</i>	4	
<b>ELECTROLYTES</b>		
<i>calcium acetate(phosphat bind) oral capsule</i>	3	MO; QL (360 per 30 days)
<i>calcium acetate(phosphat bind) oral tablet</i>	3	MO; QL (360 per 30 days)
<i>calcium chloride intravenous solution</i>	2	
<i>calcium chloride intravenous syringe</i>	2	
<i>calcium gluconate intravenous solution</i>	2	
<i>effe-r-k oral tablet, effervescent 25 meq</i>	2	MO
<i>klor-con 10 oral tablet extended release</i>	2	MO
<i>klor-con 8 oral tablet extended release</i>	2	MO
<i>klor-con m10 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m15 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con m20 oral tablet,er particles/crystals</i>	2	MO
<i>klor-con oral packet</i>	4	MO
<i>klor-con/ef oral tablet, effervescent</i>	2	MO
<i>lactated ringers intravenous parenteral solution</i>	4	MO
<i>magnesium chloride injection solution</i>	4	
<b>MAGNESIUM SULFATE IN D5W INTRAVENOUS PIGGYBACK 1 GRAM/100 ML</b>	3	
<i>magnesium sulfate in water intravenous parenteral solution</i>	4	
<i>magnesium sulfate in water intravenous piggyback</i>	4	
<i>magnesium sulfate injection solution</i>	4	MO
<i>magnesium sulfate injection syringe</i>	4	
<i>potassium acetate intravenous solution</i>	4	
<i>potassium chlorid-d5-0.45%nacl intravenous parenteral solution</i>	4	
<i>potassium chloride in 0.9%nacl intravenous parenteral solution 20 meq/l, 40 meq/l</i>	4	
<i>potassium chloride in 5 % dex intravenous parenteral solution 10 meq/l, 20 meq/l</i>	4	
<i>potassium chloride in lr-d5 intravenous parenteral solution 20 meq/l</i>	4	

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

## MISCELLANEOUS NUTRITION PRODUCTS

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 5%/D15W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 4.25%/D10W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 5%-D20W SULFITE FREE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 6%-D5W (SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 8%-D10W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
CLINIMIX 8%-D14W(SULFITE-FREE) INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>electrolyte-148 intravenous parenteral solution</i>	3	
<i>electrolyte-48 in d5w intravenous parenteral solution</i>	4	
<i>electrolyte-a intravenous parenteral solution</i>	3	
<i>intralipid intravenous emulsion 20 %</i>	4	B/D PA
ISOLYTE S PH 7.4 INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-P IN 5 % DEXTROSE INTRAVENOUS PARENTERAL SOLUTION	4	
ISOLYTE-S INTRAVENOUS PARENTERAL SOLUTION	4	
PLASMA-LYTE A INTRAVENOUS PARENTERAL SOLUTION	3	
PLENAMINE INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<i>premasol 10 % intravenous parenteral solution</i>	4	B/D PA
<i>travasol 10 % intravenous parenteral solution</i>	4	B/D PA
TROPHAMINE 10 % INTRAVENOUS PARENTERAL SOLUTION	4	B/D PA
<b>VITAMINS / HEMATINICS</b>		
<i>fluoride (sodium) oral tablet</i>	2	
<i>fluoride (sodium) oral tablet, chewable 1 mg (2.2 mg sod. fluoride)</i>	2	MO
<i>prenatal vitamin oral tablet</i>	2	
<i>wescap-pn dha oral capsule</i>	2	MO

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This drug list was last updated on 04/16/2024.

# Index

<b>A</b>		
<i>abacavir</i> .....	1	
<i>abacavir-lamivudine</i> .....	1	
ABELCET.....	1	
ABILIFY ASIMTUFII.....	38	
ABILIFY MAINTENA.....	38	
<i>abiraterone</i> .....	13, 14	
ABRAXANE.....	14	
ABRYSVO.....	79	
<i>acamprosate</i> .....	61	
<i>acarbose</i> .....	66	
<i>accutane</i> .....	58	
<i>acebutolol</i> .....	46	
<i>acetaminophen-codeine</i> .....	34	
<i>acetazolamide</i> .....	94	
<i>acetazolamide sodium</i> .....	94	
<i>acetic acid</i> .....	61, 65	
<i>acetylcysteine</i> .....	61, 96	
<i>acitretin</i> .....	56	
ACTEMRA.....	83	
ACTEMRA ACTPEN.....	83	
ACTHIB (PF).....	79	
ACTIMMUNE.....	78	
<i>acyclovir</i> .....	1, 2, 59	
<i>acyclovir sodium</i> .....	2	
ADACEL(TDAP ADOLESN/ADULT)(PF)	79	
ADALIMUMAB-ADAZ.....	83	
ADALIMUMAB-ADBM.....	84	
ADALIMUMAB-ADBM(CF) PEN CROHNS.....	84	
ADALIMUMAB-ADBM(CF) PEN PS-UV.....	84	
ADBRY.....	56	
ADCETRIS.....	14	
<i>adefovir</i> .....	2	
ADEMPAS.....	96	
<i>adenosine</i> .....	46	
<i>adrenalin</i> .....	95	
ADSTILADRIN.....	14	
ADVAIR HFA.....	96	
AIMOVIG AUTOINJECTOR .....	31	
AKEEGA.....	14	
<i>ala-cort</i> .....	59, 60	
<i>albendazole</i> .....	7	
<i>albumin, human 25 %</i> .....	101	
<i>alburx (human) 25 %</i> .....	101	
<i>alburx (human) 5 %</i> .....	101	
<i>albutein 25 %</i> .....	102	
<i>albutein 5 %</i> .....	102	
<i>albuterol sulfate</i> .....	96	
<i>alclometasone</i> .....	60	
<i>alcohol pads</i> .....	66	
ALDURAZYME.....	70	
ALECENSA.....	14	
<i>alendronate</i> .....	83	
<i>alfuzosin</i> .....	101	
ALIQOPA.....	14	
<i>aliskiren</i> .....	46	
<i>allopurinol</i> .....	83	
<i>allopurinol sodium</i> .....	83	
<i>aloprim</i> .....	83	
<i>alosetron</i> .....	73	
<i>alprazolam</i> .....	38	
ALREX.....	95	
<i>altavera (28)</i> .....	89	
ALUNBRIG.....	14	
ALVESCO.....	96	
<i>alyacen 1/35 (28)</i> .....	89	
<i>alyacen 7/7/7 (28)</i> .....	89	
<i>alyq</i> .....	96	
<i>amabelz</i> .....	87	
<i>amantadine hcl</i> .....	2	
<i>ambrisentan</i> .....	96	
<i>amethyst (28)</i> .....	89	
<i>amikacin</i> .....	7	
<i>amiloride</i> .....	47	
<i>amiloride-hydrochlorothiazide</i> .....	47	
<i>aminocaproic acid</i> .....	51	
<i>amiodarone</i> .....	46	
<i>amitriptyline</i> .....	38	
<i>amlodipine</i> .....	47	
<i>amlodipine-atorvastatin</i> .....	53	
<i>amlodipine-benazepril</i> .....	47	
<i>amlodipine-olmesartan</i> .....	47	
<i>amlodipine-valsartan</i> .....	47	
<i>amlodipine-valsartan- hydrochlorothiazide</i> .....	47	
<i>ammonium lactate</i> .....	56	
<i>amnesteem</i> .....	58	
<i>amoxapine</i> .....	38	
<i>amoxicillin</i> .....	10	
<i>amoxicillin-pot clavulanate</i> .....	10, 11	
<i>amphotericin b</i> .....	1	
<i>ampicillin</i> .....	11	
<i>ampicillin sodium</i> .....	11	
<i>ampicillin-sulbactam</i> .....	11	
<i>anagrelide</i> .....	61	
<i>anastrozole</i> .....	14	
ANORO ELLIPTA.....	97	
APOKYN.....	31	
<i>apomorphine</i> .....	31	
<i>apraclonidine</i> .....	95	
<i>aprepitant</i> .....	73	
APRETUDE.....	2	
<i>apri</i> .....	89	
APTIOM.....	27	
APTIVUS.....	2	
<i>aranelle (28)</i> .....	89	
ARCALYST.....	78	
AREXVY (PF).....	79	
<i>arformoterol</i> .....	97	
ARIKAYCE.....	7	
<i>aripiprazole</i> .....	38	
ARISTADA.....	38, 39	
ARISTADA INITIO.....	38	
<i>armodafinil</i> .....	39	
<i>arsenic trioxide</i> .....	14	
<i>asenapine maleate</i> .....	39	
ASMANEX HFA.....	97	
ASMANEX TWISTHALER.....	97	
ASPARLAS.....	14	
<i>aspirin-dipyridamole</i> .....	51	
<i>atazanavir</i> .....	2	
<i>atenolol</i> .....	47	
<i>atenolol-chlorthalidone</i> .....	47	
<i>atomoxetine</i> .....	39	
<i>atorvastatin</i> .....	53	
<i>atovaquone</i> .....	7	
<i>atovaquone-proguanil</i> .....	7	
<i>atropine</i> .....	73, 93	
ATROVENT HFA.....	97	

