FEP Blue Basic Medicare Prescription Drug Program (MPDP)

Formulario de 2027

Lista de medicamentos cubiertos o “Lista de medicamentos”

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS CUBIERTOS POR ESTE PLAN

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Este formulario se actualizó el 09/29/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, Atención al cliente del Programa de Medicamentos con Receta FEP Medicare, al 888-338-7737 (los usuarios de TTY deben llamar al 711) o visite www.fepblue.org/medicarerx.

Nota para los miembros existentes: Este formulario ha cambiado desde el año pasado. Revise este documento para asegurarse de que aún contiene los medicamentos que toma.

Cuando esta Lista de medicamentos (formulario) se refiere a "nosotros", "nos" o "nuestro", significa el Programa de Medicamentos con Receta FEP Medicare. Cuando dice “plan” o “nuestro plan”, hace referencia a FEP Blue Basic Medicare Prescription Drug Program (MPDP).

Este documento incluye una Lista de medicamentos (formulario) actualizada, que se encuentra actualizada a partir del 09/29/2026. Para obtener el formulario actualizado, comuníquese con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización de la lista de los medicamentos (formulario), aparece en las páginas de portada y la portada posterior.

En general, debe utilizar farmacias de la red para aprovechar su beneficio de medicamentos con receta. Los beneficios, el formulario, la red de farmacias o los copagos/coseguros pueden cambiar el 1 de enero de 2027 y, ocasionalmente, durante el año.

¿Qué es el formulario de FEP Blue Basic Medicare Prescription Drug Program (MPDP)?

En este documento, usamos los términos Lista de medicamentos y formulario para decir lo mismo. Un formulario es una lista de medicamentos cubiertos seleccionados por FEP Blue Basic Medicare Prescription Drug Program (MPDP) en consulta con un equipo de proveedores de atención médica, que

representa los tratamientos con receta considerados necesarios para un programa de tratamiento de calidad. Por lo general, FEP Blue Basic Medicare Prescription Drug Program (MPDP) cubrirá los medicamentos incluidos en nuestro formulario, siempre y cuando el medicamento sea médicamente necesario, la receta se obtenga en una farmacia de la red de FEP Blue Basic Medicare Prescription Drug Program (MPDP) y se cumplan otras normas del plan. Para obtener más información sobre cómo obtener sus medicamentos con receta, consulte su Evidencia de cobertura.

¿Puede cambiar el formulario (la lista de medicamentos)?

La mayoría de los cambios en la cobertura para medicamentos se hacen el 1 de enero, pero nosotros podemos agregar o eliminar medicamentos del formulario durante el año, moverlos a niveles de costo compartido diferentes o agregar nuevas restricciones. Debemos seguir las normas de Medicare al hacer estos cambios. Las actualizaciones del formulario se publican mensualmente en nuestro sitio web: www.fepblue.org/medicarerx.

Cambios que pueden afectarlo este año: En los siguientes casos, usted se verá afectado por los cambios en la cobertura durante el año:

- **Sustituciones inmediatas de determinadas versiones nuevas de medicamentos de marca y productos biológicos originales.** Podemos eliminar inmediatamente un medicamento de marca de nuestro formulario si lo reemplazamos con una nueva versión del medicamento que aparecerá en el mismo nivel de costo compartido o en uno menor y con las mismas restricciones o menos. Cuando agregamos una nueva versión de un medicamento a nuestro formulario, podemos decidir mantener el medicamento de marca o el producto biológico original en nuestro formulario, pero inmediatamente moverlo a un nivel de costo compartido diferente o agregar nuevas restricciones.

  Podemos hacer estos cambios inmediatos solo si añadimos una nueva versión genérica de un medicamento de marca, o añadimos determinadas versiones nuevas de biosimilares de un producto biológico original, que ya estaba en el formulario (por ejemplo, añadimos un biosimilar que puede sustituirse por un producto biológico original sin una nueva receta).

  Si usted está tomando actualmente el medicamento de marca o el producto biológico original, es posible que no le informemos antes de hacer un cambio inmediato, pero luego le daremos la información sobre los cambios específicos que hicimos.

  Si hacemos ese cambio, usted o la persona que autoriza la receta puede solicitarnos que hagamos una excepción y continuemos cubriendo el medicamento que se está cambiando. Para obtener más información, consulte la sección "¿Cómo puedo solicitar una excepción del formulario de FEP Blue Basic Medicare Prescription Drug Program (MPDP)?"

  Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la sección "¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?"

- **Medicamentos retirados del mercado.** Si un medicamento se retira de la venta por el fabricante o la Administración de Alimentos y Medicamentos (FDA) determina que se retire por razones de seguridad o eficacia, podemos eliminar inmediatamente el medicamento de nuestro formulario y luego proporcionar un aviso a los miembros que toman el medicamento.
- **Otros cambios.** Podemos efectuar otros cambios que afecten a los miembros que consumen el medicamento en la actualidad. Por ejemplo, podemos agregar un nuevo medicamento genérico

para reemplazar un medicamento de marca que actualmente está en el formulario, o agregar un nuevo biosimilar para reemplazar un producto biológico original que actualmente está en el formulario, o agregar nuevas restricciones o mover un medicamento que mantenemos en el formulario a un nivel de costo compartido más alto, o ambos, después de agregar un medicamento correspondiente. Podríamos hacer cambios según nuevas pautas clínicas. Si eliminamos medicamentos de nuestro formulario, agregamos una autorización previa, un límite de cantidad o una restricción al tratamiento escalonado para un medicamento, o movemos un medicamento a un nivel de costo compartido más alto, debemos notificar a los miembros afectados del cambio al menos 30 días antes de que el cambio entre en vigencia. Como opción, cuando un miembro solicite una reposición del medicamento, puede recibir un suministro de 30 días del medicamento y un aviso de cambio.

Si hacemos estos otros cambios, usted o la persona que autoriza la receta pueden solicitarnos que hagamos una excepción y continuemos cubriendo el medicamento que ha estado tomando. El aviso que le entregamos también incluirá información sobre cómo solicitar una excepción, y también puede encontrar información en la sección a continuación "¿Cómo solicito una excepción al formulario de FEP Blue Basic Medicare Prescription Drug Program (MPDP)?"

Cambios que no le afectarán si actualmente está tomando el medicamento. Por lo general, si toma un medicamento que se encuentra en nuestro formulario para 2027 y que estaba cubierto al comienzo del año, no discontinuaremos ni reduciremos la cobertura del medicamento durante el año de cobertura 2027, excepto como se describió anteriormente. Esto significa que continuará estando disponible al mismo costo compartido y sin restricciones nuevas para aquellos miembros que lo tomen por el resto del año de cobertura. Este año no recibirá un aviso directo sobre los cambios que no lo afecten. Sin embargo, dichos cambios lo afectarán a partir del 1 de enero del próximo año y es importante consultar el formulario para el nuevo año de beneficios para ver si hay cambios en los medicamentos.

El formulario adjunto estará vigente a partir del 09/29/2026. Para obtener información actualizada sobre los medicamentos cubiertos por FEP Blue Basic Medicare Prescription Drug Program (MPDP), contáctenos. Nuestra información de contacto aparece en las páginas de la portada y la portada posterior.

¿Cómo utilizo el formulario?

Hay dos formas para encontrar un medicamento dentro del formulario:

Afección médica

El formulario empieza en la página 1. Los medicamentos en este formulario están agrupados en categorías dependiendo del tipo de afecciones médicas que traten. Por ejemplo, los medicamentos utilizados para tratar una afección cardíaca están incluidos en la categoría Cardiovascular. Si usted sabe para qué se utiliza el medicamento, busque el nombre de la categoría en la lista que comienza en la página 1. Luego, busque su medicamento debajo del nombre de esa categoría.

Listado alfabético

Si no está seguro de en qué categoría buscar, debe buscar su medicamento en el Índice al final del documento del formulario. El Índice proporciona un listado alfabético de todos los medicamentos incluidos en este documento. Tanto los medicamentos de marca como los genéricos se encuentran en el Índice. Consulte el Índice y busque su medicamento. Junto al medicamento, verá el número de página en el que puede encontrar la información de cobertura. Vaya a la página que aparece en el Índice y busque el nombre de su medicamento en la primera columna de la lista.

¿Qué son los medicamentos genéricos?

FEP Blue Basic Medicare Prescription Drug Program (MPDP) cubre tanto medicamentos de marca como medicamentos genéricos. Un medicamento genérico está aprobado por la FDA dado que se considera que tiene el mismo ingrediente activo que el medicamento de marca. Por lo general, los medicamentos genéricos funcionan igual de bien y suelen costar menos que los de marca. Hay medicamentos genéricos sustitutos disponibles para muchos medicamentos de marca. Por lo general, los medicamentos genéricos pueden ser sustituidos por el medicamento de marca en la farmacia sin la necesidad de una nueva receta, según las leyes estatales.

¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

En el formulario, cuando nos referimos a medicamentos, esto podría referirse a un medicamento o a un producto biológico. Los productos biológicos son más complejos que los medicamentos típicos. Como los productos biológicos son más complejos que los medicamentos habituales, en lugar de tener una forma genérica, tienen alternativas que se llaman biocomparables. Por lo general, los biosimilares son tan eficaces como los productos biológicos originales, y suelen ser más baratos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son biosimilares intercambiables y, dependiendo de las leyes estatales, podrían sustituir al producto biológico original en la farmacia sin necesidad de una nueva receta, al igual que los medicamentos genéricos pueden sustituir los medicamento de marca.

Para ver un análisis sobre los tipos de medicamentos, consulte el Capítulo 3, Sección 3.1 de la Evidencia de cobertura, “La ‘Lista de medicamentos’ dice qué medicamentos de la Parte D están cubiertos”.

¿Hay alguna restricción en mi cobertura?

Algunos medicamentos cubiertos pueden tener requisitos adicionales o límites en la cobertura. Estos requisitos y límites pueden incluir:

- **Autorización previa:** FEP Blue Basic Medicare Prescription Drug Program (MPDP) requiere que usted o el profesional que receta obtengan autorización previa para ciertos medicamentos. Esto significa que deberá obtener la aprobación de FEP Blue Basic Medicare Prescription Drug Program (MPDP) según criterios específicos antes de obtener sus recetas. Si no tiene la aprobación, es posible que FEP Blue Basic Medicare Prescription Drug Program (MPDP) no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, FEP Blue Basic Medicare Prescription Drug Program (MPDP) limita la cantidad del medicamento que cubrirá FEP Blue Basic Medicare Prescription Drug Program (MPDP). Por ejemplo, FEP Blue Basic Medicare Prescription Drug Program (MPDP) proporciona 30 comprimidos por receta para 30 días de un comprimido de atorvastatina de 80 mg. Esto puede ser además de un suministro estándar para un mes o tres meses.
- **Tratamiento escalonado:** En algunos casos, FEP Blue Basic Medicare Prescription Drug Program (MPDP) requiere que usted primero pruebe ciertos medicamentos para tratar su afección médica antes de que cubramos otro medicamento para esa afección. Por ejemplo, si el medicamento A y el medicamento B tratan su afección médica, es posible que FEP Blue Basic Medicare Prescription Drug Program (MPDP) no cubra el medicamento B a menos que usted

pruebe primero el medicamento A. Si el medicamento A no funciona para usted, entonces FEP Blue Basic Medicare Prescription Drug Program (MPDP) cubrirá el medicamento B.

Puede averiguar si su medicamento tiene requisitos adicionales o límites consultando el formulario que comienza en la página 1. También puede obtener más información sobre las restricciones aplicadas a medicamentos cubiertos específicos en nuestro sitio web: www.fepblue.org/medicarerx. Hemos publicado documentos en Internet que explican nuestras restricciones de tratamiento escalonado y autorización previa. También puede pedirnos que le enviemos una copia. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y la portada posterior.

Puede solicitar que FEP Blue Basic Medicare Prescription Drug Program (MPDP) haga una excepción a estas restricciones o límites, o puede solicitarnos una lista de otros medicamentos similares que puedan tratar su afección médica. Consulte la sección "¿Cómo solicito una excepción al formulario de FEP Blue Basic Medicare Prescription Drug Program (MPDP)?" en la página V para obtener información sobre cómo solicitar una excepción.

¿Qué sucede si mi medicamento no está incluido en el formulario?

Si su medicamento no está incluido en este formulario (lista de medicamentos cubiertos), primero debe comunicarse con Atención al cliente y consultar si su medicamento está cubierto. Para obtener más información, póngase en contacto con nosotros. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y la portada posterior.

Si se entera de que FEP Blue Basic Medicare Prescription Drug Program (MPDP) no cubre su medicamento, tiene dos opciones:

- Puede solicitar a Atención al cliente una lista de medicamentos similares que FEP Blue Basic Medicare Prescription Drug Program (MPDP) cubra. Cuando reciba la lista, muéstresela a su médico y pídale que le recete un medicamento similar que FEP Blue Basic Medicare Prescription Drug Program (MPDP) cubra.
- Puede pedirle a FEP Blue Basic Medicare Prescription Drug Program (MPDP) que haga una excepción y cubra su medicamento. Consulte la información sobre cómo solicitar una excepción a continuación.

¿Cómo solicito una excepción al formulario de FEP Blue Basic Medicare Prescription Drug Program (MPDP)?

Puede pedirle a FEP Blue Basic Medicare Prescription Drug Program (MPDP) que haga una excepción a nuestras normas de cobertura. Existen varios tipos de excepciones que puede solicitarnos.

- Puede solicitarnos que cubramos un medicamento incluso si este no se encuentra en nuestro formulario. Si se aprueba, el medicamento estará cubierto a un nivel de costo compartido determinado previamente, y no podrá solicitar que el medicamento se proporcione a un costo compartido menor.
- Puede solicitarnos que eliminemos una restricción de cobertura, que incluye la autorización previa, el tratamiento escalonado o un límite de cantidad en su medicamento. Por ejemplo, para ciertos medicamentos, FEP Blue Basic Medicare Prescription Drug Program (MPDP) limita la

cantidad de medicamento que cubriremos. Si su medicamento tiene un límite en la cantidad, puede solicitarnos que no apliquemos el límite y que cubramos una cantidad mayor.

- Puede pedirnos que cubramos un medicamento del formulario a un nivel de costo compartido menor a menos que este medicamento esté incluido en el nivel de medicamentos especializados. Si se aprueba, esto reduciría el monto que usted debe pagar por su medicamento.

Por lo general, FEP Blue Basic Medicare Prescription Drug Program (MPDP) solo aprobará su solicitud de excepción si los medicamentos alternativos incluidos en el formulario del plan, el medicamento de menor costo compartido o la aplicación de la restricción no serían tan efectivos para usted o le causarían efectos médicos adversos.

Usted o la persona autorizada a dar recetas deben comunicarse con nosotros para solicitar una excepción de nivel o al formulario, incluida una excepción a una restricción de cobertura. **Cuando solicita una excepción, la persona autorizada a dar recetas tendrá que explicar las razones médicas por las que necesita la excepción**. Por lo general, debemos tomar una decisión en un plazo de 72 horas después de obtener la declaración de respaldo de la persona autorizada a dar recetas. Puede solicitar una decisión acelerada (rápida) si cree, y estamos de acuerdo, que su salud podría verse gravemente perjudicada si espera hasta 72 horas para recibir una decisión. Si estamos de acuerdo, o si la persona autorizada a dar recetas solicita una decisión rápida, debemos darle una decisión a más tardar 24 horas después de que recibamos la declaración de respaldo de esta persona.

¿Qué puedo hacer si mi medicamento no está en el formulario o tiene alguna restricción?

Como un miembro nuevo o continuo de nuestro plan, es posible que tome medicamentos que no se encuentren en nuestro formulario. O es posible que esté tomando un medicamento que está en nuestro formulario, pero tiene una restricción de cobertura, como una autorización previa. Debe hablar con la persona autorizada a dar recetas sobre la solicitud de una decisión de cobertura para mostrar que reúne los criterios de aprobación, cambiar a un medicamento alternativo que cubrimos o la solicitud de una excepción del formulario para que cubramos el medicamento que toma. Mientras usted y su médico determinan la acción más apropiada, podemos cubrir su medicamento en ciertos casos durante los primeros 90 días como miembro de nuestro plan.

Para cada uno de sus medicamentos que no esté en nuestro formulario o tenga una restricción de cobertura, cubriremos un suministro temporal para 30 días. Si su receta está indicada para menos días, le permitiremos obtener resurtidos del medicamento hasta llegar a un máximo de un suministro para 30 días del medicamento. Si la cobertura no se aprueba, luego del primer suministro de 30 días, ya no pagaremos esos medicamentos, incluso si hace menos de 90 días que es miembro del plan.

Si reside en un centro de atención a largo plazo y necesita un medicamento que no se encuentra en nuestro formulario, o si su capacidad de obtener sus medicamentos es limitada, pero ya transcurrieron los primeros 90 días como miembro de nuestro plan, cubriremos un suministro de emergencia de 31 días de ese medicamento mientras usted intenta conseguir una excepción al formulario.

El plan tiene cuatro niveles de costos compartidos

Cada medicamento en la lista de medicamentos del plan se encuentra en uno de los cuatro niveles de costos compartidos que se enumeran en la tabla a continuación.

Nivel 1	Medicamento genérico
Nivel 2	Medicamento de marca preferido
Nivel 3	Medicamentos no preferidos
Nivel 4	Nivel de especialidad

Para averiguar en qué nivel de costos compartidos se encuentra su medicamento, búsquelo en la lista de medicamentos del plan que comienza en la página 1.

Para obtener más información

Para obtener información más detallada sobre la cobertura para medicamentos con receta de FEP Blue Basic Medicare Prescription Drug Program (MPDP), consulte la Evidencia de cobertura y otra documentación del plan.

Si tiene preguntas sobre FEP Blue Basic Medicare Prescription Drug Program (MPDP), contáctenos. Nuestra información de contacto, junto con la fecha de la última actualización del formulario, aparece en las páginas de portada y la portada posterior.

Si tiene preguntas generales sobre la cobertura de medicamentos con receta de Medicare, llame a Medicare al 1-800-MEDICARE (1-800-633-4227) durante las 24 horas, los 7 días de la semana. Los usuarios de TTY deben llamar al 1-877-486-2048. O visite http://www.medicare.gov.

Formulario de FEP Blue Basic Medicare Prescription Drug Program (MPDP)

El formulario que comienza en la página siguiente proporciona información sobre los medicamentos cubiertos por FEP Blue Basic Medicare Prescription Drug Program (MPDP). Si tiene problemas para encontrar su medicamento en la lista, diríjase al Índice al final del documento del formulario.

En la primera columna de esta tabla, se indica el nombre del medicamento. Los medicamentos de marca se escriben con mayúscula (p. ej., DIOVAN) y los medicamentos genéricos se indican en minúscula cursiva (p. ej., *valsartán*).

La información incluida en la columna de Requisitos/Límites indica si FEP Blue Basic Medicare Prescription Drug Program (MPDP) tiene algún requisito especial para la cobertura del medicamento. En la tabla siguiente se describen los símbolos y las abreviaturas utilizados en la columna Requisitos/Límites.

B/D	El medicamento indicado puede estar cubierto por la Parte B o la Parte D de Medicare. Esto se determina caso por caso, según el uso que se le dé al medicamento y de cómo se administre.
PA	Autorización previa (aprobación): debe contar con la aprobación del plan antes de poder obtener este medicamento.
QL	Límite de cantidad: hay un límite en la cantidad de medicamento que cubriremos.
ST	Tratamiento escalonado: debe probar otro medicamento antes de poder obtener este.

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Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
GOUT		
allopurinol TABS 100mg, 300mg	1	
allopurinol TABS 200mg	1	ST
allopurinol sodium SOLR 500mg	4	
ALOPRIM SOLR 500mg	4	
colchicine CAPS .6mg	1	QL (60 caps / 30 days)
colchicine TABS .6mg	1	QL (120 tabs / 30 days)
colchicine w/ probenecid tab 0.5-500 mg	1	
febuxostat TABS 40mg, 80mg	1	ST
GLOPERBA SOLN .6mg/5ml	3	QL (300 mL / 30 days)
KRYSTEXXA SOLN 8mg/50ml	4	PA
MITIGARE CAPS .6mg	3	QL (60 caps / 30 days)
probenecid TABS 500mg	1	
ULORIC TABS 40mg, 80mg	3	ST
MISCELLANEOUS		
acetaminophen SOLN 10mg/ml	1	
clonidine hcl (analgesia) SOLN 100mcg/ml	1	B/D
DURACLON SOLN 100mcg/ml	3	B/D
JOURNAVX TABS 50mg	2	QL (29 tabs / 14 days), PA
lidocaine hcl (local anesth.) SOLN .5%, 1%, 1.5%, 2%, 4%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D
NSAIDS		
ARTHROTEC 50 TAB	3	
ARTHROTEC 75 TAB	3	
CELEBREX CAPS 50mg, 100mg, 200mg	3	QL (60 caps / 30 days)
CELEBREX CAPS 400mg	3	QL (30 caps / 30 days)
celecoxib CAPS 50mg, 100mg, 200mg	1	QL (60 caps / 30 days)
celecoxib CAPS 400mg	1	QL (30 caps / 30 days)
COMBOGESIC INJ 300-1000	3	
diclofenac potassium CAPS 25mg	1	QL (120 caps / 30 days), PA
diclofenac potassium TABS 25mg	4	QL (120 tabs / 30 days), PA
diclofenac potassium TABS 50mg	1	QL (120 tabs / 30 days)
diclofenac sodium TB24 100mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium TBEC 25mg, 50mg, 75mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
diflunisal TABS 500mg	1	
DOLOBID TABS 250mg	4	QL (180 tabs / 30 days), PA
DOLOBID TABS 375mg	4	QL (120 tabs / 30 days), PA
etodolac CAPS 200mg, 300mg; TABS 400mg, 500mg; TB24 400mg, 500mg, 600mg	1	
fenoprofen calcium CAPS 200mg	4	QL (180 caps / 30 days), PA
fenoprofen calcium CAPS 300mg	4	QL (240 caps / 30 days), PA
fenoprofen calcium CAPS 400mg	1	QL (240 caps / 30 days), PA
fenopron CAPS 300mg	4	QL (240 caps / 30 days), PA
flurbiprofen TABS 100mg	1	
ibu TABS 400mg, 600mg, 800mg	1	
ibuprofen SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
ibuprofen TABS 300mg	4	QL (120 tabs / 30 days)
ibuprofen-famotidine tab 800-26.6 mg	1	QL (90 tabs / 30 days), PA
ketoprofen CAPS 25mg, 75mg	4	QL (120 caps / 30 days), PA
ketoprofen CAPS 50mg	4	QL (180 caps / 30 days), PA
ketoprofen CP24 200mg	1	QL (30 caps / 30 days), PA
ketorolac tromethamine TABS 10mg	1	QL (20 tabs / 30 days), PA; PA applies if 65 years and older
lofena TABS 25mg	4	QL (120 tabs / 30 days), PA
LURBIRO TABS 100mg	4	
meclofenamate sodium CAPS 50mg, 100mg	1	

Drug Name	Drug Tier	Requirements/Limits
mefenamic acid CAPS 250mg	1	
meloxicam CAPS 5mg, 10mg	1	QL (30 caps / 30 days), PA
MELOXICAM SUSP 7.5mg/5ml	4	QL (300 mL / 30 days), PA
meloxicam TABS 7.5mg, 15mg	1	
nabumetone TABS 500mg, 750mg	1	
naproxen SUSP 125mg/5ml	1	QL (1800 mL / 30 days), PA
naproxen TABS 250mg, 375mg, 500mg	1	
naproxen TBEC 375mg	1	QL (120 tabs / 30 days)
naproxen dr TBEC 500mg	1	QL (90 tabs / 30 days)
naproxen sodium TABS 275mg, 550mg	1	
naproxen sodium TB24 375mg	1	QL (120 tabs / 30 days), PA
naproxen sodium TB24 500mg	1	QL (90 tabs / 30 days), PA
naproxen sodium TB24 750mg	1	QL (60 tabs / 30 days), PA
naproxen-esomeprazole magnesium tab dr 375-20 mg	1	QL (60 tabs / 30 days), PA
naproxen-esomeprazole magnesium tab dr 500-20 mg	1	QL (60 tabs / 30 days), PA
ORUDIS CAPS 75mg	4	QL (120 caps / 30 days), PA
oxaprozin TABS 600mg	1	
piroxicam CAPS 10mg, 20mg	1	
RELAFEN DS TABS 1000mg	4	PA
SPRIX SOLN 15.75mg/spray	4	QL (5 bottles / 30 days), PA
sulindac TABS 150mg, 200mg	1	
tolectin 600 TABS 600mg	4	QL (90 tabs / 30 days), PA
TOLECTIN DS CAPS 400mg	4	QL (120 caps / 30 days), PA
tolmetin sodium CAPS 400mg	4	QL (120 caps / 30 days), PA
tolmetin sodium TABS 200mg	4	QL (120 tabs / 30 days), PA
tolmetin sodium TABS 600mg	4	QL (90 tabs / 30 days), PA
VYSCOXA SUSP 10mg/ml	4	QL (946 mL / 21 days), PA

Drug Name	Drug Tier	Requirements/Limits
XIFYRM SOLN 30mg/ml	3	
ZIPSOR CAPS 25mg	4	QL (120 caps / 30 days), PA
ZYBIC SUSP 7.5mg/5ml	4	QL (300 mL / 30 days), PA
OPIOID ANALGESICS, LONG-ACTING		
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg	3	QL (60 buccal films / 30 days), PA
BELBUCA FILM 750mcg, 900mcg	4	QL (60 buccal films / 30 days), PA
buprenorphine PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	1	QL (4 patches / 28 days), PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr	3	QL (4 patches / 28 days), PA
CONZIP CP24 100mg, 200mg, 300mg	3	QL (30 caps / 30 days), PA
fentanyl PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr	1	QL (10 patches / 30 days), PA
hydrocodone bitartrate CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg	1	QL (60 caps / 30 days), PA
hydrocodone bitartrate T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	1	QL (30 tabs / 30 days), PA
hydromorphone hcl TB24 8mg, 12mg, 16mg, 32mg	1	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 20mg, 30mg, 40mg	3	QL (30 tabs / 30 days), PA
HYSINGLA ER T24A 60mg, 80mg, 100mg	4	QL (30 tabs / 30 days), PA
levorphanol tartrate TABS 2mg, 3mg	4	QL (120 tabs / 30 days), PA
methadone hcl SOLN 5mg/5ml, 10mg/5ml	1	QL (450 mL / 30 days), PA
methadone hcl TABS 5mg, 10mg	1	QL (90 tabs / 30 days), PA
METHADONE HCL INJ SOLN 10mg/ml	3	
methadone hydrochloride i CONC 10mg/ml	1	QL (90 mL / 30 days), PA
morphine sulfate CP24 10mg, 20mg, 50mg, 60mg, 80mg, 100mg	1	QL (60 caps / 30 days), PA
morphine sulfate TBCR 15mg, 30mg, 60mg, 100mg, 200mg	1	QL (90 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate beads CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg	1	QL (30 caps / 30 days), PA
MS CONTIN TBCR 15mg, 30mg	3	QL (90 tabs / 30 days), PA
MS CONTIN TBCR 60mg	4	QL (90 tabs / 30 days), PA
NUCYNTA ER TB12 50mg	3	QL (60 tabs / 30 days), PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg	4	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg	3	QL (60 tabs / 30 days), PA
OXYCONTIN T12A 40mg, 60mg, 80mg	4	QL (60 tabs / 30 days), PA
oxymorphone hcl TB12 5mg, 7.5mg, 10mg, 15mg, 20mg	1	QL (60 tabs / 30 days), PA
oxymorphone hcl TB12 30mg, 40mg	4	QL (60 tabs / 30 days), PA
TAPENTADOL HYDROCHLORIDE TB12 50mg	3	QL (60 tabs / 30 days), PA
TAPENTADOL HYDROCHLORIDE TB12 100mg, 150mg, 200mg, 250mg	4	QL (60 tabs / 30 days), PA
tramadol hcl CP24 100mg, 200mg, 300mg	1	QL (30 caps / 30 days), PA
tramadol hcl TB24 100mg, 200mg, 300mg	1	QL (30 tabs / 30 days), PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg	3	QL (60 caps / 30 days), PA
XTAMPZA ER C12A 36mg	4	QL (60 caps / 30 days), PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	QL (2700 mL / 30 days)
acetaminophen w/ codeine tab 300-15 mg	1	QL (400 tabs / 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	QL (360 tabs / 30 days)
acetaminophen w/ codeine tab 300-60 mg	1	QL (180 tabs / 30 days)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	QL (300 caps / 30 days)
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	3	
butorphanol tartrate SOLN 10mg/ml	1	QL (10 mL / 30 days)
CODEINE SULFATE TABS 15mg, 60mg	3	QL (180 tabs / 30 days)
codeine sulfate TABS 30mg	1	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
DILAUDID LIQD 1mg/ml	3	QL (600 mL / 30 days)
DILAUDID SOLN .2mg/ml, 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg	3	QL (180 tabs / 30 days)
DILAUDID TABS 8mg	4	QL (180 tabs / 30 days)
endocet tab 2.5-325mg	1	QL (360 tabs / 30 days)
endocet tab 7.5-325mg	1	QL (240 tabs / 30 days)
endocet tab 10-325mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 mL / 30 days)
hydrocodone-acetaminophen soln 10-300 mg/15ml	1	QL (2700 mL / 30 days)
hydrocodone-acetaminophen tab 2.5-325 mg	1	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 5-300 mg	1	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-300 mg	1	QL (180 tabs / 30 days)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
hydrocodone-ibuprofen tab 5-200 mg	1	QL (150 tabs / 30 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (150 tabs / 30 days)
hydrocodone-ibuprofen tab 10-200 mg	1	QL (150 tabs / 30 days)
hydromorphone hcl LIQD 1mg/ml	1	QL (600 mL / 30 days)
HYDROMORPHONE HCL SOLN 4mg/ml	3	B/D
hydromorphone hcl SOLN .2mg/ml, 1mg/ml, 2mg/ml, 10mg/ml, 50mg/5ml	3	B/D
hydromorphone hcl TABS 2mg, 4mg, 8mg	1	QL (180 tabs / 30 days)
HYDROMORPHONE HYDROCHLORI SOLN .25mg/0.5ml, 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
morphine sulfate SOLN 2mg/ml, 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 10mg/ml, 50mg/ml	3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml	1	QL (900 mL / 30 days)
morphine sulfate SOLN 100mg/5ml	1	QL (180 mL / 30 days)
morphine sulfate TABS 15mg, 30mg	1	QL (180 tabs / 30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the page prior to the start of the drug list

Puede encontrar información sobre el significado de los símbolos y abreviaturas que se encuentran en esta tabla si va a la página antes del comienzo de la lista de medicamentos

Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE/SODIUM C SOLN 1mg/ml	3	B/D
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	3	
NALOCET TAB 2.5-300	4	QL (360 tabs / 30 days), PA
NUCYNTA TABS 50mg	3	QL (180 tabs / 30 days)
NUCYNTA TABS 75mg, 100mg	4	QL (180 tabs / 30 days)
OXY-ACETAMIN TAB 7.5-300	4	QL (240 tabs / 30 days), PA
OXYCOD-APAP TAB 2.5-300	4	QL (360 tabs / 30 days), PA
OXYCOD/ACETA SOL 10/300MG	4	QL (900 mL / 30 days), PA
OXYCOD/APAP TAB 5-300MG	4	QL (360 tabs / 30 days), PA
OXYCOD/APAP TAB 10-300MG	4	QL (180 tabs / 30 days), PA
oxycodone hcl CAPS 5mg	1	QL (180 caps / 30 days)
oxycodone hcl CONC 100mg/5ml	1	QL (180 mL / 30 days)
oxycodone hcl SOLN 5mg/5ml	1	QL (900 mL / 30 days)
oxycodone hcl TABS 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (180 tabs / 30 days)
OXYCODONE HYDROCHLORIDE TABA 5mg, 10mg, 15mg, 30mg	4	QL (180 tabs / 30 days)
oxycodone w/ acetaminophen soln 5-325 mg/5ml	1	QL (1800 mL / 30 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (360 tabs / 30 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tabs / 30 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs / 30 days)
oxymorphone hcl TABS 5mg, 10mg	1	QL (180 tabs / 30 days)
PERCOCET TAB 5-325MG	4	QL (360 tabs / 30 days), PA
PERCOCET TAB 7.5-325	4	QL (240 tabs / 30 days), PA
PERCOCET TAB 10-325MG	4	QL (180 tabs / 30 days), PA
PROLATE SOL 10/300MG	4	QL (900 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
PROLATE TAB 5-300MG	4	QL (360 tabs / 30 days), PA
PROLATE TAB 7.5-300	4	QL (240 tabs / 30 days), PA
PROLATE TAB 10-300MG	4	QL (180 tabs / 30 days), PA
ROXICODONE TABS 15mg	3	QL (180 tabs / 30 days)
ROXICODONE TABS 30mg	4	QL (180 tabs / 30 days)
ROXYBOND TABA 5mg, 10mg, 15mg, 30mg	4	QL (180 tabs / 30 days)
tapentadol hcl TABS 50mg, 75mg	1	QL (180 tabs / 30 days)
tapentadol hcl TABS 100mg	4	QL (180 tabs / 30 days)
TAPENTADOL HYDROCHLORIDE SOLN 20mg/ml	4	QL (900 mL / 30 days)
tramadol hcl SOLN 5mg/ml	1	QL (2400 mL / 30 days), PA
tramadol hcl TABS 25mg	1	QL (120 tabs / 30 days)
tramadol hcl TABS 50mg	1	QL (240 tabs / 30 days)
tramadol hcl TABS 75mg	1	QL (150 tabs / 30 days), PA
tramadol hcl TABS 100mg	1	QL (120 tabs / 30 days), PA
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml	3	QL (2400 mL / 30 days), PA
tramadol-acetaminophen tab 37.5-325 mg	1	QL (240 tabs / 30 days)
trezix	1	QL (300 caps / 30 days)
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
albendazole TABS 200mg	1	QL (672 tabs / year), PA
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	4	PA
atovaquone SUSP 750mg/5ml	1	QL (300 mL / 30 days), PA
AZACTAM SOLR 2gm	3	
aztreonam SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	4	PA
BLUJEPA TABS 750mg	2	
CAYSTON SOLR 75mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	
CLEOCIN PHOSPHATE SOLN 300mg/2ml, 600mg/4ml	3	
clindamycin hcl CAPS 75mg, 150mg, 300mg	1	
clindamycin palmitate hydrochloride SOLR 75mg/5ml	1	
clindamycin phosphate SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1	
CLINDMYC/NAC INJ 300/50ML	3	
CLINDMYC/NAC INJ 600/50ML	3	
CLINDMYC/NAC INJ 900/50ML	3	
colistimethate sodium SOLR 150mg	1	
COLY-MYCIN M SOLR 150mg	3	
CONTEPO SOLR 6gm	4	
dalbavancin hcl SOLR 500mg	4	
DALVANCE SOLR 500mg	4	
dapsone TABS 25mg, 100mg	1	
DAPTOMY/NACL INJ 350/50ML	3	
DAPTOMY/NACL INJ 500/50ML	3	
DAPTOMYCIN SOLR 350mg	3	
daptomycin SOLR 350mg, 500mg	1	
DAPTOMYCIN SOLR 500mg	4	
DARAPRIM TABS 25mg	4	QL (90 tabs / 30 days), PA
EMBLAVEO INJ 2GM	4	
EMVERM CHEW 100mg	4	QL (12 tabs / year)
ertapenem sodium SOLR 1gm	1	
FIRVANQ SOLR 25mg/ml, 50mg/ml	3	QL (1800 mL / 180 days)
fosfomycin tromethamine PACK 3gm	1	
gentamicin in saline inj 0.8 mg/ml	1	
gentamicin in saline inj 1 mg/ml	1	
gentamicin in saline inj 1.2 mg/ml	1	
gentamicin in saline inj 1.6 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
gentamicin in saline inj 2 mg/ml	1	
gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
HUMATIN CAPS 250mg	4	
imipenem-cilastatin intravenous for soln 250 mg	1	
imipenem-cilastatin intravenous for soln 500 mg	1	
ivermectin TABS 3mg	1	QL (20 tabs / 90 days), PA
ivermectin TABS 6mg	1	QL (10 tabs / 90 days), PA
KIMYRSA SOLR 1200mg	4	
KITABIS PAK NEBU 300mg/5ml	4	PA
LIKMEZ SUSP 500mg/5ml	3	
linezolid SOLN 600mg/300ml	1	
linezolid SUSR 100mg/5ml	1	QL (1800 mL / 30 days)
linezolid TABS 600mg	1	QL (60 tabs / 30 days)
LINEZOLID INJ 2MG/ML	3	
MACROBID CAPS 100mg	3	
MEPRON SUSP 750mg/5ml	4	QL (300 mL / 30 days), PA
MEROP/NACL INJ 1GM/50ML	3	
MEROP/NACL INJ 500/50ML	3	
meropenem SOLR 1gm, 2gm, 500mg	1	
methenamine hippurate TABS 1gm	1	
metronidazole CAPS 375mg; SOLN 500mg/100ml; TABS 125mg, 250mg, 500mg	1	
METRONIDAZOLE SOLN 500mg/100ml	3	
NEBUPENT SOLR 300mg	3	B/D
neomycin sulfate TABS 500mg	1	
nitazoxanide TABS 500mg	1	QL (6 tabs / 30 days)
nitrofurantoin SUSP 25mg/5ml	4	PA
NITROFURANTOIN SUSP 50mg/5ml	4	PA
nitrofurantoin macrocrystal CAPS 25mg, 50mg, 100mg	2	
nitrofurantoin monohyd macro CAPS 100mg	2	
ORBACTIV SOLR 400mg	4	
ORLYNVAH TAB 500-500	4	PA
PENTAM 300 SOLR 300mg	3	

Drug Name	Drug Tier	Requirements/Limits
pentamidine isethionate inh SOLR 300mg	1	B/D
pentamidine isethionate inj SOLR 300mg	1	
polymyxin b sulfate SOLR 500000unit	1	
praziquantel TABS 600mg	1	
pyrimethamine TABS 25mg	4	QL (90 tabs / 30 days), PA
RECARBRIO INJ 1.25GM	4	
SIVEXTRO SOLR 200mg; TABS 200mg	4	
SOLOSEC PACK 2gm	3	
streptomycin sulfate SOLR 1gm	4	
STROMECTOL TABS 3mg	3	QL (20 tabs / 90 days), PA
sulfadiazine TABS 500mg	4	
sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
tinidazole TABS 250mg, 500mg	1	
TOBI NEBU 300mg/5ml	4	PA
TOBI PODHALER CAPS 28mg	4	PA
tobramycin NEBU 300mg/4ml, 300mg/5ml	4	PA
tobramycin sulfate SOLN 1.2gm/30ml, 10mg/ml, 80mg/2ml	1	
tobramycin sulfate SOLR 1.2gm	3	PA
trimethoprim TABS 100mg	1	
TYZAVAN SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml	3	
VABOMERE INJ 2GM(1-1)	4	
VANCOCIN CAPS 125mg	4	QL (80 caps / 180 days)
VANCOCIN CAPS 250mg	4	QL (160 caps / 180 days)
VANCOMYC/D5W INJ 1.5/300	3	
VANCOMYC/D5W INJ 1.25/250	3	
vancomycin hcl CAPS 125mg	1	QL (80 caps / 180 days)
vancomycin hcl CAPS 250mg	1	QL (160 caps / 180 days)

Drug Name	Drug Tier	Requirements/Limits
vancomycin hcl SOLN 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml, 2000mg/400ml; SOLR 1gm, 1.25gm, 1.5gm, 5gm, 10gm, 500mg, 750mg	1	
vancomycin hcl SOLR 25mg/ml, 250mg/5ml	1	QL (1800 mL / 180 days)
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml; SOLR 1gm, 1.25gm, 1.5gm, 1.75gm, 2gm, 5gm, 10gm, 500mg, 750mg	3	
VANCOMYCIN INJ 1 GM	3	
VANCOMYCIN INJ 500MG	3	
VANCOMYCIN INJ 750MG	3	
VIBATIV SOLR 750mg	4	
XACDURO INJ 1-1GM	4	
XIFAXAN TABS 200mg	2	QL (9 tabs / 30 days)
ZYVOX SOLN 600mg/300ml	4	
ANTIFUNGALS		
AMBISOME SUSR 50mg	4	B/D
amphotericin b SOLR 50mg	1	B/D
amphotericin b liposome SUSR 50mg	4	B/D
ANCOBON CAPS 250mg, 500mg	4	PA
caspofungin acetate SOLR 50mg, 70mg	1	
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	4	
CRESEMBA CAPS 74.5mg, 186mg; SOLR 372mg	4	PA
DIFLUCAN SUSR 40mg/ml	3	
ERAXIS SOLR 50mg	3	
ERAXIS SOLR 100mg	4	
fluconazole SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
fluconazole in nacl 0.9% inj 200 mg/100ml	1	
fluconazole in nacl 0.9% inj 400 mg/200ml	1	
flucytosine CAPS 250mg, 500mg	4	PA
griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
griseofulvin ultramicrosize TABS 125mg, 250mg	1	
griseofulvin ultramicrosize TABS 165mg	4	
itraconazole CAPS 100mg	1	QL (120 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
itraconazole SOLN 10mg/ml	1	
ketoconazole TABS 200mg	1	PA
micafungin sodium SOLR 50mg, 100mg	1	
MICAFUNGIN/NACL INJ 50MG/50ML	4	
MICAFUNGIN/NACL INJ 100MG/100ML	4	
MICAFUNGIN/NACL INJ 150MG/150ML	4	
NOXAFIL PACK 300mg	4	QL (32 packets / 30 days), PA
NOXAFIL SOLN 300mg/16.7ml	4	
nystatin TABS 500000unit	1	
posaconazole SOLN 300mg/16.7ml	4	
posaconazole SUSP 40mg/ml	4	QL (630 mL / 30 days), PA
posaconazole TBEC 100mg	1	QL (93 tabs / 30 days), PA
REZZAYO SOLR 200mg	4	
terbinafine hcl TABS 250mg	1	QL (30 tabs / 30 days), PA; PA applies after a 90 day supply in a calendar year
TOLSURA CAPS 65mg	4	QL (120 caps / 30 days), PA
VFEND SUSR 40mg/ml	4	QL (600 mL / 28 days), PA
VFEND IV SOLR 200mg	3	PA
VIVJOA CPPK 150mg	4	QL (18 caps / 84 days), PA
VORICONAZOLE SOLN 200mg/20ml	4	PA
voriconazole SOLR 200mg	1	PA
VORICONAZOLE SOLR 200mg	3	PA
voriconazole SUSR 40mg/ml	4	QL (600 mL / 28 days), PA
voriconazole TABS 50mg	1	QL (480 tabs / 30 days)
voriconazole TABS 200mg	1	QL (120 tabs / 30 days)
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	

Drug Name	Drug Tier	Requirements/Limits
MALARONE TAB 250-100	3	
mefloquine hcl TABS 250mg	1	
primaquine phosphate TABS 26.3mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
quinine sulfate CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate SOLN 20mg/ml; TABS 300mg	1	
APTIVUS CAPS 250mg	4	
atazanavir sulfate CAPS 150mg, 200mg, 300mg	1	
darunavir TABS 600mg	1	QL (60 tabs / 30 days)
darunavir TABS 800mg	1	QL (30 tabs / 30 days)
EDURANT TABS 25mg	4	
EDURANT PED TBSO 2.5mg	4	
efavirenz TABS 600mg	1	
emtricitabine CAPS 200mg	1	
EMTRIVA SOLN 10mg/ml	3	
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	
etravirine TABS 100mg, 200mg	1	
fosamprenavir calcium TABS 700mg	1	
INTELENCE TABS 25mg	3	
INTELENCE TABS 200mg	4	
ISENTRESS CHEW 25mg	3	
ISENTRESS CHEW 100mg; PACK 100mg; TABS 400mg	4	
ISENTRESS HD TABS 600mg	4	
lamivudine SOLN 10mg/ml; TABS 150mg, 300mg	1	
maraviroc TABS 150mg, 300mg	1	
nevirapine SUSP 50mg/5ml; TABS 200mg; TB24 400mg	1	
NORVIR PACK 100mg; TABS 100mg	3	
PIFELTRO TABS 100mg	4	
PREZISTA SUSP 100mg/ml	4	QL (400 mL / 30 days)
PREZISTA TABS 75mg	3	QL (480 tabs / 30 days)
PREZISTA TABS 150mg	3	QL (240 tabs / 30 days)
PREZISTA TABS 600mg	4	QL (60 tabs / 30 days)
PREZISTA TABS 800mg	4	QL (30 tabs / 30 days)
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
REYATAZ CAPS 200mg, 300mg; PACK 50mg	4	
rilpivirine hcl TABS 25mg	1	
ritonavir TABS 100mg	1	
RUKOBIA TB12 600mg	4	
SELZENTRY SOLN 20mg/ml; TABS 150mg, 300mg	4	
SUNLENCA TABS 300mg; TBPK 300mg	4	
tenofovir disoproxil fumarate TABS 300mg	1	
TIVICAY TABS 50mg	4	
TIVICAY PD TBSO 5mg	4	
TROGARZO SOLN 200mg/1.33ml	4	
VIRACEPT TABS 250mg, 625mg	3	
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	4	
ZIAGEN SOLN 20mg/ml	3	
zidovudine CAPS 100mg; SYRP 50mg/5ml; TABS 300mg	1	
ANTIRETROVIRAL COMBINATION AGENTS		
abacavir sulfate-lamivudine tab 600-300 mg	1	
BIKTARVY TAB 30-120-15 MG	4	
BIKTARVY TAB 50-200-25 MG	4	
CIMDUO TAB 300-300	4	
COMPLERA TAB	4	
DELSTRIGO TAB	4	
DESCOVY TAB 120-15MG	4	
DESCOVY TAB 200/25MG	4	
DOVATO TAB 50-300MG	4	
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	4	
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	
EVOTAZ TAB 300-150	4	
GENVOYA TAB	4	
IDVYNSO TAB 100-0.25	4	
JULUCA TAB 50-25MG	4	
KALETRA SOL	3	
KALETRA TAB 100-25MG	3	
KALETRA TAB 200-50MG	3	
lamivudine-zidovudine tab 150-300 mg	1	
lopinavir-ritonavir tab 100-25 mg	1	
lopinavir-ritonavir tab 200-50 mg	1	
ODEFSEY TAB	4	
PREZCOBIX TAB 675/150	4	
PREZCOBIX TAB 800-150	4	
STRIBILD TAB	4	
SYMFI TAB	4	
SYMTUZA TAB	4	
TRIUMEQ PD TAB	3	
TRIUMEQ TAB	4	
TRUVADA TAB 100-150	4	
TRUVADA TAB 133-200	4	
TRUVADA TAB 167-250	4	
TRUVADA TAB 200-300	4	
ANTITUBERCULAR AGENTS		
cycloserine CAPS 250mg	4	
ethambutol hcl TABS 100mg, 400mg	1	
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1	
PRETOMANID TABS 200mg	3	
PRIFTIN TABS 150mg	3	
pyrazinamide TABS 500mg	1	
rifabutin CAPS 150mg	1	
rifampin CAPS 150mg, 300mg; SOLR 600mg	1	
rifapentine TABS 150mg	1	
SIRTURO TABS 20mg, 100mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS		
acyclovir CAPS 200mg; SUSP 200mg/5ml; TABS 400mg, 800mg	1	
acyclovir sodium SOLN 50mg/ml	1	B/D
adefovir dipivoxil TABS 10mg	1	
BARACLUDE SOLN .05mg/ml	4	ST
BARACLUDE TABS .5mg, 1mg	4	
cidofovir SOLN 75mg/ml	1	
entecavir TABS .5mg, 1mg	1	
famciclovir TABS 125mg, 250mg, 500mg	1	
foscarnet sodium SOLN 6000mg/250ml	4	B/D
GANCICLOVIR SOLN 500mg/10ml	3	B/D
ganciclovir sodium SOLR 500mg	1	B/D
HARVONI PAK 33.75-150MG	4	PA
HARVONI PAK 45-200MG	4	PA
HARVONI TAB 45-200MG	4	PA
HARVONI TAB 90-400MG	4	PA
HEPCLUDEX SOLR 8.5mg	4	QL (30 vials / 30 days), PA
lamivudine (hbv) TABS 100mg	1	
LIVTENCITY TABS 200mg	4	QL (336 tabs / 28 days), PA
MAVYRET PAK 50-20MG	4	PA
MAVYRET TAB 100-40MG	4	PA
oseltamivir phosphate CAPS 30mg	1	QL (168 caps / year)
oseltamivir phosphate CAPS 45mg, 75mg	1	QL (84 caps / year)
oseltamivir phosphate SUSR 6mg/ml	1	QL (1080 mL / year)
PAXLOVID PAK	1	QL (22 tabs / 90 days)
PAXLOVID TAB 150-100	1	QL (40 tabs / 90 days)
PAXLOVID TAB 300-100	1	QL (60 tabs / 90 days)
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	4	PA
PREVYMIS PACK 20mg, 120mg	4	QL (120 packets / 30 days), PA
PREVYMIS SOLN 240mg/12ml, 480mg/24ml	4	
PREVYMIS TABS 240mg, 480mg	4	QL (28 tabs / 28 days), PA
RAPIVAB SOLN 200mg/20ml	4	
RELENZA DISKHALER AEPB 5mg/blister	2	QL (6 inhalers / year)
ribavirin (hepatitis c) CAPS 200mg; TABS 200mg	1	