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

<i>aubra eq</i> .....	89	<i>bexarotene</i> .....	14	CABOMETYX.....	15
AUGMENTIN.....	11	BEXSERO.....	79	<i>caffeine citrate</i> .....	62
AUGTYRO .....	14	<i>bicalutamide</i> .....	14	<i>calcipotriene</i> .....	56
AUVELITY.....	39	BICILLIN C-R .....	11	<i>calcitonin (salmon)</i> .....	70
<i>aviane</i> .....	89	BICILLIN L-A .....	11	<i>calcitriol</i> .....	56, 70, 71
AVONEX.....	78	BIKTARVY .....	2	<i>calcium acetate(phosphat bind)</i> .....	102
AYVAKIT.....	14	<i>bisoprolol fumarate</i> .....	47	<i>calcium chloride</i> .....	102
<i>azacitidine</i> .....	14	<i>bisoprolol-hydrochlorothiazide</i> .....	47	<i>calcium gluconate</i> .....	102
AZASITE .....	92	<i>bleomycin</i> .....	14	CALQUENCE.....	15
<i>azathioprine</i> .....	14	BLINCYTO.....	14	CALQUENCE (ACALABRUTINIB MAL)	15
<i>azathioprine sodium</i> .....	14	BOOSTRIX TDAP.....	79	.....	15
<i>azelaic acid</i> .....	58	<i>bortezomib</i> .....	15	<i>camila</i> .....	87
<i>azelastine</i> .....	64, 93	BORTEZOMIB .....	14	<i>camrese</i> .....	89
<i>azithromycin</i> .....	7	<i>bosentan</i> .....	97	<i>candesartan</i> .....	47
<i>aztreonam</i> .....	8	BOSULIF .....	15	<i>candesartan-</i> <i>hydrochlorothiazide</i> .....	47
<i>azurette (28)</i> .....	89	BRAFTOVI.....	15	CAPLYTA.....	39
<b>B</b>		BREO ELLIPTA .....	97	CAPRELSA.....	15
<i>bacitracin</i> .....	8, 92	<i>breyna</i> .....	97	<i>captopril</i> .....	47
<i>bacitracin-polymyxin b</i> .....	92	BREZTRI AEROSPHERE..	97	<i>captopril-hydrochlorothiazide</i> .....	47
<i>baclofen</i> .....	34	BRILINTA .....	51	<i>carbamazepine</i> .....	27
<i>balanced salt</i> .....	93	<i>brimonidine</i> .....	95	<i>carbidopa</i> .....	31
<i>balsalazide</i> .....	73	<i>brimonidine-timolol</i> .....	94	<i>carbidopa-levodopa</i> .....	31
BALVERSA.....	14	BRIUMVI.....	32	<i>carbidopa-levodopa-</i> <i>entacapone</i> .....	31
BAQSIMI .....	66	BRIVIACT .....	27	<i>carboplatin</i> .....	15
BARACLUDE .....	2	<i>bromfenac</i> .....	94	<i>carglumic acid</i> .....	62
BAVENCIO .....	14	<i>bromocriptine</i> .....	31	<i>carmustine</i> .....	15
BCG VACCINE, LIVE (PF)	79	BROMSITE.....	94	<i>carteolol</i> .....	93
BELBUCA .....	34	BRUKINSA.....	15	<i>cartia xt</i> .....	47
BELEODAQ .....	14	<i>bss</i> .....	93	<i>carvedilol</i> .....	47
<i>benazepril</i> .....	47	<i>budesonide</i> .....	73, 97	<i>caspofungin</i> .....	1
<i>benazepril-hydrochlorothiazide</i> .....	47	<i>budesonide-formoterol</i> .....	97	CAYSTON .....	8
<i>bendamustine</i> .....	14	<i>bumetanide</i> .....	47	<i>cefaclor</i> .....	5
BENDEKA.....	14	<i>buprenorphine</i> .....	34	<i>cefadroxil</i> .....	5, 6
BENLYSTA .....	84	<i>buprenorphine hcl</i> .....	34	<i>cefazolin</i> .....	6
<i>benztropine</i> .....	31	<i>buprenorphine-naloxone</i> .....	36	<i>cefazolin in dextrose (iso-osm)</i> .....	6
<i>bepotastine besilate</i> .....	93	<i>bupropion hcl</i> .....	39	.....	6
BESIVANCE .....	92	<i>bupropion hcl (smoking deter)</i> .....	64	<i>cefdinir</i> .....	6
BESPONSA .....	14	<i>buspirone</i> .....	39	<i>cefepime</i> .....	6
BESREMI .....	78	<i>busulfan</i> .....	15	<i>cefepime in dextrose (iso-osm)</i> .....	6
<i>betaine</i> .....	73	<i>butorphanol</i> .....	36	.....	6
<i>betamethasone dipropionate</i> .....	60	BYDUREON BCISE .....	66	<i>cefixime</i> .....	6
<i>betamethasone valerate</i> .....	60	BYETTA .....	66, 67	<i>cefoxitin</i> .....	6
<i>betamethasone, augmented</i> ..	60	<b>C</b>		<i>cefoxitin in dextrose (iso-osm)</i>	6
BETASERON .....	78	CABENUVA.....	2		
<i>betaxolol</i> .....	47, 93	<i>cabergoline</i> .....	70		
<i>bethanechol chloride</i> .....	101	CABLIVI.....	51		
BEVESPI AEROSPHERE... 97					

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

<i>cefpodoxime</i> .....	6	<i>cisplatin</i> .....	15	COMPLERA .....	2
<i>cefprozil</i> .....	6	<i>citalopram</i> .....	39	<i>compro</i> .....	74
<i>ceftazidime</i> .....	6	<i>cladribine</i> .....	15	<i>constulose</i> .....	74
<i>ceftriaxone</i> .....	6	<i>claravis</i> .....	58	COPIKTRA .....	15
<i>ceftriaxone in dextrose (iso-</i>		<i>clarithromycin</i> .....	7	CORLANOR .....	54
<i>osm)</i> .....	6	<i>clindamycin hcl</i> .....	8	CORTIFOAM.....	74
<i>cefuroxime axetil</i> .....	6	<i>clindamycin in 5 % dextrose</i> ..	8	<i>cortisone</i> .....	65
<i>cefuroxime sodium</i> .....	6, 7	<i>clindamycin phosphate</i> ....	8, 58,	COSMEGEN .....	15
<i>celecoxib</i> .....	36	88		COTELLIC.....	15
<i>cephalexin</i> .....	7	CLINIMIX 5%/D15W		CREON.....	74
CEPROTIN (BLUE BAR) ...	51	SULFITE FREE .....	104	CRESEMBA.....	1
CEPROTIN (GREEN BAR) 51		CLINIMIX 4.25%/D10W		<i>cromolyn</i> .....	74, 93, 97
<i>cetirizine</i> .....	96	SULFITE FREE .....	104	<i>crotan</i> .....	61
<i>cevimeline</i> .....	62	CLINIMIX 4.25%/D5W		<i>cryselle (28)</i> .....	89
CHEMET .....	62	SULFITE FREE .....	62	CRYSVITA .....	71
CHENODAL.....	73	CLINIMIX 5%-D20W		<i>cyclobenzaprine</i> .....	34
<i>chloramphenicol sod succinate</i>		SULFITE FREE .....	104	<i>cyclophosphamide</i> .....	15
.....	8	CLINIMIX 6%-D5W		CYCLOPHOSPHAMIDE ....	15
<i>chlorhexidine gluconate</i> .....	64	(SULFITE-FREE) .....	104	<i>cyclosporine</i> .....	16, 93
<i>chloroprocaine (pf)</i> .....	56	CLINIMIX 8%-		<i>cyclosporine modified</i> .....	16
<i>chloroquine phosphate</i> .....	8	D10W(SULFITE-FREE) 104		CYLTEZO(CF) .....	84
<i>chlorothiazide sodium</i> .....	47	CLINIMIX 8%-		CYLTEZO(CF) PEN.....	84
<i>chlorpromazine</i> .....	39	D14W(SULFITE-FREE) 104		CYLTEZO(CF) PEN	
<i>chlorthalidone</i> .....	47	<i>clobazam</i> .....	27	CROHN'S-UC-HS .....	84
CHOLBAM.....	73	<i>clobetasol</i> .....	60	CYLTEZO(CF) PEN	
<i>cholestyramine (with sugar)</i> .53		<i>clobetasol-emollient</i> .....	60	PSORIASIS-UV .....	84
<i>cholestyramine light</i> .....	53	<i>clodan</i> .....	60	CYRAMZA .....	16
CIBINQO .....	56	<i>clofarabine</i> .....	15	<i>cyred eq</i> .....	89
<i>ciclodan</i> .....	59	<i>clomid</i> .....	71	CYSTAGON .....	101
<i>ciclopirox</i> .....	59	<i>clomiphene citrate</i> .....	71	CYSTARAN.....	93
<i>cidofovir</i> .....	2	<i>clomipramine</i> .....	39	<i>cytarabine</i> .....	16
<i>cilostazol</i> .....	51	<i>clonazepam</i> .....	27	<i>cytarabine (pf)</i> .....	16
CIMDUO.....	2	<i>clonidine</i> .....	47	<b>D</b>	
CIMERLI .....	93	<i>clonidine (pf)</i> .....	36, 47	<i>d10 %-0.45 % sodium chloride</i>	
<i>cimetidine</i> .....	77	<i>clonidine hcl</i> .....	39, 47	.....	62
CIMZIA.....	74	<i>clopidogrel</i> .....	51	<i>d2.5 %-0.45 % sodium</i>	
CIMZIA POWDER FOR		<i>clorazepate dipotassium</i> .....	39	<i>chloride</i> .....	62
RECONST.....	73	<i>clotrimazole</i> .....	1, 59	<i>d5 % and 0.9 % sodium</i>	
CIMZIA STARTER KIT ....	74	<i>clotrimazole-betamethasone</i> .59		<i>chloride</i> .....	62
<i>cinacalcet</i> .....	71	<i>clozapine</i> .....	39	<i>d5 %-0.45 % sodium chloride</i>	
CINRYZE .....	97	COARTEM .....	8	.....	62
CINVANTI.....	74	<i>colchicine</i> .....	83	<i>dabigatran etexilate</i> .....	51
<i>ciprofloxacin</i> .....	12	<i>colesevelam</i> .....	53	<i>dacarbazine</i> .....	16
<i>ciprofloxacin hcl</i> .....	12, 65, 92	<i>colestipol</i> .....	53	<i>dactinomycin</i> .....	16
<i>ciprofloxacin in 5 % dextrose</i>		<i>colistin (colistimethate na)</i> .....	8	<i>dalfampridine</i> .....	32
.....	12	COLUMVI .....	15	<i>danazol</i> .....	71
<i>ciprofloxacin-dexamethasone</i>		COMBIVENT RESPIMAT .97		<i>dantrolene</i> .....	34
.....	65	COMETRIQ.....	15	DANYELZA .....	16

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.