Drug Name	Drug Tier	Requirements/Limits
rimantadine hydrochloride TABS 100mg	1	
TAMIFLU CAPS 75mg	3	QL (84 caps / year)
TAMIFLU SUSR 6mg/ml	3	QL (1080 mL / year)
valacyclovir hcl TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml	4	
valganciclovir hcl SOLR 50mg/ml	4	
valganciclovir hcl TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	4	PA
VOSEVI TAB	4	PA
XOCOVA TABS 125mg	4	QL (7 tabs / 30 days)
XOFLUZA TBPK 40mg, 80mg	3	QL (1 tab / 180 days)
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	4	
cefaclor CAPS 250mg, 500mg; SUSR 250mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
cefadroxil CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN SOLR 2gm, 3gm	3	
CEFAZOLIN INJ 1GM/50ML	3	
cefazolin sodium SOLR 1gm, 2gm, 3gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
CEFAZOLIN/DEX SOL 1GM/50ML-4%	3	
CEFAZOLIN/DEX SOL 2GM/50ML-3%	3	
CEFAZOLIN/DEX SOL 3GM/50ML-2%	3	
CEFAZOLIN/DEX SOL 3GM/150ML-4%	3	
cefdinir CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
cefepime hcl SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
cefixime CAPS 400mg; SUSR 100mg/5ml, 200mg/5ml; TABS 400mg	1	
cefotetan disodium SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
cefoxitin sodium SOLR 1gm, 2gm, 10gm	1	

Drug Name	Drug Tier	Requirements/Limits
cefpodoxime proxetil SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
cefprozil SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
ceftaroline fosamil SOLR 400mg, 600mg	4	
ceftazidime SOLR 1gm, 2gm, 6gm	1	
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1	
cefuroxime sodium SOLR 1.5gm, 750mg	1	
cephalexin CAPS 250mg, 500mg, 750mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
FETROJA SOLR 1gm	4	
tazicef SOLR 1gm, 2gm, 6gm	1	
TEFLARO SOLR 400mg, 600mg	4	
ZERBAXA INJ 1.5GM	4	
ZEVTERA SOLR 667mg	4	
ERYTHROMYCINS/MACROLIDES		
azithromycin SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg, 600mg	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg; TB24 500mg	1	
DIFICID SUSR 40mg/ml; TABS 200mg	4	
e.e.s. 400 TABS 400mg	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	
erythromycin base TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
erythromycin ethylsuccinate SUSR 200mg/5ml, 400mg/5ml	1	
erythromycin lactobionate SOLR 500mg	1	
fidaxomicin TABS 200mg	4	
ZITHROMAX SUSR 200mg/5ml	3	
ZITHROMAX TRI-PAK TABS 500mg	3	
ZITHROMAX Z-PAK TABS 250mg	3	
FLUOROQUINOLONES		
BAXDELA SOLR 300mg; TABS 450mg	4	
CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	

Drug Name	Drug Tier	Requirements/Limits
ciprofloxacin 200 mg/100ml in d5w	1	
ciprofloxacin 400 mg/200ml in d5w	1	
ciprofloxacin hcl TABS 250mg, 500mg, 750mg	1	
levofloxacin SOLN 25mg/ml; TABS 250mg, 500mg, 750mg	1	
levofloxacin in d5w iv soln 250 mg/50ml	1	
levofloxacin in d5w iv soln 500 mg/100ml	1	
levofloxacin in d5w iv soln 750 mg/150ml	1	
moxifloxacin hcl TABS 400mg	1	
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
AMOX/K CLAV CHW 200/28.5	3	
AMOX/K CLAV CHW 400/57	3	
amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
ampicillin CAPS 500mg	1	
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm	1	
ampicillin & sulbactam sodium for inj 3 (2-1) gm	1	
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm	1	

Drug Name	Drug Tier	Requirements/Limits
ampicillin sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1	
AUGMENTIN SUS 125/5ML	4	
AUGMENTIN SUS ES-600	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSY 600000unit/ml, 1200000unit/2ml, 2400000unit/4ml	3	
dicloxacillin sodium CAPS 250mg, 500mg	1	
NAFCILLIN INJ 2GM/100	4	
nafcillin sodium SOLR 1gm, 2gm	1	
nafcillin sodium SOLR 10gm	4	
OXACILLIN INJ 2GM	3	
oxacillin sodium SOLR 1gm, 2gm, 10gm	1	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
penicillin g potassium SOLR 5000000unit, 20000000unit	1	
penicillin g sodium SOLR 5000000unit	1	
penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
pfizerpen SOLR 5000000unit, 20000000unit	1	
PIP/TAZ/NACL INJ 2-0.25GM	3	
PIP/TAZ/NACL INJ 3-0.375G	3	
PIP/TAZ/NACL INJ 4-0.5GM	3	
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)	1	
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1	
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1	
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1	
UNASYN INJ 1.5GM	3	
UNASYN INJ 3GM	3	
UNASYN INJ 15GM	3	
ZOSYN SOL 2-0.25GM	3	
ZOSYN SOL 3-0.375G	3	
ZOSYN SOL 4-0.5GM	3	

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINES		
demeclocycline hcl TABS 150mg, 300mg	1	
DORYX MPC TBEC 60mg	4	PA
doxy 100 SOLR 100mg	1	
doxycycline (monohydrate) CAPS 50mg, 75mg, 100mg, 150mg; SUSR 25mg/5ml; TABS 50mg, 75mg, 100mg, 150mg	1	
doxycycline hyclate CAPS 50mg, 100mg; SOLR 100mg; TABS 20mg, 50mg, 75mg, 100mg, 150mg	1	
doxycycline hyclate TBEC 50mg, 75mg, 100mg, 150mg, 200mg	1	PA
minocycline hcl CAPS 50mg, 75mg, 100mg; TABS 50mg, 75mg, 100mg; TB24 45mg, 55mg, 65mg, 80mg, 90mg, 105mg, 115mg, 135mg	1	
NUZYRA SOLR 100mg	4	
NUZYRA TABS 150mg	4	QL (30 tabs / 14 days)
SEYSARA TABS 60mg, 100mg, 150mg	3	PA
targadox TABS 50mg	1	
tetracycline hcl CAPS 250mg, 500mg	1	
TETRACYCLINE HYDROCHLORID TABS 250mg, 500mg	4	
tigecycline SOLR 50mg	1	
TIGECYCLINE SOLR 50mg	4	
TYGACIL SOLR 50mg	4	
XERAVA SOLR 50mg, 100mg	3	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
bendamustine hcl SOLR 25mg	1	B/D
bendamustine hcl SOLR 100mg	4	B/D
BENDAMUSTINE HYDROCHLORID SOLN 100mg/4ml	4	B/D
BENDEKA SOLN 100mg/4ml	4	B/D
carboplatin SOLN 50mg/5ml, 150mg/15ml, 450mg/45ml, 600mg/60ml	1	B/D
cisplatin SOLN 50mg/50ml, 100mg/100ml, 200mg/200ml	1	B/D
cyclophosphamide CAPS 25mg, 50mg; SOLN 500mg/2.5ml; SOLR 1gm, 2gm, 500mg	1	B/D

Drug Name	Drug Tier	Requirements/Limits
CYCLOPHOSPHAMIDE SOLN 1gm/2ml, 1gm/5ml, 2gm/4ml, 500mg/2.5ml, 500mg/5ml, 500mg/ml, 1000mg/10ml, 2000mg/20ml	4	B/D
cyclophosphamide SOLN 1gm/5ml	4	B/D
CYCLOPHOSPHAMIDE TABS 50mg	3	B/D
CYCLOPHOSPHAMIDE MONOHYDR SOLN 2gm/10ml	4	B/D
FRINDOVYX SOLN 1gm/2ml, 2gm/4ml, 500mg/ml	4	B/D
GLEOSTINE CAPS 10mg, 40mg	3	
GLEOSTINE CAPS 100mg	4	
GRAFAPEX SOLR 1gm, 5gm	4	B/D
IFEX SOLR 3gm	3	B/D
ifosfamide SOLN 1gm/20ml, 3gm/60ml	1	B/D
IFOSFAMIDE SOLR 3gm	3	B/D
KYXATA SOLN 80mg/8ml, 500mg/50ml	4	B/D
LEUKERAN TABS 2mg	4	PA
lomustine CAPS 10mg, 40mg	1	
lomustine CAPS 100mg	4	
oxaliplatin SOLN 50mg/10ml, 100mg/20ml, 200mg/40ml	1	B/D
oxaliplatin SOLR 50mg, 100mg	4	B/D
TREANDA SOLR 25mg, 100mg	4	B/D
VIVIMUSTA SOLN 100mg/4ml	4	B/D
ZEPZELCA SOLR 4mg	4	PA
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	4	B/D
AVGEMSI SOLN 1gm/26.3ml, 2gm/52.6ml	4	B/D
AXTLE SOLR 100mg, 500mg	4	B/D
azacitidine SUSR 100mg	4	B/D
cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
decitabine SOLR 50mg	4	B/D
FAVLYXA SOLN 2.5gm/100ml, 250mg/10ml	4	B/D
fludarabine phosphate SOLN 50mg/2ml; SOLR 50mg	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
gemcitabine hcl SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml; SOLR 1gm, 2gm, 200mg	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	3	B/D
INQOVI TAB 35-100MG	4	QL (5 tabs / 28 days), PA
LONSURF TAB 15-6.14	4	QL (100 tabs / 28 days), PA
LONSURF TAB 20-8.19	4	QL (80 tabs / 28 days), PA
mercaptopurine SUSP 2000mg/100ml	4	
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	4	QL (14 tabs / 28 days), PA
PEMETREXED SOLN 1gm/40ml, 100mg/4ml, 500mg/20ml	4	B/D
pemetrexed disodium SOLR 100mg, 500mg, 750mg, 1000mg	4	B/D
PEMRYDI RTU SOLN 100mg/10ml, 500mg/50ml	4	B/D
pralatrexate SOLN 20mg/ml, 40mg/2ml	4	PA
PURIXAN SUSP 2000mg/100ml	4	
TABLOID TABS 40mg	4	PA
VIDAZA SUSR 100mg	4	B/D
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate TABS 250mg	4	QL (120 tabs / 30 days), PA
abiraterone acetate TABS 500mg	4	QL (60 tabs / 30 days), PA
abirtega TABS 250mg	1	QL (120 tabs / 30 days), PA
AKEEGA TAB 50/500MG	4	QL (60 tabs / 30 days), PA
AKEEGA TAB 100/500	4	QL (60 tabs / 30 days), PA
anastrozole TABS 1mg	1	
ARIMIDEX TABS 1mg	4	
AROMASIN TABS 25mg	4	
bicalutamide TABS 50mg	1	

Drug Name	Drug Tier	Requirements/Limits
CAMCEVI PRSY 42mg	3	PA
CASODEX TABS 50mg	4	
CLIGAVYX SOSY 250mg/5ml	4	B/D
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	2	PA
ERLEADA TABS 60mg	4	QL (120 tabs / 30 days), PA
ERLEADA TABS 240mg	4	QL (30 tabs / 30 days), PA
EULEXIN CAPS 125mg	4	
exemestane TABS 25mg	1	
FARESTON TABS 60mg	4	PA
FASLODEX SOSY 250mg/5ml	4	B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	PA
FIRMAGON SOLR 120mg/vial	4	PA
fulvestrant SOSY 250mg/5ml	1	B/D
INLURIYO TABS 200mg	4	QL (56 tabs / 28 days), PA
letrozole TABS 2.5mg	1	
leuprolide acetate KIT 1mg/0.2ml	1	PA
LIFYORLI CAP 125MG DS	4	QL (18 caps / 28 days), PA
LIFYORLI CAP 150MG DS	4	QL (27 caps / 28 days), PA
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	4	PA
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	4	PA
LUPRON DEPOT (4-MONTH) KIT 30mg	4	PA
LUPRON DEPOT (6-MONTH) KIT 45mg	4	PA
LUTRATE DEPOT INJ 22.5mg	3	PA
LYSODREN TABS 500mg	4	
megestrol acetate TABS 20mg, 40mg	2	
nilutamide TABS 150mg	4	
NUBEQA TABS 300mg	4	QL (120 tabs / 30 days), PA
ORGOVYX TABS 120mg	4	PA
ORSERDU TABS 86mg	4	QL (90 tabs / 30 days), PA
ORSERDU TABS 345mg	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SOLTAMOX SOLN 10mg/5ml	4	
tamoxifen citrate TABS 10mg, 20mg	1	
toremifene citrate TABS 60mg	1	PA
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	2	PA
VABRINTY KIT 7.5mg, 22.5mg, 30mg, 45mg	4	PA
VEPPANU TABS 100mg	4	QL (90 tabs / 30 days), PA
VEPPANU TABS 200mg	4	QL (30 tabs / 30 days), PA
XTANDI CAPS 40mg	4	QL (120 caps / 30 days), PA
XTANDI TABS 40mg	4	QL (120 tabs / 30 days), PA
XTANDI TABS 80mg	4	QL (60 tabs / 30 days), PA
YONSA TABS 125mg	4	QL (120 tabs / 30 days), PA
ZOLADEX IMPL 3.6mg, 10.8mg	3	PA
ZYTIGA TABS 250mg	4	QL (120 tabs / 30 days), PA
ZYTIGA TABS 500mg	4	QL (60 tabs / 30 days), PA
IMMUNOMODULATORS		
lenalidomide CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (28 caps / 28 days), PA
lenalidomide CAPS 20mg, 25mg	4	QL (21 caps / 28 days), PA
pomalidomide CAPS 1mg, 2mg, 3mg, 4mg	4	QL (21 caps / 28 days), PA
POMALYST CAPS 1mg, 2mg, 3mg, 4mg	4	QL (21 caps / 28 days), PA
REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (28 caps / 28 days), PA
REVLIMID CAPS 20mg, 25mg	4	QL (21 caps / 28 days), PA
THALOMID CAPS 50mg	4	QL (84 caps / 28 days), PA
THALOMID CAPS 100mg	4	QL (112 caps / 28 days), PA
ZENBEXUS CAPS .75mg, 1mg	4	QL (21 caps / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
MISCELLANEOUS		
ASPARLAS SOLN 3750unit/5ml	4	PA
BESREMI SOSY 500mcg/ml	4	QL (2 syringes / 28 days), PA
BESREMI PEN SOPN 500mcg/0.5ml	4	QL (2 pens / 28 days), PA
bexarotene CAPS 75mg	4	QL (300 caps / 30 days), PA
bleomycin sulfate SOLR 15unit, 30unit	1	B/D
CAMPTOSAR SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	3	B/D
dacarbazine SOLR 100mg	1	B/D
dexrazoxane hcl SOLR 250mg, 500mg	1	B/D
DOXIL SUSP 2mg/ml	4	B/D
doxorubicin hcl SOLN 2mg/ml	1	B/D
doxorubicin hcl liposomal SUSP 2mg/ml	4	B/D
DOXORUBICIN HYDROCHLORIDE SOLN 2mg/ml	3	B/D
ELITEK SOLR 1.5mg, 7.5mg	4	B/D
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	B/D
ETHYOL SOLR 500mg	4	B/D
HYDREA CAPS 500mg	3	
hydroxyurea CAPS 500mg	1	
irinotecan hcl SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml, 500mg/25ml	1	B/D
IWILFIN TABS 192mg	4	QL (240 tabs / 30 days), PA
KHAPZORY SOLR 175mg	4	B/D
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml; SOLR 50mg	1	B/D
MATULANE CAPS 50mg	4	
mesna TABS 400mg	1	
MESNEX TABS 400mg	4	
mitomycin SOLR 5mg, 20mg	1	B/D
mitomycin SOLR 40mg	4	B/D
mitoxantrone hcl CONC 20mg/10ml, 25mg/12.5ml, 30mg/15ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
MODEYSO CAPS 125mg	4	QL (20 caps / 28 days), PA
NIPENT SOLR 10mg	4	B/D
ONCASPAR SOLN 750unit/ml	4	PA
ONIVYDE SUSP 43mg/10ml	4	B/D
RYLAZE SOLN 10mg/0.5ml	4	PA
SYLVANT SOLR 100mg, 400mg	4	PA
TARGRETIN CAPS 75mg	4	QL (300 caps / 30 days), PA
TOPOTECAN HCL SOLN 4mg/4ml	3	B/D
topotecan hcl SOLN 4mg/4ml; SOLR 4mg	1	B/D
tretinoin (chemotherapy) CAPS 10mg	4	
valrubicin SOLN 40mg/ml	4	B/D
VALSTAR SOLN 40mg/ml	4	B/D
VYKOURA SOLN 50mg/5ml	3	B/D
VYKOURA SOLN 350mg/35ml, 500mg/50ml	4	B/D
WELIREG TABS 40mg	4	QL (90 tabs / 30 days), PA
MITOTIC INHIBITORS		
ABRAXANE INJ 100MG	4	B/D
AVOPEF SOLN 100mg/5ml, 500mg/25ml	4	B/D
BEIZRAY CONC 20mg/ml	3	B/D
BEIZRAY INJ 80MG/4ML	4	B/D
BEIZRAY INJ 160/8ML	4	B/D
docetaxel CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	B/D
DOCETAXEL CONC 20mg/ml, 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	B/D
DOCIVYX SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	B/D
eribulin mesylate SOLN 1mg/2ml	4	B/D
ETOPOPHOS SOLR 100mg	3	B/D
etoposide SOLN 1gm/50ml, 100mg/5ml, 500mg/25ml	1	B/D
HALAVEN SOLN 1mg/2ml	4	B/D
IXEMPRA KIT SOLR 15mg, 45mg	4	B/D
JEVTANA SOLN 60mg/1.5ml	4	PA
paclitaxel CONC 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml	1	B/D

Drug Name	Drug Tier	Requirements/Limits
PACLITAXEL INJ 100MG	4	B/D
paclitaxel protein-bound particles for iv susp 100 mg	4	B/D
vinblastine sulfate SOLN 1mg/ml	1	B/D
vincristine sulfate SOLN 1mg/ml	1	B/D
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D
MOLECULAR TARGET AGENTS		
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), PA
AFINITOR DISPERZ TBSO 2mg, 5mg	4	QL (60 tabs / 30 days), PA
AFINITOR DISPERZ TBSO 3mg	4	QL (90 tabs / 30 days), PA
ALECENSA CAPS 150mg	4	QL (240 caps / 30 days), PA
ALUNBRIG TABS 30mg	4	QL (120 tabs / 30 days), PA
ALUNBRIG TABS 90mg, 180mg	4	QL (30 tabs / 30 days), PA
ALUNBRIG PAK	4	QL (30 tabs / 30 days), PA
ALYMSYS SOLN 100mg/4ml, 400mg/16ml	4	PA
AUGTYRO CAPS 40mg	4	QL (240 caps / 30 days), PA
AUGTYRO CAPS 160mg	4	QL (60 caps / 30 days), PA
AVASTIN SOLN 100mg/4ml, 400mg/16ml	4	PA
AVMAPKI PAK FAKZYNJA	4	QL (1 pack / 28 days), PA
AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	4	QL (30 tabs / 30 days), PA
BALVERSA TABS 3mg	4	QL (84 tabs / 28 days), PA
BALVERSA TABS 4mg	4	QL (56 tabs / 28 days), PA
BALVERSA TABS 5mg	4	QL (28 tabs / 28 days), PA
BAVENCIO SOLN 200mg/10ml	4	PA
BELEODAQ SOLR 500mg	4	PA
BESPONSA SOLR .9mg	4	PA
BLENREP SOLR 70mg	4	PA
BORTEZOMIB SOLR 1mg, 2.5mg	3	PA

Drug Name	Drug Tier	Requirements/Limits
bortezomib SOLR 3.5mg	1	PA
BORUZU SOLN 3.5mg/1.4ml	4	PA
BOSULIF CAPS 50mg	4	QL (30 caps / 30 days), PA
BOSULIF CAPS 100mg	4	QL (300 caps / 30 days), PA
BOSULIF TABS 100mg	4	QL (180 tabs / 30 days), PA
BOSULIF TABS 400mg, 500mg	4	QL (30 tabs / 30 days), PA
bosutinib TABS 100mg	4	QL (180 tabs / 30 days), PA
bosutinib TABS 400mg, 500mg	4	QL (30 tabs / 30 days), PA
BRAFTOVI CAPS 75mg	4	QL (180 caps / 30 days), PA
BRUKINSA CAPS 80mg	4	QL (120 caps / 30 days), PA
BRUKINSA TABS 160mg	4	QL (60 tabs / 30 days), PA
CABOMETYX TABS 20mg, 40mg, 60mg	4	QL (30 tabs / 30 days), PA
CALQUENCE TABS 100mg	4	QL (60 tabs / 30 days), PA
CAPRELSA TABS 100mg	4	QL (60 tabs / 30 days), PA
CAPRELSA TABS 300mg	4	QL (30 tabs / 30 days), PA
CAVHANZA TBDP 60mg, 80mg	4	QL (112 tabs / 28 days), PA
COLUMVI SOLN 2.5mg/2.5ml, 10mg/10ml	4	PA
COMETRIQ (60MG DOSE) KIT 20mg	4	QL (84 caps / 28 days), PA
COMETRIQ KIT 100MG	4	QL (56 caps / 28 days), PA
COMETRIQ KIT 140MG	4	QL (112 caps / 28 days), PA
COPIKTRA CAPS 15mg, 25mg	4	QL (56 caps / 28 days), PA
COTELLIC TABS 20mg	4	QL (63 tabs / 28 days), PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
DANZITEN TABS 71mg, 95mg	4	QL (112 tabs / 28 days), PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	4	PA
DARZALEX INJ FASPRO	4	PA
dasatinib TABS 20mg	4	QL (90 tabs / 30 days), PA
dasatinib TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	QL (30 tabs / 30 days), PA
DATROWAY SOLR 100mg	4	PA
DAURISMO TABS 25mg	4	QL (60 tabs / 30 days), PA
DAURISMO TABS 100mg	4	QL (30 tabs / 30 days), PA
ELAHERE SOLN 100mg/20ml	4	PA
EMPLICITI SOLR 300mg, 400mg	4	PA
EMRELIS SOLR 20mg, 100mg	4	PA
ENHERTU SOLR 100mg	4	PA
ENSACOVE CAPS 25mg	4	QL (270 caps / 30 days), PA
ENSACOVE CAPS 100mg	4	QL (60 caps / 30 days), PA
EPKINLY SOLN 4mg/0.8ml, 48mg/0.8ml	4	PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	4	B/D
ERIVEDGE CAPS 150mg	4	QL (30 caps / 30 days), PA
erlotinib hcl TABS 25mg	4	QL (90 tabs / 30 days), PA
erlotinib hcl TABS 100mg, 150mg	4	QL (30 tabs / 30 days), PA
everolimus TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), PA
everolimus TBSO 2mg, 5mg	4	QL (60 tabs / 30 days), PA
everolimus TBSO 3mg	4	QL (90 tabs / 30 days), PA
FOTIVDA CAPS .89mg, 1.34mg	4	QL (21 caps / 28 days), PA
FRUZAQLA CAPS 1mg	4	QL (84 caps / 28 days), PA
FRUZAQLA CAPS 5mg	4	QL (21 caps / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYARRO SUSR 100mg	4	PA
GAVRETO CAPS 100mg	4	QL (120 caps / 30 days), PA
GAZYVA SOLN 1000mg/40ml	4	PA
gefitinib TABS 250mg	4	QL (60 tabs / 30 days), PA
GILOTRIF TABS 20mg, 30mg, 40mg	4	QL (30 tabs / 30 days), PA
GLEEVEC TABS 100mg	4	QL (90 tabs / 30 days), PA
GLEEVEC TABS 400mg	4	QL (60 tabs / 30 days), PA
GOMEKLI CAPS 1mg	4	QL (168 caps / 28 days), PA
GOMEKLI CAPS 2mg	4	QL (84 caps / 28 days), PA
GOMEKLI TBSO 1mg	4	QL (168 tabs / 28 days), PA
HERCEP HYLEC SOL 60-10000	4	PA
HERCEPTIN SOLR 150mg	4	PA
HERCESSI SOLR 150mg, 420mg	4	PA
HERNEXEOS TABS 60mg	4	QL (120 tabs / 30 days), PA
HERZUMA SOLR 150mg, 420mg	4	PA
HYRNUO TABS 10mg	4	QL (120 tabs / 30 days), PA
IBRANCE CAPS 125mg	4	QL (21 caps / 28 days), PA
IBRANCE TABS 75mg, 100mg, 125mg	4	QL (21 tabs / 28 days), PA
IBTROZI CAPS 200mg	4	QL (90 caps / 30 days), PA
ICLUSIG TABS 10mg, 15mg, 30mg, 45mg	4	QL (30 tabs / 30 days), PA
IDHIFA TABS 50mg, 100mg	4	QL (30 tabs / 30 days), PA
imatinib mesylate TABS 100mg	1	QL (90 tabs / 30 days), PA
imatinib mesylate TABS 400mg	4	QL (60 tabs / 30 days), PA
IMBRUVICA CAPS 70mg	4	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
IMBRUVICA CAPS 140mg	4	QL (90 caps / 30 days), PA
IMBRUVICA SUSP 70mg/ml	4	QL (216 mL / 30 days), PA
IMBRUVICA TABS 140mg, 280mg, 420mg	4	QL (30 tabs / 30 days), PA
IMDELLTRA SOLR 1mg, 10mg	4	PA
IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	4	PA
IMJUDO SOLN 25mg/1.25ml, 300mg/15ml	4	PA
IMKELDI SOLN 80mg/ml	4	QL (280 mL / 28 days), PA
INLYTA TABS 1mg	4	QL (180 tabs / 30 days), PA
INLYTA TABS 5mg	4	QL (120 tabs / 30 days), PA
INREBIC CAPS 100mg	4	QL (120 caps / 30 days), PA
IRESSA TABS 250mg	4	QL (60 tabs / 30 days), PA
ITOVEBI TABS 3mg	4	QL (56 tabs / 28 days), PA
ITOVEBI TABS 9mg	4	QL (28 tabs / 28 days), PA
JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg	4	QL (60 tabs / 30 days), PA
JAKAFI XR TB24 11mg, 22mg, 33mg, 44mg, 55mg	4	QL (30 tabs / 30 days), PA
JAYPIRCA TABS 50mg	4	QL (30 tabs / 30 days), PA
JAYPIRCA TABS 100mg	4	QL (60 tabs / 30 days), PA
JEMPERLI SOLN 500mg/10ml	4	PA
JIDEYTRO TABS 25mg	4	QL (90 tabs / 30 days), PA
JIDEYTRO TABS 100mg	4	QL (30 tabs / 30 days), PA
JOBEVNE SOLN 100mg/4ml, 400mg/16ml	4	PA
KADCYLA SOLR 100mg, 160mg	4	B/D
KANJINTI SOLR 150mg, 420mg	4	PA
KEYTRUDA SOLN 100mg/4ml	4	PA
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML	4	QL (1 vial / 21 days), PA

Drug Name	Drug Tier	Requirements/Limits
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML	4	QL (1 vial / 42 days), PA
KIMMTRAK SOLN 100mcg/0.5ml	4	PA
KISQALI 200 DOSE TBPK 200mg	4	QL (21 tabs / 28 days), PA
KISQALI 400 DOSE TBPK 200mg	4	QL (42 tabs / 28 days), PA
KISQALI 600 DOSE TBPK 200mg	4	QL (63 tabs / 28 days), PA
KOMZIFTI CAPS 200mg	4	QL (90 caps / 30 days), PA
KOSELUGO CAPS 10mg	4	QL (240 caps / 30 days), PA
KOSELUGO CAPS 25mg	4	QL (120 caps / 30 days), PA
KOSELUGO CPSP 5mg	4	QL (600 caps / 30 days), PA
KOSELUGO CPSP 7.5mg	4	QL (360 caps / 30 days), PA
KRAZATI TABS 200mg	4	QL (180 tabs / 30 days), PA
KYPROLIS SOLR 10mg, 30mg, 60mg	4	PA
lapatinib ditosylate TABS 250mg	4	QL (180 tabs / 30 days), PA
LAZCLUZE TABS 80mg	4	QL (60 tabs / 30 days), PA
LAZCLUZE TABS 240mg	4	QL (30 tabs / 30 days), PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg	4	QL (30 caps / 30 days), PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg	4	QL (60 caps / 30 days), PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg	4	QL (30 caps / 30 days), PA
LENVIMA 12MG DAILY DOSE CPPK 4mg	4	QL (90 caps / 30 days), PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg	4	QL (60 caps / 30 days), PA
LENVIMA CAP 14 MG	4	QL (60 caps / 30 days), PA
LENVIMA CAP 18 MG	4	QL (90 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 24 MG	4	QL (90 caps / 30 days), PA
LIBTAYO SOLN 350mg/7ml	4	PA
LOQTORZI SOLN 240mg/6ml	4	PA
LORBRENA TABS 25mg	4	QL (90 tabs / 30 days), PA
LORBRENA TABS 100mg	4	QL (30 tabs / 30 days), PA
LUMAKRAS TABS 120mg	4	QL (240 tabs / 30 days), PA
LUMAKRAS TABS 240mg	4	QL (120 tabs / 30 days), PA
LUMAKRAS TABS 320mg	4	QL (90 tabs / 30 days), PA
LUNSUMIO SOLN 1mg/ml, 30mg/30ml	4	PA
LUNSUMIO VELO SOLN 5mg/0.5ml, 45mg/ml	4	PA
LYNOZYFIC SOLN 5mg/2.5ml, 200mg/10ml	4	PA
LYNPARZA TABS 100mg, 150mg	4	QL (120 tabs / 30 days), PA
LYTGOBI (12 MG DAILY DOSE) TBPK 4mg	4	QL (84 tabs / 28 days), PA
LYTGOBI (16 MG DAILY DOSE) TBPK 4mg	4	QL (112 tabs / 28 days), PA
LYTGOBI (20 MG DAILY DOSE) TBPK 4mg	4	QL (140 tabs / 28 days), PA
MARGENZA SOLN 250mg/10ml	4	PA
MEKINIST SOLR .05mg/ml	4	QL (1260 mL / 30 days), PA
MEKINIST TABS 2mg	4	QL (30 tabs / 30 days), PA
MEKINIST TABS .5mg	4	QL (90 tabs / 30 days), PA
MEKTOVI TABS 15mg	4	QL (180 tabs / 30 days), PA
MONJUVI SOLR 200mg	4	PA
MVASI SOLN 100mg/4ml, 400mg/16ml	4	PA
MYLOTARG SOLR 4.5mg	4	PA
NERLYNX TABS 40mg	4	QL (180 tabs / 30 days), PA
NEXAVAR TABS 200mg	4	QL (120 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
NILOTINIB D-TARTRATE CAPS 50mg	4	QL (120 caps / 30 days), PA
NILOTINIB D-TARTRATE CAPS 150mg, 200mg	4	QL (112 caps / 28 days), PA
nilotinib hcl CAPS 50mg	4	QL (120 caps / 30 days), PA
nilotinib hcl CAPS 150mg, 200mg	4	QL (112 caps / 28 days), PA
NINLARO CAPS 2.3mg, 3mg, 4mg	4	QL (3 caps / 28 days), PA
ODOMZO CAPS 200mg	4	QL (30 caps / 30 days), PA
OGIVRI SOLR 150mg, 420mg	4	PA
OGSIVEO TABS 100mg, 150mg	4	QL (56 tabs / 28 days), PA
OJEMDA SUSR 25mg/ml	4	QL (96 mL / 28 days), PA
OJEMDA TABS 100mg	4	QL (24 tabs / 28 days), PA
OJJAARA TABS 100mg, 150mg, 200mg	4	QL (30 tabs / 30 days), PA
ONTRUZANT SOLR 150mg, 420mg	4	PA
OPDIVO SOLN 40mg/4ml, 100mg/10ml, 120mg/12ml, 240mg/24ml	4	PA
OPDIVO INJ QVANTIG	4	PA
OPDUALAG INJ	4	PA
PADCEV SOLR 20mg, 30mg	4	PA
pazopanib hcl TABS 200mg	4	QL (120 tabs / 30 days), PA
pazopanib hcl TABS 400mg	4	QL (60 tabs / 30 days), PA
PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	4	QL (28 tabs / 28 days), PA
PERJETA SOLN 420mg/14ml	4	PA
PHESGO SOL	4	PA
PHYRAGO TABS 20mg	4	QL (90 tabs / 30 days), PA
PHYRAGO TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	QL (30 tabs / 30 days), PA
PIQRAY 200MG DAILY DOSE TBPK 200mg	4	QL (28 tabs / 28 days), PA
PIQRAY 250MG TAB DOSE	4	QL (56 tabs / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 300MG DAILY DOSE TBPK 150mg	4	QL (56 tabs / 28 days), PA
POLIVY SOLR 30mg, 140mg	4	PA
POTELIGEO SOLN 20mg/5ml	4	PA
QINLOCK TABS 50mg	4	QL (90 tabs / 30 days), PA
RETEVMO TABS 40mg	4	QL (90 tabs / 30 days), PA
RETEVMO TABS 80mg	4	QL (120 tabs / 30 days), PA
RETEVMO TABS 120mg, 160mg	4	QL (60 tabs / 30 days), PA
REVUFORJ TABS 25mg	4	QL (240 tabs / 30 days), PA
REVUFORJ TABS 110mg	4	QL (120 tabs / 30 days), PA
REVUFORJ TABS 160mg	4	QL (60 tabs / 30 days), PA
REZLIDHIA CAPS 150mg	4	QL (60 caps / 30 days), PA
RIABNI SOLN 100mg/10ml, 500mg/50ml	4	PA
RITUXAN SOLN 500mg/50ml	4	PA
RITUXAN INJ HYCELA	4	PA
ROMVIMZA CAPS 14mg, 20mg, 30mg	4	QL (8 caps / 28 days), PA
ROZLYTREK CAPS 100mg	4	QL (180 caps / 30 days), PA
ROZLYTREK CAPS 200mg	4	QL (90 caps / 30 days), PA
ROZLYTREK PACK 50mg	4	QL (336 packets / 28 days), PA
RUBRACA TABS 200mg, 250mg, 300mg	4	QL (120 tabs / 30 days), PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	4	PA
RYBREVANT SOLN 350mg/7ml	4	PA
RYBREVANT INJ FASPRO	4	PA
RYDAPT CAPS 25mg	4	QL (224 caps / 28 days), PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	4	PA
SARCLISA ESCENA SOLN 1400mg/10ml	4	PA
SCEMBLIX TABS 20mg	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SCEMBLIX TABS 40mg	4	QL (300 tabs / 30 days), PA
SCEMBLIX TABS 100mg	4	QL (120 tabs / 30 days), PA
sorafenib tosylate TABS 200mg	4	QL (120 tabs / 30 days), PA
SPRYCEL TABS 20mg	4	QL (90 tabs / 30 days), PA
SPRYCEL TABS 50mg, 70mg, 80mg, 100mg, 140mg	4	QL (30 tabs / 30 days), PA
STIVARGA TABS 40mg	4	QL (84 tabs / 28 days), PA
sunitinib malate CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	QL (30 caps / 30 days), PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg	4	QL (30 caps / 30 days), PA
TABRECTA TABS 150mg, 200mg	4	QL (112 tabs / 28 days), PA
TAFINLAR CAPS 50mg, 75mg	4	QL (120 caps / 30 days), PA
TAFINLAR TBSO 10mg	4	QL (840 tabs / 28 days), PA
TAGRISSO TABS 40mg, 80mg	4	QL (30 tabs / 30 days), PA
TALZENNA CAPS .1mg, .35mg, .5mg, .75mg, 1mg	4	QL (30 caps / 30 days), PA
TALZENNA CAPS .25mg	4	QL (90 caps / 30 days), PA
TASIGNA CAPS 50mg	4	QL (120 caps / 30 days), PA
TASIGNA CAPS 150mg, 200mg	4	QL (112 caps / 28 days), PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	4	PA
TECENTRIQ INJ HYBREZA	4	QL (1 vial / 21 days), PA
TECVAYLI SOLN 30mg/3ml, 153mg/1.7ml	4	PA
temsirolimus SOLN 25mg/ml	4	B/D
TEPMETKO TABS 225mg	4	QL (60 tabs / 30 days), PA
TEVIMBRA SOLN 100mg/10ml, 150mg/15ml	4	PA
TIBSOVO TABS 250mg	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
TIVDAK SOLR 40mg	4	PA
TORISEL SOLN 25mg/ml	4	B/D
torpenz TABS 2.5mg, 5mg, 7.5mg, 10mg	4	QL (30 tabs / 30 days), PA
TRAZIMERA SOLR 150mg, 420mg	4	PA
TRODELVY SOLR 180mg	4	PA
TRUQAP TABS 200mg; TBPK 160mg, 200mg	4	QL (64 tabs / 28 days), PA
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	4	PA
TUKYSA TABS 50mg, 150mg	4	QL (120 tabs / 30 days), PA
TURALIO CAPS 125mg	4	QL (120 caps / 30 days), PA
TYKERB TABS 250mg	4	QL (180 tabs / 30 days), PA
UNLOXCYT SOLN 300mg/5ml	4	PA
VANFLYTA TABS 17.7mg, 26.5mg	4	QL (56 tabs / 28 days), PA
VECTIBIX SOLN 100mg/5ml, 400mg/20ml	4	B/D
VEGZELMA SOLN 100mg/4ml, 400mg/16ml	4	PA
VELCADE SOLR 3.5mg	4	PA
VENCLEXTA TABS 10mg	2	QL (112 tabs / 28 days), PA
VENCLEXTA TABS 50mg	4	QL (112 tabs / 28 days), PA
VENCLEXTA TABS 100mg	4	QL (180 tabs / 30 days), PA
VENCLEXTA TAB START PK	4	QL (42 tabs / 28 days), PA
VERZENIO TABS 50mg, 100mg, 150mg, 200mg	4	QL (56 tabs / 28 days), PA
VITRAKVI CAPS 25mg	4	QL (180 caps / 30 days), PA
VITRAKVI CAPS 100mg	4	QL (60 caps / 30 days), PA
VITRAKVI SOLN 20mg/ml	4	QL (300 mL / 30 days), PA
VONJO CAPS 100mg	4	QL (120 caps / 30 days), PA
VORANIGO TABS 10mg	4	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
VORANIGO TABS 40mg	4	QL (30 tabs / 30 days), PA
VOTRIENT TABS 200mg	4	QL (120 tabs / 30 days), PA
VYLOY SOLR 100mg, 300mg	4	PA
XALKORI CAPS 200mg, 250mg; CPSP 20mg, 50mg	4	QL (120 caps / 30 days), PA
XALKORI CPSP 150mg	4	QL (180 caps / 30 days), PA
XOSPATA TABS 40mg	4	QL (90 tabs / 30 days), PA
XPOVIO PAK (40 MG ONCE WEEKLY) TBPK 10mg	4	QL (16 tabs / 28 days), PA
XPOVIO PAK (40 MG TWICE WEEKLY) TBPK 40mg	4	QL (8 tabs / 28 days), PA
XPOVIO PAK (60 MG ONCE WEEKLY) TBPK 60mg	4	QL (4 tabs / 28 days), PA
XPOVIO PAK (60 MG TWICE WEEKLY) TBPK 20mg	4	QL (24 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 40mg	4	QL (8 tabs / 28 days), PA
XPOVIO PAK (80 MG ONCE WEEKLY) TBPK 80mg	4	QL (4 tabs / 28 days), PA
XPOVIO PAK (80 MG TWICE WEEKLY) TBPK 20mg	4	QL (32 tabs / 28 days), PA
XPOVIO PAK (100 MG ONCE WEEKLY) TBPK 50mg	4	QL (8 tabs / 28 days), PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	4	PA
yulithira TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (30 tabs / 30 days), PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	4	PA
ZEJULA TABS 100mg, 200mg, 300mg	4	QL (30 tabs / 30 days), PA
ZELBORAF TABS 240mg	4	QL (240 tabs / 30 days), PA
ZIIHERA SOLR 300mg	4	PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	4	PA
ZOLINZA CAPS 100mg	4	QL (120 caps / 30 days), PA
ZYKADIA TABS 150mg	4	QL (84 tabs / 28 days), PA
ZYNLONTA SOLR 10mg	4	PA
ZYNYZ SOLN 500mg/20ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-10 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 5-40 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-20 mg	1	QL (30 caps / 30 days)
amlodipine besylate-benazepril hcl cap 10-40 mg	1	QL (30 caps / 30 days)
benazepril & hydrochlorothiazide tab 5-6.25mg	1	
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
VASERETIC TAB 10-25MG	3	
ZESTORETIC TAB 10-12.5	3	
ZESTORETIC TAB 20-12.5	3	
ZESTORETIC TAB 20-25MG	3	
ACE INHIBITORS		
benazepril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
captopril TABS 12.5mg, 25mg, 50mg, 100mg	1	
enalapril maleate SOLN 1mg/ml; TABS 2.5mg, 5mg, 10mg, 20mg	1	
EPANED SOLN 1mg/ml	4	
fosinopril sodium TABS 10mg, 20mg, 40mg	1	
lisinopril TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	1	
LOTENSIN TABS 10mg, 20mg, 40mg	3	
moexipril hcl TABS 7.5mg, 15mg	1	
perindopril erbumine TABS 2mg, 4mg, 8mg	1	
QBRELIS SOLN 1mg/ml	4	
quinapril hcl TABS 5mg, 10mg, 20mg, 40mg	1	
ramipril CAPS 1.25mg, 2.5mg, 5mg, 10mg	1	
trandolapril TABS 1mg, 2mg, 4mg	1	
VASOTEC TABS 2.5mg, 5mg, 10mg, 20mg	3	
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	