<i>dapsone</i> .....	8	<i>dextrose 5 %-lactated ringers</i>	62	<i>dotti</i> .....	87
DAPTACEL (DTAP				DOVATO .....	2
PEDIATRIC) (PF) .....	79	<i>dextrose 5%-0.2 % sod</i>		<i>doxazosin</i> .....	48
<i>daptomycin</i> .....	8	<i>chloride</i> .....	62	<i>doxepin</i> .....	40
DAPTOMYCIN .....	8	<i>dextrose 5%-0.3 %</i>		<i>doxercalciferol</i> .....	71
<i>darunavir</i> .....	2	<i>sod.chloride</i> .....	63	<i>doxorubicin</i> .....	16
DARZALEX .....	16	<i>dextrose 50 % in water (d50w)</i>	63	<i>doxorubicin, peg-liposomal</i> ..	16
<i>dasetta 1/35 (28)</i> .....	89	.....	63	<i>doxy-100</i> .....	12
<i>dasetta 7/7/7 (28)</i> .....	89	<i>dextrose 70 % in water (d70w)</i>	63	<i>doxycycline hyclate</i> .....	12
<i>daunorubicin</i> .....	16	.....	63	<i>doxycycline monohydrate</i> .....	13
DAURISMO.....	16	DIACOMIT .....	27	DRIZALMA SPRINKLE .....	40
<i>daysee</i> .....	89	<i>diazepam</i> .....	27, 40	<i>dronabinol</i> .....	74
<i>deblitane</i> .....	87	<i>diazepam intensol</i> .....	40	<i>droperidol</i> .....	74
<i>decitabine</i> .....	16	<i>diazoxide</i> .....	67	<i>drospirenone-e.estradiol-lm.fa</i>	
<i>deferasirox</i> .....	62	<i>diclofenac potassium</i> .....	37	.....	89
<i>deferiprone</i> .....	62	<i>diclofenac sodium</i> .....	37, 57, 94	<i>drospirenone-ethinyl estradiol</i>	
<i>deferoxamine</i> .....	62	<i>diclofenac-misoprostol</i> .....	37	.....	89
DELSTRIGO.....	2	<i>dicloxacillin</i> .....	11	DROXIA.....	16
<i>demeclocycline</i> .....	12	<i>dicyclomine</i> .....	73	<i>droxidopa</i> .....	63
DENGVAXIA (PF).....	79	DIFICID .....	7	DUAVEE.....	87
<i>denta 5000 plus</i> .....	64	<i>diflunisal</i> .....	37	DULERA.....	98
<i>dentagel</i> .....	64	<i>digoxin</i> .....	54, 55	<i>duloxetine</i> .....	40
DEPO-SUBQ PROVERA 104		<i>dihydroergotamine</i> .....	32	DUPIXENT PEN.....	57
.....	87	DILANTIN 30 MG .....	27	DUPIXENT SYRINGE.....	57
<i>dermacinrx lidocan</i> .....	57	<i>diltiazem hcl</i> .....	47, 48	<i>dutasteride</i> .....	101
DESCOVY .....	2	<i>dilt-xr</i> .....	48	<i>dutasteride-tamsulosin</i> .....	101
<i>desipramine</i> .....	39	<i>dimenhydrinate</i> .....	74	<b>E</b>	
<i>desmopressin</i> .....	71	<i>dimethyl fumarate</i> .....	32, 33	<i>e.e.s. 400</i> .....	7
<i>desog-e.estradiol/e.estradiol</i>	89	<i>diphenhydramine hcl</i> .....	96	<i>ec-naproxen</i> .....	37
<i>desogestrel-ethinyl estradiol</i>	89	<i>diphenoxylate-atropine</i> .....	73	<i>econazole</i> .....	59
<i>desonide</i> .....	60	<i>dipyridamole</i> .....	51	EDARBI .....	48
<i>desvenlafaxine succinate</i> .....	39	<i>disulfiram</i> .....	63	EDARBYCLOR .....	48
<i>dexamethasone</i> .....	65	<i>divalproex</i> .....	27	EDURANT .....	2
<i>dexamethasone intensol</i> .....	65	<i>dobutamine</i> .....	55	<i>efavirenz</i> .....	2
<i>dexamethasone sodium phos</i>		<i>dobutamine in d5w</i> .....	55	<i>efavirenz-emtricitabin-tenofov2</i>	
(pf) .....	65	<i>docetaxel</i> .....	16	<i>efavirenz-lamivu-tenofov disop</i>	
<i>dexamethasone sodium</i>		<i>dofetilide</i> .....	46	.....	2
<i>phosphate</i> .....	65, 95	<i>donepezil</i> .....	33	<i>effer-k</i> .....	102
<i>dexrazoxane hcl</i> .....	13	<i>dopamine</i> .....	55	ELAPRASE.....	71
<i>dextroamphetamine-</i>		<i>dopamine in 5 % dextrose</i> ....	55	<i>electrolyte-148</i> .....	104
<i>amphetamine</i> .....	39, 40	DOPTELET (10 TAB PACK)		<i>electrolyte-48 in d5w</i> .....	104
<i>dextrose 10 % and 0.2 % nacl</i>		.....	51	<i>electrolyte-a</i> .....	104
.....	62	DOPTELET (15 TAB PACK)		<i>eletriptan</i> .....	32
<i>dextrose 10 % in water (d10w)</i>		.....	51	ELIGARD.....	17
.....	62	DOPTELET (30 TAB PACK)		ELIGARD (3 MONTH) .....	16
<i>dextrose 25 % in water (d25w)</i>		.....	52	ELIGARD (4 MONTH) .....	16
.....	62	<i>dorzolamide</i> .....	94	ELIGARD (6 MONTH) .....	17
<i>dextrose 5 % in water (d5w)</i>	62	<i>dorzolamide-timolol</i> .....	94	<i>elinst</i> .....	89

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

ELIQUIS .....	52	EPRONTIA .....	28	<i>famotidine</i> .....	77
ELIQUIS DVT-PE TREAT		ERBITUX.....	17	<i>famotidine (pf)</i> .....	77
30D START .....	52	<i>ergotamine-caffeine</i> .....	32	<i>famotidine (pf)-nacl (iso-osm)</i>	
ELITEK.....	13	ERIVEDGE .....	17	.....	77
ELIXOPHYLLIN.....	98	ERLEADA .....	17	FANAPT.....	40
ELMIRON.....	101	<i>erlotinib</i> .....	17	FARXIGA .....	67
ELREXFIO .....	17	<i>errin</i> .....	87	FASENRA.....	98
<i>eluryng</i> .....	88	<i>ertapenem</i> .....	8	FASENRA PEN .....	98
ELZONRIS .....	17	ERWINASE .....	17	<i>febuxostat</i> .....	83
EMCYT.....	17	<i>ery pads</i> .....	58	<i>felbamate</i> .....	28
EMEND.....	74	<i>ery-tab</i> .....	7	<i>felodipine</i> .....	48
EMGALITY PEN .....	32	<i>erythrocin (as stearate)</i> .....	7	<i>fenofibrate</i> .....	54
EMGALITY SYRINGE.....	32	<i>erythromycin</i> .....	7, 92	<i>fenofibrate micronized</i> .....	54
EMPLICITI .....	17	<i>erythromycin ethylsuccinate</i> ...7		<i>fenofibrate nanocrystallized</i> .54	
EMSAM .....	40	<i>erythromycin with ethanol</i> ....58		<i>fenofibric acid</i> .....	54
<i>emtricitabine</i> .....	2	<i>escitalopram oxalate</i> .....	40	<i>fenofibric acid (choline)</i> .....	54
<i>emtricitabine-tenofovir (tdf)</i> ...2		<i>esmolol</i> .....	48	<i>fentanyl</i> .....	35
EMTRIVA.....	2	<i>esomeprazole magnesium</i> ....77		<i>fentanyl citrate</i> .....	35
EMVERM .....	8	<i>esomeprazole sodium</i> .....	77	<i>fentanyl citrate (pf)</i> .....	35
<i>enalapril maleate</i> .....	48	<i>estarylla</i> .....	89	<i>fesoterodine</i> .....	100
<i>enalaprilat</i> .....	48	<i>estradiol</i> .....	87	FETZIMA.....	40
<i>enalapril-hydrochlorothiazide</i>		<i>estradiol valerate</i> .....	87	FIASP FLEXTOUCH U-100	
.....	48	<i>estradiol-norethindrone acet</i> 87		INSULIN .....	67
ENBREL .....	84	<i>eszopiclone</i> .....	40	FIASP PENFILL U-100	
ENBREL MINI .....	84	<i>ethacrynate sodium</i> .....	48	INSULIN .....	67
ENBREL SURECLICK .....	84	<i>ethambutol</i> .....	8	FIASP U-100 INSULIN .....	67
ENDARI.....	63	<i>ethosuximide</i> .....	28	<i>finasteride</i> .....	101
<i>endocet</i> .....	34	<i>ethynodiol diac-eth estradiol</i> 89		<i>fingolimod</i> .....	33
ENGERIX-B (PF) .....	79	<i>etodolac</i> .....	37	FINTEPLA .....	28
ENGERIX-B PEDIATRIC		<i>etonogestrel-ethinyl estradiol</i>		FIRDAPSE .....	33
(PF).....	79	.....	88	FIRMAGON KIT W	
<i>enoxaparin</i> .....	52	ETOPOPHOS.....	17	DILUENT SYRINGE 17, 18	
<i>enpresse</i> .....	89	<i>etoposide</i> .....	17	<i>flac otic oil</i> .....	65
<i>enskyce</i> .....	89	<i>etravirine</i> .....	3	<i>flavoxate</i> .....	100
<i>entacapone</i> .....	31	<i>euthyrox</i> .....	72	<i>flecainide</i> .....	46
<i>entecavir</i> .....	2	<i>everolimus (antineoplastic)</i> ..17		<i>floxuridine</i> .....	18
ENTRESTO .....	55	<i>everolimus</i>		<i>fluconazole</i> .....	1
ENTYVIO .....	74	( <i>immunosuppressive</i> ).....	17	<i>fluconazole in nacl (iso-osm)</i> ..1	
<i>enulose</i> .....	74	EVOTAZ.....	3	<i>flucytosine</i> .....	1
ENVARUS XR .....	17	<i>exemestane</i> .....	17	<i>fludarabine</i> .....	18
EPCLUSA .....	2, 3	EXKIVITY .....	17	<i>fludrocortisone</i> .....	66
EPIDIOLEX .....	27	EYLEA.....	93	<i>flumazenil</i> .....	40
<i>epinastine</i> .....	93	<i>ezetimibe</i> .....	53	<i>flunisolide</i> .....	98
<i>epinephrine</i> .....	96	<i>ezetimibe-simvastatin</i> .....	53	<i>fluocinolone</i> .....	60
<i>epirubicin</i> .....	17	<b>F</b>		<i>fluocinolone acetonide oil</i> ....65	
<i>epitol</i> .....	28	FABRAZYME .....	71	<i>fluocinolone and shower cap</i> 60	
EPKINLY .....	17	<i>falmina (28)</i> .....	89	<i>fluocinonide</i> .....	60, 61
<i>eplerenone</i> .....	48	<i>famciclovir</i> .....	3	<i>fluocinonide-emollient</i> .....	61

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

<i>fluoride (sodium)</i> .....	64, 104	<i>gemcitabine</i> .....	18	<i>heparin (porcine) in nacl (pf)</i>	
<i>fluorometholone</i> .....	95	GEMCITABINE .....	18	.....	52
<i>fluorouracil</i> .....	18, 57	<i>gemfibrozil</i> .....	54	<i>heparin(porcine) in 0.45% nacl</i>	
<i>fluoxetine</i> .....	40, 41	<i>generlac</i> .....	74	.....	52
<i>fluoxetine (pmd)</i> .....	40	<i>gengraf</i> .....	18	HEPARIN(PORCINE) IN	
<i>fluphenazine decanoate</i> .....	41	<i>gentamicin</i> .....	8, 59, 92	0.45% NACL.....	52
<i>fluphenazine hcl</i> .....	41	<i>gentamicin in nacl (iso-osm)</i> ..	8	<i>heparin, porcine (pf)</i> .....	52, 53
<i>flurbiprofen</i> .....	37	<i>gentamicin sulfate (ped) (pf)</i> ..	8	HEPARIN, PORCINE (PF)..	53
<i>flurbiprofen sodium</i> .....	94	GENVOYA .....	3	HEPLISAV-B (PF).....	80
<i>fluticasone propionate</i> .....	98	GILOTRIF.....	18	HIBERIX (PF).....	80
<i>fluticasone propion-salmeterol</i>		<i>glatiramer</i> .....	33	HIZENTRA .....	80
.....	98	<i>glatopa</i> .....	33	HUMIRA (PREFERRED	
<i>fluvastatin</i> .....	54	GLEOSTINE.....	18	NDCS STARTING WITH	
<i>fluvoxamine</i> .....	41	<i>glimepiride</i> .....	67	00074).....	84
FOLOTYN .....	18	<i>glipizide</i> .....	67	HUMIRA PEN (PREFERRED	
<i>fomepizole</i> .....	79	<i>glipizide-metformin</i> .....	67	NDCS STARTING WITH	
<i>fondaparinux</i> .....	52	<i>glycine urologic</i> .....	101	00074).....	84
<i>formoterol fumarate</i> .....	98	<i>glycine urologic solution</i> ....	101	HUMIRA PEN PSOR-	
FOSAMAX PLUS D.....	83	<i>glycopyrrolate</i> .....	73	UVEITS-ADOL HS	
<i>fosamprenavir</i> .....	3	<i>glycopyrrolate (pf) in water</i> .	73	(PREFERRED NDCS	
<i>fosaprepitant</i> .....	74	<i>glydo</i> .....	57	STARTING WITH 00074)	
<i>fosinopril</i> .....	48	GLYXAMBI .....	67	.....	85
<i>fosinopril-hydrochlorothiazide</i>		GRALISE .....	28	HUMIRA(CF) (PREFERRED	
.....	48	<i>granisetron (pf)</i> .....	74	NDCS STARTING WITH	
<i>fosphenytoin</i> .....	28	<i>granisetron hcl</i> .....	74	00074).....	85
FOTIVDA .....	18	<i>griseofulvin microsize</i> .....	1	HUMIRA(CF) PEDI	
FRUZAQLA.....	18	<i>griseofulvin ultramicrosize</i> ....	1	CROHNS STARTER	
<i>fulvestrant</i> .....	18	GVOKE .....	67	(PREFERRED NDCS	
<i>furosemide</i> .....	48	GVOKE HYOPEN 1-PACK		STARTING WITH 00074)	
FUZEON .....	3	.....	67	.....	85
FYARRO.....	18	GVOKE HYOPEN 2-PACK		HUMIRA(CF) PEN	
<i>fyavolv</i> .....	87	.....	67	(PREFERRED NDCS	
FYCOMPA .....	28	GVOKE PFS 1-PACK		STARTING WITH 00074)	
<b>G</b>		SYRINGE.....	67	.....	85
<i>gabapentin</i> .....	28	GVOKE PFS 2-PACK		HUMIRA(CF) PEN	
<i>galantamine</i> .....	33	SYRINGE.....	67	CROHNS-UC-HS	
GAMASTAN .....	80	<b>H</b>		(PREFERRED NDCS	
<i>ganciclovir sodium</i> .....	3	HALAVEN.....	18	STARTING WITH 00074)	
GARDASIL 9 (PF) .....	80	<i>halobetasol propionate</i> .....	61	.....	85
<i>gatifloxacin</i> .....	92	<i>haloperidol</i> .....	41	HUMIRA(CF) PEN	
GATTEX 30-VIAL.....	74	<i>haloperidol decanoate</i> .....	41	PEDIATRIC UC	
GATTEX ONE-VIAL.....	74	<i>haloperidol lactate</i> .....	41	(PREFERRED NDCS	
GAUZE PAD .....	82	HARVONI.....	3	STARTING WITH 00074)	
<i>gavilyte-c</i> .....	74	HAVRIX (PF) .....	80	.....	85
<i>gavilyte-g</i> .....	74	<i>heather</i> .....	87	HUMIRA(CF) PEN PSOR-	
GAVRETO.....	18	<i>heparin (porcine)</i> .....	52	UV-ADOL HS	
GAZYVA .....	18	<i>heparin (porcine) in 5 % dex</i>	52	(PREFERRED NDCS	
<i>gefitinib</i> .....	18				

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

STARTING WITH 00074)	<i>icosapent ethyl</i> .....	54	<i>irinotecan</i> .....	19
.....	<i>idarubicin</i> .....	19	ISENTRESS .....	3
<i>hydralazine</i> .....	IDHIFA .....	19	ISENTRESS HD .....	3
<i>hydrochlorothiazide</i> .....	<i>ifosfamide</i> .....	19	<i>isibloom</i> .....	89
<i>hydrocodone-acetaminophen</i> .....	ILARIS (PF).....	78	ISOLYTE S PH 7.4 .....	104
<i>hydrocodone-ibuprofen</i> .....	<i>imatinib</i> .....	19	ISOLYTE-P IN 5 %	
<i>hydrocortisone</i> .....	IMBRUVICA .....	19	DEXTROSE .....	104
<i>hydrocortisone-acetic acid</i> ...	IMFINZI.....	19	ISOLYTE-S .....	104
<i>hydromorphone</i> .....	<i>imipenem-cilastatin</i> .....	8	<i>isoniazid</i> .....	8
<i>hydromorphone (pf)</i> .....	<i>imipramine hcl</i> .....	41	<i>isosorbide dinitrate</i> .....	55
<i>hydroxychloroquine</i> .....	<i>imipramine pamoate</i> .....	41	<i>isosorbide mononitrate</i> .....	55
<i>hydroxyprogesterone caproate</i>	<i>imiquimod</i> .....	57	<i>isosorbide-hydralazine</i> .....	49
.....	IMJUDO.....	19	<i>isotretinoin</i> .....	58
<i>hydroxyurea</i> .....	IMOVAX RABIES VACCINE		<i>isradipine</i> .....	49
<i>hydroxyzine hcl</i> .....	(PF).....	80	ISTODAX.....	19
HYPERHEP B .....	IMVEXXY MAINTENANCE		<i>itraconazole</i> .....	1
HYPERHEP B NEONATAL	PACK .....	87	<i>ivermectin</i> .....	8, 58
.....	IMVEXXY STARTER PACK		IWILFIN.....	19
HYRIMOZ PEN CROHN'S-	.....	87	IXCHIQ.....	80
UC STARTER	<i>incassia</i> .....	87	IXEMPRA .....	19
(PREFERRED NDCS	INCRELEX .....	63	IXIARO (PF).....	80
STARTING WITH 61314)	<i>indapamide</i> .....	48	<b>J</b>	
.....	INFANRIX (DTAP) (PF).....	80	JAKAFI .....	19
HYRIMOZ PEN PSORIASIS	INGREZZA .....	33	<i>jantoven</i> .....	53
STARTER (PREFERRED	INGREZZA INITIATION		JANUMET .....	68
NDCS STARTING WITH	PACK .....	33	JANUMET XR.....	68
61314) .....	INLYTA .....	19	JANUVIA.....	68
HYRIMOZ(CF)	INPEFA .....	67	JARDIANCE.....	68
(PREFERRED NDCS	INQOVI.....	19	<i>jasmiel (28)</i> .....	89
STARTING WITH 61314)	INREBIC .....	19	JAYPIRCA .....	19
.....	INSULIN GLARGINE.....	68	JEMPERLI .....	19
HYRIMOZ(CF) PEDI	INSULIN SYRINGE-		<i>jencycla</i> .....	87
CROHN STARTER	NEEDLE U-100 .....	82	JENTADUETO .....	68
(PREFERRED NDCS	INSULIN SYRINGES (NON-		JENTADUETO XR.....	68
STARTING WITH 61314)	PREFERRED BRANDS).....	82	JEVTANA .....	19
.....	INTELENCE .....	3	<i>jinteli</i> .....	87
HYRIMOZ(CF) PEN	<i>intralipid</i> .....	104	<i>jolessa</i> .....	89
(PREFERRED NDCS	<i>introvale</i> .....	89	<i>juleber</i> .....	89
STARTING WITH 61314)	INVEGA HAFYERA.....	41	JULUCA.....	3
.....	INVEGA SUSTENNA... 41, 42		JUXTAPID .....	54
<b>I</b>	INVEGA TRINZA .....	42	JYNNEOS (PF) .....	80
<i>ibandronate</i> .....	INVELTYS .....	95	<b>K</b>	
IBRANCE .....	IPOL .....	80	KADCYLA.....	19
<i>ibu</i> .....	<i>ipratropium bromide</i> .....	64, 98	<i>kalliga</i> .....	90
<i>ibuprofen</i> .....	<i>ipratropium-albuterol</i> .....	98	KALYDECO .....	98
<i>ibutilide fumarate</i> .....	<i>irbesartan</i> .....	48	KANUMA .....	71
<i>icatibant</i> .....	<i>irbesartan-hydrochlorothiazide</i>		<i>kariva (28)</i> .....	90
ICLUSIG.....	.....	48	<i>kelnor 1/35 (28)</i> .....	90