Drug Name	Drug Tier	Requirements/Limits
eplerenone TABS 25mg, 50mg	1	
KERENDIA TABS 10mg, 20mg, 40mg	2	QL (30 tabs / 30 days)
spironolactone SUSP 25mg/5ml; TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
doxazosin mesylate TABS 1mg, 2mg, 4mg, 8mg	1	
prazosin hcl CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
TEZRULY SOLN 1mg/ml	3	QL (600 mL / 30 days), ST
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 5-320 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-160 mg	1	QL (30 tabs / 30 days)
amlodipine besylate-valsartan tab 10-320 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	QL (30 tabs / 30 days)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	QL (30 tabs / 30 days)
ATACAND HCT TAB 16-12.5	3	QL (60 tabs / 30 days)
ATACAND HCT TAB 32-12.5	3	QL (30 tabs / 30 days)
ATACAND HCT TAB 32-25MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
AVALIDE TAB 150-12.5	3	QL (60 tabs / 30 days)
AVALIDE TAB 300-12.5	3	QL (30 tabs / 30 days)
AZOR TAB 5-20MG	3	QL (30 tabs / 30 days)
AZOR TAB 5-40MG	3	QL (30 tabs / 30 days)
AZOR TAB 10-20MG	3	QL (30 tabs / 30 days)
AZOR TAB 10-40MG	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 20-12.5	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-12.5	3	QL (30 tabs / 30 days)
BENICAR HCT TAB 40-25MG	3	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	QL (60 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	QL (30 tabs / 30 days)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	QL (30 tabs / 30 days)
DIOVAN HCT TAB 80-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 160-25MG	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-12.5	3	QL (30 tabs / 30 days)
DIOVAN HCT TAB 320-25MG	3	QL (30 tabs / 30 days)
EDARBYCLOR TAB 40-12.5	3	QL (30 tabs / 30 days), ST
EDARBYCLOR TAB 40-25MG	3	QL (30 tabs / 30 days), ST
ENTRESTO CAP 6-6MG	2	QL (240 caps / 30 days)
ENTRESTO CAP 15-16MG	2	QL (240 caps / 30 days)
ENTRESTO TAB 24-26MG	3	QL (180 tabs / 30 days)
ENTRESTO TAB 49-51MG	3	QL (60 tabs / 30 days)
ENTRESTO TAB 97-103MG	3	QL (60 tabs / 30 days)
EXFORGE HCT TAB 5-160-12.5MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 5-160-25MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-12.5MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-160-25MG	3	QL (30 tabs / 30 days)
EXFORGE HCT TAB 10-320-25MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 5-160MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 5-320MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 10-160MG	3	QL (30 tabs / 30 days)
EXFORGE TAB 10-320MG	3	QL (30 tabs / 30 days)
HYZAAR TAB 50-12.5	3	QL (30 tabs / 30 days)
HYZAAR TAB 100-12.5	3	QL (30 tabs / 30 days)
HYZAAR TAB 100-25	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	QL (60 tabs / 30 days)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	QL (30 tabs / 30 days)
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	QL (30 tabs / 30 days)
MICARDIS HCT TAB 40/12.5	3	QL (30 tabs / 30 days)
MICARDIS HCT TAB 80-25MG	3	QL (30 tabs / 30 days)
MICARDIS HCT TAB 80/12.5	3	QL (60 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	QL (30 tabs / 30 days)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	QL (30 tabs / 30 days)
sacubitril-valsartan tab 24-26 mg	1	QL (180 tabs / 30 days)
sacubitril-valsartan tab 49-51 mg	1	QL (60 tabs / 30 days)
sacubitril-valsartan tab 97-103 mg	1	QL (60 tabs / 30 days)
telmisartan-amlodipine tab 40-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 40-10 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-5 mg	1	QL (30 tabs / 30 days)
telmisartan-amlodipine tab 80-10 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	QL (30 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (60 tabs / 30 days)
telmisartan-hydrochlorothiazide tab 80-25 mg	1	QL (30 tabs / 30 days)
TRIBENZOR TAB 20-5-12.5MG	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
TRIBENZOR TAB 40-5-12.5MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-5-25MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-12.5MG	3	QL (30 tabs / 30 days)
TRIBENZOR TAB 40-10-25MG	3	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 160-25 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	QL (30 tabs / 30 days)
valsartan-hydrochlorothiazide tab 320-25 mg	1	QL (30 tabs / 30 days)
WIDAPLIK TAB 1.25-10-0.625 MG	3	QL (30 tabs / 30 days)
WIDAPLIK TAB 2.5-20-1.25 MG	3	QL (30 tabs / 30 days)
WIDAPLIK TAB 40-5-2.5	3	QL (30 tabs / 30 days)
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ARBLI SUSP 10mg/ml	3	QL (330 mL / 30 days)
ATACAND TABS 4mg, 8mg, 16mg	3	QL (60 tabs / 30 days)
ATACAND TABS 32mg	3	QL (30 tabs / 30 days)
AVAPRO TABS 150mg, 300mg	3	QL (30 tabs / 30 days)
azilsartan medoxomil TABS 40mg, 80mg	3	QL (30 tabs / 30 days), ST
BENICAR TABS 5mg	3	QL (60 tabs / 30 days)
BENICAR TABS 20mg, 40mg	3	QL (30 tabs / 30 days)
candesartan cilexetil TABS 4mg, 8mg, 16mg	1	QL (60 tabs / 30 days)
candesartan cilexetil TABS 32mg	1	QL (30 tabs / 30 days)
COZAAR TABS 25mg, 50mg	3	QL (60 tabs / 30 days)
COZAAR TABS 100mg	3	QL (30 tabs / 30 days)
DIOVAN TABS 40mg, 80mg, 160mg	3	QL (60 tabs / 30 days)
DIOVAN TABS 320mg	3	QL (30 tabs / 30 days)
EDARBI TABS 40mg, 80mg	3	QL (30 tabs / 30 days), ST
irbesartan TABS 75mg, 150mg, 300mg	1	QL (30 tabs / 30 days)
losartan potassium TABS 25mg, 50mg	1	QL (60 tabs / 30 days)
losartan potassium TABS 100mg	1	QL (30 tabs / 30 days)
olmesartan medoxomil TABS 5mg	1	QL (60 tabs / 30 days)
olmesartan medoxomil TABS 20mg, 40mg	1	QL (30 tabs / 30 days)
telmisartan TABS 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
valsartan SOLN 4mg/ml	4	QL (2400 mL / 30 days), PA
valsartan TABS 40mg, 80mg, 160mg	1	QL (60 tabs / 30 days)
valsartan TABS 320mg	1	QL (30 tabs / 30 days)
ANTIARRHYTHMICS		
amiodarone hcl SOLN 50mg/ml, 150mg/3ml, 900mg/18ml; TABS 100mg, 200mg, 400mg	1	
BETAPACE TABS 80mg, 120mg, 160mg	4	
BETAPACE AF TABS 80mg	3	
BETAPACE AF TABS 120mg, 160mg	4	
disopyramide phosphate CAPS 100mg, 150mg	3	
dofetilide CAPS 125mcg, 250mcg, 500mcg	1	
flecainide acetate TABS 50mg, 100mg, 150mg	1	
MULTAQ TABS 400mg	3	QL (60 tabs / 30 days)
NORPACE CAPS 100mg, 150mg	3	
pacerone TABS 100mg, 200mg	1	
propafenone hcl CP12 225mg, 325mg, 425mg; TABS 150mg, 225mg, 300mg	1	
quinidine sulfate TABS 200mg, 300mg	1	
sotalol hcl TABS 80mg, 120mg, 160mg, 240mg	1	
sotalol hcl (afib/afl) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	4	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	
ANTILIPEMICS, FIBRATES		
choline fenofibrate CPDR 45mg, 135mg	1	
fenofibrate CAPS 50mg, 150mg	1	QL (30 caps / 30 days), ST
fenofibrate TABS 40mg	1	QL (60 tabs / 30 days), ST
fenofibrate TABS 48mg, 54mg, 145mg, 160mg	1	
fenofibrate TABS 120mg	1	QL (30 tabs / 30 days), ST
fenofibrate micronized CAPS 43mg, 67mg, 134mg, 200mg	1	
fenofibrate micronized CAPS 130mg	1	QL (30 caps / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
fenofibric acid TABS 35mg	1	QL (60 tabs / 30 days), ST
fenofibric acid TABS 105mg	1	QL (30 tabs / 30 days), ST
gemfibrozil TABS 600mg	1	
LIPOFEN CAPS 50mg, 150mg	3	QL (30 caps / 30 days), ST
LOPID TABS 600mg	3	
ANTILIPEMICS, HMG-CoA REDUCTASE INHIBITORS		
ATORVALIQ SUSP 20mg/5ml	3	QL (600 mL / 30 days), ST
atorvastatin calcium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
CRESTOR TABS 5mg, 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
FLOLIPID SUSP 20mg/5ml, 40mg/5ml	3	QL (300 mL / 30 days), ST
fluvastatin sodium CAPS 20mg, 40mg	1	QL (60 caps / 30 days), ST
fluvastatin sodium TB24 80mg	1	QL (30 tabs / 30 days), ST
LESCOL XL TB24 80mg	3	QL (30 tabs / 30 days), ST
LIPITOR TABS 10mg, 20mg, 40mg, 80mg	3	QL (30 tabs / 30 days)
LIVALO TABS 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), ST
lovastatin TABS 10mg, 20mg, 40mg	1	QL (60 tabs / 30 days)
pitavastatin calcium TABS 1mg, 2mg, 4mg	1	QL (30 tabs / 30 days), ST
pravastatin sodium TABS 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
rosuvastatin calcium TABS 5mg, 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
simvastatin TABS 5mg, 10mg, 20mg, 40mg, 80mg	1	QL (30 tabs / 30 days)
ZOCOR TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
ZYPITAMAG TABS 2mg, 4mg	3	QL (30 tabs / 30 days), ST
ANTILIPEMICS, MISCELLANEOUS		
cholestyramine PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm; POWD 4gm/dose	1	

Drug Name	Drug Tier	Requirements/Limits
colesevelam hcl PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; TABS 1gm	3	
colestipol hcl GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	4	PA
ezetimibe TABS 10mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-10 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-20 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-40 mg	1	QL (30 tabs / 30 days)
ezetimibe-simvastatin tab 10-80 mg	1	QL (30 tabs / 30 days)
icosapent ethyl CAPS .5gm, 1gm	1	
JUXTAPID CAPS 2mg, 5mg, 10mg, 20mg, 30mg	4	PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg	2	QL (30 tabs / 30 days)
NEXLIZET TAB 180/10MG	2	QL (30 tabs / 30 days)
niacin (antihyperlipidemic) TABS 500mg	1	
niacin (antihyperlipidemic) TBCR 500mg, 750mg, 1000mg	1	QL (60 tabs / 30 days)
niacor TABS 500mg	1	
omega-3-acid ethyl esters cap 1 gm	1	
QUESTRAN PACK 4gm; POWD 4gm/dose	3	
QUESTRAN LIGHT POWD 4gm/dose	3	
REDEMPLO SOSY 25mg/0.5ml	4	QL (1 syringe / 90 days), PA
REPATHA SOSY 140mg/ml	2	QL (6 syringes / 28 days), PA
REPATHA SURECLICK SOAJ 140mg/ml	2	QL (6 pens / 28 days), PA
TRYNGOLZA SOAJ 50mg/0.8ml, 80mg/0.8ml	4	QL (1 pen / 30 days), PA
VASCEPA CAPS .5gm, 1gm	2	
VYTORIN TAB 10-10MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-20MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-40MG	3	QL (30 tabs / 30 days)
VYTORIN TAB 10-80MG	3	QL (30 tabs / 30 days)
WELCHOL PACK 3.75gm; TABS 625mg	3	
ZETIA TABS 10mg	3	QL (30 tabs / 30 days)
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
atenolol & chlorthalidone tab 100-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
BETA-BLOCKERS		
acebutolol hcl CAPS 200mg, 400mg	1	
atenolol TABS 25mg, 50mg, 100mg	1	
betaxolol hcl TABS 10mg, 20mg	1	
bisoprolol fumarate TABS 2.5mg, 5mg, 10mg	1	
BYSTOLIC TABS 2.5mg, 5mg, 10mg	3	QL (30 tabs / 30 days)
BYSTOLIC TABS 20mg	3	QL (60 tabs / 30 days)
carvedilol TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1	
carvedilol phosphate CP24 10mg, 20mg, 40mg, 80mg	1	QL (30 caps / 30 days)
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3	
COREG CR CP24 10mg, 20mg, 40mg, 80mg	4	QL (30 caps / 30 days)
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	4	
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	3	
labetalol hcl SOLN 5mg/ml; TABS 100mg, 200mg, 300mg, 400mg	1	
LOPRESSOR SOLN 10mg/ml; TABS 12.5mg, 50mg, 100mg	3	
metoprolol succinate TB24 25mg, 50mg, 100mg, 200mg	1	
metoprolol tartrate SOLN 5mg/5ml; TABS 12.5mg, 25mg, 37.5mg, 50mg, 75mg, 100mg	1	
nadolol TABS 20mg, 40mg, 80mg	1	

Drug Name	Drug Tier	Requirements/Limits
nebivolol hcl TABS 2.5mg, 5mg, 10mg	1	QL (30 tabs / 30 days)
nebivolol hcl TABS 20mg	1	QL (60 tabs / 30 days)
pindolol TABS 5mg, 10mg	1	
propranolol hcl CP24 60mg, 80mg, 120mg, 160mg; SOLN 1mg/ml, 20mg/5ml, 40mg/5ml; TABS 10mg, 20mg, 40mg, 60mg, 80mg	1	
TENORMIN TABS 25mg, 50mg, 100mg	3	
timolol maleate TABS 5mg, 10mg, 20mg	1	
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	3	
CALCIUM CHANNEL BLOCKERS		
amlodipine besylate TABS 2.5mg, 5mg, 10mg	1	
CARDAMYST SOLN 70mg/dose	4	
CARDIZEM TABS 30mg, 60mg, 120mg	3	
CARDIZEM CD CP24 120mg, 180mg	3	
CARDIZEM CD CP24 240mg, 300mg, 360mg	4	
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
cartia xt CP24 120mg, 180mg, 240mg, 300mg	1	
dilt-xr CP24 120mg, 180mg, 240mg	1	
diltiazem hcl CP12 60mg, 90mg, 120mg; CP24 120mg, 180mg, 240mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 30mg, 60mg, 90mg, 120mg; TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
diltiazem hcl coated beads CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	
diltiazem hcl extended release beads CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
felodipine TB24 2.5mg, 5mg, 10mg	1	
isradipine CAPS 2.5mg, 5mg	1	
KATERZIA SUSP 1mg/ml	3	
matzim la TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	
nicardipine hcl CAPS 20mg, 30mg	1	
nifedipine TB24 30mg, 60mg, 90mg	1	

Drug Name	Drug Tier	Requirements/Limits
nimodipine CAPS 30mg	1	
nimodipine SOLN 60mg/20ml	4	
nisoldipine TB24 8.5mg, 17mg	1	
NORLIQVA SOLN 1mg/ml	3	
NORVASC TABS 2.5mg, 5mg, 10mg	3	
NYMALIZE SOLN 6mg/ml	4	
PROCARDIA XL TB24 30mg, 60mg	3	
SDAMLO SOLR 2.5mg, 5mg, 10mg	4	QL (30 bottles / 30 days), PA
SULAR TB24 8.5mg, 17mg, 34mg	3	
tiadylt er CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	
TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3	
verapamil hcl CP24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 120mg, 180mg, 240mg	1	
DIURETICS		
acetazolamide CP12 500mg; TABS 125mg, 250mg	1	
amiloride & hydrochlorothiazide tab 5-50 mg	1	
amiloride hcl TABS 5mg	1	
bumetanide SOLN .25mg/ml; TABS .5mg, 1mg, 2mg	1	
chlorthalidone TABS 25mg, 50mg	1	
dichlorphenamide TABS 50mg	4	PA
DIURIL SUSP 250mg/5ml	3	
DYRENIUM CAPS 50mg, 100mg	3	
EDECRIN TABS 25mg	4	
ENBUMYST SOLN .5mg/0.1ml	4	
ethacrynic acid TABS 25mg	1	
FUROSCIX CTKT 80mg/10ml	4	
FUROSCIX READYFLOW SOAJ 80mg/ml	4	
furosemide SOLN 10mg/ml, 40mg/5ml; TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
HEMICLOR TABS 12.5mg	3	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
INZIRQO SUSR 10mg/ml	3	QL (320 mL / 30 days)
KEVEYIS TABS 50mg	4	PA
LASIX TABS 20mg, 40mg, 80mg	3	
LASIX ONYU CTKT 80mg/2.67ml	4	
methazolamide TABS 25mg, 50mg	1	
metolazone TABS 2.5mg, 5mg, 10mg	1	
ormalvi TABS 50mg	4	PA
SOAANZ TABS 40mg	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
THALITONE TABS 15mg	3	
torsemide TABS 5mg, 10mg, 20mg, 100mg	1	
triamterene CAPS 50mg, 100mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
aliskiren fumarate TABS 150mg, 300mg	1	QL (30 tabs / 30 days)
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
ATTRUBY TBPK 356mg	4	QL (112 tabs / 28 days), PA
BAXFENDY TABS 1mg, 2mg	3	QL (30 tabs / 30 days), PA
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CAMZYOS CAPS 2.5mg, 5mg, 10mg, 15mg	4	QL (30 caps / 30 days), PA
clonidine PTWK .1mg/24hr, .2mg/24hr, .3mg/24hr; TB24 .17mg	1	
clonidine hcl TABS .05mg, .1mg, .2mg, .3mg	1	
digoxin SOLN .05mg/ml, .25mg/ml; TABS 62.5mcg	1	
digoxin TABS 125mcg, 250mcg	1	QL (30 tabs / 30 days)
droxidopa CAPS 100mg	1	QL (90 caps / 30 days), PA
droxidopa CAPS 200mg, 300mg	4	QL (180 caps / 30 days), PA
epinephrine SOLN 1mg/ml	1	
EPINEPHRINE SOLN 1mg/ml	3	
guanfacine hcl TABS 1mg, 2mg	2	PA; PA applies if 65 years and older
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
INPEFA TABS 200mg, 400mg	3	QL (30 tabs / 30 days)
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
ivabradine hcl TABS 5mg, 7.5mg	1	QL (60 tabs / 30 days)
JAVADIN SOLN .02mg/ml	3	
LANOXIN SOLN .25mg/ml; TABS 62.5mcg	3	

Drug Name	Drug Tier	Requirements/Limits
LANOXIN TABS 125mcg, 250mcg	3	QL (30 tabs / 30 days)
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
LODOCO TABS .5mg	3	QL (30 tabs / 30 days), PA
methyldopa TABS 250mg, 500mg	3	PA; PA applies if 65 years and older
metyrosine CAPS 250mg	4	PA
midodrine hcl TABS 2.5mg, 5mg, 10mg	1	
minoxidil TABS 2.5mg, 10mg	1	
MYQORZO TABS 5mg, 10mg, 15mg, 20mg	4	QL (30 tabs / 30 days), PA
NEXICLON XR TB24 .17mg	3	
NORTHERA CAPS 100mg	4	QL (90 caps / 30 days), PA
NORTHERA CAPS 200mg, 300mg	4	QL (180 caps / 30 days), PA
phenoxybenzamine hcl CAPS 10mg	4	PA
ranolazine TB12 500mg, 1000mg	1	
TEKTURNA TABS 150mg, 300mg	3	QL (30 tabs / 30 days)
TRYVIO TABS 12.5mg	3	QL (30 tabs / 30 days), PA
VERQUVO TABS 2.5mg, 5mg, 10mg	2	QL (30 tabs / 30 days), PA
VYNDAMAX CAPS 61mg	4	QL (30 caps / 30 days), PA
NITRATES		
isosorbide dinitrate TABS 5mg, 10mg, 20mg, 30mg	1	
isosorbide dinitrate TABS 40mg	1	ST
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg	1	
nitro-bid OINT 2%	1	
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3	
NITRO-DUR PT24 .3mg/hr, .8mg/hr	4	
nitroglycerin OINT 2%; PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr; SOLN .4mg/spray; SUBL .3mg, .4mg, .6mg	1	
NITROLINGUAL SOLN .4mg/spray	3	
NITROSTAT SUBL .3mg, .4mg, .6mg	3	

Drug Name	Drug Tier	Requirements/Limits
PULMONARY ARTERIAL HYPERTENSION		
ADCIRCA TABS 20mg	4	QL (60 tabs / 30 days), PA
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	4	QL (90 tabs / 30 days), PA
alyq TABS 20mg	1	QL (60 tabs / 30 days), PA
ambrisentan TABS 5mg, 10mg	4	QL (30 tabs / 30 days), PA
bosentan TABS 62.5mg, 125mg	4	QL (60 tabs / 30 days), PA
bosentan TBSO 32mg	4	QL (120 tabs / 30 days), PA
epoprostenol sodium SOLR .5mg, 1.5mg	4	B/D
LETAIRIS TABS 5mg, 10mg	4	QL (30 tabs / 30 days), PA
macitentan TABS 10mg	4	QL (30 tabs / 30 days), PA
OPSUMIT TABS 10mg	4	QL (30 tabs / 30 days), PA
OPSYNVI TAB 10-20MG	4	QL (30 tabs / 30 days), PA
OPSYNVI TAB 10-40MG	4	QL (30 tabs / 30 days), PA
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	4	PA
ORENITRAM TBCR .125mg	3	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
REMODULIN SOLN 8mg/20ml, 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	PA
REVATIO SOLN 10mg/12.5ml	4	PA
REVATIO TABS 20mg	4	QL (360 tabs / 30 days), PA
sildenafil citrate (pulmonary hypertension) SOLN 10mg/12.5ml	4	PA
sildenafil citrate (pulmonary hypertension) SUSR 10mg/ml	4	QL (784 mL / 30 days), PA
sildenafil citrate (pulmonary hypertension) TABS 20mg	1	QL (360 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
tadalafil (pulmonary hypertension) TABS 20mg	1	QL (60 tabs / 30 days), PA
TADLIQ SUSP 20mg/5ml	4	QL (300 mL / 30 days), PA
TRACLEER TABS 62.5mg, 125mg	4	QL (60 tabs / 30 days), PA
TRACLEER TBSO 32mg	4	QL (120 tabs / 30 days), PA
treprostinil SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	4	PA
TYVASO SOLN .6mg/ml	4	PA
TYVASO DPI INSTITUTIONAL POWD 80mcg	4	QL (112 cartridges / 28 days), PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg, 80mcg	4	QL (112 cartridges / 28 days), PA
TYVASO DPI POW 16-32-48	4	QL (252 cartridges / 28 days), PA
TYVASO DPI POW 48-80MCG	4	QL (224 cartridges / 28 days), PA
TYVASO DPI POW MAIN KIT 32-64MCG	4	QL (224 cartridges / 28 days), PA
TYVASO DPI POW MAIN KIT 48-64MCG	4	QL (224 cartridges / 28 days), PA
TYVASO REFILL KIT SOLN .6mg/ml	4	PA
TYVASO STARTER KIT SOLN .6mg/ml	4	PA
UPTRAVI SOLR 1800mcg	4	PA
UPTRAVI TABS 100mcg, 150mcg	4	QL (280 tabs / 28 days), PA
UPTRAVI TABS 200mcg	4	QL (140 tabs / 28 days), PA
UPTRAVI TABS 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	4	QL (60 tabs / 30 days), PA
UPTRAVI PACK TAB 200/800	4	QL (200 tabs / 28 days), PA
VELETRI SOLR .5mg, 1.5mg	4	B/D
WINREVAIR KIT 45mg, 60mg	4	QL (2 vials / 21 days), PA
WINREVAIR INJ 45MG	4	QL (2 vials / 21 days), PA
WINREVAIR INJ 60MG	4	QL (2 vials / 21 days), PA

Drug Name	Drug Tier	Requirements/Limits
YUTREPIA CAPS 26.5mcg, 53mcg, 79.5mcg	4	QL (140 caps / 28 days), PA
YUTREPIA CAPS 106mcg	4	QL (224 caps / 28 days), PA
CENTRAL NERVOUS SYSTEM		
ANTIANXIETY		
alprazolam TABS .25mg, .5mg, 1mg, 2mg; TBDP .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
alprazolam TB24 2mg, 3mg	1	QL (90 tabs / 30 days), PA; PA applies if 65 years and older
alprazolam TB24 .5mg, 1mg	1	QL (150 tabs / 30 days), PA; PA applies if 65 years and older
alprazolam TBDP .25mg	1	QL (120 tabs / 30 days)
ALPRAZOLAM INTENSOL CONC 1mg/ml	3	QL (300 mL / 30 days)
ATIVAN SOLN 2mg/ml, 4mg/ml	3	
ATIVAN TABS .5mg, 1mg, 2mg	4	QL (150 tabs / 30 days)
BUCAPSOL CAPS 5mg, 7.5mg, 10mg	4	QL (60 caps / 30 days)
BUCAPSOL CAPS 15mg	4	QL (120 caps / 30 days)
buspirone hcl TABS 2.5mg, 12.5mg	4	QL (60 tabs / 30 days)
buspirone hcl TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1	
chlordiazepoxide hcl CAPS 5mg, 10mg, 25mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older
fluvoxamine maleate CP24 100mg, 150mg	1	QL (60 caps / 30 days)
fluvoxamine maleate TABS 25mg, 50mg, 100mg	1	
lorazepam CONC 2mg/ml	1	QL (150 mL / 30 days)
lorazepam SOLN 4mg/ml, 20mg/10ml	1	
lorazepam TABS .5mg, 1mg, 2mg	1	QL (150 tabs / 30 days)
lorazepam intensol CONC 2mg/ml	1	QL (150 mL / 30 days)
LOREEV XR CS24 1mg, 1.5mg, 2mg	3	QL (150 caps / 30 days), PA; PA applies if 65 years and older
LOREEV XR CS24 3mg	3	QL (90 caps / 30 days), PA; PA applies if 65 years and older
oxazepam CAPS 10mg, 15mg, 30mg	1	QL (120 caps / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
XANAX TABS .25mg, .5mg, 1mg, 2mg	3	QL (150 tabs / 30 days)
ANTIDEMENTIA		
ARICEPT TABS 5mg	3	QL (30 tabs / 30 days)
ARICEPT TABS 10mg, 23mg	3	
donepezil hydrochloride TABS 5mg; TBDP 5mg	1	QL (30 tabs / 30 days)
donepezil hydrochloride TABS 10mg, 23mg; TBDP 10mg	1	
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	QL (30 patches / 30 days)
galantamine hydrobromide CP24 8mg, 16mg, 24mg	1	QL (30 caps / 30 days)
galantamine hydrobromide SOLN 4mg/ml	1	QL (200 mL / 30 days)
galantamine hydrobromide TABS 4mg, 8mg, 12mg	1	QL (60 tabs / 30 days)
LEQEMBI IQLIK SOAJ 250mg/1.25ml	4	QL (8 pens / 28 days), PA
LEQEMBI IQLIK SOAJ 360mg/1.8ml	4	QL (4 pens / 28 days), PA
memantine hcl CP24 7mg, 14mg, 21mg, 28mg; SOLN 2mg/ml; TABS 5mg, 10mg	1	PA; PA applies if 29 years and younger
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMZARIC CAP 7-10MG	3	
NAMZARIC CAP 14-10MG	3	
NAMZARIC CAP 21-10MG	3	
NAMZARIC CAP 28-10MG	3	
rivastigmine PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1	QL (30 patches / 30 days)
rivastigmine tartrate CAPS 1.5mg, 3mg, 4.5mg, 6mg	1	QL (60 caps / 30 days)
ZUNVEYL TBEC 5mg, 10mg, 15mg	3	QL (60 tabs / 30 days), PA
ANTIDEPRESSANTS		
amitriptyline hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2	PA; PA applies if 65 years and older
amoxapine TABS 25mg, 50mg, 100mg, 150mg	2	PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
ANAFRANIL CAPS 25mg, 50mg, 75mg	4	PA
APLENZIN TB24 174mg	4	QL (60 tabs / 30 days), ST
APLENZIN TB24 348mg, 522mg	4	QL (30 tabs / 30 days), ST
AUVELITY TAB 45-105MG	3	QL (60 tabs / 30 days)
AUVELITY TAB TITRATIO	4	QL (2 packs / year)
bupropion hcl TABS 75mg, 100mg	1	
bupropion hcl TB12 100mg, 150mg, 200mg; TB24 150mg	1	QL (60 tabs / 30 days)
bupropion hcl TB24 300mg	1	QL (30 tabs / 30 days)
bupropion hcl TB24 450mg	1	QL (30 tabs / 30 days), ST
CELEXA TABS 10mg, 20mg, 40mg	3	
citalopram hydrobromide CAPS 30mg	1	QL (30 caps / 30 days), ST
CITALOPRAM HYDROBROMIDE CAPS 30mg	3	QL (30 caps / 30 days), ST
citalopram hydrobromide SOLN 10mg/5ml; TABS 10mg, 20mg, 40mg	1	
clomipramine hcl CAPS 25mg, 50mg, 75mg	3	PA
desipramine hcl TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	3	PA; PA applies if 65 years and older
DESVENLAFAXINE ER TB24 50mg, 100mg	3	QL (30 tabs / 30 days)
desvenlafaxine succinate TB24 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
doxepin hcl CAPS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; CONC 10mg/ml	2	PA; PA applies if 65 years and older
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	3	QL (60 caps / 30 days), PA
duloxetine hcl CPEP 20mg	1	QL (120 caps / 30 days)
duloxetine hcl CPEP 30mg	1	QL (90 caps / 30 days)
duloxetine hcl CPEP 40mg, 60mg	1	QL (60 caps / 30 days)
DULOXETINE HYDROCHLORIDE CPEP 80mg, 90mg, 120mg	3	QL (30 caps / 30 days)
EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	4	QL (30 patches / 30 days), PA
ESCITALOPRAM OXALATE CAPS 15mg	3	QL (30 caps / 30 days)
escitalopram oxalate SOLN 5mg/5ml; TABS 5mg, 10mg, 20mg	1	

Drug Name	Drug Tier	Requirements/Limits
EXXUA TB24 18.2mg, 36.3mg, 54.5mg, 72.6mg	4	QL (30 tabs / 30 days), PA
EXXUA TITRATION PACK TB24 18.2mg	4	QL (2 packs / year), PA
FETZIMA CP24 20mg, 40mg	3	QL (60 caps / 30 days), PA
FETZIMA CP24 80mg, 120mg	3	QL (30 caps / 30 days), PA
FETZIMA CAP TITRATIO	3	QL (2 packs / year), PA
fluoxetine hcl CAPS 10mg, 20mg, 40mg; SOLN 20mg/5ml	1	
fluoxetine hcl CPDR 90mg	1	QL (4 caps / 28 days)
fluoxetine hcl TABS 10mg, 60mg	1	QL (30 tabs / 30 days)
fluoxetine hcl TABS 20mg	1	QL (120 tabs / 30 days)
fluoxetine hcl (pmdd) TABS 10mg	1	QL (30 tabs / 30 days); (generic of SARAFEM)
fluoxetine hcl (pmdd) TABS 20mg	1	QL (120 tabs / 30 days); (generic of SARAFEM)
imipramine hcl TABS 10mg, 25mg, 50mg	1	PA; PA applies if 65 years and older
imipramine pamoate CAPS 75mg, 100mg, 125mg, 150mg	3	PA; PA applies if 65 years and older
LEXAPRO TABS 5mg, 10mg, 20mg	3	
MARPLAN TABS 10mg	3	QL (180 tabs / 30 days)
mirtazapine TABS 7.5mg, 15mg, 30mg, 45mg; TBDP 15mg, 30mg, 45mg	1	
NARDIL TABS 15mg	3	
nefazodone hcl TABS 50mg, 100mg, 150mg, 200mg, 250mg	1	
NORPRAMIN TABS 10mg, 25mg	3	PA; PA applies if 65 years and older
nortriptyline hcl CAPS 10mg, 25mg, 50mg, 75mg	1	
nortriptyline hcl SOLN 10mg/5ml	3	
PARNATE TABS 10mg	3	
paroxetine hcl SUSP 10mg/5ml	3	QL (900 mL / 30 days), PA; PA applies if 65 years and older
paroxetine hcl TABS 10mg, 20mg, 30mg, 40mg	1	PA; PA applies if 65 years and older
paroxetine hcl TB24 12.5mg, 25mg, 37.5mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
PAXIL TABS 10mg, 20mg, 30mg, 40mg	3	PA; PA applies if 65 years and older
PAXIL CR TB24 12.5mg, 25mg, 37.5mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
perphenazine-amitriptyline tab 2-10 mg	2	PA; PA applies if 65 years and older
perphenazine-amitriptyline tab 2-25 mg	2	PA; PA applies if 65 years and older
perphenazine-amitriptyline tab 4-10 mg	2	PA; PA applies if 65 years and older
perphenazine-amitriptyline tab 4-25 mg	2	PA; PA applies if 65 years and older
perphenazine-amitriptyline tab 4-50 mg	2	PA; PA applies if 65 years and older
phenelzine sulfate TABS 15mg	1	
PRISTIQ TB24 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
protriptyline hcl TABS 5mg, 10mg	3	
RALDESY SOLN 10mg/ml	3	QL (1800 mL / 30 days), PA
REMERON TABS 15mg, 30mg	3	
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
sertraline hcl CAPS 150mg, 200mg	1	QL (30 caps / 30 days), ST
sertraline hcl CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	3	QL (30 caps / 30 days), ST
SPRAVATO 56MG DOSE SOPK 28mg/device	4	PA
SPRAVATO 84MG DOSE SOPK 28mg/device	4	PA
tranylcypromine sulfate TABS 10mg	1	
trazodone hcl TABS 50mg, 100mg, 150mg, 300mg	1	
trimipramine maleate CAPS 25mg, 50mg	3	QL (120 caps / 30 days), PA; PA applies if 65 years and older
trimipramine maleate CAPS 100mg	3	QL (60 caps / 30 days), PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS 5mg, 10mg, 20mg	3	QL (30 tabs / 30 days), PA
VENLAFAXINE BESYLATE ER TB24 112.5mg	3	QL (30 tabs / 30 days), ST
venlafaxine hcl CP24 37.5mg, 75mg, 150mg; TABS 25mg, 37.5mg, 50mg, 75mg, 100mg; TB24 37.5mg, 75mg, 150mg	1	
venlafaxine hcl TB24 225mg	1	QL (30 tabs / 30 days), ST
VIIBRYD TABS 10mg, 20mg, 40mg	3	QL (30 tabs / 30 days)
vilazodone hcl TABS 10mg, 20mg, 40mg	1	QL (30 tabs / 30 days)
WELLBUTRIN SR TB12 100mg, 150mg, 200mg	3	QL (60 tabs / 30 days), ST
WELLBUTRIN XL TB24 150mg	4	QL (60 tabs / 30 days), ST
WELLBUTRIN XL TB24 300mg	4	QL (30 tabs / 30 days), ST
ZOLOFT CONC 20mg/ml; TABS 25mg, 50mg, 100mg	3	
ZURZUVAE CAPS 20mg, 25mg	4	QL (28 caps / 14 days), PA
ZURZUVAE CAPS 30mg	4	QL (14 caps / 14 days), PA
ANTIPARKINSONIAN AGENTS		
amantadine hcl CAPS 100mg	1	QL (120 caps / 30 days)
amantadine hcl SOLN 50mg/5ml; TABS 100mg	1	
APOKYN SOCT 30mg/3ml	4	QL (20 cartridges / 30 days), PA
apomorphine hydrochloride SOCT 30mg/3ml	4	QL (20 cartridges / 30 days), PA
AZILECT TABS .5mg, 1mg	4	QL (30 tabs / 30 days)
benztropine mesylate SOLN 1mg/ml	1	
benztropine mesylate TABS .5mg, 1mg, 2mg	1	PA; PA applies if 65 years and older
bromocriptine mesylate CAPS 5mg; TABS 2.5mg	1	
carb/levo orally disintegrating tab 10-100mg	1	
carb/levo orally disintegrating tab 25-100mg	1	

Drug Name	Drug Tier	Requirements/Limits
carb/levo orally disintegrating tab 25-250mg	1	
carbidopa TABS 25mg	1	
carbidopa & levodopa cap er 23.75-95 mg	1	
carbidopa & levodopa cap er 36.25-145 mg	1	
carbidopa & levodopa cap er 48.75-195 mg	1	
carbidopa & levodopa cap er 61.25-245 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
CREXONT CAP 35-140MG	3	ST
CREXONT CAP 52.5-210	3	ST
CREXONT CAP 70-280MG	3	ST
CREXONT CAP 87.5-350	3	ST
DHIVY TAB 25-100MG	3	
DUOPA SUS 4.63-20	4	B/D
entacapone TABS 200mg	1	
GOCOVRI CP24 68.5mg	4	QL (30 caps / 30 days), PA
GOCOVRI CP24 137mg	4	QL (60 caps / 30 days), PA
INBRIJA CAPS 42mg	4	QL (300 caps / 30 days), PA
LODOSYN TABS 25mg	4	
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	3	PA
NOURIANZ TABS 20mg, 40mg	4	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
ONAPGO SOCT 98mg/20ml	4	QL (30 cartridges / 30 days), PA
ONGENTYS CAPS 25mg, 50mg	3	QL (30 caps / 30 days), PA
PARLODEL CAPS 5mg; TABS 2.5mg	3	
pramipexole dihydrochloride TABS .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1	
rasagiline mesylate TABS .5mg, 1mg	1	QL (30 tabs / 30 days)
ropinirole hydrochloride TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg	1	
RYTARY CAP 95MG	3	ST
RYTARY CAP 145MG	3	ST
RYTARY CAP 195MG	3	ST
RYTARY CAP 245MG	3	ST
selegiline hcl CAPS 5mg; TABS 5mg	1	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
trihexyphenidyl hcl SOLN .4mg/ml	2	
trihexyphenidyl hcl TABS 2mg, 5mg	1	
VYALEV INJ 12-240MG	4	PA
XADAGO TABS 50mg, 100mg	4	
ZELAPAR TBDP 1.25mg	4	
ANTIPSYCHOTICS		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	3	QL (30 tabs / 30 days)
ABILIFY ASIMTUFII PRSY 720mg/2.4ml, 960mg/3.2ml	4	QL (1 syringe / 56 days)
ABILIFY MAINTENA PRSY 300mg, 400mg	4	QL (1 syringe / 28 days)
ABILIFY MAINTENA SRER 300mg, 400mg	4	QL (1 vial / 28 days)
aripiprazole SOLN 1mg/ml	1	QL (900 mL / 30 days)
aripiprazole TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	1	QL (30 tabs / 30 days)
aripiprazole TBDP 10mg, 15mg	1	QL (60 tabs / 30 days), ST
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml	4	QL (1 syringe / 28 days)
ARISTADA PRSY 1064mg/3.9ml	4	QL (1 syringe / 56 days)
ARISTADA INITIO PRSY 675mg/2.4ml	4	

Drug Name	Drug Tier	Requirements/Limits
asenapine maleate SUBL 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
BYSANTI TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
BYSANTI TAB PACK A	3	QL (2 packs / year), PA
BYSANTI TAB PACK B	3	QL (2 packs / year), PA
BYSANTI TAB PACK C	3	QL (2 packs / year), PA
CAPLYTA CAPS 10.5mg, 21mg, 42mg	4	QL (30 caps / 30 days)
chlorpromazine hcl CONC 30mg/ml, 100mg/ml; SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
clozapine TABS 25mg, 50mg	1	
clozapine TABS 100mg	1	QL (270 tabs / 30 days)
clozapine TABS 200mg	1	QL (120 tabs / 30 days)
clozapine TBDP 12.5mg, 25mg	1	PA
clozapine TBDP 100mg	1	QL (270 tabs / 30 days), PA
clozapine TBDP 150mg	1	QL (180 tabs / 30 days), PA
clozapine TBDP 200mg	1	QL (120 tabs / 30 days), PA
CLOZARIL TABS 25mg	3	
CLOZARIL TABS 100mg	4	QL (270 tabs / 30 days)
COBENFY CAP 50-20MG	4	QL (60 caps / 30 days)
COBENFY CAP 100-20MG	4	QL (60 caps / 30 days)
COBENFY CAP 125-30MG	4	QL (60 caps / 30 days)
COBENFY STRT CAP PACK	4	QL (2 packs / year)
ERZOFRI SUSY 39mg/0.25ml	3	QL (1 syringe / 28 days)
ERZOFRI SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	QL (1 syringe / 28 days)
ERZOFRI SUSY 351mg/2.25ml	4	QL (2 syringes / year)
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (60 tabs / 30 days), PA
FANAPT PAK PACK A	3	QL (2 packs / year), PA
FANAPT PAK PACK B	3	QL (2 packs / year), PA
FANAPT PAK PACK C	3	QL (2 packs / year), PA
fluphenazine decanoate SOLN 25mg/ml	1	
fluphenazine hcl CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg	4	QL (60 caps / 30 days)
GEODON SOLR 20mg	3	QL (6 vials / 3 days)

Drug Name	Drug Tier	Requirements/Limits
haloperidol TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1	
haloperidol decanoate SOLN 50mg/ml, 100mg/ml	1	
haloperidol lactate CONC 2mg/ml; SOLN 5mg/ml	1	
INVEGA TB24 3mg, 9mg	3	QL (30 tabs / 30 days)
INVEGA TB24 6mg	3	QL (60 tabs / 30 days)
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	4	QL (1 syringe / 180 days)
INVEGA SUSTENNA SUSY 39mg/0.25ml	3	QL (1 syringe / 28 days)
INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	4	QL (1 syringe / 28 days)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	4	QL (1 syringe / 90 days)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	4	QL (30 tabs / 30 days)
LATUDA TABS 80mg	4	QL (60 tabs / 30 days)
loxapine succinate CAPS 5mg, 10mg, 25mg, 50mg	1	
lurasidone hcl TABS 20mg, 40mg, 60mg, 120mg	1	QL (30 tabs / 30 days)
lurasidone hcl TABS 80mg	1	QL (60 tabs / 30 days)
LYBALVI TAB 5-10MG	4	QL (30 tabs / 30 days)
LYBALVI TAB 10-10MG	4	QL (30 tabs / 30 days)
LYBALVI TAB 15-10MG	4	QL (30 tabs / 30 days)
LYBALVI TAB 20-10MG	4	QL (30 tabs / 30 days)
molindone hcl TABS 5mg, 10mg, 25mg	1	
NUPLAZID CAPS 34mg	4	QL (30 caps / 30 days), PA
NUPLAZID TABS 10mg	4	QL (30 tabs / 30 days), PA
olanzapine SOLR 10mg	1	QL (3 vials / 1 day)
olanzapine TABS 2.5mg, 5mg, 10mg	1	QL (60 tabs / 30 days)
olanzapine TABS 7.5mg, 15mg, 20mg	1	QL (30 tabs / 30 days)
olanzapine TBDP 5mg, 15mg, 20mg	1	QL (30 tabs / 30 days), ST
olanzapine TBDP 10mg	1	QL (60 tabs / 30 days), ST
OPIPZA FILM 2mg, 5mg	4	QL (30 films / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
OPIPZA FILM 10mg	4	QL (90 films / 30 days), PA
paliperidone TB24 1.5mg, 3mg, 9mg	1	QL (30 tabs / 30 days)
paliperidone TB24 6mg	1	QL (60 tabs / 30 days)
perphenazine TABS 2mg, 4mg, 8mg, 16mg	1	
PERSERIS PRSY 90mg, 120mg	4	QL (1 syringe / 30 days)
pimozide TABS 1mg, 2mg	1	
quetiapine fumarate TABS 25mg	1	QL (180 tabs / 30 days)
quetiapine fumarate TABS 50mg, 100mg, 150mg, 200mg	1	QL (90 tabs / 30 days)
quetiapine fumarate TABS 300mg, 400mg	1	QL (60 tabs / 30 days)
quetiapine fumarate TB24 50mg, 300mg, 400mg	1	QL (60 tabs / 30 days), PA
quetiapine fumarate TB24 150mg, 200mg	1	QL (30 tabs / 30 days), PA
REXULTI TABS 3mg, 4mg	4	QL (30 tabs / 30 days)
REXULTI TABS .25mg, .5mg, 1mg, 2mg	4	QL (60 tabs / 30 days)
RISPERDAL SOLN 1mg/ml	3	QL (240 mL / 30 days)
RISPERDAL TABS .5mg, 1mg, 2mg, 3mg, 4mg	3	
RISPERDAL CONSTA SRER 12.5mg	3	QL (2 vials / 28 days)
RISPERDAL CONSTA SRER 25mg, 37.5mg, 50mg	4	QL (2 vials / 28 days)
risperidone SOLN 1mg/ml	1	QL (240 mL / 30 days)
risperidone TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	1	
risperidone TBDP 1mg, 2mg, 3mg	1	QL (60 tabs / 30 days), ST
risperidone TBDP 4mg	1	QL (120 tabs / 30 days), ST
risperidone TBDP .25mg, .5mg	1	QL (90 tabs / 30 days), ST
risperidone microspheres SRER 12.5mg, 25mg	1	QL (2 vials / 28 days)
risperidone microspheres SRER 37.5mg, 50mg	4	QL (2 vials / 28 days)
RYKINDO SRER 25mg	4	QL (2 vials / 28 days), PA
SAPHRIS SUBL 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	4	QL (30 patches / 30 days)
SEROQUEL TABS 25mg	3	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TABS 50mg, 100mg, 200mg	3	QL (90 tabs / 30 days)
SEROQUEL TABS 300mg	3	QL (60 tabs / 30 days)
SEROQUEL XR TB24 50mg, 300mg, 400mg	3	QL (60 tabs / 30 days), PA
SEROQUEL XR TB24 150mg, 200mg	3	QL (30 tabs / 30 days), PA
thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	
UZEDY SUSY 50mg/0.14ml, 75mg/0.21ml, 100mg/0.28ml, 125mg/0.35ml	4	QL (1 syringe / 30 days)
UZEDY SUSY 150mg/0.42ml, 200mg/0.56ml, 250mg/0.7ml	4	QL (1 syringe / 60 days)
VERSACLOZ SUSP 50mg/ml	4	QL (600 mL / 30 days), PA
VRAYLAR CAPS 1.5mg	2	QL (60 caps / 30 days)
VRAYLAR CAPS .5mg, .75mg, 3mg, 4.5mg, 6mg	2	QL (30 caps / 30 days)
ziprasidone hcl CAPS 20mg, 40mg, 60mg, 80mg	1	QL (60 caps / 30 days)
ziprasidone mesylate SOLR 20mg	1	QL (6 vials / 3 days)
ZYPREXA SOLR 10mg	3	QL (3 vials / 1 day)
ZYPREXA TABS 2.5mg, 5mg, 10mg	3	QL (60 tabs / 30 days)
ZYPREXA TABS 7.5mg	3	QL (30 tabs / 30 days)
ZYPREXA TABS 15mg, 20mg	4	QL (30 tabs / 30 days)
ZYPREXA RELPREVV SUSR 210mg, 300mg	4	QL (2 vials / 28 days), PA
ZYPREXA RELPREVV SUSR 405mg	4	QL (1 vial / 28 days), PA
ZYPREXA ZYDIS TBDP 5mg	3	QL (30 tabs / 30 days), ST
ZYPREXA ZYDIS TBDP 10mg	3	QL (60 tabs / 30 days), ST
ZYPREXA ZYDIS TBDP 15mg, 20mg	4	QL (30 tabs / 30 days), ST
ANTISEIZURE AGENTS		
APTIOM TABS 200mg, 400mg	4	QL (30 tabs / 30 days)
APTIOM TABS 600mg, 800mg	4	QL (60 tabs / 30 days)
BANZEL SUSP 40mg/ml	4	QL (2400 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
BANZEL TABS 200mg	4	QL (480 tabs / 30 days), PA
BANZEL TABS 400mg	4	QL (240 tabs / 30 days), PA
brivaracetam SOLN 10mg/ml	1	QL (600 mL / 30 days), PA
brivaracetam SOLN 50mg/5ml	1	PA
brivaracetam TABS 10mg, 25mg, 50mg, 75mg, 100mg	1	QL (60 tabs / 30 days), PA
BRIVIACT SOLN 10mg/ml	4	QL (600 mL / 30 days), PA
BRIVIACT SOLN 50mg/5ml	3	PA
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg	4	QL (60 tabs / 30 days), PA
carbamazepine CHEW 100mg, 200mg; CP12 100mg, 200mg, 300mg; SUSP 100mg/5ml; TABS 200mg; TB12 100mg, 200mg, 400mg	1	
CARBATROL CP12 100mg, 200mg, 300mg	3	
CELONTIN CAPS 300mg	3	
clobazam SUSP 2.5mg/ml	1	QL (480 mL / 30 days), PA
clobazam TABS 10mg, 20mg	1	QL (60 tabs / 30 days), PA
clonazepam TABS 2mg; TBDP 2mg	1	QL (300 tabs / 30 days)
clonazepam TABS .5mg, 1mg; TBDP .125mg, .25mg, .5mg, 1mg	1	QL (90 tabs / 30 days)
clorazepate dipotassium TABS 3.75mg, 7.5mg, 15mg	1	QL (180 tabs / 30 days), PA; PA applies if 65 years and older
DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
DEPAKOTE ER TB24 250mg, 500mg	3	
DEPAKOTE SPRINKLES CSDR 125mg	3	
DIACOMIT CAPS 250mg	4	QL (360 caps / 30 days), PA
DIACOMIT CAPS 500mg	4	QL (180 caps / 30 days), PA
DIACOMIT PACK 250mg	4	QL (360 packets / 30 days), PA
DIACOMIT PACK 500mg	4	QL (180 packets / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
diazepam SOLN 5mg/5ml	1	QL (1200 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam TABS 2mg, 5mg, 10mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
diazepam (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1	
diazepam inj SOLN 5mg/ml	1	
diazepam intensol CONC 5mg/ml	1	QL (240 mL / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
DILANTIN CAPS 30mg, 100mg	3	
DILANTIN INFATABS CHEW 50mg	3	
DILANTIN-125 SUSP 125mg/5ml	3	
divalproex sodium CSDR 125mg; TB24 250mg, 500mg; TBEC 125mg, 250mg, 500mg	1	
ELEPSIA XR TB24 1000mg	3	
ELEPSIA XR TB24 1500mg	4	
EPIDIOLEX SOLN 100mg/ml	4	QL (600 mL / 30 days), PA
EPRONTIA SOLN 25mg/ml	3	QL (480 mL / 30 days), PA
eslicarbazepine acetate TABS 200mg, 400mg	1	QL (30 tabs / 30 days)
eslicarbazepine acetate TABS 600mg, 800mg	1	QL (60 tabs / 30 days)
ethosuximide CAPS 250mg; SOLN 250mg/5ml	1	
felbamate SUSP 600mg/5ml; TABS 400mg, 600mg	1	
FELBATOL TABS 400mg, 600mg	4	
FINTEPLA SOLN 2.2mg/ml	4	QL (360 mL / 30 days), PA
FYCOMPA SUSP .5mg/ml	4	QL (680 mL / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TABS 2mg	3	QL (60 tabs / 30 days), PA
FYCOMPA TABS 4mg, 6mg, 8mg, 10mg, 12mg	4	QL (30 tabs / 30 days), PA
gabapentin CAPS 100mg, 300mg	1	QL (360 caps / 30 days)
gabapentin CAPS 200mg	1	QL (60 caps / 30 days)
gabapentin CAPS 400mg	1	QL (270 caps / 30 days)
gabapentin SOLN 250mg/5ml, 300mg/6ml	1	QL (2160 mL / 30 days)
gabapentin TABS 600mg	1	QL (180 tabs / 30 days)
gabapentin TABS 800mg	1	QL (120 tabs / 30 days)
GABARONE TABS 100mg	4	QL (360 tabs / 30 days), PA
GABARONE TABS 400mg	4	QL (270 tabs / 30 days), PA
KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	4	
KEPPRA TABS 250mg	3	
KEPPRA XR TB24 500mg, 750mg	4	
KLONOPIN TABS 2mg	3	QL (300 tabs / 30 days)
KLONOPIN TABS .5mg, 1mg	3	QL (90 tabs / 30 days)
lacosamide SOLN 200mg/20ml	1	
lacosamide TABS 50mg	1	QL (120 tabs / 30 days)
lacosamide TABS 100mg, 150mg, 200mg	1	QL (60 tabs / 30 days)
lacosamide oral SOLN 10mg/ml	1	QL (1200 mL / 30 days)
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	4	
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	3	ST
LAMICTAL ODT KIT BLUE	3	
LAMICTAL ODT KIT GREEN	3	
LAMICTAL ODT KIT ORANGE	3	
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3	
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	4	ST
LAMICTAL XR KIT	3	

Drug Name	Drug Tier	Requirements/Limits
lamotrigine CHEW 5mg, 25mg; TABS 25mg, 100mg, 150mg, 200mg	1	
lamotrigine TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; TBDP 25mg, 50mg, 100mg, 200mg	1	ST
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit KIT 25mg	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	4	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
LEVETIR/NACL INJ 5MG/ML	3	
LEVETIR/NACL INJ 10MG/ML	3	
LEVETIR/NACL INJ 15MG/ML	3	
levetiracetam SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg; TB24 500mg, 750mg	1	
levetiracetam TB3D 250mg	1	QL (360 tabs / 30 days)
levetiracetam TB3D 500mg	1	QL (180 tabs / 30 days)
levetiracetam in sodium chloride iv soln 500 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1000 mg/100ml	1	
levetiracetam in sodium chloride iv soln 1500 mg/100ml	1	
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg	3	QL (120 caps / 30 days)
LYRICA CAPS 200mg	3	QL (90 caps / 30 days)
LYRICA CAPS 225mg, 300mg	3	QL (60 caps / 30 days)
LYRICA SOLN 20mg/ml	3	QL (900 mL / 30 days), PA; PA applies if 65 years and older
methsuximide CAPS 300mg	1	
MOTPOLY XR CP24 100mg	3	QL (60 caps / 30 days), PA
MOTPOLY XR CP24 150mg, 200mg	4	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
MYSOLINE TABS 50mg, 250mg	4	
NAYZILAM SOLN 5mg/0.1ml	3	QL (10 nasal units / 30 days)
NEURONTIN CAPS 100mg, 300mg	3	QL (360 caps / 30 days)
NEURONTIN CAPS 400mg	3	QL (270 caps / 30 days)
NEURONTIN SOLN 250mg/5ml	4	QL (2160 mL / 30 days)
NEURONTIN TABS 600mg	4	QL (180 tabs / 30 days)
NEURONTIN TABS 800mg	4	QL (120 tabs / 30 days)
ONFI SUSP 2.5mg/ml	4	QL (480 mL / 30 days), PA
ONFI TABS 10mg, 20mg	4	QL (60 tabs / 30 days), PA
oxcarbazepine SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1	
oxcarbazepine TB24 150mg, 300mg, 600mg	1	PA
OXTELLAR XR TB24 150mg, 300mg	3	PA
OXTELLAR XR TB24 600mg	4	PA
perampanel SUSP .5mg/ml	4	QL (680 mL / 28 days), PA
perampanel TABS 2mg	1	QL (60 tabs / 30 days), PA
perampanel TABS 4mg, 6mg, 8mg, 10mg, 12mg	1	QL (30 tabs / 30 days), PA
phenobarbital ELIX 20mg/5ml	3	QL (1500 mL / 30 days), PA; PA applies if 65 years and older
phenobarbital TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older
phenobarbital sodium SOLN 65mg/ml, 130mg/ml	3	PA; PA applies if 65 years and older
phenytek CAPS 200mg, 300mg	1	
phenytoin CHEW 50mg; SUSP 125mg/5ml	1	
phenytoin sodium SOLN 50mg/ml	1	
phenytoin sodium extended CAPS 100mg, 200mg, 300mg	1	
pregabalin CAPS 25mg, 50mg, 75mg, 100mg, 150mg	1	QL (120 caps / 30 days)
pregabalin CAPS 200mg	1	QL (90 caps / 30 days)
pregabalin CAPS 225mg, 300mg	1	QL (60 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
pregabalin SOLN 20mg/ml	1	QL (900 mL / 30 days), PA; PA applies if 65 years and older
primidone TABS 50mg, 125mg, 250mg	1	
relgaabi CAPS 200mg	1	QL (60 caps / 30 days)
relgaabi CAPS 300mg	1	QL (360 caps / 30 days)
relgaabi CAPS 400mg	1	QL (270 caps / 30 days)
roweepra TABS 500mg	1	
rufinamide SUSP 40mg/ml	4	QL (2400 mL / 30 days), PA
rufinamide TABS 200mg	1	QL (480 tabs / 30 days), PA
rufinamide TABS 400mg	1	QL (240 tabs / 30 days), PA
SABRIL PACK 500mg	4	QL (180 packets / 30 days), PA
SABRIL TABS 500mg	4	QL (180 tabs / 30 days), PA
SPRITAM TB3D 250mg	3	QL (360 tabs / 30 days)
SPRITAM TB3D 500mg	3	QL (180 tabs / 30 days)
SUBVENITE SUSP 10mg/ml	4	ST
subvenite TABS 25mg, 100mg, 150mg, 200mg	1	
subvenite starter kit/blu KIT 25mg	1	
subvenite starter kit/gre	4	
subvenite starter kit/ora	1	
SYMPAZAN FILM 5mg	3	QL (60 films / 30 days), PA
SYMPAZAN FILM 10mg, 20mg	4	QL (60 films / 30 days), PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3	
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3	
tiagabine hcl TABS 2mg, 4mg, 12mg, 16mg	1	
TOPAMAX TABS 25mg, 50mg	3	
TOPAMAX TABS 100mg, 200mg	4	
TOPAMAX SPRINKLE CPSP 15mg	3	
TOPAMAX SPRINKLE CPSP 25mg	4	
topiramate CP24 25mg; CS24 25mg	1	QL (480 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
topiramate CP24 50mg; CS24 50mg	1	QL (240 caps / 30 days), PA
topiramate CP24 100mg; CS24 100mg	1	QL (120 caps / 30 days), PA
topiramate CP24 200mg; CS24 150mg, 200mg	1	QL (60 caps / 30 days), PA
topiramate CPSP 15mg, 25mg, 50mg; TABS 25mg, 50mg, 100mg, 200mg	1	
topiramate SOLN 25mg/ml	1	QL (480 mL / 30 days), PA
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	4	
TRILEPTAL TABS 150mg	3	
TROKENDI XR CP24 25mg	3	QL (480 caps / 30 days), PA
TROKENDI XR CP24 50mg	3	QL (240 caps / 30 days), PA
TROKENDI XR CP24 100mg	4	QL (120 caps / 30 days), PA
TROKENDI XR CP24 200mg	4	QL (60 caps / 30 days), PA
VALIUM TABS 2mg, 5mg, 10mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older when greater than 5 day supply
valproate sodium SOLN 100mg/ml, 250mg/5ml	1	
valproic acid CAPS 250mg	1	
VALTOCO 5 MG DOSE LIQD 5mg/0.1ml	3	QL (10 blister packs / 30 days)
VALTOCO 10 MG DOSE LIQD 10mg/0.1ml	3	QL (10 blister packs / 30 days)
VALTOCO 15 MG DOSE LQPK 7.5mg/0.1ml	3	QL (10 blister packs / 30 days)
VALTOCO 20 MG DOSE LQPK 10mg/0.1ml	3	QL (10 blister packs / 30 days)
vigabatrin PACK 500mg	4	QL (180 packets / 30 days), PA
vigabatrin TABS 500mg	4	QL (180 tabs / 30 days), PA
vigadrone PACK 500mg	4	QL (180 packets / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
vigadrone TABS 500mg	4	QL (180 tabs / 30 days), PA
VIGAFYDE SOLN 100mg/ml	4	QL (900 mL / 30 days), PA
VIMPAT SOLN 10mg/ml	4	QL (1200 mL / 30 days)
VIMPAT SOLN 200mg/20ml	4	
VIMPAT TABS 50mg	3	QL (120 tabs / 30 days)
VIMPAT TABS 100mg, 150mg, 200mg	4	QL (60 tabs / 30 days)
XCOPRI TABS 25mg, 50mg, 100mg	4	QL (30 tabs / 30 days)
XCOPRI TABS 150mg, 200mg	4	QL (60 tabs / 30 days)
XCOPRI PAK 12.5-25	3	QL (28 tabs / 28 days)
XCOPRI PAK 50-100MG	4	QL (28 tabs / 28 days)
XCOPRI PAK 100-150	4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (MAINTENANCE)	4	QL (56 tabs / 28 days)
XCOPRI PAK 150-200MG (TITRATION)	4	QL (28 tabs / 28 days)
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
ZONEGRAN CAPS 25mg, 100mg	4	
ZONISADE SUSP 100mg/5ml	4	QL (900 mL / 30 days), PA
zonisamide CAPS 25mg, 50mg, 100mg	1	
ZTALMY SUSP 50mg/ml	4	QL (1100 mL / 30 days), PA
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 7.5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 10MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 12.5MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 15MG	3	QL (60 tabs / 30 days), PA
ADDERALL TAB 20MG	3	QL (90 tabs / 30 days), PA
ADDERALL TAB 30MG	3	QL (60 tabs / 30 days), PA
ADDERALL XR CAP 5MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 10MG	3	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ADDERALL XR CAP 15MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 20MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 25MG	3	QL (30 caps / 30 days), PA
ADDERALL XR CAP 30MG	3	QL (30 caps / 30 days), PA
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg	3	QL (60 tabs / 30 days), PA
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg	3	QL (30 tabs / 30 days), PA
amphetamine TBED 3.1mg, 6.3mg, 9.4mg	1	QL (60 tabs / 30 days), PA
amphetamine TBED 12.5mg, 15.7mg, 18.8mg	1	QL (30 tabs / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (30 caps / 30 days), PA
amphetamine-dextroamphetamine tab 5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 10 mg	1	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 15 mg	1	QL (60 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 20 mg	1	QL (90 tabs / 30 days), PA
amphetamine-dextroamphetamine tab 30 mg	1	QL (60 tabs / 30 days), PA
ARYNTA SOLN 10mg/ml	3	QL (240 mL / 30 days), PA
atomoxetine hcl CAPS 10mg, 18mg, 25mg	1	QL (120 caps / 30 days)
atomoxetine hcl CAPS 40mg	1	QL (60 caps / 30 days)
atomoxetine hcl CAPS 60mg, 80mg, 100mg	1	QL (30 caps / 30 days)
atomoxetine hcl SOLN 4mg/ml	1	QL (700 mL / 28 days)
ATONCY SOLN 4mg/ml	3	QL (700 mL / 28 days)
AZSTARYS CAP 26.1-5.2	3	QL (30 caps / 30 days), PA
AZSTARYS CAP 39.2-7.8	3	QL (30 caps / 30 days), PA
AZSTARYS CAP 52.3-10.	3	QL (30 caps / 30 days), PA
CONCERTA TBCR 18mg, 27mg, 36mg	3	QL (60 tabs / 30 days), PA
CONCERTA TBCR 54mg	3	QL (30 tabs / 30 days), PA
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	3	QL (60 tabs / 30 days), PA
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	3	QL (30 patches / 30 days), PA
DEXEDRINE CP24 10mg	4	QL (150 caps / 30 days), PA
DEXEDRINE CP24 15mg	4	QL (120 caps / 30 days), PA
dexmethylphenidate hcl CP24 5mg, 10mg, 15mg, 20mg	1	QL (60 caps / 30 days), PA
dexmethylphenidate hcl CP24 25mg, 30mg, 35mg, 40mg	1	QL (30 caps / 30 days), PA
dexmethylphenidate hcl TABS 2.5mg, 5mg	1	QL (120 tabs / 30 days), PA
dexmethylphenidate hcl TABS 10mg	1	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate CP24 5mg, 10mg	1	QL (150 caps / 30 days), PA
dextroamphetamine sulfate CP24 15mg	1	QL (120 caps / 30 days), PA
dextroamphetamine sulfate TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (180 tabs / 30 days), PA
dextroamphetamine sulfate TABS 15mg	1	QL (120 tabs / 30 days), PA
dextroamphetamine sulfate TABS 20mg	1	QL (90 tabs / 30 days), PA
dextroamphetamine sulfate TABS 30mg	1	QL (60 tabs / 30 days), PA
DYANAVEL XR SUER 2.5mg/ml	3	QL (240 mL / 30 days), PA
DYANAVEL XR TBCR 5mg	3	QL (60 tabs / 30 days), PA
DYANAVEL XR TBCR 10mg, 15mg, 20mg	3	QL (30 tabs / 30 days), PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg	3	QL (60 caps / 30 days), PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg	3	QL (30 caps / 30 days), PA
guanfacine hcl (adhd) TB24 1mg, 2mg, 4mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
guanfacine hcl (adhd) TB24 3mg	2	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
INTUNIV TB24 1mg, 2mg, 4mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older
INTUNIV TB24 3mg	3	QL (60 tabs / 30 days), PA; PA applies if 65 years and older
JORNAY PM CP24 20mg, 40mg	3	QL (60 caps / 30 days), PA
JORNAY PM CP24 60mg, 80mg, 100mg	3	QL (30 caps / 30 days), PA
lisdexamfetamine dimesylate CAPS 10mg, 20mg, 30mg	1	QL (60 caps / 30 days), PA
lisdexamfetamine dimesylate CAPS 40mg, 50mg, 60mg, 70mg	1	QL (30 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
lisdexamfetamine dimesylate CHEW 10mg, 20mg, 30mg	1	QL (60 tabs / 30 days), PA
lisdexamfetamine dimesylate CHEW 40mg, 50mg, 60mg	1	QL (30 tabs / 30 days), PA
METADATE CD CPCR 10mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
METADATE CD CPCR 40mg, 50mg, 60mg	3	QL (30 caps / 30 days), PA
METHYLIN SOLN 5mg/5ml	3	QL (1800 mL / 30 days), PA
METHYLIN SOLN 10mg/5ml	3	QL (900 mL / 30 days), PA
methylphenidate PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	1	QL (30 patches / 30 days), PA
METHYLPHENIDATE ER ODT TBED 8.6mg, 17.3mg, 25.9mg	3	QL (60 tabs / 30 days), PA
methylphenidate hcl CHEW 2.5mg, 5mg, 10mg; TABS 5mg, 10mg	1	QL (180 tabs / 30 days), PA
methylphenidate hcl CP24 10mg, 15mg, 20mg, 30mg; CPCR 10mg, 20mg, 30mg	1	QL (60 caps / 30 days), PA
methylphenidate hcl CP24 40mg, 50mg, 60mg; CPCR 40mg, 50mg, 60mg	1	QL (30 caps / 30 days), PA
methylphenidate hcl SOLN 5mg/5ml	1	QL (1800 mL / 30 days), PA
methylphenidate hcl SOLN 10mg/5ml	1	QL (900 mL / 30 days), PA
methylphenidate hcl TABS 20mg; TBCR 10mg, 20mg	1	QL (90 tabs / 30 days), PA
methylphenidate hcl TB24 18mg, 27mg, 36mg; TBCR 18mg, 27mg, 36mg	1	QL (60 tabs / 30 days), PA
methylphenidate hcl TB24 54mg; TBCR 45mg, 54mg, 63mg, 72mg	1	QL (30 tabs / 30 days), PA
MYDAYIS CAP 12.5MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 25MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 37.5MG	3	QL (30 caps / 30 days), PA
MYDAYIS CAP 50MG	3	QL (30 caps / 30 days), PA
QELBREE CP24 100mg	3	QL (180 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
QELBREE CP24 150mg	3	QL (60 caps / 30 days), PA
QELBREE CP24 200mg	3	QL (90 caps / 30 days), PA
QUILLICHEW ER CHER 20mg, 30mg	3	QL (60 tabs / 30 days), PA
QUILLICHEW ER CHER 40mg	3	QL (30 tabs / 30 days), PA
QUILLIVANT XR SRER 25mg/5ml	3	QL (360 mL / 30 days), PA
RELEXXII TBCR 18mg, 27mg, 36mg	3	QL (60 tabs / 30 days), PA
RELEXXII TBCR 45mg, 54mg, 63mg, 72mg	3	QL (30 tabs / 30 days), PA
RITALIN TABS 5mg, 10mg	3	QL (180 tabs / 30 days), PA
RITALIN TABS 20mg	3	QL (90 tabs / 30 days), PA
VYVANSE CAPS 10mg, 20mg, 30mg	3	QL (60 caps / 30 days), PA
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg	3	QL (30 caps / 30 days), PA
VYVANSE CHEW 10mg, 20mg, 30mg	3	QL (60 tabs / 30 days), PA
VYVANSE CHEW 40mg, 50mg, 60mg	3	QL (30 tabs / 30 days), PA
XELSTRYM PTCH 4.5mg/9hr, 9mg/9hr, 13.5mg/9hr, 18mg/9hr	3	QL (30 patches / 30 days), PA
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg	1	QL (180 tabs / 30 days), PA
zenzedi TABS 15mg	1	QL (120 tabs / 30 days), PA
zenzedi TABS 20mg	1	QL (90 tabs / 30 days), PA
zenzedi TABS 30mg	1	QL (60 tabs / 30 days), PA
HYPNOTICS		
AMBIEN TABS 5mg, 10mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
AMBIEN CR TBCR 6.25mg, 12.5mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
DAYVIGO TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
doxepin hcl (sleep) TABS 3mg, 6mg	1	QL (30 tabs / 30 days)
EDLUAR SUBL 5mg, 10mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
estazolam TABS 1mg, 2mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
eszopiclone TABS 1mg, 2mg, 3mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
HETLIOZ CAPS 20mg	4	QL (30 caps / 30 days), PA
HETLIOZ LQ SUSP 4mg/ml	4	QL (158 mL / 30 days), PA
LUNESTA TABS 1mg, 2mg, 3mg	4	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
QUVIVIQ TABS 25mg, 50mg	3	QL (30 tabs / 30 days)
ramelteon TABS 8mg	1	QL (30 tabs / 30 days)
RESTORIL CAPS 7.5mg, 22.5mg, 30mg	4	QL (30 caps / 30 days), PA; PA applies if 65 years and older
RESTORIL CAPS 15mg	4	QL (60 caps / 30 days), PA; PA applies if 65 years and older
ROZEREM TABS 8mg	3	QL (30 tabs / 30 days)
SILENOR TABS 3mg, 6mg	3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
tasimelteon CAPS 20mg	4	QL (30 caps / 30 days), PA
temazepam CAPS 7.5mg, 22.5mg, 30mg	1	QL (30 caps / 30 days), PA; PA applies if 65 years and older
temazepam CAPS 15mg	1	QL (60 caps / 30 days), PA; PA applies if 65 years and older
triazolam TABS .25mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
triazolam TABS .125mg	2	QL (60 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zaleplon CAPS 5mg	2	QL (30 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zaleplon CAPS 10mg	2	QL (60 caps / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
ZOLPIDEM TARTRATE CAPS 7.5mg	3	QL (30 caps / 30 days), PA
zolpidem tartrate SUBL 1.75mg, 3.5mg	3	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
zolpidem tartrate TABS 5mg, 10mg	1	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
zolpidem tartrate TBCR 6.25mg, 12.5mg	2	QL (30 tabs / 30 days), PA; PA applies if 65 years and older after a 90 day supply in a calendar year
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml	2	QL (1 pen / 30 days), PA
AJOVY SOAJ 225mg/1.5ml	3	QL (3 pens / 90 days), PA
AJOVY SOSY 225mg/1.5ml	3	QL (3 syringes / 90 days), PA
almotriptan malate TABS 6.25mg, 12.5mg	1	QL (12 tabs / 30 days), ST
BREKIYA SOAJ 1mg/ml	4	QL (24 pens / 28 days), PA
CAFERGOT TAB 1-100MG	4	QL (40 tabs / 28 days), PA
CAMBIA PACK 50mg	4	QL (9 packets / 30 days), PA
diclofenac potassium (migraine) PACK 50mg	1	QL (9 packets / 30 days), PA
dihydroergotamine mesylate SOLN 1mg/ml	1	
dihydroergotamine mesylate SOLN 4mg/ml	1	QL (8 mL / 30 days), PA
eletriptan hydrobromide TABS 20mg, 40mg	1	QL (12 tabs / 30 days), ST
ELYXYB SOLN 120mg/4.8ml	4	QL (28.8 mL / 21 days), PA
EMGALITY SOAJ 120mg/ml	2	QL (2 pens / 30 days), PA
EMGALITY SOSY 100mg/ml	2	QL (3 syringes / 30 days), PA
EMGALITY SOSY 120mg/ml	2	QL (2 syringes / 30 days), PA
ERGOMAR SUBL 2mg	4	QL (20 tabs / 28 days), PA
ergotamine w/ caffeine tab 1-100 mg	1	QL (40 tabs / 28 days), PA
frovatriptan succinate TABS 2.5mg	1	QL (18 tabs / 30 days), ST
IMITREX TABS 25mg, 50mg, 100mg	3	QL (12 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml	4	QL (18 cartridges / 30 days)
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml	4	QL (12 cartridges / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml	4	QL (18 cartridges / 30 days)
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml	4	QL (12 cartridges / 30 days)
MAXALT TABS 10mg	3	QL (18 tabs / 30 days)
MAXALT-MLT TBDP 10mg	3	QL (18 tabs / 30 days)
MIGERGOT	4	QL (20 suppositories / 28 days), PA
naratriptan hcl TABS 1mg, 2.5mg	1	QL (12 tabs / 30 days)
NURTEC TBDP 75mg	2	QL (16 tabs / 30 days), PA
ONZETRA XSAIL EXHP 11mg/nosepc	3	QL (16 nosepieces / 30 days), ST
QULIPTA TABS 10mg, 30mg, 60mg	2	QL (30 tabs / 30 days), PA
RELPAX TABS 20mg	3	QL (12 tabs / 30 days), ST
RELPAX TABS 40mg	4	QL (12 tabs / 30 days), ST
REYVOW TABS 50mg	3	QL (4 tabs / 30 days), PA
RIZAFILM FILM 5mg, 10mg	3	QL (18 films / 30 days)
rizatriptan benzoate TABS 5mg, 10mg; TBDP 5mg, 10mg	1	QL (18 tabs / 30 days)
sumatriptan SOLN 5mg/act	1	QL (24 units / 30 days)
sumatriptan SOLN 20mg/act	1	QL (12 units / 30 days)
sumatriptan succinate SOAJ 6mg/0.5ml	1	QL (12 syringes / 30 days)
sumatriptan succinate SOLN 6mg/0.5ml	1	QL (12 vials / 30 days)
sumatriptan succinate TABS 25mg, 50mg, 100mg	1	QL (12 tabs / 30 days)
sumatriptan-naproxen sodium tab 85-500 mg	1	QL (9 tabs / 30 days), ST
SYMBRAVO TAB 20-10MG	4	QL (9 tabs / 30 days), ST
TOSYMRA SOLN 10mg/act	3	QL (18 units / 30 days), ST
TREXIMET TAB 85-500MG	4	QL (9 tabs / 30 days), ST

Drug Name	Drug Tier	Requirements/Limits
TRUDHESA AERS .725mg/act	4	QL (12 mL / 28 days), PA
UBRELVY TABS 50mg, 100mg	2	QL (16 tabs / 30 days), PA
VYEPTI SOLN 100mg/ml	4	PA
ZAVZPRET SOLN 10mg/act	4	QL (6 nasal units / 21 days), PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	4	QL (24 pens / 30 days), ST
zolmitriptan SOLN 2.5mg, 5mg	1	QL (12 units / 30 days), ST
zolmitriptan TABS 2.5mg, 5mg; TBDP 2.5mg, 5mg	1	QL (12 tabs / 30 days), ST
ZOMIG SOLN 2.5mg, 5mg	3	QL (12 units / 30 days), ST
zomig TABS 2.5mg, 5mg	1	QL (12 tabs / 30 days), ST
MISCELLANEOUS		
AMVUTTRA SOSY 25mg/0.5ml	4	QL (1 syringe / 90 days), PA
AUSTEDO TABS 6mg	4	QL (60 tabs / 30 days), PA
AUSTEDO TABS 9mg, 12mg	4	QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 6mg	4	QL (90 tabs / 30 days), PA
AUSTEDO XR TB24 12mg	4	QL (120 tabs / 30 days), PA
AUSTEDO XR TB24 18mg, 30mg, 36mg, 42mg, 48mg	4	QL (30 tabs / 30 days), PA
AUSTEDO XR TB24 24mg	4	QL (60 tabs / 30 days), PA
AUSTEDO XR TAB TITR KIT	4	QL (2 packs / year), PA
DAYBUE SOLN 200mg/ml	4	QL (3600 mL / 30 days), PA
DAYBUE STIX PACK 5000mg, 6000mg	4	QL (120 packets / 30 days), PA
DAYBUE STIX PACK 8000mg	4	QL (60 packets / 30 days), PA
dextromethorphan hbr-quinidine sulfate cap 20-10 mg	1	QL (60 caps / 30 days), PA
DUVYZAT SUSP 8.86mg/ml	4	QL (420 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
edaravone SOLN 30mg/100ml	4	PA
ENSPRYNG SOSY 120mg/ml	4	PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml; TABS 5mg	4	PA
FIRDAPSE TABS 10mg	4	QL (300 tabs / 30 days), PA
gabapentin (once-daily) TABS 300mg	1	QL (180 tabs / 30 days), PA
gabapentin (once-daily) TABS 450mg, 600mg	1	QL (90 tabs / 30 days), PA
gabapentin (once-daily) TABS 750mg, 900mg	1	QL (60 tabs / 30 days), PA
GRALISE TABS 300mg	3	QL (180 tabs / 30 days), PA
GRALISE TABS 450mg, 600mg	3	QL (90 tabs / 30 days), PA
GRALISE TABS 750mg, 900mg	3	QL (60 tabs / 30 days), PA
HORIZANT TBCR 300mg, 600mg	3	QL (60 tabs / 30 days), PA
INGREZZA CAPS 40mg, 60mg, 80mg; CPSP 40mg, 60mg, 80mg	4	QL (30 caps / 30 days), PA
INGREZZA CAP 40-80MG	4	QL (28 caps / 28 days), PA
lithium SOLN 8meq/5ml	1	
lithium carbonate CAPS 150mg, 300mg, 600mg; TABS 300mg; TBCR 300mg, 450mg	1	
LITHOBID TBCR 300mg	4	
LYRICA CR TB24 82.5mg, 165mg	3	QL (90 tabs / 30 days), PA
LYRICA CR TB24 330mg	3	QL (60 tabs / 30 days), PA
MESTINON SOLN 60mg/5ml; TABS 60mg	4	
MESTINON TIMESPAN TBCR 180mg	4	
milnacipran hcl TABS 12.5mg, 25mg, 50mg, 100mg	1	QL (60 tabs / 30 days), PA
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak	1	QL (2 packs / year), PA
NUEDEXTA CAP 20-10MG	4	QL (60 caps / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
paroxetine mesylate (vasomotor) CAPS 7.5mg	3	QL (30 caps / 30 days), PA; PA applies if 65 years and older
pregabalin (once-daily) TB24 82.5mg, 165mg	1	QL (90 tabs / 30 days), PA
pregabalin (once-daily) TB24 330mg	1	QL (60 tabs / 30 days), PA
pyridostigmine bromide SOLN 60mg/5ml; TABS 30mg, 60mg; TBCR 180mg	1	
RADICAVA ORS SUSP 105mg/5ml	4	QL (70 mL / 28 days), PA
RADICAVA ORS STARTER KIT SUSP 105mg/5ml	4	QL (70 mL / 28 days), PA
riluzole TABS 50mg	1	
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	3	QL (60 tabs / 30 days), PA
SKYCLARYS CAPS 50mg	4	QL (90 caps / 30 days), PA
tetrabenazine TABS 12.5mg	1	QL (90 tabs / 30 days), PA
tetrabenazine TABS 25mg	4	QL (120 tabs / 30 days), PA
TIGLUTIK SUSP 50mg/10ml	4	QL (600 mL / 30 days), PA
TONMYA SUBL 2.8mg	4	QL (60 tabs / 30 days), PA
UPLIZNA SOLN 100mg/10ml	4	PA
WAINUA SOAJ 45mg/0.8ml	4	QL (1 pen / 30 days), PA
WAINUA SOSY 45mg/0.8ml	4	QL (1 syringe / 30 days), PA
XENAZINE TABS 12.5mg	4	QL (90 tabs / 30 days), PA
XENAZINE TABS 25mg	4	QL (120 tabs / 30 days), PA
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TB12 10mg	4	QL (60 tabs / 30 days), PA
AUBAGIO TABS 7mg, 14mg	4	QL (30 tabs / 30 days), PA
AVONEX PSKT 30mcg/0.5ml	4	QL (4 syringes / 28 days), PA
AVONEX PEN AJKT 30mcg/0.5ml	4	QL (4 pens / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
BAFIERTAM CPDR 95mg	4	QL (120 caps / 30 days), PA
BETASERON KIT .3mg	4	QL (14 kits / 28 days), PA
BRIUMVI SOLN 150mg/6ml	4	PA
cladribine (4 tabs) TBPK 10mg	4	QL (16 tabs per lifetime), PA
cladribine (5 tabs) TBPK 10mg	4	QL (20 tabs per lifetime), PA
cladribine (6 tabs) TBPK 10mg	4	QL (24 tabs per lifetime), PA
cladribine (7 tabs) TBPK 10mg	4	QL (28 tabs per lifetime), PA
cladribine (8 tabs) TBPK 10mg	4	QL (32 tabs per lifetime), PA
cladribine (9 tabs) TBPK 10mg	4	QL (36 tabs per lifetime), PA
cladribine (10 tabs) TBPK 10mg	4	QL (40 tabs per lifetime), PA
COPAXONE SOSY 20mg/ml	4	QL (30 syringes / 30 days), PA
COPAXONE SOSY 40mg/ml	4	QL (12 syringes / 28 days), PA
dalfampridine TB12 10mg	1	QL (60 tabs / 30 days), PA
dimethyl fumarate CPDR 120mg	4	QL (14 caps / 7 days), PA
dimethyl fumarate CPDR 240mg	4	QL (60 caps / 30 days), PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	4	QL (2 packs / year), PA
fingolimod hcl CAPS .5mg	4	QL (30 caps / 30 days), PA
GILENYA CAPS .25mg, .5mg	4	QL (30 caps / 30 days), PA
glatiramer acetate SOSY 20mg/ml	4	QL (30 syringes / 30 days), PA
glatiramer acetate SOSY 40mg/ml	4	QL (12 syringes / 28 days), PA
glatopa SOSY 20mg/ml	4	QL (30 syringes / 30 days), PA
glatopa SOSY 40mg/ml	4	QL (12 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
KESIMPTA SOAJ 20mg/0.4ml	4	QL (16 pens / 365 days), PA
LEMTRADA SOLN 12mg/1.2ml	4	PA
MAVENCLAD (4 TABS) TBPK 10mg	4	QL (16 tabs per lifetime), PA
MAVENCLAD (5 TABS) TBPK 10mg	4	QL (20 tabs per lifetime), PA
MAVENCLAD (6 TABS) TBPK 10mg	4	QL (24 tabs per lifetime), PA
MAVENCLAD (7 TABS) TBPK 10mg	4	QL (28 tabs per lifetime), PA
MAVENCLAD (8 TABS) TBPK 10mg	4	QL (32 tabs per lifetime), PA
MAVENCLAD (9 TABS) TBPK 10mg	4	QL (36 tabs per lifetime), PA
MAVENCLAD (10 TABS) TBPK 10mg	4	QL (40 tabs per lifetime), PA
MAYZENT TABS 1mg, 2mg	4	QL (30 tabs / 30 days), PA
MAYZENT TABS .25mg	4	QL (112 tabs / 28 days), PA
MAYZENT STARTER PACK (7) TBPK .25mg	4	QL (2 packs / year), PA
MAYZENT STARTER PACK (12) TBPK .25mg	4	QL (2 packs / year), PA
OCREVUS SOLN 300mg/10ml	4	PA
OCREVUS INJ ZUNOVO	4	QL (23 mL / 180 days), PA
PLEGRIDY SOAJ 125mcg/0.5ml	4	QL (2 pens / 28 days), PA
PLEGRIDY SOSY 125mcg/0.5ml	4	QL (2 syringes / 28 days), PA
PLEGRIDY INJ STARTER	4	QL (2 packs / year), PA
PLEGRIDY PEN INJ STARTER	4	QL (2 packs / year), PA
PONVORY TABS 20mg	4	QL (30 tabs / 30 days), PA
PONVORY TAB STARTER	4	QL (2 packs / year), PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	4	QL (12 syringes / 28 days), PA
REBIF REBIDO INJ TITRATN	4	QL (12 syringes / 28 days), PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	4	QL (12 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
REBIF TITRTN INJ PACK	4	QL (12 syringes / 28 days), PA
TASCENSO ODT TBDP .25mg, .5mg	4	QL (30 tabs / 30 days), PA
TECFIDERA CPDR 120mg	4	QL (14 caps / 7 days), PA
TECFIDERA CPDR 240mg	4	QL (60 caps / 30 days), PA
TECFIDERA CAP STARTER	4	QL (2 packs / year), PA
teriflunomide TABS 7mg, 14mg	4	QL (30 tabs / 30 days), PA
TYRUKO CONC 300mg/15ml	4	PA
TYSABRI CONC 300mg/15ml	4	PA
VUMERITY CPDR 231mg	4	QL (120 caps / 30 days), PA
ZEPOSIA CAPS .92mg	4	QL (30 caps / 30 days), PA
ZEPOSIA 7DAY CAP STR PACK	4	QL (2 packs / year), PA
ZEPOSIA CAP STR KIT	4	QL (2 packs / year), PA
MUSCULOSKELETAL THERAPY AGENTS		
ATMEKSI SUSP 750mg/5ml	3	QL (900 mL / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
baclofen SOLN 5mg/5ml, 10mg/5ml	1	PA
baclofen SUSP 25mg/5ml	4	PA
baclofen TABS 5mg	1	QL (90 tabs / 30 days)
baclofen TABS 10mg, 15mg, 20mg	1	
BOTOX SOLR 100unit, 200unit	4	PA
carisoprodol TABS 250mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
carisoprodol TABS 350mg	2	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
cyclobenzaprine hcl TABS 5mg, 7.5mg, 10mg	2	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
DANTRIUM CAPS 25mg	3	
dantrolene sodium CAPS 25mg, 50mg, 100mg	1	
DAXXIFY SOLR 100unit	3	PA
DYSPORT SOLR 300unit	3	PA
DYSPORT SOLR 500unit	4	PA
fexmid TABS 7.5mg	2	QL (90 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
FLEQSUVY SUSP 25mg/5ml	4	PA
metaxalone TABS 400mg	3	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
METAXALONE TABS 640mg	4	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
metaxalone TABS 800mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
methocarbamol TABS 500mg	2	QL (360 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
methocarbamol TABS 750mg	2	QL (240 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
methocarbamol TABS 1000mg	4	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	PA
MYOBLOC SOLN 10000unit/2ml	4	PA
ONTRALFY SOLN 2mg/5ml	3	
OZOBAX DS SOLN 10mg/5ml	4	PA
SOMA TABS 250mg, 350mg	3	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
tanlor TABS 1000mg	4	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
tizanidine hcl CAPS 2mg, 4mg, 6mg; TABS 2mg, 4mg	1	
tizanidine hcl CAPS 8mg	4	
XEOMIN SOLR 50unit	3	PA
XEOMIN SOLR 100unit, 200unit	4	PA
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	3	
ZANAFLEX CAPS 8mg	4	
NARCOLEPSY/CATAPLEXY		
armodafinil TABS 50mg	1	QL (60 tabs / 30 days), PA
armodafinil TABS 150mg, 200mg, 250mg	1	QL (30 tabs / 30 days), PA
LUMRYZ PACK 4.5gm, 6gm, 7.5gm, 9gm	4	QL (30 packets / 30 days), PA
LUMRYZ PAK STARTER	4	QL (2 packs / year), PA
modafinil TABS 100mg	1	QL (30 tabs / 30 days), PA
modafinil TABS 200mg	1	QL (60 tabs / 30 days), PA
NUVIGIL TABS 50mg	3	QL (60 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
NUVIGIL TABS 150mg, 200mg, 250mg	4	QL (30 tabs / 30 days), PA
PROVIGIL TABS 100mg	4	QL (30 tabs / 30 days), PA
PROVIGIL TABS 200mg	4	QL (60 tabs / 30 days), PA
sodium oxybate SOLN 500mg/ml	4	QL (540 mL / 30 days), PA
SUNOSI TABS 75mg, 150mg	3	QL (30 tabs / 30 days), PA
WAKIX TABS 4.45mg, 17.8mg	4	QL (60 tabs / 30 days), PA
XYREM SOLN 500mg/ml	4	QL (540 mL / 30 days), PA
XYWAV SOL 0.5GM/ML	4	QL (540 mL / 30 days), PA
PSYCHOTHERAPEUTIC-MISC		
acamprosate calcium TBEC 333mg	1	
BRIXADI SOSY 8mg/0.16ml, 16mg/0.32ml, 24mg/0.48ml, 32mg/0.64ml, 64mg/0.18ml, 96mg/0.27ml, 128mg/0.36ml	4	
buprenorphine hcl SUBL 2mg	1	QL (180 tabs / 30 days)
buprenorphine hcl SUBL 8mg	1	QL (120 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	QL (180 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	QL (120 films / 30 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	QL (90 films / 30 days)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	1	QL (180 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	1	QL (120 tabs / 30 days)
bupropion hcl (smoking deterrent) TB12 150mg	1	QL (60 tabs / 30 days)
CHANTIX TABS .5mg, 1mg	3	QL (56 tabs / 28 days)
CHANTIX CONTINUING MONTH TABS 1mg	3	QL (56 tabs / 28 days)
CHANTIX TAB 0.5& 1MG	3	QL (2 packs / year)
disulfiram TABS 250mg, 500mg	1	
KLOXXADO LIQD 8mg/0.1ml	2	

Drug Name	Drug Tier	Requirements/Limits
lofexidine hcl TABS .18mg	4	QL (228 tabs / 14 days), PA
naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY .4mg/ml, 2mg/2ml	1	
naltrexone hcl TABS 50mg	1	
NICOTROL NS SOLN 10mg/ml	3	
OPVEE SOLN 2.7mg/0.1ml	3	
REZENOPY LIQD 10mg/0.11ml	3	
SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	4	
SUBOXONE MIS 2-0.5MG	3	QL (180 films / 30 days)
SUBOXONE MIS 4-1MG	3	QL (90 films / 30 days)
SUBOXONE MIS 8-2MG	3	QL (120 films / 30 days)
SUBOXONE MIS 12-3MG	3	QL (90 films / 30 days)
varenicline tartrate TABS .5mg, 1mg	1	QL (56 tabs / 28 days)
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	1	QL (2 packs / year)
VIVITROL SUSR 380mg	4	
ZUBSOLV SUB 0.7-0.18	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 1.4-0.36	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 2.9-0.71	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 5.7-1.4	3	QL (90 tabs / 30 days)
ZUBSOLV SUB 8.6-2.1	3	QL (60 tabs / 30 days)
ZUBSOLV SUB 11.4-2.9	3	QL (30 tabs / 30 days)
ZURNAI SOAJ 1.5mg/0.5ml	3	