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

<i>kelnor 1-50 (28)</i> .....	90	<i>larin fe 1/20 (28)</i> .....	90	<i>liothyronine</i> .....	72
KEPIVANCE .....	13	<i>latanoprost</i> .....	94	<i>lisinopril</i> .....	49
KERENDIA .....	49	<i>leflunomide</i> .....	86	<i>lisinopril-hydrochlorothiazide</i>	
KESIMPTA PEN .....	33	<i>lenalidomide</i> .....	20	.....	49
<i>ketoconazole</i> .....	1, 59	LENVIMA.....	20	<i>lithium carbonate</i> .....	42
<i>ketorolac</i> .....	94	<i>lessina</i> .....	90	<i>lithium citrate</i> .....	42
KEYTRUDA.....	19	<i>letrozole</i> .....	20	LOKELMA.....	63
KHAPZORY .....	13	<i>leucovorin calcium</i> .....	13	LONSURF.....	20
KIMMTRAK.....	20	LEUKERAN .....	20	<i>loperamide</i> .....	73
KINRIX (PF).....	80	LEUKINE.....	78	<i>lopinavir-ritonavir</i> .....	3
KISQALI.....	20	<i>leuprolide</i> .....	20	LOQTORZI.....	20
KISQALI FEMARA CO-		<i>levabuterol hcl</i> .....	98	<i>lorazepam</i> .....	42
PACK .....	20	<i>levetiracetam</i> .....	29	<i>lorazepam intensol</i> .....	42
<i>klayesta</i> .....	59	<i>levetiracetam in nacl (iso-osm)</i>		LORBRENA.....	20
<i>klor-con</i> .....	102	.....	29	<i>loryna (28)</i> .....	90
<i>klor-con 10</i> .....	102	<i>levobunolol</i> .....	93	<i>losartan</i> .....	49
<i>klor-con 8</i> .....	102	<i>levocarnitine</i> .....	63	<i>losartan-hydrochlorothiazide</i>	
<i>klor-con m10</i> .....	102	<i>levocarnitine (with sugar)</i> ....	63	.....	49
<i>klor-con m15</i> .....	102	<i>levocetirizine</i> .....	96	<i>loteprednol etabonate</i> .....	95
<i>klor-con m20</i> .....	102	<i>levofloxacin</i> .....	12, 92	<i>lovastatin</i> .....	54
<i>klor-con/ef</i> .....	102	<i>levofloxacin in d5w</i> .....	12	<i>low-ogestrel (28)</i> .....	90
KORLYM .....	71	<i>levoleucovorin calcium</i> .....	13	<i>loxapine succinate</i> .....	42
KOSELUGO .....	20	<i>levonest (28)</i> .....	90	<i>lo-zumandimine (28)</i> .....	90
<i>kourzeq</i> .....	64	<i>levonorgestrel-ethinyl estrad</i>	90	<i>lubiprostone</i> .....	74
K-PHOS NO 2.....	101	<i>levonorg-eth estrad triphasic</i>	90	LUMAKRAS.....	21
K-PHOS ORIGINAL .....	101	<i>levora-28</i> .....	90	LUMIGAN .....	94
KRAZATI .....	20	<i>levo-t</i> .....	72	LUMIZYME.....	71
<i>kurvelo (28)</i> .....	90	<i>levothyroxine</i> .....	72	LUNSUMIO .....	21
KYPROLIS .....	20	<i>levoxyl</i> .....	72	LUPRON DEPOT .....	21
<b>L</b>		LEXIVA .....	3	<i>lurasidone</i> .....	42
<i>l norgest/e.estradiol-e.estrad</i>	90	LIBTAYO .....	20	<i>lutea (28)</i> .....	90
<i>labetalol</i> .....	49	<i>lidocaine</i> .....	57	<i>lyleq</i> .....	87
<i>lacosamide</i> .....	28	<i>lidocaine (pf)</i> .....	46, 57	<i>lyllana</i> .....	87
<i>lactated ringers</i> .....	61, 102	<i>lidocaine hcl</i> .....	57	LYNPARZA.....	21
<i>lactulose</i> .....	74	<i>lidocaine in 5 % dextrose (pf)</i>		LYSODREN.....	21
LAGEVRIO (EUA).....	3	.....	46	LYTGOBI.....	21
<i>lamivudine</i> .....	3	<i>lidocaine viscous</i> .....	57	<i>lyza</i> .....	87
<i>lamivudine-zidovudine</i> .....	3	<i>lidocaine-epinephrine</i> .....	57	<b>M</b>	
<i>lamotrigine</i> .....	28, 29	<i>lidocaine-epinephrine (pf)</i> ....	57	<i>magnesium chloride</i> .....	102
<i>lansoprazole</i> .....	77	<i>lidocaine-prilocaine</i> .....	57	<i>magnesium sulfate</i> .....	102
LANTUS SOLOSTAR U-100		<i>lidocan iii</i> .....	57	MAGNESIUM SULFATE IN	
INSULIN.....	68	<i>lincomycin</i> .....	8	D5W .....	102
LANTUS U-100 INSULIN ..	68	<i>linezolid</i> .....	9	<i>magnesium sulfate in water</i>	102
<i>lapatinib</i> .....	20	<i>linezolid in dextrose 5%</i> .....	9	<i>malathion</i> .....	61
<i>larin 1.5/30 (21)</i> .....	90	<i>linezolid-0.9% sodium chloride</i>		<i>mannitol 20 %</i> .....	49
<i>larin 1/20 (21)</i> .....	90	.....	9	<i>mannitol 25 %</i> .....	49
<i>larin 24 fe</i> .....	90	LINZESS .....	74	<i>maraviroc</i> .....	4
<i>larin fe 1.5/30 (28)</i> .....	90	LIORESAL.....	34	MARGENZA .....	21

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

<i>marlissa</i> (28) .....	90	<i>metoprolol tartrate-</i>	<i>mycophenolate sodium</i> .....	22
MARPLAN .....	42	<i>hydrochlorothiazide</i> .....	MYFEMBREE .....	88
MATULANE .....	21	<i>metro i.v.</i> .....	MYLOTARG .....	22
<i>matzim la</i> .....	49	<i>metronidazole</i> .....	MYRBETRIQ.....	100
<i>meclizine</i> .....	75	<i>metronidazole in nacl (iso-</i>	<b>N</b>	
<i>medroxyprogesterone</i> .....	88	<i>osm)</i> .....	<i>nabumetone</i> .....	37
<i>mefloquine</i> .....	9	<i>metyrosine</i> .....	<i>nadolol</i> .....	49
<i>megestrol</i> .....	21	<i>mexiletine</i> .....	<i>nafcillin</i> .....	11
MEKINIST.....	21	<i>micafungin</i> .....	<i>nafcillin in dextrose (iso-osm)</i>	11
MEKTOVI .....	21	<i>microgestin 1.5/30 (21)</i> .....	.....	11
<i>meloxicam</i> .....	37	<i>microgestin 1/20 (21)</i> .....	<i>naftifine</i> .....	59
<i>melphalan hcl</i> .....	21	<i>microgestin fe 1.5/30 (28)</i> ....	NAGLAZYME.....	71
<i>memantine</i> .....	33	<i>microgestin fe 1/20 (28)</i> .....	<i>nalbuphine</i> .....	37
MENACTRA (PF) .....	80	<i>midodrine</i> .....	<i>naloxone</i> .....	37
MENEST.....	88	<i>mifepristone</i> .....	<i>naltrexone</i> .....	37
MENQUADFI (PF).....	80	<i>mili</i> .....	NAMZARIC.....	33
MENVEO A-C-Y-W-135-DIP		<i>milrinone</i> .....	<i>naproxen</i> .....	37
(PF).....	80	<i>milrinone in 5 % dextrose</i> ....	<i>naproxen sodium</i> .....	37
MEPSEVII .....	71	<i>mimvey</i> .....	<i>naratriptan</i> .....	32
<i>mercaptopurine</i> .....	21	<i>minocycline</i> .....	NATACYN.....	92
<i>meropenem</i> .....	9	<i>minoxidil</i> .....	<i>nateglinide</i> .....	68
<i>mesalamine</i> .....	75	<i>miostat</i> .....	NAYZILAM.....	29
<i>mesalamine with cleansing</i>		<i>mirtazapine</i> .....	<i>nebivolol</i> .....	49
<i>wipe</i> .....	75	<i>misoprostol</i> .....	<i>nefazodone</i> .....	43
<i>mesna</i> .....	13	<i>mitomycin</i> .....	<i>nelarabine</i> .....	22
MESNEX .....	13	<i>mitoxantrone</i> .....	<i>neomycin</i> .....	9
<i>metformin</i> .....	68	M-M-R II (PF).....	<i>neomycin-bacitracin-poly-hc</i>	94
<i>methadone</i> .....	35	<i>modafinil</i> .....	<i>neomycin-bacitracin-</i>	
<i>methadone intensol</i> .....	35	<i>moexipril</i> .....	<i>polymyxin</i> .....	92
<i>methadose</i> .....	35	<i>molindone</i> .....	<i>neomycin-polymyxin b gu</i> .....	61
<i>methazolamide</i> .....	94	<i>mometasone</i> .....	<i>neomycin-polymyxin b-</i>	
<i>methenamine hippurate</i> .....	13	<i>mondoxyne nl</i> .....	<i>dexameth</i> .....	95
<i>methenamine mandelate</i> .....	13	MONJUVI.....	<i>neomycin-polymyxin-</i>	
<i>methimazole</i> .....	66	<i>mono-linyah</i> .....	<i>gramicidin</i> .....	92
<i>methotrexate sodium</i> .....	21	<i>montelukast</i> .....	<i>neomycin-polymyxin-hc</i> ..	65, 95
<i>methotrexate sodium (pf)</i> .....	21	<i>morphine</i> .....	<i>neo-polycin</i> .....	92
<i>methoxsalen</i> .....	57	<i>morphine (pf)</i> .....	<i>neo-polycin hc</i> .....	95
<i>methsuximide</i> .....	29	<i>morphine concentrate</i> .....	NERLYNX .....	22
<i>methylergonovine</i> .....	92	MOUNJARO.....	NEUPRO .....	31
<i>methylphenidate hcl</i> .....	42	MOVANTIK .....	<i>nevirapine</i> .....	4
<i>methylprednisolone</i> .....	66	<i>moxifloxacin</i> .....	NEXLETOL .....	54
<i>methylprednisolone acetate</i> ..	66	<i>moxifloxacin-sod.chloride(iso)</i>	NEXLIZET.....	54
<i>methylprednisolone sodium</i>		.....	NEXPLANON.....	88
<i>succ</i> .....	66	MOZOBIL.....	<i>niacin</i> .....	54
<i>metoclopramide hcl</i> .....	75	<i>mupirocin</i> .....	<i>nicardipine</i> .....	49
<i>metolazone</i> .....	49	MYALEPT .....	NICOTROL.....	64
<i>metoprolol succinate</i> .....	49	<i>mycophenolate mofetil</i> ....	NICOTROL NS.....	64
<i>metoprolol tartrate</i> .....	49	<i>mycophenolate mofetil (hcl)</i> .	<i>nifedipine</i> .....	49