ENDOCRINE AND METABOLIC

ANDROGENS

AVEED SOLN 750mg/3ml	4	PA
AZMIRO SOSY 200mg/ml	3	PA
danazol CAPS 50mg, 100mg, 200mg	1	
depo-testosterone SOLN 100mg/ml, 200mg/ml	1	PA
JATENZO CAPS 158mg, 198mg	3	QL (120 caps / 30 days), PA
JATENZO CAPS 237mg	3	QL (60 caps / 30 days), PA
KYZATREX CAPS 150mg, 200mg	3	QL (120 caps / 30 days), PA
TESTIM GEL 50mg/5gm	3	QL (300 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
testosterone GEL 12.5mg/act, 25mg/2.5gm, 50mg/5gm	1	QL (300 gm / 30 days), PA
testosterone GEL 20.25mg/1.25gm, 40.5mg/2.5gm	1	QL (150 gm / 30 days), PA
testosterone SOLN 30mg/act	1	QL (180 mL / 30 days), PA
testosterone cypionate SOLN 100mg/ml, 200mg/ml	1	PA
testosterone enanthate SOLN 200mg/ml	1	PA
testosterone pump GEL 1.62%	1	QL (150 gm / 30 days), PA
TLANDO CAPS 112.5mg	3	QL (120 caps / 30 days), PA
VOGELXO GEL 50mg/5gm	3	QL (300 gm / 30 days), PA
VOGELXO PUMP GEL 12.5mg/act	3	QL (300 gm / 30 days), PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15-850MG	3	QL (90 tabs / 30 days)
ACTOS TABS 15mg, 30mg, 45mg	3	QL (30 tabs / 30 days)
alogliptin benzoate TABS 6.25mg, 12.5mg, 25mg	3	QL (30 tabs / 30 days), ST
alogliptin-metformin hcl tab 12.5-500 mg	3	QL (60 tabs / 30 days), ST
alogliptin-metformin hcl tab 12.5-1000 mg	3	QL (60 tabs / 30 days), ST
alogliptin-pioglitazone tab 12.5-30 mg	3	QL (30 tabs / 30 days), ST
alogliptin-pioglitazone tab 25-15 mg	3	QL (30 tabs / 30 days), ST
alogliptin-pioglitazone tab 25-30 mg	3	QL (30 tabs / 30 days), ST
alogliptin-pioglitazone tab 25-45 mg	3	QL (30 tabs / 30 days), ST
BRYNOVIN SOLN 25mg/ml	3	QL (120 mL / 30 days), ST
dapagliflozin TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg	1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg	1	QL (60 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg	1	QL (30 tabs / 30 days)
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg	1	QL (30 tabs / 30 days)
dapagliflozin-saxagliptin tab 10-5 mg	3	QL (30 tabs / 30 days)
DUETACT TAB 30-2MG	3	QL (30 tabs / 30 days)
DUETACT TAB 30-4MG	3	QL (30 tabs / 30 days)
FARXIGA TABS 5mg, 10mg	2	QL (30 tabs / 30 days)
glimepiride TABS 1mg, 2mg	1	QL (90 tabs / 30 days)
glimepiride TABS 3mg, 4mg	1	QL (60 tabs / 30 days)
glipizide TABS 2.5mg, 5mg	1	QL (240 tabs / 30 days)
glipizide TABS 10mg	1	QL (120 tabs / 30 days)
glipizide TABS 15mg	1	QL (30 tabs / 30 days)
glipizide TB24 2.5mg, 5mg	1	QL (90 tabs / 30 days)
glipizide TB24 10mg	1	QL (60 tabs / 30 days)
glipizide-metformin hcl tab 2.5-250 mg	1	QL (240 tabs / 30 days)
glipizide-metformin hcl tab 2.5-500 mg	1	QL (120 tabs / 30 days)
glipizide-metformin hcl tab 5-500 mg	1	QL (120 tabs / 30 days)
GLYXAMBI TAB 10-5 MG	2	QL (30 tabs / 30 days)
GLYXAMBI TAB 25-5 MG	2	QL (30 tabs / 30 days)
INVOKAMET TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 50-500MG	3	QL (120 tabs / 30 days)
INVOKAMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-500	3	QL (60 tabs / 30 days)
INVOKAMET XR TAB 150-1000	3	QL (60 tabs / 30 days)
INVOKANA TABS 100mg	3	QL (60 tabs / 30 days)
INVOKANA TABS 300mg	3	QL (30 tabs / 30 days)
JANUMET TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-500MG	3	QL (60 tabs / 30 days)
JANUMET XR TAB 50-1000	3	QL (60 tabs / 30 days)
JANUMET XR TAB 100-1000	3	QL (30 tabs / 30 days)
JANUVIA TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days)
JARDIANCE TABS 10mg, 25mg	2	QL (30 tabs / 30 days)
JENTADUETO TAB 2.5-500	2	QL (60 tabs / 30 days)
JENTADUETO TAB 2.5-850	2	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-1000	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 2.5-1000MG	2	QL (60 tabs / 30 days)
JENTADUETO TAB XR 5-1000MG	2	QL (30 tabs / 30 days)
liraglutide SOPN 6mg/ml	1	QL (3 pens / 30 days), PA
metformin hcl SOLN 500mg/5ml	1	QL (765 mL / 30 days), ST
metformin hcl TABS 500mg	1	QL (150 tabs / 30 days)
metformin hcl TABS 625mg	1	QL (120 tabs / 30 days), ST
metformin hcl TABS 750mg	1	QL (90 tabs / 30 days), ST
metformin hcl TABS 850mg	1	QL (90 tabs / 30 days)
metformin hcl TABS 1000mg	1	QL (75 tabs / 30 days)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days), PA; (generic of FORTAMET)
metformin hcl TB24 500mg	1	QL (120 tabs / 30 days), PA; (generic of GLUMETZA)
metformin hcl TB24 750mg	1	QL (60 tabs / 30 days); (generic of GLUCOPHAGE XR)
metformin hcl TB24 1000mg	1	QL (60 tabs / 30 days), PA; (generic of FORTAMET)
metformin hcl TB24 1000mg	1	QL (60 tabs / 30 days), PA; (generic of GLUMETZA)
miglitol TABS 25mg, 50mg, 100mg	1	
MOUNJARO SOAJ 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	2	QL (4 pens / 28 days), PA
nateglinide TABS 60mg, 120mg	1	QL (90 tabs / 30 days)
OZEMPIC TABS 1.5mg, 4mg, 9mg	2	QL (30 tabs / 30 days), PA
OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (1MG/DOSE) SOPN 4mg/3ml	2	QL (1 pen / 28 days), PA
OZEMPIC (2MG/DOSE) SOPN 8mg/3ml	2	QL (1 pen / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
pioglitazone hcl TABS 15mg, 30mg, 45mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-glimepiride tab 30-2 mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-glimepiride tab 30-4 mg	1	QL (30 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-500 mg	1	QL (90 tabs / 30 days)
pioglitazone hcl-metformin hcl tab 15-850 mg	1	QL (90 tabs / 30 days)
repaglinide TABS 2mg	1	QL (240 tabs / 30 days)
repaglinide TABS .5mg, 1mg	1	QL (120 tabs / 30 days)
saxagliptin hcl TABS 2.5mg, 5mg	1	QL (30 tabs / 30 days)
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	QL (60 tabs / 30 days)
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	QL (30 tabs / 30 days)
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	QL (30 tabs / 30 days)
SEGLUROMET TAB 2.5-500	3	QL (120 tabs / 30 days)
SEGLUROMET TAB 2.5-1000	3	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-500	3	QL (60 tabs / 30 days)
SEGLUROMET TAB 7.5-1000	3	QL (60 tabs / 30 days)
sitagliptin TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
sitagliptin free base-metformin hcl tab 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin free base-metformin hcl tab 50-1000 mg	1	QL (60 tabs / 30 days)
sitagliptin free base-metformin hcl tab er 24hr 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg	1	QL (60 tabs / 30 days)
sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg	1	QL (30 tabs / 30 days)
sitagliptin phosphate TABS 25mg, 50mg, 100mg	1	QL (30 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab 50-1000 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg	1	QL (60 tabs / 30 days)
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg	1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
STEGLATRO TABS 5mg	3	QL (90 tabs / 30 days)
STEGLATRO TABS 15mg	3	QL (30 tabs / 30 days)
STEGLUJAN TAB 5-100MG	3	QL (30 tabs / 30 days)
STEGLUJAN TAB 15-100MG	3	QL (30 tabs / 30 days)
SYNJARDY TAB 5-500MG	2	QL (120 tabs / 30 days)
SYNJARDY TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-500	2	QL (60 tabs / 30 days)
SYNJARDY TAB 12.5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 5-1000MG	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 10-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 12.5-1000	2	QL (60 tabs / 30 days)
SYNJARDY XR TAB 25-1000	2	QL (30 tabs / 30 days)
TRADJENTA TABS 5mg	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 10-5-1000MG	2	QL (30 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG	2	QL (60 tabs / 30 days)
TRIJARDY XR TAB ER 24HR 25-5-1000MG	2	QL (30 tabs / 30 days)
TRULICITY SOAJ .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	2	QL (4 pens / 28 days), PA
TZIELD SOLN 2mg/2ml	4	PA
VICTOZA SOPN 18mg/3ml	3	QL (3 pens / 30 days), PA
XIGDUO XR TAB 2.5-1000	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-500MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 5-1000MG	3	QL (60 tabs / 30 days)
XIGDUO XR TAB 10-500MG	3	QL (30 tabs / 30 days)
XIGDUO XR TAB 10-1000	3	QL (30 tabs / 30 days)
ZITUVIMET TAB 50-500MG	3	QL (60 tabs / 30 days), ST
ZITUVIMET TAB 50-1000	3	QL (60 tabs / 30 days), ST
ZITUVIMET XR TAB 50-500MG	3	QL (60 tabs / 30 days), ST
ZITUVIMET XR TAB 50-1000	3	QL (60 tabs / 30 days), ST
ZITUVIMET XR TAB 100-1000	3	QL (30 tabs / 30 days), ST
ZITUVIO TABS 25mg, 50mg, 100mg	3	QL (30 tabs / 30 days), ST
ANTIDIABETICS, INSULINS		
ADMELOG SOLN 100unit/ml	2	B/D

Drug Name	Drug Tier	Requirements/Limits
ADMELOG SOLOSTAR SOPN 100unit/ml	2	
AFREZZA POWD 4unit, 8unit	3	
AFREZZA POWD 12unit	4	
AFREZZA POW 4-8 UNIT	4	
AFREZZA POW 4-8-12	4	
AFREZZA POW 8-12UNIT	4	
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY	2	PA
APIDRA SOLN 100unit/ml	3	B/D
APIDRA SOLOSTAR SOPN 100unit/ml	3	
AWIQLI FLEXTOUCH SOPN 700unit/ml	3	
BASAGLAR KWIKPEN SOPN 100unit/ml	2	
CEQUR EXT WR MIS INSERTER	3	QL (2 inserters / year), PA
CEQUR SIMPL KIT 1U EXTND	3	QL (8 patches / 24 days), PA
CEQUR SIMPL KIT 2U EXTND	3	QL (10 patches / 30 days), PA
CEQUR SIMPL KIT PATCH 2U (4-DAY)	3	QL (8 patches / 24 days), PA
CEQUR SIMPL MIS INSERTER	3	QL (2 inserters / year), PA
FIASP SOLN 100unit/ml	2	B/D
FIASP FLEXTOUCH SOPN 100unit/ml	2	
FIASP PENFILL SOCT 100unit/ml	2	
FIASP PUMPCART SOCT 100unit/ml	2	B/D
GAUZE PADS 2X2	2	PA
HUMALOG SOCT 100unit/ml	3	
HUMALOG SOLN 100unit/ml	3	B/D
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	3	
HUMALOG KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
HUMALOG MIX INJ 50/50KWP	3	
HUMALOG MIX INJ 75/25KWP	3	
HUMALOG MIX SUS 75/25	3	
HUMULIN INJ 70/30	3	
HUMULIN INJ 70/30KWP	3	
HUMULIN N SUSP 100unit/ml	3	
HUMULIN N KWIKPEN SUPN 100unit/ml	3	
HUMULIN R SOLN 100unit/ml	3	B/D

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	4	
INSULIN GLARGINE MAX SOLO SOPN 300unit/ml	3	
INSULIN GLARGINE SOLOSTAR SOPN 300unit/ml	3	
INSULIN GLARGINE-YFGN SOLN 100unit/ml; SOPN 100unit/ml	3	
INSULIN LISP INJ PROT KWP	3	
INSULIN LISPRO SOLN 100unit/ml	3	B/D
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	3	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	3	
INSULIN PEN NEEDLES: EMBECTA-BD	2	PA
INSULIN SAFETY NEEDLES: EMBECTA-BD	2	PA
INSULIN SYRINGES: EMBECTA-BD	2	PA
KIRSTY SOLN 100unit/ml	3	B/D
KIRSTY SOPN 100unit/ml	3	
LANTUS SOLN 100unit/ml	2	
LANTUS SOLOSTAR SOPN 100unit/ml	2	
LYUMJEV SOLN 100unit/ml	3	B/D
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/ml	3	
MERILOG SOLN 100unit/ml	3	B/D
MERILOG SOLOSTAR SOPN 100unit/ml	3	
NOVOLIN70/30 INJ RELION	3	
NOVOLIN INJ 70/30	2	
NOVOLIN INJ 70/30 FP	2	
NOVOLIN INJ 70/30 FP RELION	3	
NOVOLIN N SUSP 100unit/ml	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml	2	
NOVOLIN N FLEXPEN RELION SUPN 100unit/ml	3	
NOVOLIN N RELION SUSP 100unit/ml	3	
NOVOLIN R SOLN 100unit/ml	2	B/D
NOVOLIN R FLEXPEN SOPN 100unit/ml	2	
NOVOLIN R FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLIN R RELION SOLN 100unit/ml	3	B/D
NOVOLOG SOLN 100unit/ml	2	B/D
NOVOLOG FLEXPEN SOPN 100unit/ml	2	

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	3	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEX REL	3	
NOVOLOG MIX INJ FLEXPEN	2	
NOVOLOG PENFILL SOCT 100unit/ml	2	
NOVOLOG RELI INJ 70/30	3	
NOVOLOG RELION SOLN 100unit/ml	3	B/D
OMNIPOD5 LIB KIT INTRO	3	QL (1 kit / year), PA
OMNIPOD5 LIB MIS PODS	3	QL (15 pods / 30 days), PA
OMNIPOD 5 DX KIT INT G7G6	3	QL (1 kit / year), PA
OMNIPOD 5 DX MIS POD G7G6	3	QL (15 pods / 30 days), PA
OMNIPOD DASH KIT INTRO	3	QL (1 kit / year), PA
OMNIPOD DASH MIS PODS	3	QL (15 pods / 30 days), PA
REZVOGLAR KWIKPEN SOPN 100unit/ml	3	
SOLIQUA INJ 100/33	2	QL (5 pens / 25 days)
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	2	
TOUJEO SOLOSTAR SOPN 300unit/ml	2	
TRESIBA SOLN 100unit/ml	3	
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	3	
V-GO 20 KIT	3	QL (30 devices / 30 days), PA
V-GO 30 KIT	3	QL (30 devices / 30 days), PA
V-GO 40 KIT	3	QL (30 devices / 30 days), PA
XULTOPHY INJ 100/3.6	2	QL (5 pens / 30 days)
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
alendronate sodium SOLN 70mg/75ml	1	ST
alendronate sodium TABS 10mg, 35mg, 70mg	1	
ATELVIA TBEC 35mg	3	ST
BILDYOS SOSY 60mg/ml	3	QL (1 syringe / 180 days)
BINOSTO TBEF 70mg	3	ST
BONSITY SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), PA
calcitonin (salmon) inj SOLN 200unit/ml	4	B/D

Drug Name	Drug Tier	Requirements/Limits
calcitonin (salmon) spray SOLN 200unit/act	1	B/D
EVENITY SOSY 105mg/1.17ml	4	PA
FORTEO SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	ST
FOSAMAX + D TAB 70-5600	3	ST
ibandronate sodium SOLN 3mg/3ml	1	B/D, QL (1 syringe / 90 days)
ibandronate sodium TABS 150mg	1	B/D
MIACALCIN SOLN 200unit/ml	4	B/D
OSPOMYV SOSY 60mg/ml	3	QL (1 syringe / 180 days)
PAMIDRONATE DISODIUM SOLN 6mg/ml	3	B/D
pamidronate disodium SOLN 30mg/10ml, 90mg/10ml	1	B/D
PROLIA SOSY 60mg/ml	3	QL (1 syringe / 180 days)
RECLAST SOLN 5mg/100ml	3	B/D
risedronate sodium TABS 5mg, 30mg, 35mg, 150mg	1	
risedronate sodium TBEC 35mg	1	ST
teriparatide SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), PA
TERIPARATIDE SOPN 560mcg/2.24ml	4	QL (1 pen / 28 days), PA; (ALVOGEN product)
TYMLOS SOPN 3120mcg/1.56ml	4	QL (1 pen / 30 days), PA
WYOST SOLN 120mg/1.7ml	4	PA
XGEVA SOLN 120mg/1.7ml	4	PA
XTRENBO SOLN 120mg/1.7ml	3	PA
YORVIPATH SOPN 168mcg/0.56ml, 294mcg/0.98ml, 420mcg/1.4ml	4	PA
zoledronic acid CONC 4mg/5ml; SOLN 5mg/100ml	1	B/D
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D
CHELATING AGENTS		
CHEMET CAPS 100mg	4	
CUVRIOR TABS 300mg	4	PA
deferasirox PACK 90mg, 180mg, 360mg; TBSO 250mg, 500mg	4	PA
deferasirox TABS 90mg; TBSO 125mg	1	PA
deferasirox TABS 180mg, 360mg	3	PA
deferiprone TABS 500mg, 1000mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
deferoxamine mesylate SOLR 2gm, 500mg	1	PA
DEPEN TITRATABS TABS 250mg	4	
DESFERAL SOLR 500mg	3	PA
EXJADE TBSO 125mg, 250mg, 500mg	4	PA
FERRIPROX SOLN 100mg/ml; TABS 1000mg	4	PA
FERRIPROX TWICE-A-DAY TABS 1000mg	4	PA
JADENU TABS 90mg, 180mg, 360mg	4	PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	4	PA
kionex SUSP 15gm/60ml	1	
LOKELMA PACK 5gm, 10gm	2	
penicillamine TABS 250mg	4	
sodium polystyrene sulfonate SUSP 15gm/60ml	1	
sodium polystyrene sulfonate powder	1	
sps SUSP 15gm/60ml	1	
sps rectal SUSP 15gm/60ml	1	
SYPRINE CAPS 250mg	4	PA
trientine hcl CAPS 250mg, 500mg	4	PA
VELTASSA PACK 1gm, 8.4gm, 16.8gm, 25.2gm	2	
CONTRACEPTIVES		
afirmelle	1	
altavera	1	
alyacen 1/35	1	
alyacen 7/7/7	1	
amethyst	1	
ANNOVERA MIS	3	
apri	1	
aranelle	1	
ashlyna	1	
aubra eq	1	
aurovela 1/20	1	
aurovela 24 fe	1	
aurovela fe 1.5/30	1	
aurovela fe 1/20	1	
aviane	1	
ayuna	1	
azurette	1	

Drug Name	Drug Tier	Requirements/Limits
BALCOLTRA TAB 0.1-20	3	
balziva	1	
BEYAZ TAB	3	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
briellyn	1	
camila TABS .35mg	1	
camrese	1	
camrese lo	1	
chateal eq	1	
cryselle	1	
cyred eq	1	
dasetta 1/35	1	
dasetta 7/7/7	1	
daysee	1	
deblitane TABS .35mg	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	2	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	1	
dolishale	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	1	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg	1	
elinest	1	
eluryng	1	
emzahh TABS .35mg	1	
enilloring	1	
enskyce	1	
errin TABS .35mg	1	
estarylla	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	1	
falmina	1	
feirza 1.5/30	1	
feirza 1/20	1	
FEMLYV TAB 1/0.02MG	3	
finzala	1	
galbriela	1	
gemmily	1	
hailey 1.5/30	1	
hailey 24 fe	1	
hailey fe 1/20	1	
heather TABS .35mg	1	
iclevia	1	
incassia TABS .35mg	1	
introvale	1	
isibloom	1	
jaimiess	1	
jasmiel	1	
jencycla TABS .35mg	1	
jolessa	1	
joyeaux	1	
juleber	1	
junel 1.5/30	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
junel fe 24	1	
kaitlib fe	1	
kariva	1	
kelnor 1/35	1	
kurvelo	1	
larin 1.5/30	1	
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
lessina	1	
levonest	1	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	1	

Drug Name	Drug Tier	Requirements/Limits
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	1	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	1	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	1	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	1	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	1	
LILETTA IUD 20.1mcg/day	2	
LO LOESTRIN TAB 1-10-10	3	
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
lojaimiess	1	
loryna	1	
luizza 1.5/30	1	
luizza 1/20	1	
lutera	1	
lyleq TABS .35mg	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) SUSP 150mg/ml; SUSY 150mg/ml	1	
meleya TABS .35mg	1	
mibelas 24 fe	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mili	1	
minzoya	1	
mono-linyah	1	
NATAZIA TAB	3	
necon 0.5/35-28	1	
NEXPLANON IMPL 68mg	2	
NEXTSTELLIS TAB 3-14.2MG	3	

Drug Name	Drug Tier	Requirements/Limits
nikki	1	
nora-be TABS .35mg	1	
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	1	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	1	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	1	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	1	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	1	
norlyroc TABS .35mg	1	
nortrel 0.5/35 (28)	1	
nortrel 1/35 (21)	1	
nortrel 1/35 (28)	1	
nortrel 7/7/7	1	
NUVARING MIS	3	
nylia 1/35	1	
nylia 7/7/7	1	
orquidea TABS .35mg	1	
PHEXX GEL	3	
philith	1	
pimtrea	1	
portia-28	1	
reclipsen	1	
rivelsa	1	
rosyrah	1	
SAFYRAL TAB	3	
setlakin	1	
sharobel TABS .35mg	1	
simliya	1	
simpesse	1	
SLYND TABS 4mg	3	

Drug Name	Drug Tier	Requirements/Limits
sprintec 28	1	
syeda	1	
tarina 24 fe	1	
tarina fe 1/20 eq	1	
TAYTULLA CAP 1MG/20MC	3	
tilia fe	1	
tri-estarylla	1	
tri-legest fe	1	
tri-linyah	1	
tri-lo-estarylla	1	
tri-lo-marzia	1	
tri-lo-mili	1	
tri-lo-sprintec	1	
tri-mili	1	
tri-sprintec	1	
tri-vylibra	1	
tri-vylibra lo	1	
turqoz	1	
TWIRLA DIS 120-30	3	
TYBLUME CHW 0.1-0.02	3	
tydemy	1	
valtya 1/35	1	
valtya 1/50	1	
velivet	1	
vestura	1	
vienva	1	
viorele	1	
vyfemla	1	
vylibra	1	
wera	1	
wymzya fe	1	
xarah fe	1	
xelria fe	1	
xulane	1	
YASMIN 28 TAB 3-0.03MG	3	
YAZ TAB 3-0.02MG	3	
zafemy	1	
zovia 1/35	1	
zumandimine	1	
ESTROGENS		
abigale	1	

Drug Name	Drug Tier	Requirements/Limits
abigale lo	1	
ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 0.5-100	3	
BIJUVA CAP 1-100MG	3	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3	
CLIMARA PRO DIS WEEKLY	3	
COMBIPATCH DIS	3	
DELESTROGEN OIL 10mg/ml, 20mg/ml	3	
DEPO-ESTRADIOL OIL 5mg/ml	3	
DIVIGEL GEL .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
dotti PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
ELESTRIN GEL .06%	3	
ESTRACE CREA .1mg/gm	3	
estradiol GEL .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm	3	
estradiol PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; TABS .5mg, 1mg, 2mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
estradiol vaginal CREA .1mg/gm; TABS 10mcg	1	
estradiol valerate OIL 10mg/ml, 20mg/ml, 40mg/ml	1	
ESTRING RING 7.5mcg/24hr	3	
estrogens, conjugated TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	
EVAMIST SOLN 1.53mg/spray	3	
FEMRING RING .05mg/24hr, .1mg/24hr	3	
fyavolv tab 0.5mg-2.5mcg	1	
fyavolv tab 1mg-5mcg	1	

Drug Name	Drug Tier	Requirements/Limits
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
jinteli	1	
lyllana PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	1	
MENOSTAR PTWK 14mcg/24hr	3	
mimvey	1	
MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
PREMARIN CREA .625mg/gm; SOLR 25mg; TABS .3mg, .45mg, .625mg, .9mg, 1.25mg	3	
PREMPHASE TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-2.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
yuvafem TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	4	PA
ALKINDI SPRINKLE CPSP .5mg	3	PA
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	1	
CELESTONE INJ SOLUSPAN	3	
CORTEF TABS 5mg, 10mg, 20mg	3	
CORTISONE ACETATE TABS 25mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; TBPK 1.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE INTENSOL CONC 1mg/ml	3	
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml; SOSY 4mg/ml, 10mg/ml	1	
DEXLYT TABS .25mg	4	
fludrocortisone acetate TABS .1mg	1	
HEMADY TABS 20mg	3	PA
hydrocortisone TABS 5mg, 10mg, 20mg	1	
hydrocortisone sod succinate SOLR 100mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
KHINDIVI SOLN 1mg/ml	4	PA
MEDROL TABS 2mg, 4mg, 8mg, 16mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	
methylprednisolone TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone TBPK 4mg	1	
methylprednisolone acetate SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
ORAPRED ODT TBDP 10mg, 15mg, 30mg	3	B/D
prednisolone SOLN 15mg/5ml; TABS 5mg	1	B/D
prednisolone sodium phosphate SOLN 5mg/5ml, 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml; TBDP 10mg, 15mg, 30mg	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBEC 1mg, 2mg, 5mg	4	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
taperdex 6-day TBPK 1.5mg	1	
taperdex 7-day TBPK 1.5mg	1	
taperdex 12-day TBPK 1.5mg	1	

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide SUSP 10mg/ml, 40mg/ml	1	B/D
ZILRETTA SRER 32mg	3	B/D
GLUCOSE ELEVATING AGENTS		
BAQSIMI ONE PACK POWD 3mg/dose	3	
BAQSIMI TWO PACK POWD 3mg/dose	3	
diazoxide SUSP 50mg/ml	1	
glucagon SOLR 1mg	1	
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE KIT SOLN 1mg/0.2ml	2	
GVOKE PFS SOSY 1mg/0.2ml	2	
PROGLYCEM SUSP 50mg/ml	4	
MISCELLANEOUS		
ACTHAR GEL 80unit/ml	4	QL (1.5 mL / 1 day), PA
ACTHAR GEL PEN 40unit/0.5ml	4	QL (28 pens / 28 days), PA
ACTHAR GEL PEN 80unit/ml	4	QL (30 pens / 30 days), PA
ALDURAZYME SOLN 2.9mg/5ml	4	PA
AQNEURSA PACK 1gm	4	QL (112 packets / 28 days), PA
AVLAYAH SOLR 150mg	4	PA
betaine powder for oral solution	4	
cabergoline TABS .5mg	1	
CARBAGLU TBSO 200mg	4	PA
carglumic acid TBSO 200mg	4	PA
CARNITOR SOLN 1gm/10ml, 200mg/ml; TABS 330mg	3	B/D
CERDELGA CAPS 84mg	4	PA
CEREZYME SOLR 400unit	4	PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	PA
cinacalcet hcl TABS 30mg, 60mg	1	B/D, QL (60 tabs / 30 days)
cinacalcet hcl TABS 90mg	1	B/D, QL (120 tabs / 30 days)
CORTROPHIN GEL 80unit/ml	4	QL (1.5 mL / 1 day), PA
CORTROPHIN PRSY 40unit/0.5ml, 80unit/ml	4	QL (28 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
CRENESSITY CAPS 50mg, 100mg	4	QL (60 caps / 30 days), PA
CRENESSITY SOLN 50mg/ml	4	QL (120 mL / 30 days), PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	4	PA
CYSTADANE POW	4	
CYSTAGON CAPS 50mg, 150mg	3	PA
DDAVP SOLN 4mcg/ml; TABS .2mg	4	
DDAVP TABS .1mg	3	
DESMODA SOLN .05mg/ml	4	PA
desmopressin acetate SOLN 4mcg/ml; TABS .1mg, .2mg	1	
desmopressin acetate spray SOLN .01%	1	
desmopressin acetate spray refrigerated SOLN .01%	1	
DOJOLVI LIQD 100%	4	PA
EGRIFTA SV SOLR 2mg	4	PA
EGRIFTA WR KIT 11.6mg	4	PA
ELAPRASE SOLN 6mg/3ml	4	PA
ELELYSO SOLR 200unit	4	PA
ELFABRIO SOLN 5mg/2.5ml, 20mg/10ml	4	PA
EVISTA TABS 60mg	3	
FABRAZYME SOLR 5mg, 35mg	4	PA
FENSOLVI KIT 45mg	4	PA
GALAFOLD CAPS 123mg	4	PA
GENOTROPIN CART 5mg, 12mg	4	PA
GENOTROPIN MINIQUICK PRSY .2mg	2	PA
GENOTROPIN MINIQUICK PRSY .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	4	PA
glycerol phenylbutyrate LIQD 1.1gm/ml	4	PA
INCRELEX SOLN 40mg/4ml	4	PA
ISTURISA TABS 1mg	4	QL (240 tabs / 30 days), PA
ISTURISA TABS 5mg	4	QL (360 tabs / 30 days), PA
javygtor PACK 100mg, 500mg; TABS 100mg	4	PA
JYNARQUE TABS 15mg, 30mg; TBPK 15mg	4	PA
JYNARQUE PAK 30-15MG	4	PA

Drug Name	Drug Tier	Requirements/Limits
JYNARQUE PAK 45-15MG	4	PA
JYNARQUE PAK 60-30MG	4	PA
JYNARQUE PAK 90-30MG	4	PA
KANUMA SOLN 20mg/10ml	4	PA
KORLYM TABS 300mg	4	PA
KUVAN PACK 100mg, 500mg; TABS 100mg	4	PA
LAMZEDE SOLR 10mg	4	PA
lanreotide acetate SOLN 120mg/0.5ml	4	PA
LANREOTIDE ACETATE SOLN 120mg/0.5ml	4	PA
levocarnitine (metabolic modifiers) SOLN 1gm/10ml, 200mg/ml; TABS 330mg	1	B/D
LOARGYS SOLN 2mg/0.4ml	4	PA
LUMIZYME SOLR 50mg	4	PA
LUMVOA SOLN 500mg/10ml	4	PA
LUPRON DEPOT-PED (1-MONTH KIT 7.5mg, 11.25mg, 15mg	4	PA
LUPRON DEPOT-PED (3-MONTH KIT 11.25mg, 30mg	4	PA
LUPRON DEPOT-PED (6-MONTH KIT 45mg	4	PA
LYNKUET CAPS 60mg	3	QL (60 caps / 30 days), PA
methergine TABS .2mg	4	PA
methylergonovine maleate TABS .2mg	4	PA
mifepristone (hyperglycemia) TABS 300mg	4	PA
miglustat CAPS 100mg	4	QL (90 caps / 30 days), PA
MIPLYFFA CAPS 47mg, 62mg, 93mg, 124mg	4	QL (90 caps / 30 days), PA
MYALEPT SOLR 11.3mg	4	PA
MYCAPSSA CPDR 20mg	4	QL (112 caps / 28 days), PA
MYFEMBREE TAB	4	PA
NAGLAZYME SOLN 1mg/ml	4	PA
NEXVIAZYME SOLR 100mg	4	PA
NGENLA SOPN 24mg/1.2ml, 60mg/1.2ml	4	PA
nitisinone CAPS 2mg, 5mg, 10mg, 20mg	4	PA
NITYR TABS 2mg, 5mg, 10mg	4	PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
NOVAREL SOLR 5000unit	3	PA
octreotide acetate KIT 10mg, 20mg, 30mg; SOLN 500mcg/ml, 1000mcg/ml; SOSY 500mcg/ml	4	PA
octreotide acetate SOLN 50mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 50mcg/ml, 100mcg/ml	1	PA
OLPRUVA THPK 2gm, 3gm, 4gm, 5gm, 6gm, 6.67gm	4	PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	4	PA
OPFOLDA CAPS 65mg	3	QL (8 caps / 28 days), PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	4	PA
ORIAHNN CAP	4	PA
ORILISSA TABS 150mg, 200mg	4	PA
OSPHENA TABS 60mg	3	PA
PALSONIFY TABS 20mg	4	QL (90 tabs / 30 days), PA
PALSONIFY TABS 30mg	4	QL (120 tabs / 30 days), PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	4	PA
PHEBURANE PLLT 483mg/gm	4	PA
POMBILITI SOLR 105mg	4	PA
PREGNYL SOLR 10000unit	3	PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	4	PA
raloxifene hcl TABS 60mg	1	
RAVICTI LIQD 1.1gm/ml	4	PA
RECORLEV TABS 150mg	4	QL (240 tabs / 30 days), PA
REVCOVI SOLN 2.4mg/1.5ml	4	PA
REZDIFFRA TABS 60mg, 80mg, 100mg	4	QL (30 tabs / 30 days), PA
SAMSCA TABS 15mg, 30mg	4	PA
SANDOSTATIN SOLN 50mcg/ml, 100mcg/ml, 500mcg/ml	4	PA
SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	4	PA
sapropterin dihydrochloride PACK 100mg, 500mg; TABS 100mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
SEPHIENCE PACK 250mg, 1000mg	4	PA
SEROSTIM SOLR 4mg, 5mg, 6mg	4	PA
SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	4	PA
SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	4	PA
SKYTROFA CART .7mg, 1.4mg, 1.8mg, 2.1mg, 2.5mg, 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	4	PA
sodium phenylbutyrate POWD 3gm/tsp; TABS 500mg	4	PA
SOGROYA SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml	4	PA
SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	4	PA
SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	4	PA
STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	4	PA
SYNAREL SOLN 2mg/ml	4	PA
TEPEZZA SOLR 500mg	4	PA
tolvaptan TABS 15mg, 30mg	4	PA; (generic of JYNARQUE)
tolvaptan TBPK 15mg	4	PA
tolvaptan (hyponatremia) TABS 15mg, 30mg	4	PA; (generic of SAMSCA)
tolvaptan tab therapy pack 30 & 15 mg	4	PA
tolvaptan tab therapy pack 45 & 15 mg	4	PA
tolvaptan tab therapy pack 60 & 30 mg	4	PA
tolvaptan tab therapy pack 90 & 30 mg	4	PA
VEOZAH TABS 45mg	3	QL (30 tabs / 30 days), PA
VIJOICE PACK 50mg	4	QL (28 packets / 28 days), PA
VIJOICE TBPK 50mg, 125mg	4	QL (28 tabs / 28 days), PA
VIJOICE TAB 250MG	4	QL (56 tabs / 28 days), PA
VIMIZIM SOLN 5mg/5ml	4	PA
VOXZOGO SOLR .4mg, .56mg, 1.2mg	4	PA
VPRIV SOLR 400unit	4	PA

Drug Name	Drug Tier	Requirements/Limits
VYKAT XR TB24 25mg	4	QL (120 tabs / 30 days), PA
VYKAT XR TB24 75mg	4	QL (30 tabs / 30 days), PA
VYKAT XR TB24 150mg	4	QL (90 tabs / 30 days), PA
WEGOVY SOAJ .25mg/0.5ml, .5mg/0.5ml, 1mg/0.5ml, 1.7mg/0.75ml, 2.4mg/0.75ml	2	QL (4 pens / 28 days), PA
WEGOVY TABS 1.5mg, 4mg, 9mg, 25mg	2	QL (30 tabs / 30 days), PA
XENPOZYME SOLR 4mg, 20mg	4	PA
yargesa CAPS 100mg	4	QL (90 caps / 30 days), PA
YUVIWEL SOLR 1.3mg, 2.8mg, 5.5mg	4	PA
ZAVESCA CAPS 100mg	4	QL (90 caps / 30 days), PA
zelvysia PACK 100mg, 500mg	4	PA
ZOMACTON SOLR 5mg	3	PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) CAPS 667mg	1	B/D, QL (360 caps / 30 days)
sevelamer carbonate TABS 800mg	1	B/D, QL (540 tabs / 30 days)
PROGESTINS		
CRINONE GEL 8%	3	PA
gallifrey TABS 5mg	1	
medroxyprogesterone acetate TABS 2.5mg, 5mg, 10mg	1	
megestrol acetate SUSP 40mg/ml	2	
megestrol acetate (appetite) SUSP 625mg/5ml	3	PA
norethindrone acetate TABS 5mg	1	
progesterone CAPS 100mg, 200mg	1	
PROMETRIUM CAPS 100mg, 200mg	3	
PROVERA TABS 2.5mg, 5mg, 10mg	3	
THYROID AGENTS		
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3	
levothyroxine sodium CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	ST

Drug Name	Drug Tier	Requirements/Limits
levothyroxine sodium TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
levoxyl TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
liomny TABS 5mcg, 25mcg, 50mcg	1	
liothyronine sodium TABS 5mcg, 25mcg, 50mcg	1	
methimazole TABS 5mg, 10mg	1	
propylthiouracil TABS 50mg	1	
SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	3	
THYQUIDITY SOLN 100mcg/5ml	3	
TIROSINT CAPS 13mcg, 25mcg, 37.5mcg, 44mcg, 50mcg, 62.5mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	ST
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 37.5mcg/ml, 44mcg/ml, 50mcg/ml, 62.5mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3	
unithroid TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1	
VITAMIN D ANALOGS		
calcitriol CAPS .25mcg, .5mcg	1	B/D
calcitriol (oral) SOLN 1mcg/ml	1	B/D
doxercalciferol CAPS .5mcg, 1mcg, 2.5mcg	1	B/D
paricalcitol CAPS 1mcg, 2mcg, 4mcg	1	B/D
RAYALDEE CPCR 30mcg	4	
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D
GASTROINTESTINAL		
ANTIEMETICS		
AKYNZEO CAP 300-0.5	3	B/D

Drug Name	Drug Tier	Requirements/Limits
AKYNZEO INJ 235-0.25MG/20ML	3	
APONVIE EMUL 32mg/4.4ml	3	
aprepitant CAPS 40mg, 80mg	1	B/D
aprepitant CAPS 125mg	4	B/D
aprepitant capsule therapy pack 80 & 125 mg	1	B/D
BONJESTA TAB 20-20MG	3	
CINVANTI EMUL 130mg/18ml	3	
compro SUPP 25mg	1	
DICLEGIS TAB 10-10MG	3	
DIMENHYDRINATE SOLN 50mg/ml	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	3	
dronabinol CAPS 2.5mg, 5mg, 10mg	1	B/D, QL (60 caps / 30 days)
EMEND SOLR 150mg	3	
EMEND SUSR 125mg/5ml	4	B/D
EMEND BIPACK CAPS 80mg	3	B/D
EMEND TRIPAC CAP 125 & 80	3	B/D
FOCINVEZ SOLN 150mg/50ml	3	
fosaprepitant dimeglumine SOLR 150mg	1	
GIMOTI SOLN 15mg/act	4	PA
granisetron hcl SOLN 1mg/ml, 4mg/4ml	1	
granisetron hcl TABS 1mg	1	B/D
GRANISOL SOLN 2mg/10ml	4	B/D
MARINOL CAPS 2.5mg	3	B/D, QL (60 caps / 30 days)
meclizine hcl CHEW 25mg	1	QL (120 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year
meclizine hcl TABS 12.5mg, 25mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
meclizine hcl TABS 50mg	1	QL (60 tabs / 30 days), PA; PA applies if 65 years and older after a 30 day supply in a calendar year

Drug Name	Drug Tier	Requirements/Limits
metoclopramide hcl SOLN 5mg/5ml, 5mg/ml; TABS 5mg, 10mg	1	
NAVITRUX SOLR 150mg	3	
NEREUS CAPS 85mg	4	QL (16 caps / 30 days)
ondansetron TBDP 4mg, 8mg	1	B/D
ondansetron TBDP 16mg	4	B/D
ondansetron hcl SOLN 4mg/2ml, 40mg/20ml; SOSY 4mg/2ml	1	
ondansetron hcl SOLN 4mg/5ml; TABS 4mg, 8mg	1	B/D
palonosetron hcl SOLN .25mg/5ml; SOSY .25mg/5ml	1	
PHENERGAN SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
POSFREA SOLN .25mg/5ml	3	
prochlorperazine SUPP 25mg	1	
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl SOLN 6.25mg/5ml, 25mg/ml, 50mg/ml; SUPP 12.5mg, 25mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethazine hcl TABS 12.5mg, 25mg, 50mg	1	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
promethegan SUPP 12.5mg, 25mg, 50mg	3	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr	4	QL (4 patches / 28 days)
scopolamine PT72 1mg/3days	3	QL (10 patches / 30 days)
TRANSDERM SCOP PT72 1mg/3days	3	QL (10 patches / 30 days)
trimethobenzamide hcl CAPS 300mg	1	
VARUBI TBPK 90mg	3	B/D

Drug Name	Drug Tier	Requirements/Limits
ANTISPASMODICS		
atropine sulfate SOSY 1mg/10ml	3	
ATROPINE SULFATE SOSY .25mg/5ml, 1mg/10ml	3	
CUVPOSA SOLN 1mg/5ml	3	
dicyclomine hcl CAPS 10mg; TABS 20mg	2	PA; PA applies if 65 years and older
dicyclomine hcl SOLN 10mg/5ml, 10mg/ml; TABS 40mg	3	PA; PA applies if 65 years and older
GLYCATE TABS 1.5mg	4	QL (90 tabs / 30 days), ST
glycopyrrolate SOLN .2mg/ml, .4mg/2ml, 1mg/5ml, 4mg/20ml; SOSY .2mg/ml, .4mg/2ml	1	
GLYCOPYRROLATE TABS 1.5mg	4	QL (90 tabs / 30 days), ST
glycopyrrolate TABS 1mg	1	QL (90 tabs / 30 days)
glycopyrrolate TABS 2mg	1	QL (120 tabs / 30 days)
glycopyrrolate (oral) SOLN 1mg/5ml	1	
methscopolamine bromide TABS 2.5mg, 5mg	3	PA; PA applies if 65 years and older
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg	1	
cimetidine hcl SOLN 300mg/5ml	1	QL (1200 mL / 30 days)
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml; SUSR 40mg/5ml; TABS 20mg, 40mg	1	
famotidine in nacl 0.9% iv soln 20 mg/50ml	1	
nizatidine CAPS 150mg, 300mg	1	
PEPCID TABS 20mg, 40mg	3	
ranitidine hcl TABS 150mg, 300mg	1	
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm	3	QL (120 caps / 30 days)
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
balsalazide disodium CAPS 750mg	1	
budesonide CPEP 3mg	1	QL (90 caps / 30 days)
budesonide TB24 9mg	1	QL (30 tabs / 30 days), PA
budesonide (intrarectal) FOAM 2mg	1	

Drug Name	Drug Tier	Requirements/Limits
CANASA SUPP 1000mg	4	QL (30 suppositories / 30 days)
CORTENEMA ENEM 100mg/60ml	3	
DIPENTUM CAPS 250mg	4	
hydrocortisone (intrarectal) ENEM 100mg/60ml	1	
LIALDA TBEC 1.2gm	3	QL (120 tabs / 30 days)
mesalamine CP24 .375gm	1	QL (120 caps / 30 days)
mesalamine CPCR 250mg	1	QL (480 caps / 30 days)
mesalamine CPCR 500mg	1	QL (240 caps / 30 days)
mesalamine CPDR 400mg	1	QL (180 caps / 30 days)
mesalamine ENEM 4gm	1	QL (1680 mL / 28 days)
mesalamine SUPP 1000mg	1	QL (30 suppositories / 30 days)
mesalamine TBEC 1.2gm	1	QL (120 tabs / 30 days)
mesalamine TBEC 800mg	1	QL (180 tabs / 30 days)
mesalamine w/ cleanser KIT 4gm	1	QL (28 bottles / 28 days)
PENTASA CPCR 250mg	3	QL (480 caps / 30 days)
PENTASA CPCR 500mg	3	QL (240 caps / 30 days)
ROWASA KIT 4gm	4	QL (28 bottles / 28 days)
sulfasalazine TABS 500mg; TBEC 500mg	1	
UCERIS FOAM 2mg/act	3	
UCERIS TB24 9mg	4	QL (30 tabs / 30 days), PA
LAXATIVES		
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML	3	
constulose SOLN 10gm/15ml	1	
enulose SOLN 10gm/15ml	1	
gavilyte-c	1	
gavilyte-g	1	
gavilyte-n/flavor pack	1	
generlac SOLN 10gm/15ml	1	
GOLYTELY SOL	3	
kristalose PACK 10gm	1	QL (30 packets / 30 days), PA
kristalose PACK 20gm	1	QL (60 packets / 30 days), PA
lactulose PACK 10gm	4	QL (30 packets / 30 days), PA

You can find information on what the symbols and abbreviations on this table mean by going to the page prior to the start of the drug list

Puede encontrar información sobre el significado de los símbolos y abreviaturas que se encuentran en esta tabla si va a la página antes del comienzo de la lista de medicamentos

Drug Name	Drug Tier	Requirements/Limits
lactulose PACK 20gm	4	QL (60 packets / 30 days), PA
lactulose SOLN 10gm/15ml	1	
lactulose (encephalopathy) SOLN 10gm/15ml	1	
MOVIPREP SOL	3	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
peg-3350/electrolytes/asc	1	
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	
SUFLAVE SOL	3	
SUPREP BOWEL SOL PREP KIT	3	
SUTAB TAB	3	
MISCELLANEOUS		
alosetron hcl TABS .5mg, 1mg	1	QL (60 tabs / 30 days), PA
AMITIZA CAPS 8mcg, 24mcg	3	QL (60 caps / 30 days)
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	
BYLVAY CAPS 400mcg, 1200mcg	4	PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	4	PA
CARAFATE TABS 1gm	3	
CHOLBAM CAPS 50mg, 250mg	4	PA
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
cromolyn sodium (mastocytosis) CONC 100mg/5ml	1	
CYTOTEC TABS 100mcg, 200mcg	3	
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
diphenoxylate w/ atropine tab 2.5-0.025 mg	3	
EOHILIA SUSP 2mg/10ml	4	QL (600 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
GASTROCROM CONC 100mg/5ml	4	
GATTEX KIT 5mg	4	PA
IBSRELA TABS 50mg	4	QL (60 tabs / 30 days), PA
IQIRVO TABS 80mg	4	QL (30 tabs / 30 days), PA
LINZESS CAPS 72mcg, 145mcg, 290mcg	2	QL (30 caps / 30 days)
LIVDELZI CAPS 10mg	4	QL (30 caps / 30 days), PA
LIVMARLI SOLN 9.5mg/ml, 19mg/ml; TABS 10mg, 15mg, 20mg, 30mg	4	PA
LOMOTIL TAB 2.5MG	3	
loperamide hcl CAPS 2mg	1	
LOTRONEX TABS .5mg, 1mg	4	QL (60 tabs / 30 days), PA
lubiprostone CAPS 8mcg, 24mcg	1	QL (60 caps / 30 days)
LYNAVOY TABS 40mg	4	QL (60 tabs / 30 days), PA
misoprostol TABS 100mcg, 200mcg	1	
MOTEGRITY TABS 1mg, 2mg	3	
MOVANTIK TABS 12.5mg, 25mg	2	QL (30 tabs / 30 days)
PANCREAZE CAP 2600UNIT	3	
PANCREAZE CAP 4200UNIT	3	
PANCREAZE CAP 10500UNT	3	
PANCREAZE CAP 16800UNT	3	
PANCREAZE CAP 21000UNT	3	
PANCREAZE CAP 37000	3	
PERTZYE CAP 4000UNIT	3	
PERTZYE CAP 8000UNIT	3	
PERTZYE CAP 16000U	3	
PERTZYE CAP 24000U	3	
prucalopride succinate TABS 1mg, 2mg	1	
PYLERA CAP	3	
REBYOTA SUSP 150ml	4	QL (150 mL / 30 days), PA
RELISTOR SOLN 12mg/0.6ml	4	QL (28 vials / 28 days), PA
RELISTOR SOSY 8mg/0.4ml, 12mg/0.6ml	4	QL (28 syringes / 28 days), PA
RELISTOR TABS 150mg	4	QL (90 tabs / 30 days), PA
RELTONE CAPS 200mg, 400mg	4	PA

Drug Name	Drug Tier	Requirements/Limits
SUCRAID SOLN 8500unit/ml	4	PA
sucralfate SUSP 1gm/10ml	1	ST
sucralfate TABS 1gm	1	
SYMPROIC TABS .2mg	3	QL (30 tabs / 30 days)
TALICIA CAP	2	
TRULANCE TABS 3mg	3	QL (30 tabs / 30 days)
URSODIOL CAPS 200mg, 400mg	4	PA
ursodiol CAPS 300mg; TABS 250mg, 500mg	1	
URSOLIGN CAPS 150mg	4	PA
VIBERZI TABS 75mg, 100mg	4	PA
VIOKACE TAB 10440	3	
VIOKACE TAB 20880	3	
VOQUEZNA PAK DUAL PAK	2	QL (2 kits / year), PA
VOQUEZNA PAK TRIP PK	2	QL (2 kits / year), PA
VOWST CAP	4	QL (12 caps / 30 days), PA
XERMELO TABS 250mg	4	QL (84 tabs / 28 days), PA
XIFAXAN TABS 550mg	2	PA
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
PROTON PUMP INHIBITORS		
ACIPHEX TBEC 20mg	4	QL (30 tabs / 30 days), ST
DEXILANT CPDR 30mg, 60mg	3	QL (30 caps / 30 days)
dexlansoprazole CPDR 30mg, 60mg	1	QL (30 caps / 30 days)
esomeprazole magnesium CPDR 20mg, 40mg	1	QL (30 caps / 30 days), ST
esomeprazole magnesium PACK 2.5mg, 5mg	1	
esomeprazole magnesium PACK 10mg, 20mg, 40mg	1	QL (30 packets / 30 days)
esomeprazole sodium SOLR 40mg	1	
KONVOMEP SUS 2-84/ML	3	QL (600 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
lansoprazole CPDR 15mg, 30mg	1	QL (60 caps / 30 days)
lansoprazole TBDD 15mg, 30mg	1	QL (60 tabs / 30 days), ST
NEXIUM CPDR 20mg, 40mg	3	QL (30 caps / 30 days), ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 40mg	3	QL (30 packets / 30 days)
omeprazole CPDR 10mg, 20mg, 40mg	1	
omeprazole-sodium bicarbonate cap 20-1100 mg	1	QL (30 caps / 30 days), PA
omeprazole-sodium bicarbonate cap 40-1100 mg	1	QL (30 caps / 30 days), PA
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	4	QL (30 packets / 30 days), PA
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	4	QL (30 packets / 30 days), PA
PANTOPR/NACL SOL 40MG/100	3	
PANTOPR/NACL SOL 80MG/100	3	
pantoprazole sodium PACK 40mg	1	QL (30 packets / 30 days), ST
PANTOPRAZOLE SODIUM SOLR 40mg	3	
pantoprazole sodium SOLR 40mg; TBEC 20mg, 40mg	1	
PANTOPRAZOLE SOL 40/50ML	3	
PREVACID CPDR 30mg	3	QL (60 caps / 30 days)
PREVACID SOLUTAB TBDD 15mg, 30mg	3	QL (60 tabs / 30 days), ST
PRILOSEC PACK 2.5mg, 10mg	3	PA
PROTONIX PACK 40mg	3	QL (30 packets / 30 days), ST
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
rabeprazole sodium TBEC 20mg	1	QL (30 tabs / 30 days)
VOQUEZNA TABS 10mg	3	QL (30 tabs / 30 days), PA
VOQUEZNA TABS 20mg	3	QL (60 tabs / 30 days), PA