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

<i>nikki</i> (28) .....	91	NOVOLOG MIX 70-30FLEXPEN U-100 .....	69	ORENCIA (WITH MALTOSE).....	86
<i>nilutamide</i> .....	22	NOVOLOG PENFILL U-100 INSULIN .....	69	ORENCIA CLICKJECT .....	86
<i>nimodipine</i> .....	49	NOVOLOG U-100 INSULIN ASPART .....	69	ORGOVYX .....	22
NINLARO .....	22	NUBEQA .....	22	ORKAMBI .....	98
<i>nisoldipine</i> .....	49	NUCALA .....	98	ORSERDU .....	22
<i>nitazoxanide</i> .....	9	NUEDEXTA .....	33	<i>oseltamivir</i> .....	4
<i>nitisinone</i> .....	63	NULOJIX .....	22	<i>osmitrol 20 %</i> .....	50
<i>nitro-bid</i> .....	55	NUPLAZID .....	43	OTEZLA.....	86
<i>nitrofurantoin macrocrystal</i> .	13	NURTEC ODT.....	32	OTEZLA STARTER.....	86
<i>nitrofurantoin monohyd/m-cryst</i> .....	13	<i>nyamyc</i> .....	59	<i>oxacillin</i> .....	11
<i>nitroglycerin</i> .....	56, 75	<i>nystatin</i> .....	1, 59	<i>oxacillin in dextrose(iso-osm)</i> .....	11
<i>nitroglycerin in 5 % dextrose</i> .....	55	<i>nystatin-triamcinolone</i> .....	59	<i>oxaliplatin</i> .....	22
NIVESTYM .....	78	<i>nystop</i> .....	59	<i>oxaprozin</i> .....	37
<i>nizatidine</i> .....	77	NYVEPRIA.....	78	<i>oxcarbazepine</i> .....	29
<i>nora-be</i> .....	88	<b>O</b>		OXERVATE.....	93
<i>norepinephrine bitartrate</i> .....	55	OCALIVA .....	75	<i>oxybutynin chloride</i> .....	101
<i>norethindrone (contraceptive)</i> .....	88	<i>octreotide acetate</i> .....	22	<i>oxycodone</i> .....	36
<i>norethindrone acetate</i> .....	88	ODEFSEY .....	4	<i>oxycodone-acetaminophen</i> ...	36
<i>norethindrone ac-eth estradiol</i> .....	88, 91	ODOMZO .....	22	OXYCONTIN .....	36
<i>norethindrone-e.estradiol-iron</i> .....	91	OFEV.....	98	OZEMPIC.....	69
<i>norgestimate-ethinyl estradiol</i> .....	91	<i>ofloxacin</i> .....	65, 92	OZURDEX .....	95
<i>nortrel 0.5/35</i> (28).....	91	OJJAARA.....	22	<b>P</b>	
<i>nortrel 1/35</i> (21).....	91	<i>olanzapine</i> .....	43	<i>pacerone</i> .....	46
<i>nortrel 1/35</i> (28).....	91	<i>olanzapine-fluoxetine</i> .....	43	<i>paclitaxel</i> .....	22
<i>nortrel 7/7/7</i> (28).....	91	<i>olmesartan</i> .....	49	PADCEV .....	23
<i>nortriptyline</i> .....	43	<i>olmesartan-amlodipine-hydrochlorothiazide</i> .....	50	<i>paliperidone</i> .....	43
NORVIR .....	4	<i>olmesartan-hydrochlorothiazide</i> .....	50	<i>palonosetron</i> .....	75
NOVO PEN NEEDLE .....	68	<i>olopatadine</i> .....	93	<i>pamidronate</i> .....	71
NOVOLIN 70/30 U-100 INSULIN.....	68	<i>omega-3 acid ethyl esters</i> .....	54	PANRETIN .....	57
NOVOLIN 70-30 FLEXPEN U-100.....	68	<i>omeprazole</i> .....	77	<i>pantoprazole</i> .....	77
NOVOLIN N FLEXPEN .....	69	OMNITROPE.....	78	<i>paraplatin</i> .....	23
NOVOLIN N NPH U-100 INSULIN.....	69	ONCASPAR.....	22	<i>paricalcitol</i> .....	71
NOVOLIN R FLEXPEN .....	69	<i>ondansetron</i> .....	75	<i>paromomycin</i> .....	9
NOVOLIN R REGULAR U100 INSULIN .....	69	<i>ondansetron hcl</i> .....	75	<i>paroxetine hcl</i> .....	43
NOVOLOG FLEXPEN U-100 INSULIN.....	69	<i>ondansetron hcl (pf)</i> .....	75	PAXLOVID.....	4
NOVOLOG MIX 70-30 U-100 INSULN .....	69	ONIVYDE.....	22	<i>pazopanib</i> .....	23
		ONUREG .....	22	PEDIARIX (PF) .....	81
		OPDIVO.....	22	PEDVAX HIB (PF).....	81
		OPDUALAG .....	22	<i>peg 3350-electrolytes</i> .....	75
		<i>opium tincture</i> .....	73	<i>peg3350-sod sul-nacl-kcl-asb-c</i> .....	75
		OPSUMIT .....	98	PEGASYS .....	78
		<i>oralone</i> .....	64	<i>peg-electrolyte</i> .....	75
		ORENCIA .....	86	PEMAZYRE.....	23
				<i>pemetrexed disodium</i> .....	23
				PEN NEEDLE, DIABETIC .....	82

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

PENBRAYA (PF).....	81	<i>polycin</i> .....	92	PREVIDENT 5000 BOOSTER	
<i> penciclovir</i> .....	59	<i> polymyxin b sulf-trimethoprim</i>		PLUS.....	64
<i> penicillamine</i> .....	86	.....	93	PREVIDENT 5000 DRY	
PENICILLIN G POT IN		POMALYST.....	23	MOUTH.....	65
DEXTROSE.....	11	<i> portia 28</i> .....	91	PREVYMIS.....	4
<i> penicillin g potassium</i> .....	11	PORTRAZZA.....	23	PREZCOBIX.....	4
<i> penicillin g sodium</i> .....	11	<i> posaconazole</i> .....	1	PREZISTA.....	4
<i> penicillin v potassium</i> .....	11	<i> potassium acetate</i> .....	102	PRIFTIN.....	9
PENTACEL (PF).....	81	<i> potassium chlorid-d5-</i>		PRIMAQUINE.....	9
<i> pentamidine</i> .....	9	0.45%nacl.....	102	<i> primidone</i> .....	30
PENTASA.....	75	<i> potassium chloride</i> .....	103	PRIMIDONE.....	30
<i> pentoxifylline</i> .....	53	<i> potassium chloride in</i>		PRIORIX (PF).....	81
<i> perindopril erbumine</i> .....	50	0.9%nacl.....	102	PRIVIGEN.....	81
<i> periogard</i> .....	64	<i> potassium chloride in 5 % dex</i>		<i> probenecid</i> .....	83
PERJETA.....	23	.....	102	<i> probenecid-colchicine</i> .....	83
<i> permethrin</i> .....	61	<i> potassium chloride in lr-d5</i>	102	<i> procainamide</i> .....	46
<i> perphenazine</i> .....	43	<i> potassium chloride in water</i>	103	<i> prochlorperazine</i> .....	75
PERSERIS.....	43	<i> potassium chloride-0.45 %</i>		<i> prochlorperazine edisylate</i> ..	75
<i> pfizerpen-g</i> .....	11	nacl.....	103	<i> prochlorperazine maleate oral</i>	
<i> phenelzine</i> .....	43	<i> potassium chloride-d5-</i>		.....	75
<i> phenobarbital</i> .....	29	0.2%nacl.....	103	PROCRIT.....	78, 79
<i> phenobarbital sodium</i> .....	29	<i> potassium chloride-d5-</i>		<i> procto-med hc</i> .....	76
<i> phentolamine</i> .....	50	0.9%nacl.....	103	<i> proctosol hc</i> .....	76
<i> phenytoin</i> .....	29	<i> potassium citrate</i> .....	101	<i> proctozone-hc</i> .....	76
<i> phenytoin sodium</i> .....	29	<i> potassium phosphate m-/d-</i>		<i> progesterone</i> .....	88
<i> phenytoin sodium extended</i> ..	29	basic.....	103	<i> progesterone micronized</i> .....	88
<i> philith</i> .....	91	POTELIGEO.....	23	PROGRAF.....	23
PHOSPHOLINE IODIDE....	93	<i> pramipexole</i> .....	31	PROLASTIN-C.....	63
PIFELTRO.....	4	<i> prasugrel</i> .....	53	PROLENSA.....	94
<i> pilocarpine hcl</i> .....	63, 93	<i> pravastatin</i> .....	54	PROLIA.....	83
<i> pimecrolimus</i> .....	58	<i> praziquantel</i> .....	9	PROMACTA.....	53
<i> pimozide</i> .....	43	<i> prazosin</i> .....	50	<i> promethazine</i> .....	96
<i> pimtrea (28)</i> .....	91	<i> prednicarbate</i> .....	61	<i> propafenone</i> .....	46
<i> pindolol</i> .....	50	<i> prednisolone</i> .....	66	<i> propranolol</i> .....	50
<i> pioglitazone</i> .....	69	<i> prednisolone acetate</i> .....	95	<i> propylthiouracil</i> .....	66
<i> piperacillin-tazobactam</i> .....	12	<i> prednisolone sodium</i>		PROQUAD (PF).....	81
PIQRAY.....	23	phosphate.....	66, 95	<i> protamine</i> .....	53
<i> pirfenidone</i> .....	98, 99	<i> prednisone</i> .....	66	<i> protriptyline</i> .....	43
<i> piroxicam</i> .....	37	<i> prednisone intensol</i> .....	66	PULMICORT FLEXHALER	
<i> pitavastatin calcium</i> .....	54	<i> pregabalin</i> .....	29, 30	.....	99
PLASMA-LYTE A.....	104	PREHEVBRIO (PF).....	81	PULMOZYME.....	99
PLEGRIDY.....	78	PREMARIN.....	88	PURIXAN.....	23
PLENAMINE.....	104	<i> premasol 10 %</i> .....	104	<i> pyrazinamide</i> .....	9
<i> plerixafor</i> .....	78	PREMPHASE.....	88	<i> pyridostigmine bromide</i> .....	34
<i> podofilox</i> .....	58	PREMPRO.....	88	<i> pyrimethamine</i> .....	9
POLIVY.....	23	<i> prenatal vitamin oral tablet</i>	104	<b>Q</b>	
<i> polocaine</i> .....	58	<i> prevalite</i> .....	54	QINLOCK.....	23
<i> polocaine-mpf</i> .....	58			QTERN.....	69

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.



QUADRACEL (PF) .....	81	RINVOQ .....	86	<i>sevelamer carbonate</i> .....	63
<i>quetiapine</i> .....	43	<i>risedronate</i> .....	63, 83	<i>sf 65</i>	
<i>quinapril</i> .....	50	RISPERDAL CONSTA .....	44	<i>sf 5000 plus</i> .....	65
<i>quinapril-hydrochlorothiazide</i>		<i>risperidone</i> .....	44	<i>sharobel</i> .....	88
.....	50	<i>risperidone microspheres</i> .....	44	SHINGRIX (PF).....	81
<i>quinidine sulfate</i> .....	46	<i>ritonavir</i> .....	4	SIGNIFOR.....	24
<i>quinine sulfate</i> .....	9	<i>rivastigmine</i> .....	33	<i>sildenafil (pulmonary arterial</i>	
QULIPTA.....	32	<i>rivastigmine tartrate</i> .....	33	<i>hypertension)</i> .....	99
QVAR REDHALER.....	99	<i>rizatriptan</i> .....	32	<i>silodosin</i> .....	101
<b>R</b>		ROCKLATAN .....	94	<i>silver sulfadiazine</i> .....	58
RABAVERT (PF) .....	81	<i>roflumilast</i> .....	99	SIMBRINZA .....	94
RADICAVA ORS .....	33	<i>romidepsin</i> .....	23	SIMULECT .....	24
RADICAVA ORS STARTER		<i>ropinirole</i> .....	31	<i>simvastatin</i> .....	54
KIT SUSP.....	33	<i>rosuvastatin</i> .....	54	<i>sirolimus</i> .....	24
<i>raloxifene</i> .....	83	ROTARIX .....	81	SIRTURO .....	9
<i>ramelteon</i> .....	43	ROTATEQ VACCINE.....	81	SKYRIZI .....	56, 76
<i>ramipril</i> .....	50	<i>roweepira</i> .....	30	<i>sodium acetate</i> .....	103
<i>ranolazine</i> .....	55	ROZLYTREK .....	23	<i>sodium benzoate-sod</i>	
<i>rasagiline</i> .....	31	RUBRACA.....	23	<i>phenylacet</i> .....	63
<i>reclipsen (28)</i> .....	91	<i>rufinamide</i> .....	30	<i>sodium bicarbonate</i> .....	103
RECOMBIVAX HB (PF) ...	81	RUKOBIA.....	4	<i>sodium chloride</i> .....	63, 103
RECTIV .....	76	RUXIENCE.....	23	<i>sodium chloride 0.45 %</i> .....	103
REGRANEX .....	58	RYBELSUS.....	69	<i>sodium chloride 0.9 %</i> .....	63
RELENZA DISKHALER.....	4	RYBREVANT.....	23	<i>sodium chloride 3 %</i>	
RELISTOR.....	76	RYDAPT .....	23	<i>hypertonic</i> .....	103
REMICADE.....	76	RYLAZE .....	23	<i>sodium chloride 5 %</i>	
RENACIDIN.....	101	<b>S</b>		<i>hypertonic</i> .....	103
<i>repaglinide</i> .....	69	<i>sajazir</i> .....	99	<i>sodium fluoride 5000 dry</i>	
REPATHA .....	54	<i>salsalate</i> .....	37	<i>mouth</i> .....	65
REPATHA PUSHTRONEX	54	SANCUSO .....	76	<i>sodium fluoride 5000 plus</i> ...	65
REPATHA SURECLICK ...	54	SANDIMMUNE .....	23	<i>sodium fluoride-pot nitrate</i> ...	65
RETACRIT .....	79	SANDOSTATIN LAR		<i>sodium nitroprusside</i> .....	55
RETEVMO .....	23	DEPOT .....	24	SODIUM OXYBATE .....	44
RETROVIR.....	4	SANTYL .....	58	<i>sodium phenylbutyrate</i> .....	63
REVCovi.....	63	<i>sapropterin</i> .....	71	<i>sodium phosphate</i> .....	103
<i>revonto</i> .....	34	SARCLISA.....	24	<i>sodium polystyrene sulfonate</i>	63
REXULTI.....	43	SAVELLA.....	86	<i>sodium,potassium,mag sulfates</i>	
REYATAZ .....	4	<i>saxagliptin</i> .....	69	.....	76
REZLIDHIA.....	23	<i>saxagliptin-metformin</i> .....	69	<i>solifenacin</i> .....	101
REZUROCK .....	23	SCEMBLIX.....	24	SOLIQUA 100/33 .....	69
RHOPRESSA.....	94	<i>scopolamine base</i> .....	76	SOLTAMOX.....	24
<i>ribavirin</i> .....	4	SECUADO .....	44	SOMATULINE DEPOT .....	24
RIDAURA.....	86	SEGLUROMET .....	69	SOMAVERT .....	71
<i>rifabutin</i> .....	9	<i>selegiline hcl</i> .....	31	<i>sorafenib</i> .....	24
<i>rifampin</i> .....	9	<i>selenium sulfide</i> .....	56	<i>sorine</i> .....	46
<i>riluzole</i> .....	63	SELZENTRY .....	4	<i>sotalol</i> .....	46
<i>rimantadine</i> .....	4	<i>sertraline</i> .....	44	<i>sotalol af</i> .....	46
<i>ringer's</i> .....	61, 103	<i>setlakin</i> .....	91	SPIRIVA RESPIMAT.....	99

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

<i>spironolactone</i> .....	50	TABRECTA.....	24	TETANUS,DIPHTHERIA	
<i>spironolactone-</i>		<i>tacrolimus</i> .....	24, 58	TOX PED(PF) .....	81
<i>hydrochlorothiazide</i> .....	50	<i>tadalafil (pulm. hypertension)</i>		<i>tetrabenazine</i> .....	34
SPRAVATO.....	44	.....	99	<i>tetracycline</i> .....	13
<i>sprintec (28)</i> .....	91	TAFINLAR .....	24	THALOMID.....	25
SPRITAM .....	30	<i>tafluprost (pf)</i> .....	94	THEO-24 .....	99
SPRYCEL .....	24	TAGRISO .....	24	<i>theophylline</i> .....	99, 100
<i>sps (with sorbitol)</i> .....	64	TALTZ AUTOINJECTOR ..	56	<i>thioridazine</i> .....	44
<i>sronyx</i> .....	91	TALTZ AUTOINJECTOR (2		<i>thiotepa</i> .....	25
<i>ssd</i> .....	58	PACK) .....	56	<i>thiothixene</i> .....	44
STEGLATRO.....	70	TALTZ AUTOINJECTOR (3		<i>tiadylt er</i> .....	50
STELARA.....	56	PACK) .....	56	<i>tiagabine</i> .....	30
STIOLTO RESPIMAT .....	99	TALTZ SYRINGE.....	56	TIBSOVO.....	25
STIVARGA.....	24	TALVEY .....	24	TICE BCG.....	82
STRENSIQ.....	71	TALZENNA.....	24	TICOVAC .....	82
STREPTOMYCIN .....	9	<i>tamoxifen</i> .....	24	<i>tigecycline</i> .....	9
STRIBILD.....	4	<i>tamsulosin</i> .....	101	<i>tilia fe</i> .....	91
STRIVERDI RESPIMAT ...	99	<i>tarina 24 fe</i> .....	91	<i>timolol maleate</i> .....	50, 93
<i>subvenite</i> .....	30	<i>tarina fe 1-20 eq (28)</i> .....	91	<i>tinidazole</i> .....	9
<i>subvenite starter (blue) kit</i> ...	30	TASIGNA .....	24	<i>tiotropium bromide</i> .....	100
<i>subvenite starter (green) kit</i> .	30	<i>tasimelteon</i> .....	44	TIVDAK.....	25
<i>subvenite starter (orange) kit</i>	30	<i>tazarotene</i> .....	58	TIVICAY.....	5
SUCRAID .....	76	<i>tazicef</i> .....	7	TIVICAY PD.....	5
<i>sucralfate</i> .....	77, 78	<i>taztia xt</i> .....	50	<i>tizanidine</i> .....	34
<i>sulfacetamide sodium</i> ....	93, 94	TAZVERIK .....	24	TOBI PODHALER .....	9
<i>sulfacetamide sodium (acne)</i>	59	TDVAX.....	81	TOBRADEX .....	95
<i>sulfacetamide-prednisolone</i> .	94	TECENTRIQ.....	24	<i>tobramycin</i> .....	10, 93
<i>sulfadiazine</i> .....	12	TECVAYLI .....	24	<i>tobramycin in 0.225 % nacl</i> ..	10
<i>sulfamethoxazole-trimethoprim</i>		TEFLARO .....	7	<i>tobramycin sulfate</i> .....	10
.....	12	<i>telmisartan</i> .....	50	<i>tobramycin-dexamethasone</i> ..	95
<i>sulfasalazine</i> .....	76	<i>telmisartan-amlodipine</i> .....	50	<i>tolterodine</i> .....	101
<i>sulindac</i> .....	37	<i>telmisartan-</i>		<i>tolvaptan</i> .....	72
<i>sumatriptan</i> .....	32	<i>hydrochlorothiazide</i> .....	50	<i>topiramate</i> .....	30
<i>sumatriptan succinate</i> .....	32	TEMODAR .....	24	<i>topotecan</i> .....	25
<i>sunitinib malate</i> .....	24	<i>temsirolimus</i> .....	25	<i>toremifene</i> .....	25
SUNLENCA.....	4	TENIVAC (PF) .....	81	<i>torse mide</i> .....	50
<i>syeda</i> .....	91	<i>tenofovir disoproxil fumarate</i> .	5	TOUJEO MAX U-300	
SYMDEKO .....	99	TEPMETKO.....	25	SOLOSTAR .....	70
SYMLINPEN 120.....	70	<i>terazosin</i> .....	50	TOUJEO SOLOSTAR U-300	
SYMLINPEN 60.....	70	<i>terbinafine hcl</i> .....	1	INSULIN .....	70
SYMPAZAN.....	30	<i>terbutaline</i> .....	99	TRADJENTA .....	70
SYMTUZA .....	4	<i>terconazole</i> .....	88	<i>tramadol</i> .....	37
SYNAGIS .....	5	<i>teriflunomide</i> .....	34	<i>tramadol-acetaminophen</i> .....	37
SYNJARDY .....	70	TERIPARATIDE .....	83	<i>trandolapril</i> .....	50
SYNJARDY XR .....	70	<i>testosterone</i> .....	72	<i>trandolapril-verapamil</i> .....	50
SYNTHROID.....	72	<i>testosterone cypionate</i> .....	71	<i>tranexamic acid</i> .....	88
<b>T</b>		<i>testosterone enanthate</i> .....	72	<i>tranylcypromine</i> .....	44
TABLOID .....	24			<i>travasol 10 %</i> .....	104