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

alfuzosin hcl TB24 10mg	1	QL (30 tabs / 30 days)
AVODART CAPS .5mg	4	QL (30 caps / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CARDURA XL TB24 4mg, 8mg	3	QL (30 tabs / 30 days), ST
CIALIS TABS 5mg	3	QL (30 tabs / 30 days), PA
dutasteride CAPS .5mg	1	QL (30 caps / 30 days)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	QL (30 caps / 30 days)
finasteride TABS 5mg	1	QL (30 tabs / 30 days)
JALYN CAP 0.5-0.4	3	QL (30 caps / 30 days)
PROSCAR TABS 5mg	3	QL (30 tabs / 30 days)
silodosin CAPS 4mg, 8mg	1	QL (30 caps / 30 days)
tadalafil TABS 5mg	1	QL (30 tabs / 30 days), PA
tamsulosin hcl CAPS .4mg	1	QL (60 caps / 30 days)
UROXATRAL TB24 10mg	3	QL (30 tabs / 30 days)
MISCELLANEOUS		
acetic acid SOLN .25%	1	
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
dimethyl sulfoxide SOLN 50%	1	
ELMIRON CAPS 100mg	3	QL (90 caps / 30 days)
FILSPARI TABS 200mg	4	QL (30 tabs / 30 days), PA
FILSPARI TABS 400mg	4	QL (60 tabs / 30 days), PA
INTRAROSA INST 6.5mg	3	PA
LITHOSTAT TABS 250mg	3	
neomycin-polymyxin b gu irrigation soln	1	
OXLUMO SOLN 94.5mg/0.5ml	4	PA
potassium citrate (alkalinizer) TBCR 15meq, 540mg, 1080mg	1	
RIMSO-50 SOLN 50%	3	
RIVFLOZA SOLN 80mg/0.5ml; SOSY 128mg/0.8ml, 160mg/ml	4	PA
TARPEYO CPDR 4mg	4	QL (120 caps / 30 days), PA
THIOLA TABS 100mg	4	
THIOLA EC TBEC 100mg, 300mg	4	
tiopronin TABS 100mg; TBEC 100mg, 300mg	4	
TRUTAKNA SOAJ 150mg/ml	4	QL (4 pens / 28 days), PA
UROCIT-K 10 TBCR 1080mg	3	

Drug Name	Drug Tier	Requirements/Limits
UROCIT-K 15 TBCR 15meq	3	
VANRAFIA TABS .75mg	4	QL (30 tabs / 30 days), PA
venxxiva TBEC 100mg, 300mg	4	
VOYXACT SOSY 400mg/2ml	4	QL (1 syringe / 28 days), PA
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg, 15mg	1	QL (30 tabs / 30 days), ST
fesoterodine fumarate TB24 4mg, 8mg	1	QL (30 tabs / 30 days)
GEMTESA TABS 75mg	2	QL (30 tabs / 30 days)
mirabegron SRER 8mg/ml	1	QL (300 mL / 28 days)
mirabegron TB24 25mg, 50mg	1	QL (30 tabs / 30 days)
MYRBETRIQ SRER 8mg/ml	3	QL (300 mL / 28 days)
MYRBETRIQ TB24 25mg, 50mg	3	QL (30 tabs / 30 days)
oxybutynin chloride SOLN 5mg/5ml	1	QL (600 mL / 30 days)
oxybutynin chloride TABS 2.5mg	1	QL (90 tabs / 30 days)
oxybutynin chloride TABS 5mg	1	QL (120 tabs / 30 days)
oxybutynin chloride TB24 5mg	1	QL (30 tabs / 30 days)
oxybutynin chloride TB24 10mg, 15mg	1	QL (60 tabs / 30 days)
OXYTROL PTTW 3.9mg/24hr	3	QL (8 patches / 28 days), ST
solifenacin succinate TABS 5mg, 10mg	1	QL (30 tabs / 30 days)
tolterodine tartrate CP24 2mg, 4mg	1	QL (30 caps / 30 days)
tolterodine tartrate TABS 1mg, 2mg	1	QL (60 tabs / 30 days)
TOVIAZ TB24 4mg, 8mg	3	QL (30 tabs / 30 days)
trospium chloride CP24 60mg	1	QL (30 caps / 30 days)
trospium chloride TABS 20mg	1	QL (60 tabs / 30 days)
VAGINAL ANTI-INFECTIVES		
CLEOCIN CREA 2%; SUPP 100mg	3	
clindamycin phosphate vaginal CREA 2%	1	
CLINDESSE CREA 2%	3	
GYNAZOLE-1 CREA 2%	3	
metronidazole vaginal GEL .75%	1	
miconazole 3 SUPP 200mg	1	
NUVESSA GEL 1.3%	3	
terconazole vaginal CREA .4%, .8%; SUPP 80mg	1	
XACIATO GEL 2%	3	

Drug Name	Drug Tier	Requirements/Limits
HEMATOLOGIC		
ANTICOAGULANTS		
ARIXTRA SOLN 2.5mg/0.5ml	3	
ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
dabigatran etexilate mesylate CAPS 75mg, 150mg	1	QL (60 caps / 30 days)
dabigatran etexilate mesylate CAPS 110mg	1	QL (120 caps / 30 days)
ELIQUIS CPSP .15mg	2	QL (56 caps / 21 days)
ELIQUIS TABS 2.5mg	2	QL (60 tabs / 30 days)
ELIQUIS TABS 5mg	2	QL (74 tabs / 30 days)
ELIQUIS TBSO .5mg	2	QL (588 tabs / 29 days)
ELIQUIS (1.5MG PACK) 3 X TBSO .5mg	2	QL (591 tabs / 29 days)
ELIQUIS (2MG PACK) 4 X TBSO .5mg	2	QL (592 tabs / 30 days)
ELIQUIS STARTER PACK TBPK 5mg	2	QL (74 tabs / 30 days)
enoxaparin sodium SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	1	
fondaparinux sodium SOLN 2.5mg/0.5ml	1	
fondaparinux sodium SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	4	
FRAGMIN SOLN 10000unit/4ml; SOSY 2500unit/0.2ml	3	
FRAGMIN SOLN 95000unit/3.8ml; SOSY 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	4	
HEP SOD/D5W INJ 20000UNT	3	
HEP SOD/D5W INJ 25000UNT	3	
HEP SOD/NACL INJ 12500UNT	3	
HEP SOD/NACL INJ 25000UNT	3	
HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml	3	B/D
heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	1	B/D
HEPARIN/NACL INJ 25000UNT	3	
jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	

Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml	3	
LOVENOX SOSY 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	4	
PRADAXA CAPS 75mg, 150mg	3	QL (60 caps / 30 days)
PRADAXA CAPS 110mg	3	QL (120 caps / 30 days)
PRADAXA PACK 20mg, 150mg	4	QL (60 packets / 30 days), PA
PRADAXA PACK 30mg, 40mg, 50mg, 110mg	4	QL (120 packets / 30 days), PA
rivaroxaban SUSR 1mg/ml	1	QL (620 mL / 30 days)
rivaroxaban TABS 2.5mg	1	QL (60 tabs / 30 days)
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1	
XARELTO SUSR 1mg/ml	4	QL (620 mL / 30 days)
XARELTO TABS 2.5mg	3	QL (60 tabs / 30 days)
XARELTO TABS 10mg, 15mg, 20mg	2	QL (30 tabs / 30 days)
XARELTO STAR TAB 15/20MG	2	QL (51 tabs / 30 days)
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	PA
ARANESP ALBUMIN FREE SOLN 100mcg/ml, 200mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	4	PA
ARMLUPEG SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	3	PA
EPOGEN SOLN 20000unit/ml	4	PA
FILKRI SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	PA
FULPHILA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), PA
FYLNETRA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), PA
GRANIX SOLN 300mcg/ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	PA
LEUKINE SOLR 250mcg	4	PA

Drug Name	Drug Tier	Requirements/Limits
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 120mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	3	PA
MOZOBIL SOLN 24mg/1.2ml	4	PA
NEULASTA SOLN 4mg/0.4ml	4	PA
NEULASTA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), PA
NEULASTA ONPRO KIT SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), PA
NEUPOGEN SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	4	PA
NYPOZI SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	PA
NYVEPRIA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), PA
plerixafor SOLN 24mg/1.2ml	4	PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml	2	PA
PROCRIT SOLN 20000unit/ml, 40000unit/ml	4	PA
RELEUKO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/2ml, 20000unit/ml	3	PA
RETACRIT SOLN 40000unit/ml	4	PA
ROLVEDON SOSY 13.2mg/0.6ml	4	QL (2 syringes / 28 days), PA
RYZNEUTA SOSY 20mg/ml	4	QL (2 syringes / 28 days), PA
STIMUFEND SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), PA
UDENYCA SOAJ 6mg/0.6ml	4	QL (2 pens / 28 days), PA
UDENYCA SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
UDENYCA ONBODY SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), PA
XOLREMDI CAPS 100mg	4	QL (120 caps / 30 days), PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	4	PA
ZIEXTENZO SOSY 6mg/0.6ml	4	QL (2 syringes / 28 days), PA
MISCELLANEOUS		
ADAKVEO SOLN 100mg/10ml	4	PA
ADZYNMA KIT 500unit, 1500unit	4	PA
AGRYLIN CAPS .5mg	3	
ALVAIZ TABS 9mg, 54mg	4	QL (60 tabs / 30 days), PA
ALVAIZ TABS 18mg, 36mg	4	QL (90 tabs / 30 days), PA
aminocaproic acid SOLN .25gm/ml; TABS 500mg, 1000mg	1	
anagrelide hcl CAPS .5mg, 1mg	1	
ANDEMBRY SOAJ 200mg/1.2ml	4	QL (13 pens / 365 days), PA
AQVESME TABS 100mg	4	QL (56 tabs / 28 days), PA
BERINERT KIT 500unit	4	QL (24 kits / 30 days), PA
BKEMV SOLN 300mg/30ml	4	PA
CABLIVI KIT 11mg	4	PA
cilostazol TABS 50mg, 100mg	1	
CINRYZE SOLR 500unit	4	QL (20 vials / 30 days), PA
DAWNZERA SOAJ 80mg/0.8ml	4	QL (1 pen / 28 days), PA
DOPTELET TABS 20mg	4	PA
DOPTELET SPRINKLE CPSP 10mg	4	PA
DROXIA CAPS 200mg, 300mg, 400mg	3	
EKTERLY TABS 300mg	4	QL (12 tabs / 30 days), PA
eltrombopag olamine PACK 12.5mg	4	QL (120 packets / 30 days), PA
eltrombopag olamine PACK 25mg	4	QL (180 packets / 30 days), PA
eltrombopag olamine TABS 12.5mg, 25mg	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
eltrombopag olamine TABS 50mg, 75mg	4	QL (60 tabs / 30 days), PA
EMPAVELI SOLN 1080mg/20ml	4	QL (200 mL / 30 days), PA
ENDARI PACK 5gm	4	PA
ENJAYMO SOLN 1100mg/22ml	4	PA
EPYSQLI SOLN 300mg/30ml	4	PA
FABHALTA CAPS 200mg	4	QL (60 caps / 30 days), PA
FIRAZYR SOSY 30mg/3ml	4	QL (9 syringes / 30 days), PA
GIVLAARI SOLN 189mg/ml	4	PA
HAEGARDA SOLR 2000unit	4	QL (30 vials / 30 days), PA
HAEGARDA SOLR 3000unit	4	QL (20 vials / 30 days), PA
icatibant acetate SOSY 30mg/3ml	4	QL (9 syringes / 30 days), PA
KALBITOR SOLN 10mg/ml	4	QL (18 mL / 30 days), PA
l-glutamine (sickle cell) PACK 5gm	4	PA
MULPLETA TABS 3mg	4	PA
ORLADEYO CAPS 110mg, 150mg	4	QL (28 caps / 28 days), PA
ORLADEYO PACK 72mg, 96mg, 108mg, 132mg	4	QL (28 packets / 28 days), PA
pentoxifylline TBCR 400mg	1	
PIASKY SOLN 340mg/2ml	4	PA
PROMACTA PACK 12.5mg	4	QL (120 packets / 30 days), PA
PROMACTA PACK 25mg	4	QL (180 packets / 30 days), PA
PROMACTA TABS 12.5mg, 25mg	4	QL (30 tabs / 30 days), PA
PROMACTA TABS 50mg, 75mg	4	QL (60 tabs / 30 days), PA
PYRUKYND TABS 5mg, 20mg, 50mg	4	QL (56 tabs / 28 days), PA
PYRUKYND TAB 20MGX5MG	4	QL (14 tabs / 14 days), PA
PYRUKYND TAB 50MGX20M	4	QL (14 tabs / 14 days), PA
PYRUKYND TAPER PACK TBPK 5mg	4	QL (7 tabs / 7 days), PA

Drug Name	Drug Tier	Requirements/Limits
REBLOZYL SOLR 25mg, 75mg	4	PA
RUCONEST SOLR 2100unit	4	QL (12 vials / 30 days), PA
RYTELO SOLR 47mg, 188mg	4	PA
sajazir SOSY 30mg/3ml	4	QL (9 syringes / 30 days), PA
SIKLOS TABS 100mg	3	
SIKLOS TABS 1000mg	4	
SOLIRIS SOLN 300mg/30ml	4	PA
TAKHZYRO SOSY 150mg/ml, 300mg/2ml	4	QL (2 syringes / 28 days), PA
TAVALISSE TABS 100mg, 150mg	4	QL (60 tabs / 30 days), PA
TAVNEOS CAPS 10mg	4	QL (180 caps / 30 days), PA
tranexamic acid SOLN 1000mg/10ml; TABS 650mg	1	
tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%	1	
ULTOMIRIS SOLN 300mg/3ml, 1100mg/11ml	4	PA
VOYDEYA TABS 100mg	4	QL (180 tabs / 30 days), PA
VOYDEYA TAB 50-100MG	4	QL (180 tabs / 30 days), PA
WAYRILZ TABS 400mg	4	QL (60 tabs / 30 days), PA
XROMI SOLN 100mg/ml	3	
PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate TABS 75mg, 300mg	1	
dipyridamole TABS 25mg, 50mg, 75mg	3	PA; PA applies if 65 years and older
EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3	
prasugrel hcl TABS 5mg, 10mg	1	
ticagrelor TABS 60mg, 90mg	1	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	PA
ACTEMRA SOSY 162mg/0.9ml	4	QL (4 syringes / 28 days), PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	4	QL (4 pens / 28 days), PA
ADALIMUMAB-BWWD SOAJ 40mg/0.4ml	4	QL (6 pens / 28 days), PA
ADALIMUMAB-BWWD SOSY 40mg/0.4ml	4	QL (6 syringes / 28 days), PA
ADBRY SOAJ 300mg/2ml	4	QL (28 pens / 365 days), PA
ADBRY SOSY 150mg/ml	4	QL (56 syringes / 365 days), PA
AVSOLA SOLR 100mg	4	PA
AVTOZMA SOAJ 162mg/0.9ml	4	QL (4 pens / 28 days), PA
AVTOZMA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	PA
AVTOZMA SOSY 162mg/0.9ml	4	QL (4 syringes / 28 days), PA
BIMZELX SOAJ 160mg/ml, 320mg/2ml	4	QL (2 pens / 28 days), PA
BIMZELX SOSY 160mg/ml, 320mg/2ml	4	QL (2 syringes / 28 days), PA
CIBINQO TABS 50mg, 100mg, 200mg	4	QL (30 tabs / 30 days), PA
CIMZIA KIT 200mg	4	QL (2 kits / 28 days), PA
CIMZIA (1 SYRINGE) PSKT 200mg/ml	4	QL (4 syringes / 28 days), PA
CIMZIA (2 SYRINGE) PSKT 200mg/ml	4	QL (4 syringes / 28 days), PA
CIMZIA STARTER KIT PSKT 200mg/ml	4	QL (2 kits / year), PA
COSENTYX SOLN 125mg/5ml	4	PA
COSENTYX SOSY 75mg/0.5ml	4	QL (16 syringes / 365 days), PA
COSENTYX SOSY 150mg/ml	4	QL (56 syringes / 365 days), PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	4	QL (56 pens / 365 days), PA

Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNOREADY SOAJ 300mg/2ml	4	QL (28 pens / 365 days), PA
DUPIXENT SOAJ 200mg/1.14ml, 300mg/2ml	4	QL (4 pens / 28 days), PA
DUPIXENT SOSY 200mg/1.14ml, 300mg/2ml	4	QL (4 syringes / 28 days), PA
EBGLYSS SOAJ 250mg/2ml	4	QL (20 pens / 365 days), PA
EBGLYSS SOSY 250mg/2ml	4	QL (20 syringes / 365 days), PA
ENBREL SOLN 25mg/0.5ml	4	QL (16 vials / 28 days), PA
ENBREL SOSY 25mg/0.5ml	4	QL (16 syringes / 28 days), PA
ENBREL SOSY 50mg/ml	4	QL (8 syringes / 28 days), PA
ENBREL MINI SOCT 50mg/ml	4	QL (8 cartridges / 28 days), PA
ENBREL SURECLICK SOAJ 50mg/ml	4	QL (8 pens / 28 days), PA
ENTYVIO SOLR 300mg	4	PA
ENTYVIO PEN SOAJ 108mg/0.68ml	4	QL (2 pens / 28 days), PA
HADLIMA SOSY 40mg/0.4ml, 40mg/0.8ml	4	QL (6 syringes / 28 days), PA
HADLIMA PUSHTOUCH SOAJ 40mg/0.4ml, 40mg/0.8ml	4	QL (6 pens / 28 days), PA
HUMIRA PSKT 10mg/0.1ml	4	QL (2 syringes / 28 days), PA
HUMIRA PSKT 20mg/0.2ml	4	QL (4 syringes / 28 days), PA
HUMIRA PSKT 40mg/0.4ml, 40mg/0.8ml	4	QL (6 syringes / 28 days), PA
HUMIRA PEN AJKT 40mg/0.4ml, 40mg/0.8ml	4	QL (6 pens / 28 days), PA
HUMIRA PEN AJKT 80mg/0.8ml	4	QL (4 pens / 28 days), PA
HUMIRA PEN KIT PS/UV	4	QL (3 pens / 28 days), PA
HUMIRA PEN-CD/UC/HS START AJKT 80mg/0.8ml	4	QL (3 pens / 28 days), PA
ILUMYA SOSY 100mg/ml	4	QL (6 syringes / 365 days), PA

Drug Name	Drug Tier	Requirements/Limits
INFLECTRA SOLR 100mg	4	PA
INFLIXIMAB SOLR 100mg	4	PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml	4	QL (2 pens / 28 days), PA
KEVZARA SOSY 200mg/1.14ml	4	QL (2 syringes / 28 days), PA
KINERET SOSY 100mg/0.67ml	4	QL (28 syringes / 28 days), PA
LEQSELVI TABS 8mg	4	QL (60 tabs / 30 days), PA
LITFULO CAPS 50mg	4	QL (28 caps / 28 days), PA
NEMLUVIO AUIJ 30mg	4	QL (2 pens / 28 days), PA
OLUMIANT TABS 1mg, 2mg, 4mg	4	QL (30 tabs / 30 days), PA
OMVOH SOAJ 200mg/2ml	4	QL (1 pen / 28 days), PA
OMVOH SOLN 300mg/15ml	4	PA
OMVOH SOSY 200mg/2ml	4	QL (1 syringe / 28 days), PA
OMVOH SOAJ 100/200	4	QL (2 pens / 28 days), PA
OMVOH SOSY 100/200	4	QL (2 syringes / 28 days), PA
ORENCIA SOLR 250mg	4	PA
ORENCIA SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	4	QL (4 syringes / 28 days), PA
ORENCIA CLICKJECT SOAJ 125mg/ml	4	QL (4 pens / 28 days), PA
OTEZLA TABS 20mg, 30mg	4	QL (60 tabs / 30 days), PA
OTEZLA TAB 10/20	4	QL (2 packs / year), PA
OTEZLA TAB 10/20/30	4	QL (2 packs / year), PA
OTEZLA XR TB24 75mg	4	QL (30 tabs / 30 days), PA
OTEZLA/XR TAB 28 DAY	4	QL (2 packs / year), PA
PYZCHIVA SOAJ 45mg/0.5ml	2	QL (1 pen / 28 days), PA
PYZCHIVA SOAJ 90mg/ml	4	QL (1 pen / 28 days), PA
PYZCHIVA SOLN 45mg/0.5ml	2	QL (1 vial / 28 days), PA
PYZCHIVA SOLN 130mg/26ml	4	PA
PYZCHIVA SOSY 45mg/0.5ml	2	QL (1 syringe / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
PYZCHIVA SOSY 90mg/ml	4	QL (1 syringe / 28 days), PA
REMICADE SOLR 100mg	4	PA
RENFLEXIS SOLR 100mg	4	PA
RHAPSIDO TABS 25mg	4	QL (60 tabs / 30 days), PA
RINVOQ TB24 15mg, 30mg	4	QL (30 tabs / 30 days), PA
RINVOQ TB24 45mg	4	QL (168 tabs / year), PA
RINVOQ LQ SOLN 1mg/ml	4	QL (360 mL / 30 days), PA
SILIQ SOSY 210mg/1.5ml	4	QL (3 syringes / 28 days), PA
SIMPONI SOAJ 50mg/0.5ml	4	QL (6 pens / 28 days), PA
SIMPONI SOAJ 100mg/ml	4	QL (3 pens / 28 days), PA
SIMPONI SOSY 50mg/0.5ml	4	QL (6 syringes / 28 days), PA
SIMPONI SOSY 100mg/ml	4	QL (3 syringes / 28 days), PA
SIMPONI ARIA SOLN 50mg/4ml	4	PA
SKYRIZI SOCT 180mg/1.2ml, 360mg/2.4ml	4	QL (1 cartridge / 56 days), PA
SKYRIZI SOLN 600mg/10ml	4	PA
SKYRIZI SOSY 55mg/0.37ml, 150mg/ml	4	QL (6 syringes / 365 days), PA
SKYRIZI PEN SOAJ 150mg/ml	4	QL (6 pens / 365 days), PA
SOTYKTU TABS 6mg	4	QL (30 tabs / 30 days), PA
STELARA SOLN 45mg/0.5ml	4	QL (1 vial / 28 days), PA
STELARA SOLN 130mg/26ml	4	PA
STELARA SOSY 45mg/0.5ml, 90mg/ml	4	QL (1 syringe / 28 days), PA
TALTZ SOAJ 80mg/ml	4	QL (3 pens / 28 days), PA
TALTZ SOSY 20mg/0.25ml, 40mg/0.5ml	4	QL (1 syringe / 28 days), PA
TALTZ SOSY 80mg/ml	4	QL (3 syringes / 28 days), PA
tofacitinib citrate SOLN 1mg/ml	4	QL (480 mL / 24 days), PA

Drug Name	Drug Tier	Requirements/Limits
tofacitinib citrate TABS 5mg, 10mg	4	QL (60 tabs / 30 days), PA
tofacitinib citrate TB24 11mg, 22mg	4	QL (30 tabs / 30 days), PA
TOFIDENCE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	PA
TREMFYA SOAJ 200mg/2ml	4	QL (2 pens / 28 days), PA
TREMFYA SOLN 200mg/20ml	4	PA
TREMFYA SOPN 100mg/ml	4	QL (1 pen / 28 days), PA
TREMFYA SOSY 100mg/ml	4	QL (1 syringe / 28 days), PA
TREMFYA SOSY 200mg/2ml	4	QL (2 syringes / 28 days), PA
TREMFYA INDUCTION PACK FO SOAJ 200mg/2ml	4	QL (2 pens / 28 days), PA
TREMFYA PEN SOAJ 100mg/ml	4	QL (1 pen / 28 days), PA
TYENNE SOAJ 162mg/0.9ml	4	QL (4 pens / 28 days), PA
TYENNE SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml	4	PA
TYENNE SOSY 162mg/0.9ml	4	QL (4 syringes / 28 days), PA
USTEKINUMAB SOLN 45mg/0.5ml	4	QL (1 vial / 28 days), PA
USTEKINUMAB SOLN 130mg/26ml	4	PA
USTEKINUMAB SOSY 45mg/0.5ml, 90mg/ml	4	QL (1 syringe / 28 days), PA
VELSIPITY TABS 2mg	4	QL (30 tabs / 30 days), PA
XELJANZ SOLN 1mg/ml	4	QL (480 mL / 24 days), PA
XELJANZ TABS 5mg, 10mg	4	QL (60 tabs / 30 days), PA
XELJANZ XR TB24 11mg, 22mg	4	QL (30 tabs / 30 days), PA
YESINTEK SOLN 45mg/0.5ml	2	QL (1 vial / 28 days), PA
YESINTEK SOLN 130mg/26ml	2	PA
YESINTEK SOSY 45mg/0.5ml	2	QL (1 syringe / 28 days), PA
YESINTEK SOSY 90mg/ml	4	QL (1 syringe / 28 days), PA
ZYMFENTRA 2-PEN AJKT 120mg/ml	4	QL (2 pens / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
ZYMFENTRA 2-SYRINGE PSKT 120mg/ml	4	QL (2 syringes / 28 days), PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
hydroxychloroquine sulfate TABS 100mg, 200mg, 300mg, 400mg	1	
JYLAMVO SOLN 2mg/ml	3	B/D
leflunomide TABS 10mg, 20mg	1	QL (30 tabs / 30 days)
methotrexate sodium TABS 2.5mg	1	
PLAQUENIL TABS 200mg	3	
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	3	PA
SOVUNA TABS 200mg, 300mg	3	
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3	B/D
XATMEP SOLN 2.5mg/ml	3	B/D
IMMUNOGLOBULINS		
ALYGLO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	PA
BIVIGAM SOLN 5gm/50ml, 10%	4	PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	4	PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	4	PA
CYTOGAM SOLN 50mg/ml	4	B/D
FLEBOGAMMA DIF SOLN 5gm/100ml, 10gm/200ml, 20gm/400ml	4	PA
GAMASTAN INJ	3	B/D
GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	PA
GAMMAGARD LIQUID ERC SOLN 5gm/50ml, 10gm/100ml	4	PA
GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	4	PA
GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	4	PA
GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	PA
HEPAGAM B SOLN 312unit/ml	4	B/D
HIZENTRA SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	PA
HYQVIA INJ 2.5-200	4	PA
HYQVIA INJ 5-400	4	PA
HYQVIA INJ 10-800	4	PA
HYQVIA INJ 20-1600	4	PA
HYQVIA INJ 30-2400	4	PA
OCTAGAM SOLN 1gm/20ml	3	PA
OCTAGAM SOLN 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 30gm/300ml	4	PA
PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	4	PA
PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	4	PA
QIVIGY SOLN 5gm/50ml, 10gm/100ml	4	PA
XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	4	PA
YIMMUGO SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml	4	PA
IMMUNOMODULATORS		
ACTIMMUNE SOLN 100mcg/0.5ml	4	PA
ARCALYST SOLR 220mg	4	PA
GRASTEK SUBL 2800bau	3	PA
ILARIS SOLN 150mg/ml	4	PA
IMAAVY SOLN 300mg/1.62ml, 1200mg/6.5ml	4	PA
JOENJA TABS 70mg	4	QL (60 tabs / 30 days), PA
ODACTRA SUB	3	PA
RAGWITEK SUBL 12amba1-u	3	PA
RYSTIGGO SOLN 280mg/2ml, 420mg/3ml, 560mg/4ml, 840mg/6ml	4	PA
VYVGART SOLN 400mg/20ml	4	PA
VYVGART INJ HYTRULO	4	PA
ZILBRYSQ SOSY 16.6mg/0.416ml, 23mg/0.574ml, 32.4mg/0.81ml	4	QL (28 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSANTS		
ASTAGRAF XL CP24 5mg	4	B/D
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D
ATGAM SOLN 50mg/ml	4	B/D
azasan TABS 75mg, 100mg	1	B/D
azathioprine TABS 50mg, 75mg, 100mg	1	B/D
BENLYSTA SOAJ 200mg/ml	4	QL (8 pens / 28 days), PA
BENLYSTA SOLR 120mg, 400mg	4	PA
BENLYSTA SOSY 200mg/ml	4	QL (8 syringes / 28 days), PA
CELLCEPT CAPS 250mg	3	B/D
CELLCEPT SUSR 200mg/ml; TABS 500mg	4	B/D
cyclosporine CAPS 25mg, 100mg	1	B/D
cyclosporine modified (for microemulsion) CAPS 25mg, 50mg, 100mg; SOLN 100mg/ml	1	B/D
ENVARSUS XR TB24 .75mg, 1mg, 4mg	3	B/D
everolimus (immunosuppressant) TABS 1mg	4	B/D
everolimus (immunosuppressant) TABS .25mg, .5mg, .75mg	1	B/D
gengraf CAPS 25mg, 100mg	1	B/D
IMURAN TABS 50mg	3	B/D
LUPKYNIS CAPS 7.9mg	4	PA
mycophenolate mofetil CAPS 250mg; SUSR 200mg/ml; TABS 500mg	1	B/D
mycophenolate sodium TBEC 180mg, 360mg	1	B/D
MYFORTIC TBEC 180mg	3	B/D
MYFORTIC TBEC 360mg	4	B/D
MYHIBBIN SUSP 200mg/ml	3	B/D
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D
NIKTIMVO SOLN 9mg/0.18ml, 9mg/0.9ml, 22mg/0.44ml, 22mg/2.2ml	4	PA
NULOJIX SOLR 250mg	4	B/D
PROGRAF CAPS .5mg, 1mg, 5mg; PACK .2mg, 1mg	3	B/D
REZUROCK TABS 200mg	4	QL (30 tabs / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
SANDIMMUNE CAPS 25mg, 100mg; SOLN 50mg/ml	3	B/D
SAPHNELO SOLN 300mg/2ml	4	PA
SAPHNELO SOSY 120mg/0.8ml	4	QL (4 syringes / 28 days), PA
SAPHNELO PEN SOAJ 120mg/0.8ml	4	QL (4 pens / 28 days), PA
sirolimus SOLN 1mg/ml; TABS .5mg, 1mg, 2mg	1	B/D
tacrolimus CAPS .5mg, 1mg, 5mg; CP24 .5mg, 1mg, 5mg	1	B/D
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	4	B/D
VACCINES		
ABRYSVO SOLR 120mcg/0.5ml	1	PA
ACTHIB INJ	1	
ADACEL INJ	1	
AREXVY SUSR 120mcg/0.5ml	1	PA
BCG VACCINE SOLR 50mg	1	
BEXSERO SUSY .5ml	1	
BOOSTRIX INJ	1	
DAPTACEL INJ	1	
ENGERIX-B SUSP 20mcg/ml; SUSY 10mcg/0.5ml, 20mcg/ml	1	B/D
GARDASIL 9 SUSP .5ml; SUSY .5ml	1	
HAVRIX SUSY 720elu/0.5ml, 1440unit/ml	1	
HEPLISAV-B SOSY 20mcg/0.5ml	1	B/D
HIBERIX SOLR 10mcg	1	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5unit/ml	1	B/D
INFANRIX INJ	1	
IPOL INJ INACTIVE	1	
IXIARO INJ	1	
JYNNEOS SUSP .5ml	1	B/D
KINRIX INJ	1	
M-M-R II INJ	1	
MENQUADFI SOLN .5ml	1	
MENVEO INJ	1	
MENVEO SOL	1	
MRESVIA SUSY 50mcg/0.5ml	1	PA
PEDIARIX INJ 0.5ML	1	
PEDVAXHIB SUSP 7.5mcg/0.5ml	1	

Drug Name	Drug Tier	Requirements/Limits
PENBRAYA INJ	1	
PENMENVY INJ	1	
PENTACEL INJ	1	
PRIORIX INJ	1	
PROQUAD INJ	1	
QUADRACEL INJ 0.5ML	1	
RABAVERT INJ	1	B/D
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml; SUSY 5mcg/0.5ml, 10mcg/ml	1	B/D
ROTARIX SUS	1	
ROTATEQ SOL	1	
SHINGRIX SUSR 50mcg/0.5ml	1	QL (2 vials per lifetime)
SHINGRIX SUSY 50mcg/0.5ml	1	QL (2 syringes per lifetime)
TENIVAC INJ 5-2LF	1	B/D
TICOVAC SUSY 1.2mcg/0.25ml, 2.4mcg/0.5ml	1	
TRUMENBA SUSY .5ml	1	
TWINRIX INJ	1	
TYPHIM VI SOSY 25mcg/0.5ml	1	
VAQTA SUSP 25unit/0.5ml, 50unit/ml; SUSY 25unit/0.5ml, 50unit/ml	1	
VARIVAX SUSR 1350pfu/0.5ml	1	
VAXCHORA SUS	1	
VIMKUNYA SUSY 40mcg/0.8ml	1	
VIVOTIF CAP EC	1	
YF-VAX INJ	1	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES/MINERALS, INJECTABLE

D2.5W/NACL INJ 0.45%	3	
D5W/LYTES INJ #48	3	
D5W/NACL INJ 0.2%	3	
D5W/NACL INJ 0.3%	3	
D5W/NACL INJ 0.9%	3	
D5W/NACL INJ 0.45%	3	
D10W/NACL INJ 0.2%	3	
D10W/NACL INJ 0.45%	3	
dextrose 2.5% w/ sodium chloride 0.45%	3	
dextrose 5% in lactated ringers	3	
dextrose 5% w/ sodium chloride 0.3%	3	

Drug Name	Drug Tier	Requirements/Limits
dextrose 5% w/ sodium chloride 0.9%	3	
dextrose 5% w/ sodium chloride 0.45%	3	
dextrose 5% w/ sodium chloride 0.225%	3	
DW5-NACL INJ 0.225%	3	
ISOLYTE-P INJ /D5W	3	
ISOLYTE-S INJ	3	
ISOLYTE-S INJ PH 7.4	3	
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.15%) in nacl 0.45% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.9% inj	3	
kcl 20 meq/l (0.149%) in nacl 0.45% inj	3	
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj	3	
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	3	
kcl 40 meq/l (0.3%) in nacl 0.9% inj	3	
kcl 40 meq/l (0.298%) in nacl 0.9% inj	3	
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
KCL/D5W/NACL INJ 0.15/0.2	3	
KCL/D5W/NACL INJ 0.15/0.9	3	
KCL/D5W/NACL INJ 0.15/0.45	3	
LACTATED RIN INJ	3	
lactated ringer's solution	3	
magnesium sulfate SOLN 2gm/50ml, 3gm/100ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml, 50%	3	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 20gm/500ml, 40gm/1000ml	3	
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml	3	
MG SO4/D5W INJ 1GM/100	3	
multiple electrolytes ph 5.5	3	
PLASMA-LYTE INJ -A	3	

Drug Name	Drug Tier	Requirements/Limits
POT CHL 20MEQ/L IN NACL 0.9% INJ	3	
POT CHL 20MEQ/L IN NACL 0.45% INJ	3	
POT CHL 40MEQ/L IN NACL 0.9% INJ	3	
POT CHL/D5W INJ 20MEQ/L	3	
potassium chloride SOLN 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj	3	
sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%	3	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
klor-con PACK 20meq	1	
klor-con 8 TBCR 8meq	1	
KLOR-CON 8 TBCR 8meq	3	
klor-con 10 TBCR 10meq	1	
KLOR-CON 10 TBCR 10meq	3	
klor-con m10 TBCR 10meq	1	
klor-con m15 TBCR 15meq	1	
klor-con m20 TBCR 20meq	1	
M-NATAL PLUS TAB	2	
POKONZA PACK 10meq	3	PA
POKONZA PACK 15meq; SOLN 5%	4	PA
potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq, 10meq, 15meq, 20meq	1	
potassium chloride microencapsulated crystals er TBCR 10meq, 15meq, 20meq	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln	1	
WESTAB PLUS TAB 27-1MG	2	
IV NUTRITION		
aminosyn ii soln 15%	3	B/D
AMINOSYN INJ 10%	3	B/D

Drug Name	Drug Tier	Requirements/Limits
AMINOSYN-PF INJ 7%	3	B/D
AMINOSYN-PF INJ 10%	3	B/D
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
clinisol sf 15%	3	B/D
CLINOLIPID EMU 20%	3	B/D
dextrose SOLN 5%, 10%	3	
dextrose SOLN 50%	3	B/D
DEXTROSE 10% SOLN 10%	3	
DEXTROSE 70% SOLN 70%	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
KABIVEN EMU	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
plenamine	3	B/D
PREMASOL SOL 10%	4	B/D
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
loteprednol etabonate-tobramycin ophth susp 0.5-0.3%	1	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	

Drug Name	Drug Tier	Requirements/Limits
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX ST SUS 0.3-0.05	3	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
ZYLET SUS 0.5-0.3%	3	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
bacitracin-polymyxin b ophth oint	1	
besifloxacin hcl SUSP .6%	1	
BESIVANCE SUSP .6%	3	
CILOXAN OINT .3%	2	
ciprofloxacin hcl (ophth) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
gatifloxacin (ophth) SOLN .5%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
levofloxacin (ophth) SOLN .5%	1	
moxifloxacin hcl (ophth) SOLN .5%	1	QL (12 mL / 30 days)
NATACYN SUSP 5%	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX SOLN .3%	3	
ofloxacin (ophth) SOLN .3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium (ophth) SOLN 10%	1	
tobramycin (ophth) SOLN .3%	1	
TOBREX OINT .3%	3	
trifluridine SOLN 1%	1	
VIGAMOX SOLN .5%	3	QL (12 mL / 30 days)
XDEMVY SOLN .25%	4	PA
ZIRGAN GEL .15%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	

Drug Name	Drug Tier	Requirements/Limits
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	3	
bromfenac sodium (ophth) SOLN .07%, .075%, .09%	1	
BROMSITE SOLN .075%	3	
BYQLOVI SUSP .05%	3	
dexamethasone sodium phosphate (ophth) SOLN .1%	1	
DEXYCU SUSP 9%	3	
diclofenac sodium (ophth) SOLN .1%	1	
difluprednate EMUL .05%	1	
DUREZOL EMUL .05%	3	
FLAREX SUSP .1%	3	
fluorometholone (ophth) SUSP .1%	1	
flurbiprofen sodium SOLN .03%	1	
FML FORTE SUSP .25%	3	
FML LIQUIFILM SUSP .1%	3	
ILEVRO SUSP .3%	3	
ketorolac tromethamine (ophth) SOLN .4%, .5%	1	
LOTEMAX GEL .5%; SUSP .5%	3	
LOTEMAX OINT .5%	2	
LOTEMAX SM GEL .38%	2	
loteprednol etabonate GEL .5%; SUSP .2%, .5%	1	
MAXIDEX SUSP .1%	3	
NEVANAC SUSP .1%	3	
PRED MILD SUSP .12%	3	
prednisolone acetate (ophth) SUSP 1%	1	
PREDNISOLONE SODIUM PHOSP SOLN 1%	2	
PROLENSA SOLN .07%	3	
TRIESENCE SUSP 40mg/ml	3	PA
XIPERE SUSP 40mg/ml	3	PA
YUTIQ IMPL .18mg	3	
ANTIALLERGICS		
azelastine hcl (ophth) SOLN .05%	1	
bepotastine besilate SOLN 1.5%	1	
BEPREVE SOLN 1.5%	3	
cromolyn sodium (ophth) SOLN 4%	1	
epinastine hcl (ophth) SOLN .05%	1	
ZERVIATE SOLN .24%	3	

Drug Name	Drug Tier	Requirements/Limits
ANTIGLAUCOMA		
ALPHAGAN P SOLN .1%, .15%	3	
AZOPT SUSP 1%	3	ST
betaxolol hcl (ophth) SOLN .5%	1	
BETIMOL SOLN .5%	3	
bimatoprost SOLN .03%	1	
brimonidine tartrate SOLN .1%, .15%, .2%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
brinzolamide SUSP 1%	1	ST
carteolol hcl (ophth) SOLN 1%	1	
COMBIGAN SOL 0.2/0.5%	2	
COSOPT PF SOL 2%-0.5%	3	
COSOPT SOL 2-0.5%OP	3	
dorzolamide hcl SOLN 2%	1	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
ISTALOL SOLN .5%	3	
IYUZEH SOLN .005%	3	ST
latanoprost SOLN .005%	1	
levobunolol hcl SOLN .5%	1	
LUMIGAN SOLN .01%	2	
PHOSPHOLINE IODIDE SOLR .125%	4	
pilocarpine hcl SOLN 1%, 2%, 4%	1	
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	2	
SIMBRINZA SUS 1-0.2%	3	
tafluprost SOLN .015mg/ml	1	
timolol hemihydrate (ophth) SOLN .5%	1	
timolol maleate (ophth) SOLG .25%, .5%; SOLN .25%, .5%	1	
timolol maleate (ophth) once-daily SOLN .5%	1	
timolol maleate (ophth) pf SOLN .25%, .5%	1	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
travoprost SOLN .004%	1	
VYZULTA SOLN .024%	3	

Drug Name	Drug Tier	Requirements/Limits
XALATAN SOLN .005%	3	
XELPROS EMUL .005%	3	ST
ZIOPTAN SOLN .015mg/ml	3	ST
ZOLYMBUS GEL .01%	3	ST
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
atropine sulfate (ophthalmic) SOLN 1%	1	
BEOVU SOSY 6mg/0.05ml	4	PA
BYOOVIZ SOLN .5mg/0.05ml	4	PA
CEQUA SOLN .09%	3	QL (60 single use vials / 30 days), PA
cyclosporine (ophth) EMUL .05%	1	
CYSTADROPS SOLN .37%	4	PA
CYSTARAN SOLN .44%	4	PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	4	PA
EYLEA HD SOLN 8mg/0.07ml	4	PA
EYSUVIS SUSP .25%	3	
IZERVAY SOLN 2mg/0.1ml	4	PA
LUCENTIS SOSY .3mg/0.05ml, .5mg/0.05ml	4	PA
MIEBO SOLN 1.338gm/ml	2	
OXERVATE SOLN .002%	4	QL (112 mL / year), PA
PAVBLU SOSY 2mg/0.05ml	4	PA
proparacaine hcl SOLN .5%	1	
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
SUSVIMO SOLN 10mg/0.1ml	4	PA
SYFOVRE SOLN 15mg/0.1ml	4	PA
TRYPTYR SOLN .003%	3	QL (60 single use vials / 30 days), PA
TYRVAYA SOLN .03mg/act	3	PA
VABYSMO SOLN 6mg/0.05ml; SOSY 6mg/0.05ml	4	PA
VERKAZIA EMUL .1%	4	QL (120 single use vials / 30 days), PA
VEVYE SOLN .1%	3	PA
XIIDRA SOLN 5%	2	
YESAFILI SOSY 2mg/0.05ml	4	PA

Drug Name	Drug Tier	Requirements/Limits
OTIC		
OTIC AGENTS		
acetic acid (otic) SOLN 2%	1	
CIPRO HC SUS 0.2-1%OT	3	
ciprofloxacin hcl (otic) SOLN .2%	1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
ciprofloxacin-hydrocortisone otic susp 0.2-1%	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
fluocinolone acetonide (otic) OIL .01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
ofloxacin (otic) SOLN .3%	1	
XTORO SUSP .3%	3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25	2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER 9MCG	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER 18MCG	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	QL (4 inhalers / 28 days)
COMBIVENT AER 20-100	3	QL (2 inhalers / 30 days)
DUAKLIR AER 400/12	3	QL (1 inhaler / 30 days)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	B/D
STIOLTO AER 2.5-2.5	3	QL (1 inhaler / 30 days)
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	QL (60 blisters / 30 days)
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	QL (60 blisters / 30 days)
ANTICHOLINERGICS		
ATROVENT HFA AERS 17mcg/act	3	QL (2 inhalers / 30 days)

Drug Name	Drug Tier	Requirements/Limits
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL (30 blisters / 30 days)
ipratropium bromide SOLN .02%	1	B/D
ipratropium bromide (nasal) SOLN .03%, .06%	1	
ipratropium bromide hfa AERS 17mcg/act	1	QL (2 inhalers / 30 days)
SPIRIVA HANDIHALER CAPS 18mcg	3	QL (30 caps / 30 days)
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	QL (1 inhaler / 30 days)
tiotropium bromide CAPS 18mcg	1	QL (30 caps / 30 days)
TUDORZA PRESSAIR AEPB 400mcg/act	3	QL (1 inhaler / 30 days)
TUDORZA PRESSAIR (INSTITUTIONAL PACK) AEPB 400mcg/act	3	QL (2 inhalers / 30 days)
YUPELRI NEBU 175mcg/3ml	4	PA
ANTIHISTAMINE COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 bottle / 30 days)
CLARINEX-D TAB 2.5-120	3	
DYMISTA SPR 137-50	3	QL (1 bottle / 30 days)
promethazine & phenylephrine syrup 6.25-5 mg/5ml	2	PA; PA applies if 65 years and older
RYALTRIS SPR 665-25	3	QL (1 bottle / 30 days)
ANTIHISTAMINES		
azelastine hcl SOLN .1%	1	
carbinoxamine maleate SOLN 4mg/5ml; SUER 4mg/5ml; TABS 6mg	3	PA; PA applies if 65 years and older
carbinoxamine maleate TABS 4mg	2	PA; PA applies if 65 years and older
carbzah SOLN 4mg/5ml	3	PA; PA applies if 65 years and older
cetirizine hcl SOLN 5mg/5ml	1	QL (300 mL / 30 days)
CLARINEX TABS 5mg	3	QL (30 tabs / 30 days)
clemastine fumarate SYRP .67mg/5ml	4	QL (1800 mL / 30 days), PA
clemastine fumarate TABS 2.68mg	3	PA; PA applies if 65 years and older
CLEMSZA TABS 2.68mg	4	PA; PA applies if 65 years and older
corphena SOLN 2mg/5ml	1	PA; PA applies if 65 years and older

Drug Name	Drug Tier	Requirements/Limits
cyproheptadine hcl SYRP 2mg/5ml; TABS 4mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
desloratadine TABS 5mg; TBDP 2.5mg, 5mg	1	QL (30 tabs / 30 days)
diphenhydramine hcl SOLN 50mg/ml	1	
hydroxyzine hcl SOLN 25mg/ml, 50mg/ml	3	PA; PA applies if 65 years and older
hydroxyzine hcl SYRP 10mg/5ml; TABS 10mg, 25mg, 50mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
hydroxyzine pamoate CAPS 25mg, 50mg, 100mg	2	PA; PA applies if 65 years and older after a 30 day supply in a calendar year
KARBINAL ER SUER 4mg/5ml	3	PA; PA applies if 65 years and older
levocetirizine dihydrochloride SOLN 2.5mg/5ml	1	QL (300 mL / 30 days)
levocetirizine dihydrochloride TABS 5mg	1	QL (30 tabs / 30 days)
olopatadine hcl (nasal) SOLN .6%	1	
QUZYTTIR SOLN 10mg/ml	4	QL (30 mL / 30 days), PA
ryclora SOLN 2mg/5ml	1	PA; PA applies if 65 years and older
ryvent TABS 6mg	3	PA; PA applies if 65 years and older
BETA AGONISTS		
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proair HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Proventil HFA)
albuterol sulfate AERS 108mcg/act	1	QL (2 inhalers / 30 days); (generic of Ventolin HFA)
albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml	1	B/D
albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg	1	

Drug Name	Drug Tier	Requirements/Limits
arformoterol tartrate NEBU 15mcg/2ml	1	B/D
formoterol fumarate NEBU 20mcg/2ml	1	B/D
levalbuterol hcl NEBU .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml	1	B/D
levalbuterol tartrate AERO 45mcg/act	1	QL (2 inhalers / 30 days), ST
PERFOROMIST NEBU 20mcg/2ml	4	B/D
PROAIR RESPICLICK AEPB 108mcg/act	3	QL (2 inhalers / 30 days)
SEREVENT DISKUS AEPB 50mcg/dose	2	QL (60 inhalations / 30 days)
STRIVERDI RESPIMAT AERS 2.5mcg/act	3	QL (1 inhaler / 30 days)
terbutaline sulfate SOLN 1mg/ml; TABS 2.5mg, 5mg	1	
VENTOLIN HFA AERS 108mcg/act	2	QL (2 inhalers / 30 days)
VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act	2	QL (6 inhalers / 30 days)
XOPENEX HFA AERO 45mcg/act	3	QL (2 inhalers / 30 days), ST
LEUKOTRIENE MODULATORS		
montelukast sodium CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	1	
SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg	3	
zafirlukast TABS 10mg, 20mg	1	
zileuton TB12 600mg	4	QL (120 tabs / 30 days), ST
MISCELLANEOUS		
acetylcysteine SOLN 10%, 20%	1	B/D
ALYFTREK TAB 4-20-50	4	QL (84 tabs / 28 days), PA
ALYFTREK TAB 10-50-125	4	QL (56 tabs / 28 days), PA
ARALAST NP SOLR 500mg, 1000mg	4	PA
BRINSUPRI TABS 10mg, 25mg	4	QL (30 tabs / 30 days), PA
CINQAIR SOLN 100mg/10ml	4	PA
cromolyn sodium NEBU 20mg/2ml	1	B/D
DALIRESP TABS 250mcg	3	QL (56 tabs / year)
DALIRESP TABS 500mcg	3	QL (30 tabs / 30 days)
elixophyllin ELIX 80mg/15ml	1	

Drug Name	Drug Tier	Requirements/Limits
epinephrine (anaphylaxis) SOAJ .15mg/0.3ml, .3mg/0.3ml	1	(generic of EpiPen)
epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml	1	(generic of Adrenaclick)
EPIPEN 2-PAK SOAJ .3mg/0.3ml	3	
EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml	3	
ESBRIET TABS 267mg	4	QL (270 tabs / 30 days), PA
ESBRIET TABS 801mg	4	QL (90 tabs / 30 days), PA
EXDENSUR SOSY 100mg/ml	4	QL (1 syringe / 180 days), PA
FASENRA SOSY 10mg/0.5ml, 30mg/ml	4	QL (1 syringe / 28 days), PA
FASENRA PEN SOAJ 30mg/ml	4	QL (1 pen / 28 days), PA
GLASSIA SOLN 4gm/200ml, 5gm/250ml, 1000mg/50ml	4	PA
JASCAYD TABS 9mg, 18mg	4	QL (60 tabs / 30 days), PA
KALYDECO PACK 5.8mg, 13.4mg, 25mg, 50mg, 75mg	4	QL (56 packets / 28 days), PA
KALYDECO TABS 150mg	4	QL (56 tabs / 28 days), PA
nintedanib esylate CAPS 100mg, 150mg	4	QL (60 caps / 30 days), PA
NUCALA SOAJ 100mg/ml	4	QL (3 pens / 28 days), PA
NUCALA SOLR 100mg	4	QL (3 vials / 28 days), PA
NUCALA SOSY 40mg/0.4ml	4	QL (1 syringe / 28 days), PA
NUCALA SOSY 100mg/ml	4	QL (3 syringes / 28 days), PA
OFEV CAPS 100mg, 150mg	4	QL (60 caps / 30 days), PA
OHTUVAYRE SUSP 3mg/2.5ml	4	PA
ORKAMBI GRA 75-94MG	4	QL (56 packets / 28 days), PA
ORKAMBI GRA 100-125	4	QL (56 packets / 28 days), PA
ORKAMBI GRA 150-188	4	QL (56 packets / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
ORKAMBI TAB 100-125	4	QL (112 tabs / 28 days), PA
ORKAMBI TAB 200-125	4	QL (112 tabs / 28 days), PA
pirfenidone CAPS 267mg	4	QL (270 caps / 30 days), PA
pirfenidone TABS 267mg	4	QL (270 tabs / 30 days), PA
pirfenidone TABS 534mg, 801mg	4	QL (90 tabs / 30 days), PA
PROLASTIN-C SOLN 1000mg/20ml	4	PA
PULMOZYME SOLN 2.5mg/2.5ml	4	PA
roflumilast TABS 250mcg	1	QL (56 tabs / year)
roflumilast TABS 500mcg	1	QL (30 tabs / 30 days)
SYMDEKO TAB 50-75MG	4	QL (56 tabs / 28 days), PA
SYMDEKO TAB 100-150	4	QL (56 tabs / 28 days), PA
TEZSPIRE SOAJ 210mg/1.91ml	4	QL (1 pen / 28 days), PA
TEZSPIRE SOSY 210mg/1.91ml	4	QL (1 syringe / 28 days), PA
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3	
theophylline ELIX 80mg/15ml; SOLN 80mg/15ml; TB12 100mg, 200mg, 300mg, 450mg; TB24 400mg, 600mg	1	
TRIKAFTA PAK 59.5MG	4	QL (56 packs / 28 days), PA
TRIKAFTA PAK 75MG	4	QL (56 packs / 28 days), PA
TRIKAFTA TAB 50-25-37.5MG & 75MG	4	QL (84 tabs / 28 days), PA
TRIKAFTA TAB 100-50-75MG & 150MG	4	QL (84 tabs / 28 days), PA
XOLAIR SOAJ 75mg/0.5ml, 300mg/2ml	4	QL (4 pens / 28 days), PA
XOLAIR SOAJ 150mg/ml	4	QL (8 pens / 28 days), PA
XOLAIR SOLR 150mg	4	QL (8 vials / 28 days), PA
XOLAIR SOSY 75mg/0.5ml, 300mg/2ml	4	QL (4 syringes / 28 days), PA

Drug Name	Drug Tier	Requirements/Limits
XOLAIR SOSY 150mg/ml	4	QL (8 syringes / 28 days), PA
ZEMAIRA SOLR 1000mg, 4000mg, 5000mg	4	PA
NASAL STEROIDS		
flunisolide (nasal) SOLN .025%	1	QL (3 bottles / 30 days)
fluticasone propionate (nasal) SUSP 50mcg/act	1	QL (1 bottle / 30 days)
mometasone furoate (nasal) SUSP 50mcg/act	1	QL (2 bottles / 30 days)
OMNARIS SUSP 50mcg/act	3	QL (1 inhaler / 30 days), ST
QNASL AERS 80mcg/act	3	QL (1 inhaler / 30 days), ST
QNASL CHILDRENS AERS 40mcg/act	3	QL (1 inhaler / 30 days), ST
XHANCE EXHU 93mcg/act	3	QL (32 mL / 30 days), PA
STEROID INHALANTS		
ALVESCO AERS 80mcg/act, 160mcg/act	3	QL (2 inhalers / 30 days)
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	2	QL (30 inhalations / 30 days)
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	3	QL (1 inhaler / 30 days)
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	3	QL (8 inhalers / 28 days)
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh	3	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 30 MET AEPB 220mcg/inh	3	QL (4 inhalers / 30 days)
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	3	QL (2 inhalers / 30 days)
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	3	QL (1 inhaler / 30 days)
beclomethasone dipropionate AERS 40mcg/act, 80mcg/act	1	QL (2 inhalers / 30 days)
budesonide (inhalation) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
fluticasone propionate (inhalation) AEPB 50mcg/act	1	QL (180 inhalations / 30 days)
fluticasone propionate (inhalation) AEPB 100mcg/act, 250mcg/act	1	QL (240 inhalations / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluticasone propionate hfa AERO 44mcg/act, 110mcg/act, 220mcg/act	1	QL (2 inhalers / 30 days)
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D
PULMICORT FLEXHALER AEPB 90mcg/act	3	QL (3 inhalers / 30 days)
PULMICORT FLEXHALER AEPB 180mcg/act	3	QL (2 inhalers / 30 days)
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	3	QL (2 inhalers / 30 days)
STEROID/BETA-AGONIST COMBINATIONS		
ADVAIR DISKU AER 100/50	3	QL (60 inhalations / 30 days), PA
ADVAIR DISKU AER 250/50	3	QL (60 inhalations / 30 days), PA
ADVAIR DISKU AER 500/50	3	QL (60 inhalations / 30 days), PA
ADVAIR HFA AER 45/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 115/21	2	QL (1 inhaler / 30 days)
ADVAIR HFA AER 230/21	2	QL (1 inhaler / 30 days)
AIRSUPRA AER 90-80MCG	2	QL (3 inhalers / 30 days)
BREO ELLIPTA INH 50-25MCG	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 100-25	2	QL (60 blisters / 30 days)
BREO ELLIPTA INH 200-25	2	QL (60 blisters / 30 days)
breyna	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 inhalers / 30 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 inhalers / 30 days)
DULERA AER 50-5MCG	3	QL (3 inhalers / 30 days)
DULERA AER 100-5MCG	3	QL (3 inhalers / 30 days)
DULERA AER 200-5MCG	3	QL (3 inhalers / 30 days)
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act	1	QL (60 blisters / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act	1	QL (60 blisters / 30 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (60 inhalations / 30 days)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (60 inhalations / 30 days)
fluticasone-salmeterol inhal aerosol 45-21 mcg/act	1	QL (1 inhaler / 30 days)
fluticasone-salmeterol inhal aerosol 115-21 mcg/act	1	QL (1 inhaler / 30 days)
fluticasone-salmeterol inhal aerosol 230-21 mcg/act	1	QL (1 inhaler / 30 days)
SYMBICORT AER 80-4.5	3	QL (3 inhalers / 30 days), PA
SYMBICORT AER 160-4.5	3	QL (3 inhalers / 30 days), PA
wixela inhub	1	QL (60 inhalations / 30 days)
TOPICAL		
DERMATOLOGY, ACNE		
ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	4	PA
ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	4	PA
ACANYA GEL 1.2-2.5%	3	QL (50 gm / 30 days)
accutane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ACZONE GEL 7.5%	3	QL (90 gm / 30 days)
adapalene CREA .1%; GEL .3%	1	QL (45 gm / 30 days), PA
adapalene PADS .1%	4	QL (28 swabs / 28 days), PA
ADAPALENE SOLN .1%	3	QL (120 mL / 30 days), PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	QL (45 gm / 30 days), PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	QL (60 gm / 30 days), PA
AKLIEF CREA .005%	3	QL (45 gm / 30 days), PA
ALTRENO LOTN .05%	3	QL (45 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
amnesteem CAPS 10mg, 20mg, 30mg, 40mg	1	PA
AMZEEQ FOAM 4%	3	QL (30 gm / 30 days), PA
ARAZLO LOTN .045%	3	QL (45 gm / 30 days), PA
ATRALIN GEL .05%	3	QL (45 gm / 30 days), PA
AZELEX CREA 20%	3	QL (50 gm / 30 days), PA
BENZAMYCIN GEL 5-3%	3	QL (46.6 gm / 30 days)
benzoyl peroxide-erythromycin gel 5-3%	1	QL (46.6 gm / 30 days)
CABTREO GEL	3	QL (50 gm / 30 days), PA
claravis CAPS 10mg, 20mg, 30mg, 40mg	1	PA
CLEOCIN-T LOTN 1%	3	QL (60 mL / 30 days)
clindacin FOAM 1%	1	QL (100 gm / 30 days)
clindacin etz pledgets SWAB 1%	1	QL (69 pledgets / 30 days)
clindacin-p SWAB 1%	1	QL (69 pledgets / 30 days)
CLINDAGEL GEL 1%	4	QL (75 mL / 30 days), PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (45 gm / 30 days)
clindamycin phosphate (topical) FOAM 1%	1	QL (100 gm / 30 days)
clindamycin phosphate (topical) GEL 1%	1	QL (75 mL / 30 days), PA
clindamycin phosphate (topical) LOTN 1%; SOLN 1%	1	QL (60 mL / 30 days)
clindamycin phosphate (topical) SWAB 1%	1	QL (69 pledgets / 30 days)
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	QL (50 gm / 30 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	QL (50 gm / 30 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	1	QL (50 gm / 30 days)
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	QL (60 gm / 30 days), PA
dapsone (topical) GEL 5%, 7.5%	1	QL (90 gm / 30 days)
EPIDUO FORTE GEL 0.3-2.5%	3	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
ery PADS 2%	1	QL (60 pledgets / 30 days)
erythromycin (acne aid) GEL 2%	1	QL (60 gm / 30 days)
erythromycin (acne aid) SOLN 2%	1	QL (60 mL / 30 days)
FABIOR FOAM .1%	3	QL (100 gm / 30 days), PA
isotretinoin CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	1	PA
KLARON LOTN 10%	3	QL (118 mL / 30 days)
neuac gel 1.2-5%	1	QL (45 gm / 30 days)
ONEXTON GEL 1.2-3.75	3	QL (50 gm / 30 days)
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	3	QL (45 gm / 30 days), PA
RETIN-A MICRO GEL .06%	3	QL (50 gm / 30 days), PA
RETIN-A MICRO PUMP GEL .08%	3	QL (50 gm / 30 days), PA
sulfacetamide sodium (acne) LOTN 10%	1	QL (118 mL / 30 days)
TAZAROTENE FOAM .1%	3	QL (100 gm / 30 days), PA
tretinoin CREA .025%, .05%, .1%; GEL .01%, .025%, .05%	1	QL (45 gm / 30 days), PA
tretinoin microsphere GEL .04%, .06%, .08%, .1%	1	QL (50 gm / 30 days), PA
twice-daily clindamycin phosphate (topical) GEL 1%	1	QL (60 gm / 30 days)
TWYNEO CRE 0.1-3%	3	QL (30 gm / 30 days), PA
WINLEVI CREA 1%	3	QL (60 gm / 30 days), PA
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL	3	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTIBIOTICS		
gentamicin sulfate (topical) CREA .1%; OINT .1%	1	QL (30 gm / 30 days)
mupirocin OINT 2%	1	QL (30 gm / 30 days)
mupirocin calcium (topical) CREA 2%	1	QL (30 gm / 30 days), PA
SILVADENE CREA 1%	3	
silver sulfadiazine CREA 1%	1	
ssd CREA 1%	1	

Drug Name	Drug Tier	Requirements/Limits
SULFAMYLON CREA 85mg/gm	3	QL (453.6 gm / 30 days)
DERMATOLOGY, ANTIFUNGALS		
ciclodan SOLN 8%	1	QL (6.6 mL / 30 days)
ciclopirox GEL .77%	1	QL (100 gm / 30 days)
ciclopirox SHAM 1%	1	QL (120 mL / 30 days)
ciclopirox SOLN 8%	1	QL (6.6 mL / 30 days)
ciclopirox olamine CREA .77%	1	QL (90 gm / 30 days)
ciclopirox olamine SUSP .77%	1	QL (60 mL / 30 days)
clotrimazole (topical) CREA 1%	1	QL (45 gm / 30 days)
clotrimazole (topical) SOLN 1%	1	QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (45 gm / 30 days)
econazole nitrate CREA 1%	1	QL (85 gm / 30 days)
ECONAZOLE NITRATE FOAM 1%	4	QL (70 gm / 28 days), ST
ERTACZO CREA 2%	4	QL (60 gm / 30 days), ST
EXELDERM CREA 1%	3	QL (60 gm / 30 days), PA
JUBLIA SOLN 10%	4	QL (8 mL / 30 days), PA
ketoconazole (topical) CREA 2%	1	QL (60 gm / 30 days)
ketoconazole (topical) FOAM 2%	1	QL (100 gm / 30 days), PA
ketoconazole (topical) SHAM 2%	1	QL (120 mL / 30 days)
ketodan FOAM 2%	1	QL (100 gm / 30 days), PA
klayesta POWD 100000unit/gm	1	QL (60 gm / 30 days)
luliconazole CREA 1%	1	QL (60 gm / 30 days), ST
LUZU CREA 1%	3	QL (60 gm / 30 days), ST
naftifine hcl CREA 1%	1	QL (90 gm / 30 days)
naftifine hcl CREA 2%; GEL 2%	1	QL (60 gm / 30 days)
NAFTIN GEL 2%	3	QL (60 gm / 30 days)
nyamyc POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystatin (topical) CREA 100000unit/gm; OINT 100000unit/gm	1	QL (30 gm / 30 days)
nystatin (topical) POWD 100000unit/gm	1	QL (60 gm / 30 days)
nystop POWD 100000unit/gm	1	QL (60 gm / 30 days)
oxiconazole nitrate CREA 1%	1	QL (90 gm / 30 days), PA
selenium sulfide LOTN 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
ZORYVE FOAM .3%	3	QL (60 gm / 30 days), PA
DERMATOLOGY, ANTIPSORIATICS		
acitretin CAPS 10mg, 17.5mg, 25mg	1	
calcipotriene CREA .005%; OINT .005%	1	QL (120 gm / 30 days), PA
CALCIPOTRIENE FOAM .005%	3	QL (120 gm / 30 days), PA
calcipotriene SOLN .005%	1	QL (120 mL / 30 days), PA
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	1	QL (400 gm / 28 days), PA
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	1	QL (420 gm / 28 days), PA
calcitrene OINT .005%	1	QL (120 gm / 30 days), PA
calcitriol (topical) OINT 3mcg/gm	1	QL (800 gm / 28 days), PA
ENSTILAR AER	4	QL (120 gm / 30 days), PA
methoxsalen rapid CAPS 10mg	4	
PELLIX SOLN .005%	1	QL (120 mL / 30 days), PA
SORILUX FOAM .005%	3	QL (120 gm / 30 days), PA
TACLONEX SUS	4	QL (420 gm / 28 days), PA
tazarotene CREA .05%, .1%	1	QL (60 gm / 30 days), PA
tazarotene GEL .05%, .1%	1	QL (100 gm / 30 days), PA
TAZORAC CREA .05%, .1%	3	QL (60 gm / 30 days), PA
TAZORAC GEL .05%, .1%	3	QL (100 gm / 30 days), PA
trilitas GEL .1%	1	QL (100 gm / 30 days), PA
VECTICAL OINT 3mcg/gm	4	QL (800 gm / 28 days), PA
VTAMA CREA 1%	4	QL (60 gm / 30 days), PA
ZORYVE CREA .3%	3	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, CORTICOSTEROIDS		
ala-cort CREA 1%	1	
ala-scalp LOTN 2%	1	QL (60 mL / 30 days), PA
alclometasone dipropionate CREA .05%; OINT .05%	1	QL (60 gm / 30 days)
amcinonide CREA .1%; OINT .1%	4	QL (60 gm / 30 days), PA
betamethasone dipropionate (topical) CREA .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate (topical) LOTN .05%	1	QL (120 mL / 30 days)
betamethasone dipropionate augmented CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
betamethasone dipropionate augmented LOTN .05%	1	QL (120 mL / 30 days)
betamethasone valerate CREA .1%; FOAM .12%; OINT .1%	1	QL (120 gm / 30 days)
betamethasone valerate LOTN .1%	1	QL (120 mL / 30 days)
BRYHALI LOTN .01%	3	QL (100 gm / 30 days), PA
clobetasol propionate CREA .05%; GEL .05%; OINT .05%	1	QL (120 gm / 30 days)
CLOBETASOL PROPIONATE CREA .025%	4	QL (100 gm / 30 days)
clobetasol propionate FOAM .05%	1	QL (100 gm / 30 days)
clobetasol propionate LIQD .05%	1	QL (125 mL / 30 days)
clobetasol propionate LOTN .05%	1	QL (118 mL / 30 days)
clobetasol propionate SHAM .05%	1	QL (236 mL / 30 days)
clobetasol propionate SOLN .05%	1	QL (100 mL / 30 days)
clobetasol propionate e CREA .05%	1	QL (120 gm / 30 days)
clobetasol propionate emulsion FOAM .05%	1	QL (100 gm / 30 days)
clocortolone pivalate CREA .1%	1	QL (90 gm / 30 days), PA
clodan SHAM .05%	1	QL (236 mL / 30 days)
CORDRAN TAPE 4mcg/sqcm	3	QL (1 roll / 30 days), PA
DERMA-SMOOTHE/FS BODY OIL .01%	3	QL (118.28 mL / 30 days)
DERMA-SMOOTHE/FS SCALP OIL .01%	3	QL (118.28 mL / 30 days)
desonide CREA .05%; OINT .05%	1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
desonide GEL .05%	1	QL (60 gm / 30 days), PA
desonide LOTN .05%	1	QL (118 mL / 30 days)
desoximetasone CREA .05%; OINT .05%	1	QL (100 gm / 30 days), PA
desoximetasone CREA .25%; OINT .25%	1	QL (100 gm / 30 days)
desoximetasone GEL .05%	1	QL (60 gm / 30 days), PA
desoximetasone LIQD .25%	1	QL (100 mL / 30 days)
diflorasone diacetate CREA .05%; OINT .05%	1	QL (60 gm / 30 days), PA
DIPROLENE OINT .05%	3	QL (120 gm / 30 days)
DUOBRII LOT	3	QL (200 gm / 28 days), PA
EPIFOAM AER 1%	3	
evesse LOTN .1%	1	QL (118 mL / 30 days), PA
fluocinolone acetonide CREA .01%	1	QL (60 gm / 30 days)
fluocinolone acetonide CREA .025%; OINT .025%	1	QL (120 gm / 30 days)
fluocinolone acetonide OIL .01%	1	QL (118.28 mL / 30 days)
fluocinolone acetonide SOLN .01%	1	QL (60 mL / 30 days)
fluocinonide CREA .05%, .1%	1	QL (120 gm / 30 days)
fluocinonide GEL .05%; OINT .05%	1	QL (60 gm / 30 days)
fluocinonide SOLN .05%	1	QL (60 mL / 30 days)
fluocinonide emulsified base CREA .05%	1	QL (120 gm / 30 days)
flurandrenolide LOTN .05%	1	QL (120 mL / 30 days), PA
fluticasone propionate CREA .05%; OINT .005%	1	
fluticasone propionate LOTN .05%	1	QL (60 mL / 30 days)
halcinonide CREA .1%	1	QL (240 gm / 30 days), PA
halcinonide SOLN .1%	4	QL (120 mL / 30 days), PA
halobetasol propionate CREA .05%; OINT .05%	1	QL (50 gm / 30 days)
halobetasol propionate FOAM .05%	1	QL (200 gm / 28 days), PA
HALOG CREA .1%	3	QL (240 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
HALOG SOLN .1%	4	QL (120 mL / 30 days), PA
hydrocortisone (topical) CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1	
hydrocortisone (topical) LOTN 2%	4	QL (60 mL / 30 days), PA
hydrocortisone (topical) OINT 1%	1	QL (30 gm / 30 days)
hydrocortisone (topical) SOLN 2.5%	4	QL (30 mL / 30 days), PA
hydrocortisone butyrate CREA .1%; OINT .1%	1	QL (45 gm / 30 days)
hydrocortisone butyrate LOTN .1%	1	QL (118 mL / 30 days), PA
hydrocortisone butyrate SOLN .1%	1	QL (60 mL / 30 days)
hydrocortisone valerate CREA .2%; OINT .2%	1	QL (60 gm / 30 days)
LEXETTE FOAM .05%	3	QL (200 gm / 28 days), PA
mometasone furoate CREA .1%; OINT .1%; SOLN .1%	1	
PRAMOSONE CRE 1-1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
SYNALAR CREA .025%; OINT .025%	3	QL (120 gm / 30 days)
texacort SOLN 2.5%	1	QL (30 mL / 30 days), PA
TOPICORT LIQD .25%	3	QL (100 mL / 30 days), PA
TOPICORT OINT .05%	3	QL (100 gm / 30 days), PA
tovet FOAM .05%	1	QL (100 gm / 30 days)
triamcinolone acetonide (topical) AERS .147mg/gm	1	QL (100 gm / 30 days), PA
triamcinolone acetonide (topical) CREA .025%, .1%, .5%	1	QL (454 gm / 30 days)
triamcinolone acetonide (topical) LOTN .025%, .1%; OINT .025%, .1%, .5%	1	
triamcinolone acetonide (topical) OINT .05%	1	QL (430 gm / 30 days), PA
triderm CREA .5%	1	QL (454 gm / 30 days)
ULTRAVATE LOTN .05%	4	QL (120 mL / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, LOCAL ANESTHETICS		
DYCLOPRO SOLN .5%	3	
glydo PRSY 2%	1	QL (60 mL / 30 days), PA
lidocaine OINT 5%	1	QL (50 gm / 30 days), PA
lidocaine PTCH 5%	1	QL (3 patches / 1 day), PA
lidocaine hcl GEL 2%	1	QL (30 mL / 30 days), PA
lidocaine hcl PRSY 2%	1	QL (60 mL / 30 days), PA
lidocaine hcl SOLN 4%	1	QL (50 mL / 30 days), PA
lidocaine-prilocaine cream 2.5-2.5%	1	B/D, QL (30 gm / 30 days)
lidocan PTCH 5%	1	QL (3 patches / 1 day), PA
QUTENZA KIT 8% 1-PCH	4	QL (4 patches / 90 days), PA
QUTENZA KIT 8% 2-PCH	4	QL (4 patches / 90 days), PA
QUTENZA KIT 8% 4-PCH	4	QL (4 patches / 90 days), PA
tridacaine iii PTCH 5%	1	QL (3 patches / 1 day), PA
ZTLIDO PTCH 1.8%	3	QL (3 patches / 1 day), PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
acyclovir topical CREA 5%	1	QL (5 gm / 30 days)
acyclovir topical OINT 5%	1	QL (30 gm / 30 days)
ANALPRAM HC LOT 2.5%	3	
ANUSOL-HC CREA 2.5%	3	
ANZUPGO CREA 20mg/gm	4	QL (60 gm / 30 days), PA
azelaic acid GEL 15%	1	QL (50 gm / 30 days)
bexarotene (topical) GEL 1%	4	QL (60 gm / 30 days), PA
brimonidine tartrate (topical) GEL .33%	1	QL (30 gm / 30 days), PA
CORTIFOAM FOAM 10%	3	
DENAVIR CREA 1%	3	QL (5 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium (actinic keratoses) GEL 3%	1	QL (100 gm / 30 days), PA
diclofenac sodium (topical) SOLN 1.5%	1	QL (300 mL / 28 days)
diclofenac sodium (topical) SOLN 2%	1	QL (224 gm / 28 days), PA
doxepin hcl (antipruritic) CREA 5%	1	QL (45 gm / 30 days), PA
doxycycline (rosacea) CPDR 40mg	1	
EMROSI CP24 40mg	4	QL (30 caps / 30 days), PA
EPSOLAY CREA 5%	3	QL (30 gm / 30 days), PA
EUCRISA OINT 2%	3	QL (120 gm / 30 days), PA
FINACEA FOAM 15%	3	QL (50 gm / 30 days), PA
fluorouracil (topical) CREA 5%	1	QL (40 gm / 30 days)
fluorouracil (topical) CREA .5%	4	QL (30 gm / 30 days)
fluorouracil (topical) SOLN 2%, 5%	1	QL (10 mL / 30 days)
hydrocortisone (rectal) CREA 1%, 2.5%	1	
HYFTOR GEL .2%	4	QL (20 gm / 25 days), PA
imiquimod CREA 3.75%	1	QL (28 packets / 28 days)
imiquimod CREA 5%	1	QL (24 packets / 30 days)
imiquimod pump CREA 3.75%	1	QL (7.5 gm / 28 days)
ivermectin (rosacea) CREA 1%	1	QL (45 gm / 30 days), PA
KLISYRI OINT 1%	4	QL (5 packets / 30 days), PA
lactic acid (ammonium lactate) CREA 12%; LOTN 12%	1	
metronidazole (topical) CREA .75%; GEL .75%	1	QL (45 gm / 30 days)
metronidazole (topical) GEL 1%	1	QL (60 gm / 30 days)
metronidazole (topical) LOTN .75%	1	QL (59 mL / 30 days)
MIRVASO GEL .33%	3	QL (30 gm / 30 days), PA
nitroglycerin (intra-anal) OINT .4%	1	QL (30 gm / 30 days)
NORITATE CREA 1%	4	QL (60 gm / 30 days), PA

Drug Name	Drug Tier	Requirements/Limits
OPZELURA CREA 1.5%	4	QL (240 gm / 28 days), PA
ORACEA CPDR 40mg	3	
oxymetazoline hcl (topical) CREA 1%	1	QL (30 gm / 30 days)
PANRETIN GEL .1%	4	QL (60 gm / 30 days), PA
penciclovir CREA 1%	1	QL (5 gm / 30 days)
pimecrolimus CREA 1%	1	QL (100 gm / 30 days), PA
podofilox GEL .5%	1	QL (7 gm / 28 days)
podofilox SOLN .5%	1	QL (7 mL / 28 days)
procto-med hc CREA 2.5%	1	
proctocort CREA 1%	1	
PROCTOFOAM AER HC 1%	3	
proctosol hc CREA 2.5%	1	
proctozone-hc CREA 2.5%	1	
PRUDOXIN CREA 5%	3	QL (45 gm / 30 days), PA
QBREXZA PADS 2.4%	3	QL (30 cloths / 30 days), PA
RHOFADE CREA 1%	3	QL (30 gm / 30 days)
SOFDRA GEL 12.45%	3	QL (50 mL / 30 days), PA
SOOLANTRA CREA 1%	3	QL (45 gm / 30 days), PA
tacrolimus (topical) OINT .03%, .1%	1	QL (100 gm / 30 days)
TARGRETIN GEL 1%	4	QL (60 gm / 30 days), PA
VALCHLOR GEL .016%	4	QL (60 gm / 30 days), PA
XERESE CRE 5-1%	4	QL (5 gm / 30 days)
YCANTH SOLN .7%	3	PA
ZELSUVMI GEL 10.3%	4	PA
ZILXI FOAM 1.5%	3	QL (30 gm / 30 days), PA
ZONALON CREA 5%	3	QL (45 gm / 30 days), PA
ZORYVE CREA .05%, .15%	3	QL (60 gm / 30 days), PA
ZOVIRAX CREA 5%	3	QL (5 gm / 30 days)
ZOVIRAX OINT 5%	3	QL (30 gm / 30 days)
ZYCLARA PUMP CREA 3.75%	4	QL (7.5 gm / 28 days)

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
crotan LOTN 10%	4	QL (454 gm / 30 days), PA
EURAX CREA 10%	3	QL (60 gm / 30 days), PA
malathion LOTN .5%	1	QL (59 mL / 30 days)
NATROBA SUSP .9%	3	
OVIDE LOTN .5%	3	QL (59 mL / 30 days)
permethrin CREA 5%	1	QL (60 gm / 30 days)
pruradik LOTN 10%	4	QL (454 gm / 30 days), PA
spinosad SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
FILSUVEZ GEL 10%	4	QL (702 gm / 30 days), PA
SANTYL OINT 250unit/gm	3	QL (180 gm / 30 days), PA
sodium chloride (gu irrigant) SOLN .9%	1	
water for irrigation, sterile irrigation soln	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl CAPS 30mg	1	
chlorhexidine gluconate (mouth-throat) SOLN .12%	1	
clotrimazole TROC 10mg	1	QL (150 lozenges / 30 days)
EVOXAC CAPS 30mg	3	
kourzeq PSTE .1%	1	
lidocaine hcl (mouth-throat) SOLN 2%	1	
nystatin (mouth-throat) SUSP 100000unit/ml	1	
periogard SOLN .12%	1	
pilocarpine hcl (oral) TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
triamcinolone acetonide (mouth) PSTE .1%	1	

Index

A

abacavir sulfate 14
abacavir sulfate-lamivudine tab 600-300 mg 15
abigale 111
abigale lo 112
ABILIFY 65
ABILIFY ASIMTUFII 65
ABILIFY MAINTENA 65
abiraterone acetate 24
abirtega 24
ABRAXANE INJ 100MG 28
ABRYSVO 146
ABSORICA 163
ABSORICA LD 163
acamprosate calcium 95
ACANYA GEL 1.2-2.5% 163
acarbose 97
accutane 163
acebutolol hcl 50
acetaminophen 1
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg 5
acetaminophen w/ codeine soln 120-12 mg/5ml 5
acetaminophen w/ codeine tab 300-15 mg 5
acetaminophen w/ codeine tab 300-30 mg 5
acetaminophen w/ codeine tab 300-60 mg 5
acetazolamide 52
acetic acid 130
acetic acid (otic) 155
acetylcysteine 158
ACIPHEX 128
acitretin 167
ACTEMRA 138
ACTEMRA ACTPEN 138
ACTHAR 115
ACTHAR GEL 115
ACTHIB INJ 146
ACTIMMUNE 144
ACTIVELLA TAB 1-0.5MG 112
ACTONEL 104
ACTOPLUS MET TAB 15-850MG 97
ACTOS 97
ACULAR 151
ACULAR LS 151
ACUVAIL 152
acyclovir 17
acyclovir sodium 17
acyclovir topical 171
ACZONE 163
ADACEL INJ 146
ADAKVEO 135
ADALIMUMAB-BWWD 138
adapalene 163
ADAPALENE 163
adapalene-benzoyl peroxide gel 0.1-2.5% 163
adapalene-benzoyl peroxide gel 0.3-2.5% 163
ADBRY 138
ADCIRCA 56
ADDERALL TAB 10MG 77
ADDERALL TAB 12.5MG 77
ADDERALL TAB 15MG 77
ADDERALL TAB 20MG 77
ADDERALL TAB 30MG 77
ADDERALL TAB 5MG 77
ADDERALL TAB 7.5MG 77
ADDERALL XR CAP 10MG 77
ADDERALL XR CAP 15MG 78
ADDERALL XR CAP 20MG 78
ADDERALL XR CAP 25MG 78
ADDERALL XR CAP 30MG 78
ADDERALL XR CAP 5MG 77
adefovir dipivoxil 17
ADEMPAS 56
ADMELOG 101
ADMELOG SOLOSTAR 102
ADRENALIN 53
ADVAIR DISKU AER 100/50 162
ADVAIR DISKU AER 250/50 162
ADVAIR DISKU AER 500/50 162
ADVAIR HFA AER 115/21 162
ADVAIR HFA AER 230/21 162
ADVAIR HFA AER 45/21 162
ADZENYS XR-ODT 78
ADZYNMA 135
AFINITOR 29

AFINITOR DISPERZ 29
afirmelle 106
AFREZZA.....102
AFREZZA POW 4-8-12.....102
AFREZZA POW 4-8 UNIT.....102
AFREZZA POW 8-12UNIT.....102
AGRYLIN 135
AIMOVIG 85
AIRSUPRA AER 90-80MCG 162
AJOVY 85
AKEEGA TAB 100/500.....24
AKEEGA TAB 50/500MG 24
AKLIEF.....163
AKYNZEO CAP 300-0.5.....121
AKYNZEO INJ 235-0.25MG/20ML....122
ala-cort.....168
ala-scalp 168
albendazole 8
albuterol sulfate 157
alclometasone dipropionate 168
ALCOHOL SWABS: EMBECTA-BD/MHC/RUGBY 102
ALDACTONE 42
ALDURAZYME 115
ALECENSA 29
alendronate sodium 104
alfuzosin hcl 129
ALIMTA.....23
aliskiren fumarate 53
ALKINDI SPRINKLE.....113
allopurinol 1
allopurinol sodium.....1
almotriptan malate.....85
alogliptin benzoate 97
alogliptin-metformin hcl tab 12.5-1000 mg 97
alogliptin-metformin hcl tab 12.5-500 mg 97
alogliptin-pioglitazone tab 12.5-30 mg 97
alogliptin-pioglitazone tab 25-15 mg.97
alogliptin-pioglitazone tab 25-30 mg.97
alogliptin-pioglitazone tab 25-45 mg.97
ALOPRIM 1
alosetron hcl.....126
ALPHAGAN P.....153
alprazolam 58
ALPRAZOLAM INTENSOL 58
ALREX 152
altavera 106
ALTRENO 163
ALUNBRIG.....29
ALUNBRIG PAK 29
ALVAIZ 135
ALVESCO 161
alyacen 1/35 106
alyacen 7/7/7 106
ALYFTREK TAB 10-50-125 158
ALYFTREK TAB 4-20-50.....158
ALYGLO 143
ALYMSYS 29
alyq 56
amantadine hcl 63
AMBIEN 82
AMBIEN CR 83
AMBISOME.....12
ambrisentan 56
amcinonide.....168
amethyst 106
amikacin sulfate 8
amiloride & hydrochlorothiazide tab 5-50 mg.....52
amiloride hcl 52
aminocaproic acid.....135
aminosyn ii soln 15%.....149
AMINOSYN INJ 10% 149
AMINOSYN-PF INJ 10%.....150
AMINOSYN-PF INJ 7%.....150
amiodarone hcl 47
AMITIZA 126
amitriptyline hcl 59
amlodipine besylate.....51
amlodipine besylate-atorvastatin calcium tab 10-10 mg 53
amlodipine besylate-atorvastatin calcium tab 10-20 mg 53
amlodipine besylate-atorvastatin calcium tab 10-40 mg 54
amlodipine besylate-atorvastatin calcium tab 10-80 mg 54
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 53
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 53

amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 53
amlodipine besylate-atorvastatin calcium tab 5-10 mg 53
amlodipine besylate-atorvastatin calcium tab 5-20 mg 53
amlodipine besylate-atorvastatin calcium tab 5-40 mg 53
amlodipine besylate-atorvastatin calcium tab 5-80 mg 53
amlodipine besylate-benazepril hcl cap 10-20 mg 41
amlodipine besylate-benazepril hcl cap 10-40 mg 41
amlodipine besylate-benazepril hcl cap 2.5-10 mg 41
amlodipine besylate-benazepril hcl cap 5-10 mg 41
amlodipine besylate-benazepril hcl cap 5-20 mg 41
amlodipine besylate-benazepril hcl cap 5-40 mg 41
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 43
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 43
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 43
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 43
amlodipine besylate-valsartan tab 10-160 mg 43
amlodipine besylate-valsartan tab 10-320 mg 43
amlodipine besylate-valsartan tab 5-160 mg 43
amlodipine besylate-valsartan tab 5-320 mg 43
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 43
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 43
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 43
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 43
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 43
amnesteem 164
AMOX/K CLAV CHW 200/28.5 20
AMOX/K CLAV CHW 400/57 20
amoxapine 59
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg 126
amoxicillin 20
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 20
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 20
amoxicillin & k clavulanate for susp 400-57 mg/5ml 20
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 20
amoxicillin & k clavulanate tab 250-125 mg 20
amoxicillin & k clavulanate tab 500-125 mg 20
amoxicillin & k clavulanate tab 875-125 mg 20
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 20
amphetamine 78
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg 78
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg 78
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg 78
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg 78
amphetamine-dextroamphetamine cap er 24hr 10 mg 78
amphetamine-dextroamphetamine cap er 24hr 15 mg 78
amphetamine-dextroamphetamine cap er 24hr 20 mg 78
amphetamine-dextroamphetamine cap er 24hr 25 mg 78

amphetamine-dextroamphetamine cap er 24hr 30 mg 78
amphetamine-dextroamphetamine cap er 24hr 5 mg 78
amphetamine-dextroamphetamine tab 10 mg.....78
amphetamine-dextroamphetamine tab 12.5 mg.....79
amphetamine-dextroamphetamine tab 15 mg.....79
amphetamine-dextroamphetamine tab 20 mg.....79
amphetamine-dextroamphetamine tab 30 mg.....79
amphetamine-dextroamphetamine tab 5 mg 78
amphetamine-dextroamphetamine tab 7.5 mg.....78
amphotericin b 12
amphotericin b liposome 12
ampicillin 20
ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm.....20
ampicillin & sulbactam sodium for inj 3 (2-1) gm.....20
ampicillin & sulbactam sodium for iv soln 15 (10-5) gm 20
ampicillin sodium 21
AMPYRA.....89
AMVUTTRA.....87
AMZEEQ.....164
ANAFRANIL 60
anagrelide hcl 135
ANALPRAM HC LOT 2.5%.....171
anastrozole 24
ANCOBON 12
ANDEMBRY.....135
ANNOVERA MIS 106
ANORO ELLIPT AER 62.5-25 155
ANUSOL-HC.....171
ANZUPGO.....171
APIDRA.....102
APIDRA SOLOSTAR.....102
APLENZIN 60
APOKYN.....63
apomorphine hydrochloride 63
APONVIE.....122
aprepitant 122
aprepitant capsule therapy pack 80 & 125 mg 122
apri 106
APRISO.....124
APTIOM 69
APTIVUS 14
AQNEURSA.....115
AQVESME.....135
ARALAST NP 158
aranelle 106
ARANESP ALBUMIN FREE.....133
ARAZLO 164
ARBLI.....46
ARCALYST 144
AREXVY 146
arformoterol tartrate.....158
ARICEPT 59
ARIKAYCE.....8
ARIMIDEX 24
aripiprazole 65
ARISTADA.....65
ARISTADA INITIO 65
ARIXTRA 132
ARMLUPEG 133
armodafinil.....94
ARNUITY ELLIPTA.....161
AROMASIN.....24
ARTHROTEC 50 TAB 1
ARTHROTEC 75 TAB 1
ARYNTA 79
asenapine maleate 66
ashlyna 106
ASMANEX HFA 161
ASMANEX TWISTHALER 120 ME 161
ASMANEX TWISTHALER 14 MET 161
ASMANEX TWISTHALER 30 MET 161
ASMANEX TWISTHALER 60 MET 161
ASPARLAS.....27
aspirin-dipyridamole cap er 12hr 25-200 mg 137
ASTAGRAF XL 145
ATACAND.....46
ATACAND HCT TAB 16-12.5.....43
ATACAND HCT TAB 32-12.5.....43
ATACAND HCT TAB 32-25MG 43
atazanavir sulfate 14

ATELVIA.....104
atenolol 50
atenolol & chlorthalidone tab 100-25 mg 50
atenolol & chlorthalidone tab 50-25 mg 49
ATGAM 145
ATIVAN.....58
ATMEKSI.....92
atomoxetine hcl 79
ATONCY.....79
ATORVALIQ.....48
atorvastatin calcium 48
atovaquone.....8
atovaquone-proguanil hcl tab 250-100 mg 13
atovaquone-proguanil hcl tab 62.5-25 mg 13
ATRALIN 164
atropine sulfate.....124
ATROPINE SULFATE.....124, 154
atropine sulfate (ophthalmic) 154
ATROVENT HFA.....155
ATTRUBY 54
AUBAGIO 89
aubra eq 106
AUGMENTIN SUS 125/5ML 21
AUGMENTIN SUS ES-600 21
AUGTYRO.....29
aurovela 1/20 106
aurovela 24 fe 106
aurovela fe 1/20 106
aurovela fe 1.5/30.....106
AUSTEDO.....87
AUSTEDO XR.....87
AUSTEDO XR TAB TITR KIT 87
AUVELITY TAB 45-105MG.....60
AUVELITY TAB TITRATIO.....60
AVALIDE TAB 150-12.5.....44
AVALIDE TAB 300-12.5.....44
AVAPRO.....46
AVASTIN.....29
AVEED.....96
AVGEMSI 23
aviane 106
AVLAYAH.....115
AVMAPKI PAK FAKZYNJA.....29
AVODART.....129
AVONEX.....89
AVONEX PEN 89
AVOPEF 28
AVSOLA 138
AVTOZMA.....138
AVYCAZ INJ 2-0.5GM.....18
AWIQLI FLEXTOUCH 102
AXTLE 23
ayuna 106
AYVAKIT 29
azacitidine 23
AZACTAM 8
azasan 145
AZASITE 151
azathioprine 145
azelaic acid.....171
azelastine hcl.....156
azelastine hcl (ophth) 152
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act 156
AZELEX.....164
AZILECT 63
azilsartan medoxomil.....46
azithromycin 19
AZMIRO.....96
AZOPT 153
AZOR TAB 10-20MG 44
AZOR TAB 10-40MG 44
AZOR TAB 5-20MG.....44
AZOR TAB 5-40MG.....44
AZSTARYS CAP 26.1-5.2 79
AZSTARYS CAP 39.2-7.8 79
AZSTARYS CAP 52.3-10. 79
aztreonam 8
AZULFIDINE 124
AZULFIDINE EN-TABS 124
azurette 106