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

<i>travoprost</i> .....	94	TYVASO INSTITUTIONAL	VENTOLIN HFA .....	100
TRAZIMERA.....	25	START KIT.....	<i>verapamil</i> .....	51
<i>trazodone</i> .....	44	TYVASO REFILL KIT.....	VERQUVO.....	55
TRECTOR.....	10	TYVASO STARTER KIT .	VERSACLOZ.....	45
TRELEGY ELLIPTA .....	100	<b>U</b>	VERZENIO .....	25
TRELSTAR.....	25	UBRELVY .....	<i>vestura (28)</i> .....	92
<i>treprostinil sodium</i> .....	50	<i>unithroid</i> .....	VIBATIV .....	10
<i>tretinoin (antineoplastic)</i> .....	25	UNITUXIN .....	VIBERZI .....	76
<i>tretinoin topical</i> .....	58	UPTRAVI.....	<i>vienna</i> .....	92
<i>triamcinolone acetonide</i> 61, 65,		<i>ursodiol</i> .....	<i>vigabatrin</i> .....	30
66		UZEDY .....	<i>vigadrone</i> .....	30
<i>triamterene-</i>		<b>V</b>	<i>vigpoder</i> .....	30
<i>hydrochlorothiazide</i> ...	50, 51	<i>valacyclovir</i> .....	<i>vilazodone</i> .....	45
<i>triderm</i> .....	61	VALCHLOR .....	VIMIZIM.....	72
<i>trientine</i> .....	64	<i>valganciclovir</i> .....	<i>vinblastine</i> .....	25
<i>tri-estarylla</i> .....	91	<i>valproate sodium</i> .....	<i>vincristine</i> .....	25
<i>trifluoperazine</i> .....	44	<i>valproic acid</i> .....	<i>vinorelbine</i> .....	25
<i>trifluridine</i> .....	93	<i>valproic acid (as sodium salt)</i>	VIOKACE .....	76
TRIJARDY XR.....	70	.....	<i>viorele (28)</i> .....	92
TRIKAFTA .....	100	<i>valrubicin</i> .....	VIRACEPT.....	5
<i>tri-legest fe</i> .....	91	<i>valsartan</i> .....	VIREAD .....	5
<i>tri-linyah</i> .....	91	<i>valsartan-hydrochlorothiazide</i>	VISTOGARD.....	13
<i>tri-lo-estarylla</i> .....	91	.....	VITRAKVI.....	26
<i>tri-lo-marzia</i> .....	91	VALTOCO.....	VIVITROL .....	38
<i>tri-lo-sprintec</i> .....	91	<i>vancomycin</i> .....	VIZIMPRO.....	26
<i>trimethoprim</i> .....	13	VANCOMYCIN .....	VONJO .....	26
<i>trimipramine</i> .....	44	VANCOMYCIN IN 0.9 %	<i>voriconazole</i> .....	1
TRINTELLIX.....	44	SODIUM CHL .....	VOSEVI .....	5
<i>tri-sprintec (28)</i> .....	91	<i>vandazole</i> .....	VOTRIENT .....	26
TRIUMEQ.....	5	VANFLYTA .....	VRAYLAR.....	45
TRIUMEQ PD .....	5	VAQTA (PF).....	VUMERITY .....	34
<i>trivora (28)</i> .....	91	<i>varenicline</i> .....	VYNDAMAX .....	55
TRIZIVIR.....	5	VARIVAX (PF) .....	VYXEOS.....	26
TRODELVY .....	25	VARIZIG.....	<b>W</b>	
TROGARZO .....	5	VARUBI.....	<i>warfarin</i> .....	53
TROPHAMINE 10 % .....	104	VECAMYL .....	<i>water for irrigation, sterile</i> ...64	
<i>trospium</i> .....	101	VECTIBIX .....	WELIREG .....	26
TRULANCE.....	76	VEKLURY.....	<i>wera (28)</i> .....	92
TRULICITY .....	70	<i>veletri</i> .....	<i>wescap-pn dha</i> .....	104
TRUMENBA .....	82	<i>velivet triphasic regimen (28)</i>	<i>wixela inhub</i> .....	100
TRUQAP.....	25	.....	<b>X</b>	
TUKYSA.....	25	VELPHORO.....	XALKORI .....	26
TURALIO .....	25	VELTASSA.....	XARELTO .....	53
<i>turqoz (28)</i> .....	91	VEMLIDY.....	XARELTO DVT-PE TREAT	
TWINRIX (PF) .....	82	VENCLEXTA .....	30D START.....	53
TYPHIM VI .....	82	VENCLEXTA STARTING	XATMEP.....	26
TYVASO.....	100	PACK .....	XCOPRI .....	30, 31
		<i>venlafaxine</i> .....		
		.....		

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

This drug list was last updated on 04/16/2024.

XCOPRI MAINTENANCE PACK .....	30	<i>yuvafem</i> .....	88	<i>ziprasidone hcl</i> .....	45
XCOPRI TITRATION PACK .....	31	<b>Z</b>		<i>ziprasidone mesylate</i> .....	45
XDEMVI .....	94	<i>zafemy</i> .....	88	ZIRABEV .....	26
XELJANZ .....	87	<i>zafirlukast</i> .....	100	ZIRGAN .....	93
XELJANZ XR.....	87	<i>zaleplon</i> .....	45	ZOLADEX .....	26
XERMELO .....	26	ZALTRAP .....	26	<i>zoledronic acid</i> .....	72
XGEVA.....	13	ZANOSAR .....	26	<i>zoledronic acid-mannitol-water</i> .....	64, 72
XIAFLEX.....	64	ZARXIO.....	79	ZOLINZA.....	27
XIFAXAN.....	10	ZEGALOGUE		<i>zolmitriptan</i> .....	32
XIGDUO XR.....	70	AUTOINJECTOR .....	70	<i>zolpidem</i> .....	45
XIIDRA.....	94	ZEGALOGUE SYRINGE ...	70	ZONISADE .....	31
XOFLUZA .....	5	ZEJULA .....	26	<i>zonisamide</i> .....	31
XOLAIR.....	100	ZELBORAF .....	26	<i>zovia 1-35 (28)</i> .....	92
XOSPATA .....	26	<i>zenatane</i> .....	58	ZTALMY .....	31
XPOVIO.....	26	ZENPEP .....	77	ZUBSOLV.....	38
XTANDI.....	26	ZEPOSIA.....	34	<i>zumandimine (28)</i> .....	92
<i>xulane</i> .....	88	ZEPOSIA STARTER KIT (28- DAY) .....	34	ZURZUVAE.....	45
<b>Y</b>		ZEPOSIA STARTER PACK (7-DAY) .....	34	ZYDELIG.....	27
YERVOY .....	26	ZEPZELCA .....	26	ZYKADIA .....	27
YF-VAX (PF).....	82	<i>zidovudine</i> .....	5	ZYNLONTA .....	27
YONDELIS .....	26	ZIEXTENZO .....	79	ZYNYZ.....	27
				ZYPREXA RELPREVV 45, 46	

**Brand-name** drugs are CAPITALIZED. **Generic** drugs are lower-case italics. You can find information on what the symbols and abbreviations on this table mean by going to page vii.

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This formulary was updated on 05/01/2024. For more recent information or other questions, please contact EmblemHealth Medicare HMO at **877-344-7364**, for TTY users, **711**, Monday to Sunday, 8 am to 8 pm, or visit **emblemhealth.com/medicare**.

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该药物名册已于 2024 年 05 月 01 日更新。如需更多最新信息或有其他疑问，请联系安邦联邦医疗保险 (Medicare, 即红蓝卡) HMO, 电话: **877-344-7364**, 或者对于听力或语言障碍人士 TTY 专线用户, 请致电 **711**, 服务时间是周一至周日 8 a.m.至 8 p.m., 或请访问 **emblemhealth.com/medicare**。

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