B

bacitracin-polymyxin b ophth oint...151
bacitracin-polymyxin-neomycin-hc ophth oint 1% 150
baclofen.....92
BACTRIM DS TAB 800-160 8
BACTRIM TAB 400-80MG 8
BAFIERTAM 90
BALCOLTRA TAB 0.1-20 107

balsalazide disodium 124
BALVERSA.....29
balziva 107
BANZEL.....69, 70
BAQSIMI ONE PACK.....115
BAQSIMI TWO PACK 115
BARACLUDE 17
BASAGLAR KWIKPEN 102
BAVENCIO 29
BAXDELA 19
BAXFENDY 54
BCG VACCINE.....146
beclomethasone dipropionate.....161
BEIZRAY 28
BEIZRAY INJ 160/8ML 28
BEIZRAY INJ 80MG/4ML.....28
BELBUCA 4
BELEODAQ 29
BELSOMRA.....83
benazepril & hydrochlorothiazide tab 10-12.5 mg 41
benazepril & hydrochlorothiazide tab 20-12.5 mg 41
benazepril & hydrochlorothiazide tab 20-25 mg 41
benazepril & hydrochlorothiazide tab 5-6.25mg 41
benazepril hcl 42
bendamustine hcl.....22
BENDAMUSTINE HYDROCHLORID.....22
BENDEKA.....22
BENICAR.....46
BENICAR HCT TAB 20-12.5.....44
BENICAR HCT TAB 40-12.5.....44
BENICAR HCT TAB 40-25MG.....44
BENLYSTA 145
BENZAMYCIN GEL 5-3%.....164
benzoyl peroxide-erythromycin gel 5-3% 164
benztropine mesylate 63
BEOVU.....154
bepotastine besilate.....152
BEPREVE.....152
BERINERT 135
besifloxacin hcl 151
BESIVANCE 151
BESPONSA 29
BESREMI 27
BESREMI PEN 27
betaine powder for oral solution 115
betamethasone dipropionate (topical) 168
betamethasone dipropionate augmented 168
betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml....113
betamethasone valerate.....168
BETAPACE.....47
BETAPACE AF 47
BETASERON 90
betaxolol hcl.....50
betaxolol hcl (ophth).....153
bethanechol chloride.....130
BETHKIS.....8
BETIMOL.....153
BEVESPI AER 9-4.8MCG 155
bexarotene.....27
bexarotene (topical) 171
BEXSERO 146
BEYAZ TAB.....107
bicalutamide.....24
BICILLIN C-R INJ 1200000 21
BICILLIN C-R INJ 900/300.....21
BICILLIN L-A 21
BIDIL TAB.....54
BIJUVA CAP 0.5-100 112
BIJUVA CAP 1-100MG 112
BIKTARVY TAB 30-120-15 MG.....15
BIKTARVY TAB 50-200-25 MG.....15
BILDYOS 104
bimatoprost.....153
BIMZELX 138
BINOSTO 104
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg 126
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 50
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 50
bisoprolol & hydrochlorothiazide tab 5-6.25 mg.....50
bisoprolol fumarate 50
BIVIGAM 143
BKEMV.....135

BLENREP.....29
bleomycin sulfate.....27
blisovi 24 fe.....107
blisovi fe 1/20.....107
blisovi fe 1.5/30.....107
BLUJEPA.....8
BONJESTA TAB 20-20MG.....122
BONSITY.....104
BOOSTRIX INJ.....146
bortezomib.....30
BORTEZOMIB.....29
BORUZU.....30
bosentan.....56
BOSULIF.....30
bosutinib.....30
BOTOX.....92
BRAFTOVI.....30
BREKIYA.....85
BREO ELLIPTA INH 100-25.....162
BREO ELLIPTA INH 200-25.....162
BREO ELLIPTA INH 50-25MCG.....162
breyna.....162
BREZTRI AERO AER 18MCG.....155
BREZTRI AERO AER 9MCG.....155
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK).....155
briellyn.....107
BRILINTA.....137
brimonidine tartrate.....153
brimonidine tartrate (topical).....171
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%.....153
BRINSUPRI.....158
brinzolamide.....153
BRIUMVI.....90
brivaracetam.....70
BRIVIACT.....70
BRIXADI.....95
bromfenac sodium (ophth).....152
bromocriptine mesylate.....63
BROMSITE.....152
BRUKINSA.....30
BRYHALI.....168
BRYNOVIN.....97
BUCAPSOL.....58
budesonide.....124
budesonide (inhalation).....161
budesonide (intrarectal).....124
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act.....162
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....162
bumetanide.....52
buprenorphine.....4
buprenorphine hcl.....95
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....95
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv).....95
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv).....95
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....95
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....95
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....95
bupropion hcl.....60
bupropion hcl (smoking deterrent).....95
buspirone hcl.....58
butorphanol tartrate.....5
BUTRANS.....4
BYLVAY.....126
BYLVAY (PELLETS).....126
BYOOVIZ.....154
BYQLOVI.....152
BYSANTI.....66
BYSANTI TAB PACK A.....66
BYSANTI TAB PACK B.....66
BYSANTI TAB PACK C.....66
BYSTOLIC.....50

C

cabergoline.....115
CABLIVI.....135
CABOMETYX.....30
CABTREO GEL.....164
CADUET TAB 10-10MG.....54
CADUET TAB 10-20MG.....54
CADUET TAB 10-40MG.....54
CADUET TAB 10-80MG.....54
CADUET TAB 5-10MG.....54
CADUET TAB 5-20MG.....54
CADUET TAB 5-40MG.....54
CADUET TAB 5-80MG.....54

CAFERGOT TAB 1-100MG 85
calcipotriene 167
CALCIPOTRIENE 167
calcipotriene-betamethasone dipropionate oint 0.005-0.064% ..167
calcipotriene-betamethasone dipropionate susp 0.005-0.064% .167
calcitonin (salmon) inj.....104
calcitonin (salmon) spray 105
calcitrene 167
calcitriol 121
calcitriol (oral) 121
calcitriol (topical) 167
calcium acetate (phosphate binder) 120
CALQUENCE 30
CAMBIA 85
CAMCEVI 25
camila 107
CAMPTOSAR 27
camrese 107
camrese lo 107
CAMZYOS 54
CANASA 125
candesartan cilexetil 46
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg 44
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg 44
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg .44
CAPLYTA 66
CAPRELSA 30
captopril 42
captopril & hydrochlorothiazide tab 25-15 mg.....41
captopril & hydrochlorothiazide tab 25-25 mg.....41
captopril & hydrochlorothiazide tab 50-15 mg.....41
captopril & hydrochlorothiazide tab 50-25 mg.....41
CARAFATE 126
carb/levo orally disintegrating tab 10-100mg 63
carb/levo orally disintegrating tab 25-100mg 63
carb/levo orally disintegrating tab 25-250mg 64
CARBAGLU 115
carbamazepine 70
CARBATROL 70
carbidopa.....64
carbidopa & levodopa cap er 23.75-95 mg 64
carbidopa & levodopa cap er 36.25-145 mg 64
carbidopa & levodopa cap er 48.75-195 mg 64
carbidopa & levodopa cap er 61.25-245 mg 64
*carbidopa & levodopa tab 10-100 mg*64
*carbidopa & levodopa tab 25-100 mg*64
*carbidopa & levodopa tab 25-250 mg*64
carbidopa & levodopa tab er 25-100 mg 64
carbidopa & levodopa tab er 50-200 mg 64
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg.....64
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg 64
carbidopa-levodopa-entacapone tabs 25-100-200 mg.....64
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg 64
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg 64
carbidopa-levodopa-entacapone tabs 50-200-200 mg.....64
carbinoxamine maleate 156
carboplatin 22
carbzah.....156
CARDAMYST 51
CARDIZEM 51
CARDIZEM CD 51
CARDIZEM LA 51
CARDURA 43
CARDURA XL 130
carglumic acid.....115
carisoprodol 92
CARNITOR.....115

CAROSPIR.....42
carteolol hcl (ophth) 153
cartia xt.....51
carvedilol 50
carvedilol phosphate.....50
CASODEX.....25
caspofungin acetate 12
CASPOFUNGIN ACETATE 12
CAVHANZA.....30
CAYSTON.....8
cefaclor 18
CEFACLOR ER.....18
cefadroxil.....18
CEFAZOLIN 18
CEFAZOLIN/DEX SOL 1GM/50ML-4% 18
CEFAZOLIN/DEX SOL 2GM/50ML-3% 18
CEFAZOLIN/DEX SOL 3GM/150ML-4% 18
CEFAZOLIN/DEX SOL 3GM/50ML-2% 18
CEFAZOLIN INJ 1GM/50ML.....18
cefazolin sodium 18
CEFAZOLIN SOLN 2GM/100ML-4% ...18
cefdinir 18
CEFEPIME 18
CEFEPIME/DEX INJ 1GM.....18
CEFEPIME/DEX INJ 2GM.....18
cefepime hcl.....18
cefixime.....18
cefotetan disodium.....18
CEFOXITIN INJ 1GM 18
CEFOXITIN INJ 2GM 18
cefoxitin sodium.....18
cefpodoxime proxetil 19
cefprozil.....19
ceftaroline fosamil.....19
ceftazidime 19
ceftriaxone sodium.....19
cefuroxime axetil 19
cefuroxime sodium.....19
CELEBREX.....1
celecoxib 1
CELESTONE INJ SOLUSPAN 113
CELEXA 60
CELLCEPT.....145
CELONTIN.....70
cephalexin 19
CEQUA.....154
CEQUR EXT WR MIS INSERTER 102
CEQUR SIMPL KIT 1U EXTND 102
CEQUR SIMPL KIT 2U EXTND 102
CEQUR SIMPL KIT PATCH 2U (4-DAY) 102
CEQUR SIMPL MIS INSERTER.....102
CERDELGA 115
CEREZYME 115
cetirizine hcl 156
cevimeline hcl.....174
CHANTIX 95
CHANTIX CONTINUING MONTH.....95
CHANTIX TAB 0.5& 1MG 95
chateal eq 107
CHEMET.....105
chlordiazepoxide hcl 58
chlorhexidine gluconate (mouth-throat) 174
chloroquine phosphate.....13
chlorpromazine hcl 66
chlorthalidone.....52
CHOLBAM.....126
cholestyramine 48
cholestyramine light 48
choline fenofibrate 47
CHORIONIC GONADOTROPIN.....115
CIALIS.....130
CIBINQO.....138
ciclodan 166
ciclopirox 166
ciclopirox olamine.....166
cidofovir 17
cilostazol.....135
CILOXAN.....151
CIMDUO TAB 300-300 15
cimetidine 124
cimetidine hcl 124
CIMZIA 138
CIMZIA (1 SYRINGE) 138
CIMZIA (2 SYRINGE) 138
CIMZIA STARTER KIT.....138
cinacalcet hcl.....115
CINQAIR 158
CINRYZE 135
CINVANTI.....122
CIPRO 19
ciprofloxacin 200 mg/100ml in d5w ..20

ciprofloxacin 400 mg/200ml in d5w ..20
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 155
ciprofloxacin hcl 20
ciprofloxacin hcl (ophth) 151
ciprofloxacin hcl (otic) 155
ciprofloxacin-hydrocortisone otic susp 0.2-1% 155
CIPRO HC SUS 0.2-1%OT.....155
cisplatin 22
citalopram hydrobromide 60
CITALOPRAM HYDROBROMIDE.....60
cladribine (10 tabs) 90
cladribine (4 tabs) 90
cladribine (5 tabs) 90
cladribine (6 tabs) 90
cladribine (7 tabs) 90
cladribine (8 tabs) 90
cladribine (9 tabs) 90
claravis 164
CLARINEX 156
CLARINEX-D TAB 2.5-120.....156
clarithromycin 19
clemastine fumarate 156
CLEMSZA 156
CLENPIQ SOL 10 MG-3.5 GM-12 GM/175ML.....125
CLEOCIN 131
CLEOCIN PEDIATRIC GRANULE 9
CLEOCIN PHOSPHATE.....9
CLEOCIN-T 164
CLIGAVYX 25
CLIMARA.....112
CLIMARA PRO DIS WEEKLY.....112
clindacin 164
clindacin etz pledgets.....164
clindacin-p 164
CLINDAGEL 164
clindamycin hcl.....9
clindamycin palmitate hydrochloride...9
clindamycin phosphate 9
clindamycin phosphate (topical) 164
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% 164
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%.....164
clindamycin phosphate-benzoyl peroxide gel 1-5% 164
clindamycin phosphate in d5w iv soln 300 mg/50ml 9
clindamycin phosphate in d5w iv soln 600 mg/50ml 9
clindamycin phosphate in d5w iv soln 900 mg/50ml 9
clindamycin phosphate-tretinoin gel 1.2-0.025% 164
clindamycin phosphate vaginal 131
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 164
CLINDESSE 131
CLINDMYC/NAC INJ 300/50ML.....9
CLINDMYC/NAC INJ 600/50ML.....9
CLINDMYC/NAC INJ 900/50ML.....9
CLINIMIX E INJ 2.75/D5W 150
CLINIMIX E INJ 4.25/D10 150
CLINIMIX E INJ 4.25/D5W 150
CLINIMIX E INJ 5%/D15W 150
CLINIMIX E INJ 5%/D20W 150
CLINIMIX E INJ 8/10.....150
CLINIMIX E INJ 8/14.....150
CLINIMIX INJ 4.25/D10.....150
CLINIMIX INJ 4.25/D5W.....150
CLINIMIX INJ 5%/D15W.....150
CLINIMIX INJ 5%/D20W.....150
CLINIMIX INJ 6/5 150
CLINIMIX INJ 8/10 150
CLINIMIX INJ 8/14 150
clinisol sf 15% 150
CLINOLIPID EMU 20% 150
clobazam 70
clobetasol propionate.....168
CLOBETASOL PROPIONATE.....168
clobetasol propionate e 168
clobetasol propionate emulsion 168
clocortolone pivalate.....168
clodan 168
clomipramine hcl.....60
clonazepam.....70
clonidine.....54
clonidine hcl.....54
clonidine hcl (analgesia) 1
clopidogrel bisulfate.....137
clorazepate dipotassium.....70

clotrimazole 174
clotrimazole (topical) 166
clotrimazole w/ betamethasone cream 1-0.05% 166
clozapine 66
CLOZARIL 66
COARTEM TAB 20-120MG 13
COBENFY CAP 100-20MG 66
COBENFY CAP 125-30MG 66
COBENFY CAP 50-20MG 66
COBENFY STRT CAP PACK 66
codeine sulfate 5
CODEINE SULFATE 5
colchicine 1
colchicine w/ probenecid tab 0.5-500 mg 1
colesevelam hcl 49
COLESTID 49
colestipol hcl 49
colistimethate sodium 9
COLUMVI 30
COLY-MYCIN M 9
COMBIGAN SOL 0.2/0.5% 153
COMBIPATCH DIS 112
COMBIVENT AER 20-100 155
COMBOGESIC INJ 300-1000 1
COMETRIQ (60MG DOSE) 30
COMETRIQ KIT 100MG 30
COMETRIQ KIT 140MG 30
COMPLERA TAB 15
compro 122
CONCERTA 79
constulose 125
CONTEPO 9
CONZIP 4
COPAXONE 90
COPIKTRA 30
CORDRAN 168
COREG 50
COREG CR 50
corphena 156
CORTEF 113
CORTENEMA 125
CORTIFOAM 171
CORTISONE ACETATE 113
CORTISPORIN SUS -TC OTIC 155
CORTROPHIN 115
COSENTYX 138
COSENTYX SENSOREADY PEN 138
COSENTYX UNOREADY 139
COSOPT PF SOL 2%-0.5% 153
COSOPT SOL 2-0.5%OP 153
COTELLIC 30
COTEMPLA XR-ODT 79
COZAAR 46
CRENESSITY 116
CREON CAP 12000UNT 126
CREON CAP 24000UNT 126
CREON CAP 3000UNIT 126
CREON CAP 36000UNT 126
CREON CAP 6000UNIT 126
CRESEMBA 12
CRESTOR 48
CREXONT CAP 35-140MG 64
CREXONT CAP 52.5-210 64
CREXONT CAP 70-280MG 64
CREXONT CAP 87.5-350 64
CRINONE 120
cromolyn sodium 158
cromolyn sodium (mastocytosis) 126
cromolyn sodium (ophth) 152
crotan 174
cryselle 107
CRYSVITA 116
CUTAQUIG 143
CUVITRU 143
CUVPOSA 124
CUVRIOR 105
cyclobenzaprine hcl 93
cyclophosphamide 22, 23
CYCLOPHOSPHAMIDE 23
CYCLOPHOSPHAMIDE MONOHYDR 23
cycloserine 16
cyclosporine 145
cyclosporine (ophth) 154
cyclosporine modified (for microemulsion) 145
cyproheptadine hcl 157
CYRAMZA 30
cyred eq 107
CYSTADANE POW 116
CYSTADROPS 154
CYSTAGON 116
CYSTARAN 154

cytarabine.....23
CYTOGAM.....143
CYTOMEL 120
CYTOTEC.....126
D
D10W/NACL INJ 0.2%.....147
D10W/NACL INJ 0.45%.....147
D2.5W/NACL INJ 0.45%.....147
D5W/LYTES INJ #48.....147
D5W/NACL INJ 0.2% 147
D5W/NACL INJ 0.3% 147
D5W/NACL INJ 0.45%.....147
D5W/NACL INJ 0.9% 147
dabigatran etexilate mesylate 132
dacarbazine.....27
dalbavancin hcl.....9
dalfampridine 90
DALIRESP 158
DALVANCE.....9
danazol 96
DANTRIUM 93
dantrolene sodium 93
DANZITEN.....31
dapagliflozin 97
dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg.....98
dapagliflozin free base-metformin hcl tab er 24hr 10-500 mg 98
dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg 98
dapagliflozin free base-metformin hcl tab er 24hr 5-500 mg 97
*dapagliflozin-saxagliptin tab 10-5 mg*98
dapsone 9
dapsone (topical) 164
DAPTACEL INJ.....146
DAPTOMY/NACL INJ 350/50ML 9
DAPTOMY/NACL INJ 500/50ML 9
daptomycin.....9
DAPTOMYCIN 9
DARAPRIM 9
darifenacin hydrobromide.....131
darunavir.....14
DARZALEX 31
DARZALEX INJ FASPRO.....31
dasatinib.....31
dasetta 1/35.....107
dasetta 7/7/7 107
DATROWAY 31
DAURISMO.....31
DAWNZERA 135
DAXXIFY 93
DAYBUE.....87
DAYBUE STIX 87
daysee.....107
DAYTRANA 79
DAYVIGO 83
DDAVP.....116
deblitane.....107
decitabine 23
deferasirox 105
deferiprone.....105
deferoxamine mesylate 106
DELESTROGEN.....112
DELSTRIGO TAB 15
demeclocycline hcl 22
DENAVIR.....171
DEPAKOTE 70
DEPAKOTE ER.....70
DEPAKOTE SPRINKLES.....70
DEPEN TITRATABS 106
DEPO-ESTRADIOL 112
DEPO-MEDROL.....113
DEPO-PROVERA CONTRACEPTIV.....107
DEPO-SUBQ PROVERA 104 107
depo-testosterone.....96
DERMA-SMOOTHE/FS BODY.....168
DERMA-SMOOTHE/FS SCALP.....168
DERMOTIC 155
DESCOVY TAB 120-15MG.....15
DESCOVY TAB 200/25MG.....15
DESFERAL.....106
desipramine hcl 60
desloratadine.....157
DESMODA 116
desmopressin acetate 116
desmopressin acetate spray.....116
desmopressin acetate spray refrigerated 116
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 107
desonide.....168, 169
desoximetasone 169
DESVENLAFAXINE ER 60

desvenlafaxine succinate.....60
dexamethasone 113
DEXAMETHASONE INTENSOL.....114
dexamethasone sodium phosphate .114
dexamethasone sodium phosphate (ophth) 152
DEXEDRINE.....79
DEXILANT 128
dexlansoprazole 128
DEXLYT.....114
dexmethylphenidate hcl 79
dexrazoxane hcl.....27
dextroamphetamine sulfate 80
dextromethorphan hbr-quinidine sulfate cap 20-10 mg.....87
dextrose 150
DEXTROSE 10%.....150
dextrose 2.5% w/ sodium chloride 0.45% 147
dextrose 5% in lactated ringers.....147
dextrose 5% w/ sodium chloride 0.225%.....148
dextrose 5% w/ sodium chloride 0.3% 147
dextrose 5% w/ sodium chloride 0.45% 148
dextrose 5% w/ sodium chloride 0.9% 148
DEXTROSE 70%.....150
DEXYCU 152
DHIVY TAB 25-100MG 64
DIACOMIT.....70
diazepam 71
diazepam (anticonvulsant) 71
diazepam inj 71
diazepam intensol 71
diazoxide 115
dichlorphenamide.....52
DICLEGIS TAB 10-10MG.....122
diclofenac potassium 1
diclofenac potassium (migraine).....85
diclofenac sodium 1, 2
diclofenac sodium (actinic keratoses) 172
diclofenac sodium (ophth) 152
diclofenac sodium (topical) 172
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....2
diclofenac w/ misoprostol tab delayed release 75-0.2 mg.....2
dicloxacillin sodium 21
dicyclomine hcl 124
DIFICID 19
diflorasone diacetate.....169
DIFLUCAN 12
diflunisal.....2
difluprednate 152
digoxin 54
dihydroergotamine mesylate.....85
DILANTIN 71
DILANTIN-125 71
DILANTIN INFATABS 71
DILAUDID 6
diltiazem hcl.....51
diltiazem hcl coated beads 51
diltiazem hcl extended release beads 51
dilt-xr.....51
DIMENHYDRINATE.....122
dimethyl fumarate.....90
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 90
dimethyl sulfoxide 130
DIOVAN 46
DIOVAN HCT TAB 160-12.5 44
DIOVAN HCT TAB 160-25MG 44
DIOVAN HCT TAB 320-12.5 44
DIOVAN HCT TAB 320-25MG 44
DIOVAN HCT TAB 80-12.5.....44
DIPENTUM.....125
diphenhydramine hcl 157
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml.....126
diphenoxylate w/ atropine tab 2.5-0.025 mg 126
DIPROLENE 169
dipyridamole.....137
disopyramide phosphate 47
disulfiram 95
DIURIL 52
divalproex sodium.....71
DIVIGEL.....112
docetaxel.....28
DOCETAXEL 28

DOCIVYX 28
dofetilide 47
DOJOLVI 116
dolishale 107
DOLOBID.....2
donepezil hydrochloride 59
DOPTELET 135
DOPTELET SPRINKLE 135
DORYX MPC 22
dorzolamide hcl.....153
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....153
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....153
dotti 112
DOVATO TAB 50-300MG 15
doxazosin mesylate 43
doxepin hcl 60
doxepin hcl (antipruritic) 172
doxepin hcl (sleep).....83
doxercalciferol 121
DOXIL 27
doxorubicin hcl 27
doxorubicin hcl liposomal 27
DOXORUBICIN HYDROCHLORIDE 27
doxy 100 22
doxycycline (monohydrate) 22
doxycycline (rosacea) 172
doxycycline hyclate 22
doxylamine-pyridoxine tab delayed release 10-10 mg 122
DRIZALMA SPRINKLE.....60
dronabinol.....122
drospirenone-ethinyl estradiol tab 3-0.02 mg 107
drospirenone-ethinyl estradiol tab 3-0.03 mg 107
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 107
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 107
DROXIA 135
droxidopa 54
DUAKLIR AER 400/12 155
DUETACT TAB 30-2MG.....98
DUETACT TAB 30-4MG.....98
DULERA AER 100-5MCG 162
DULERA AER 200-5MCG 162
DULERA AER 50-5MCG.....162
duloxetine hcl.....60
DULOXETINE HYDROCHLORIDE 60
DUOBRII LOT.....169
DUOPA SUS 4.63-20.....64
DUPIXENT 139
DURACLON 1
DUREZOL 152
dutasteride.....130
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 130
DUVYZAT 87
DW5-NACL INJ 0.225% 148
DYANAVEL XR.....80
DYCLOPRO 171
DYMISTA SPR 137-50 156
DYRENIUM 52
DYSPORT 93

E

e.e.s. 400 19
EBGLYSS.....139
econazole nitrate.....166
ECONAZOLE NITRATE 166
edaravone.....88
EDARBI 46
EDARBYCLOR TAB 40-12.5 44
EDARBYCLOR TAB 40-25MG 44
EDECRIN 52
EDLUAR.....83
EDURANT.....14
EDURANT PED 14
efavirenz 14
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....15
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....15
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....15
EFFEXOR XR.....60
EFFIENT.....137
EGRIFTA SV.....116
EGRIFTA WR.....116
EKTERLY 135
ELAHERE.....31

ELAPRASE 116
ELELYSO 116
ELEPSIA XR 71
ELESTRIN 112
eletriptan hydrobromide 85
ELFABRIO 116
ELIGARD 25
elinest 107
ELIQUIS 132
ELIQUIS (1.5MG PACK) 3 X 132
ELIQUIS (2MG PACK) 4 X 132
ELIQUIS STARTER PACK 132
ELITEK 27
elixophyllin 158
ELLENCE 27
ELMIRON 130
eltrombopag olamine 135, 136
eluryng 107
ELYXYB 85
EMBLAVEO INJ 2GM 9
EMEND 122
EMEND BIPACK 122
EMEND TRIPAC CAP 125 & 80 122
EMGALITY 85
EMPAVELI 136
EMPLICITI 31
EMRELIS 31
EMROSI 172
EMSAM 60
emtricitabine 14
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg 15
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg 15
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg 15
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg 16
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg 16
EMTRIVA 14
EMVERM 9
emzahh 107
enalapril maleate 42
enalapril maleate & hydrochlorothiazide tab 10-25 mg 41
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg 41
ENBREL 139
ENBREL MINI 139
ENBREL SURECLICK 139
ENBUMYST 52
ENDARI 136
endocet tab 10-325mg 6
endocet tab 2.5-325mg 6
endocet tab 7.5-325mg 6
ENGERIX-B 146
ENHERTU 31
enilloring 107
ENJAYMO 136
enoxaparin sodium 132
ENSACOVE 31
enskyce 107
ENSPRYNG 88
ENSTILAR AER 167
entacapone 64
entecavir 17
ENTRESTO CAP 15-16MG 44
ENTRESTO CAP 6-6MG 44
ENTRESTO TAB 24-26MG 44
ENTRESTO TAB 49-51MG 44
ENTRESTO TAB 97-103MG 44
ENTYVIO 139
ENTYVIO PEN 139
enulose 125
ENVARSUS XR 145
EOHILIA 126
EPANED 42
EPIDIOLEX 71
EPIDUO FORTE GEL 0.3-2.5% 164
EPIFOAM AER 1% 169
epinastine hcl (ophth) 152
epinephrine 54
EPINEPHRINE 54
epinephrine (anaphylaxis) 159
EPIPEN 2-PAK 159
EPIPEN-JR 2-PAK 159
EPIVIR 14
EPKINLY 31
eplerenone 43
EPOGEN 133
epoprostenol sodium 56
EPRONTIA 71

EPSOLAY 172
EPYSQLI.....136
EQUETRO.....88
ERAXIS.....12
ERBITUX.....31
ERGOMAR 85
ergotamine w/ caffeine tab 1-100 mg 85
eribulin mesylate 28
ERIVEDGE.....31
ERLEADA 25
erlotinib hcl 31
errin 107
ERTACZO 166
ertapenem sodium 9
ery 165
ERYTHROCIN LACTOBIONATE 19
erythromycin (acne aid) 165
erythromycin (ophth).....151
erythromycin base 19
erythromycin ethylsuccinate 19
erythromycin lactobionate 19
ERZOFRI.....66
ESBRIET 159
escitalopram oxalate 60
ESCITALOPRAM OXALATE.....60
eslicarbazepine acetate.....71
esomeprazole magnesium 128
esomeprazole sodium 128
estarylla.....107
estazolam 83
ESTRACE.....112
estradiol 112
estradiol & norethindrone acetate tab 0.5-0.1 mg 112
estradiol & norethindrone acetate tab 1-0.5 mg.....112
estradiol vaginal.....112
estradiol valerate 112
ESTRING.....112
estrogens, conjugated.....112
eszopiclone 83
ethacrynic acid 52
ethambutol hcl 16
ethosuximide.....71
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg.....107
ETHYOL 27
etodolac 2
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 108
ETOPOPHOS 28
etoposide.....28
etravirine.....14
EUCRISA.....172
EULEXIN 25
EURAX 174
EVAMIST.....112
EVENITY 105
everolimus 31
everolimus (immunosuppressant) ...145
evesse 169
EVISTA 116
EVKEEZA 49
EVOTAZ TAB 300-150.....16
EVOXAC.....174
EVRYSDI.....88
EXDENSUR 159
EXELDERM 166
EXELON 59
exemestane 25
EXFORGE HCT TAB 10-160-12.5MG..44
EXFORGE HCT TAB 10-160-25MG.....44
EXFORGE HCT TAB 10-320-25MG.....44
EXFORGE HCT TAB 5-160-12.5MG....44
EXFORGE HCT TAB 5-160-25MG 44
EXFORGE TAB 10-160MG 44
EXFORGE TAB 10-320MG 44
EXFORGE TAB 5-160MG 44
EXFORGE TAB 5-320MG 44
EXJADE.....106
EXXUA.....61
EXXUA TITRATION PACK 61
EYLEA.....154
EYLEA HD.....154
EYSUVIS 154
ezetimibe.....49
ezetimibe-simvastatin tab 10-10 mg.49
ezetimibe-simvastatin tab 10-20 mg.49
ezetimibe-simvastatin tab 10-40 mg.49
ezetimibe-simvastatin tab 10-80 mg.49

F

FABHALTA 136
FABIOR.....165

FABRAZYME....116
falmina 108
famciclovir 17
famotidine....124
famotidine in nacl 0.9% iv soln 20 mg/50ml 124
FANAPT 66
FANAPT PAK PACK A....66
FANAPT PAK PACK B....66
FANAPT PAK PACK C....66
FARESTON 25
FARXIGA....98
FASENRA 159
FASENRA PEN 159
FASLODEX 25
FAVLYXA....23
febuxostat 1
feirza 1/20 108
feirza 1.5/30....108
felbamate 71
FELBATOL 71
felodipine....51
FEMARA....25
FEMLYV TAB 1/0.02MG....108
FEMRING 112
fenofibrate 47
fenofibrate micronized 47
fenofibric acid....48
fenoprofen calcium....2
fenopron....2
FENSOLVI 116
fentanyl....4
FERRIPROX 106
FERRIPROX TWICE-A-DAY 106
fesoterodine fumarate....131
FETROJA....19
FETZIMA....61
FETZIMA CAP TITRATIO 61
fexmid....93
FIASP 102
FIASP FLEXTOUCH....102
FIASP PENFILL....102
FIASP PUMPCART 102
fidaxomicin 19
FILKRI 133
FILSPARI....130
FILSUVEZ....174
FINACEA 172
finasteride....130
fingolimod hcl....90
FINTEPLA....71
finzala 108
FIRAZYR 136
FIRDAPSE 88
FIRMAGON 25
FIRVANQ 9
FLAREX....152
FLEBOGAMMA DIF 143
flecainide acetate....47
FLEQSUVY....93
FLOLIPID 48
fluconazole....12
fluconazole in nacl 0.9% inj 200 mg/100ml 12
fluconazole in nacl 0.9% inj 400 mg/200ml 12
flucytosine 12
fludarabine phosphate 23
fludrocortisone acetate....114
flunisolide (nasal)....161
fluocinolone acetonide....169
fluocinolone acetonide (otic) 155
fluocinonide....169
fluocinonide emulsified base 169
fluorometholone (ophth) 152
fluorouracil....23
fluorouracil (topical) 172
fluoxetine hcl....61
fluoxetine hcl (pmdd) 61
fluphenazine decanoate 66
fluphenazine hcl....66
flurandrenolide....169
flurbiprofen....2
flurbiprofen sodium 152
fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act....162
fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act....163
fluticasone propionate....169
fluticasone propionate (inhalation)..161
fluticasone propionate (nasal) 161
fluticasone propionate hfa 162
fluticasone-salmeterol aer powder ba 100-50 mcg/act 163

fluticasone-salmeterol aer powder ba 250-50 mcg/act 163
fluticasone-salmeterol aer powder ba 500-50 mcg/act 163
fluticasone-salmeterol inhal aerosol 115-21 mcg/act 163
fluticasone-salmeterol inhal aerosol 230-21 mcg/act 163
fluticasone-salmeterol inhal aerosol 45-21 mcg/act 163
fluvastatin sodium 48
fluvoxamine maleate 58
FML FORTE 152
FML LIQUIFILM 152
FOCALIN XR 80
FOCINVEZ 122
FOLOTYN 23
fondaparinux sodium 132
formoterol fumarate 158
FORTEO 105
FOSAMAX 105
FOSAMAX + D TAB 70-2800 105
FOSAMAX + D TAB 70-5600 105
fosamprenavir calcium 14
fosaprepitant dimeglumine 122
foscarnet sodium 17
fosfomycin tromethamine 9
fosinopril sodium 42
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 41
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg 41
FOTIVDA 31
FRAGMIN 132
FRINDOVYX 23
frovatriptan succinate 85
FRUZAQLA 31
FULPHILA 133
fulvestrant 25
FUROSCIX 52
FUROSCIX READYFLOW 52
furosemide 52
furosemide inj 52
FYARRO 32
fyavolv tab 0.5mg-2.5mcg 112
fyavolv tab 1mg-5mcg 112
FYCOMPA 71, 72
FYLNETRA 133

G

gabapentin 72
gabapentin (once-daily) 88
GABARONE 72
GALAFOLD 116
galantamine hydrobromide 59
galbriela 108
gallifrey 120
GAMASTAN INJ 143
GAMMAGARD LIQUID 143
GAMMAGARD LIQUID ERC 143
GAMMAGARD S/D IGA LESS TH 143
GAMMAKED 143
GAMMAPLEX 143
GAMUNEX-C 144
GANCICLOVIR 17
ganciclovir sodium 17
GARDASIL 9 146
GASTROCROM 127
gatifloxacin (ophth) 151
GATTEX 127
GAUZE PADS 2X2 102
gavilyte-c 125
gavilyte-g 125
gavilyte-n/flavor pack 125
GAVRETO 32
GAZYVA 32
gefitinib 32
gemcitabine hcl 24
GEMCITABINE HYDROCHLORIDE 24
gemfibrozil 48
gemmily 108
GEMTESA 131
generlac 125
gengraf 145
GENOTROPIN 116
GENOTROPIN MINIQUICK 116
gentamicin in saline inj 0.8 mg/ml 9
gentamicin in saline inj 1.2 mg/ml 9
gentamicin in saline inj 1.6 mg/ml 9
gentamicin in saline inj 1 mg/ml 9
gentamicin in saline inj 2 mg/ml 10
gentamicin sulfate 10
gentamicin sulfate (ophth) 151
gentamicin sulfate (topical) 165
GENVOYA TAB 16

GEODON 66
GILENYA 90
GILOTRIF 32
GIMOTI 122
GIVLAARI 136
GLASSIA 159
glatiramer acetate 90
glatopa 90
GLEEVEC 32
GLEOSTINE 23
glimepiride 98
glipizide 98
glipizide-metformin hcl tab 2.5-250 mg 98
glipizide-metformin hcl tab 2.5-500 mg 98
glipizide-metformin hcl tab 5-500 mg 98
GLOPERBA 1
glucagon 115
GLYCATE 124
glycerol phenylbutyrate 116
glycopyrrolate 124
GLYCOPYRROLATE 124
glycopyrrolate (oral) 124
glydo 171
GLYXAMBI TAB 10-5 MG 98
GLYXAMBI TAB 25-5 MG 98
GOCOVRI 64
GOLYTELY SOL 125
GOMEKLI 32
GRAFAPEX 23
GRALISE 88
granisetron hcl 122
GRANISOL 122
GRANIX 133
GRASTEK 144
griseofulvin microsize 12
griseofulvin ultramicrosize 12
guanfacine hcl 54
guanfacine hcl (adhd) 80
GVOKE HYPOPEN 1-PACK 115
GVOKE HYPOPEN 2-PACK 115
GVOKE KIT 115
GVOKE PFS 115
GYNAZOLE-1 131

H

HADLIMA 139
HADLIMA PUSHTOUCH 139
HAEGARDA 136
hailey 1.5/30 108
hailey 24 fe 108
hailey fe 1/20 108
HALAVEN 28
halcinonide 169
halobetasol propionate 169
HALOG 169, 170
haloperidol 67
haloperidol decanoate 67
haloperidol lactate 67
HARVONI PAK 33.75-150MG 17
HARVONI PAK 45-200MG 17
HARVONI TAB 45-200MG 17
HARVONI TAB 90-400MG 17
HAVRIX 146
heather 108
HEMADY 114
HEMICLOR 52
HEPAGAM B 144
HEPARIN/NACL INJ 25000UNT 132
HEPARIN SODIUM 132
heparin sodium (porcine) 132
HEPCLUDEX 17
HEPLISAV-B 146
HEP SOD/D5W INJ 20000UNT 132
HEP SOD/D5W INJ 25000UNT 132
HEP SOD/NACL INJ 12500UNT 132
HEP SOD/NACL INJ 25000UNT 132
HERCEP HYLEC SOL 60-10000 32
HERCEPTIN 32
HERCESSI 32
HERNEXEOS 32
HERZUMA 32
HETLIOZ 83
HETLIOZ LQ 83
HIBERIX 146
HIZENTRA 144
HORIZANT 88
HUMALOG 102
HUMALOG JUNIOR KWIKPEN 102
HUMALOG KWIKPEN 102
HUMALOG MIX INJ 50/50KWP 102
HUMALOG MIX INJ 75/25KWP 102
HUMALOG MIX SUS 75/25 102
HUMATIN 10

HUMIRA 139
HUMIRA PEN.....139
HUMIRA PEN-CD/UC/HS START.....139
HUMIRA PEN KIT PS/UV 139
HUMULIN INJ 70/30.....102
HUMULIN INJ 70/30KWP 102
HUMULIN N 102
HUMULIN N KWIKPEN 102
HUMULIN R 102
HUMULIN R U-500 KWIKPEN.....103
hydralazine hcl 54
HYDREA.....27
hydrochlorothiazide 52
hydrocodone-acetaminophen soln 10-300 mg/15ml 6
hydrocodone-acetaminophen soln 7.5-325 mg/15ml 6
hydrocodone-acetaminophen tab 10-300 mg.....6
hydrocodone-acetaminophen tab 10-325 mg.....6
hydrocodone-acetaminophen tab 2.5-325 mg.....6
hydrocodone-acetaminophen tab 5-300 mg.....6
hydrocodone-acetaminophen tab 5-325 mg.....6
hydrocodone-acetaminophen tab 7.5-300 mg.....6
hydrocodone-acetaminophen tab 7.5-325 mg.....6
hydrocodone bitartrate 4
hydrocodone-ibuprofen tab 10-200 mg 6
hydrocodone-ibuprofen tab 5-200 mg.6
hydrocodone-ibuprofen tab 7.5-200 mg 6
hydrocortisone.....114
hydrocortisone (intrarectal) 125
hydrocortisone (rectal).....172
hydrocortisone (topical) 170
hydrocortisone butyrate 170
hydrocortisone sod succinate 114
hydrocortisone valerate.....170
hydrocortisone w/ acetic acid otic soln 1-2%.....155
hydromorphone hcl 4, 6
HYDROMORPHONE HCL 6
HYDROMORPHONE HYDROCHLORI 6
hydroxychloroquine sulfate 143
hydroxyurea.....27
hydroxyzine hcl.....157
hydroxyzine pamoate.....157
HYFTOR 172
HYQVIA INJ 10-800 144
HYQVIA INJ 2.5-200 144
HYQVIA INJ 20-1600 144
HYQVIA INJ 30-2400 144
HYQVIA INJ 5-400.....144
HYRNUO 32
HYSINGLA ER.....4
HYZAAR TAB 100-12.5.....44
HYZAAR TAB 100-25 44
HYZAAR TAB 50-12.5 44

I

ibandronate sodium 105
IBRANCE.....32
IBSRELA 127
IBTROZI 32
ibu.....2
ibuprofen.....2
*ibuprofen-famotidine tab 800-26.6 mg*2
icatibant acetate 136
iclevia.....108
ICLUSIG 32
icosapent ethyl 49
IDHIFA 32
IDVYNSO TAB 100-0.25 16
IFEX.....23
ifosfamide.....23
IFOSFAMIDE.....23
ILARIS.....144
ILEVRO 152
ILUMYA.....139
IMAAVY.....144
imatinib mesylate.....32
IMBRUVICA.....32, 33
IMDELLTRA 33
IMFINZI.....33
imipenem-cilastatin intravenous for soln 250 mg 10
imipenem-cilastatin intravenous for soln 500 mg 10
imipramine hcl.....61

imipramine pamoate.....61
imiquimod.....172
imiquimod pump.....172
IMITREX.....85
IMITREX STATDOSE REFILL.....86
IMITREX STATDOSE SYSTEM.....86
IMJUDO.....33
IMKELDI.....33
IMOVAX RABIES (H.D.C.V.).....146
IMURAN.....145
IMVEXXY MAINTENANCE PACK.....113
IMVEXXY STARTER PACK.....113
INBRIJA.....64
incassia.....108
INCRELEX.....116
INCRUSE ELLIPTA.....156
indapamide.....52
INDERAL LA.....50
INFANRIX INJ.....146
INFLECTRA.....140
INFLIXIMAB.....140
INGREZZA.....88
INGREZZA CAP 40-80MG.....88
INLURIYO.....25
INLYTA.....33
INPEFA.....54
INQOVI TAB 35-100MG.....24
INREBIC.....33
INSULIN GLARGINE MAX SOLO.....103
INSULIN GLARGINE SOLOSTAR.....103
INSULIN GLARGINE-YFGN.....103
INSULIN LISP INJ PROT KWP.....103
INSULIN LISPRO.....103
INSULIN LISPRO JUNIOR KWI.....103
INSULIN LISPRO KWIKPEN.....103
INSULIN PEN NEEDLES: EMBECTA-BD.....103
INSULIN SAFETY NEEDLES: EMBECTA-BD.....103
INSULIN SYRINGES: EMBECTA-BD.103
INTELENCE.....14
INTRALIPID.....150
INTRAROSA.....130
introvale.....108
INTUNIV.....80
INVEGA.....67
INVEGA HAFYERA.....67
INVEGA SUSTENNA.....67
INVEGA TRINZA.....67
INVOKAMET TAB 150-1000.....98
INVOKAMET TAB 150-500.....98
INVOKAMET TAB 50-1000.....98
INVOKAMET TAB 50-500MG.....98
INVOKAMET XR TAB 150-1000.....98
INVOKAMET XR TAB 150-500.....98
INVOKAMET XR TAB 50-1000.....98
INVOKAMET XR TAB 50-500MG.....98
INVOKANA.....98
INZIRQO.....53
IPOL INJ INACTIVE.....146
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....155
ipratropium bromide.....156
ipratropium bromide (nasal).....156
ipratropium bromide hfa.....156
IQIRVO.....127
irbesartan.....46
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....45
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....45
IRESSA.....33
irinotecan hcl.....27
ISENTRESS.....14
ISENTRESS HD.....14
isibloom.....108
ISOLYTE-P INJ /D5W.....148
ISOLYTE-S INJ.....148
ISOLYTE-S INJ PH 7.4.....148
isoniazid.....16
isosorbide dinitrate.....55
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....54
isosorbide mononitrate.....55
isotretinoin.....165
isradipine.....51
ISTALOL.....153
ISTURISA.....116
ITOVEBI.....33
itraconazole.....12, 13
ivabradine hcl.....54
ivermectin.....10
ivermectin (rosacea).....172
IWILFIN.....27

IXEMPRA KIT....28
IXIARO INJ....146
IYUZEH....153
IZERVAY....154
J
JADENU....106
JADENU SPRINKLE....106
jaimiess....108
JAKAFI....33
JAKAFI XR....33
JALYN CAP 0.5-0.4....130
jantoven....132
JANUMET TAB 50-1000....98
JANUMET TAB 50-500MG....98
JANUMET XR TAB 100-1000....98
JANUMET XR TAB 50-1000....98
JANUMET XR TAB 50-500MG....98
JANUVIA....98
JARDIANCE....98
JASCAYD....159
jasmiel....108
JATENZO....96
JAVADIN....54
javygtor....116
JAYPIRCA....33
JEMPERLI....33
jencycla....108
JENTADUETO TAB 2.5-1000....99
JENTADUETO TAB 2.5-500....98
JENTADUETO TAB 2.5-850....98
JENTADUETO TAB XR 2.5-1000MG....99
JENTADUETO TAB XR 5-1000MG....99
JEVTANA....28
JIDEYTRO....33
jinteli....113
JOBEVNE....33
JOENJA....144
jolessa....108
JORNAY PM....80
JOURNAVX....1
joyeaux....108
JUBLIA....166
juleber....108
JULUCA TAB 50-25MG....16
junel 1/20....108
junel 1.5/30....108
junel fe 1/20....108
junel fe 1.5/30....108
junel fe 24....108
JUXTAPID....49
JYLAMVO....143
JYNARQUE....116
JYNARQUE PAK 30-15MG....116
JYNARQUE PAK 45-15MG....117
JYNARQUE PAK 60-30MG....117
JYNARQUE PAK 90-30MG....117
JYNNEOS....146
K
KABIVEN EMU....150
KADCYLA....33
kaitlib fe....108
KALBITOR....136
KALETRA SOL....16
KALETRA TAB 100-25MG....16
KALETRA TAB 200-50MG....16
KALYDECO....159
KANJINTI....33
KANUMA....117
KAPSPARGO SPRINKLE....50
KARBINAL ER....157
kariva....108
KATERZIA....51
KCL/D5W/LACT INJ 20MEQ/L....148
KCL/D5W/NACL INJ 0.15/0.2....148
KCL/D5W/NACL INJ 0.15/0.45....148
KCL/D5W/NACL INJ 0.15/0.9....148
KCL/D5W/NACL INJ 0.3/0.9%....148
kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj....148
kcl 20 meq/l (0.149%) in nacl 0.45% inj....148
kcl 20 meq/l (0.149%) in nacl 0.9% inj....148
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj....148
kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj....148
kcl 20 meq/l (0.15%) in nacl 0.45% inj....148
kcl 20 meq/l (0.15%) in nacl 0.9% inj....148
kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj....148

kcl 40 meq/l (0.298%) in nacl 0.9% inj 148
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj 148
kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.9% inj 148
kcl 40 meq/l (0.3%) in nacl 0.9% inj 148
kelnor 1/35 108
KENALOG-10 114
KENALOG-40 114
KENALOG-80 114
KEPPRA 72
KEPPRA XR.....72
KERENDIA.....43
KESIMPTA.....91
ketoconazole 13
ketoconazole (topical) 166
ketodan 166
ketoprofen 2
ketorolac tromethamine.....2
ketorolac tromethamine (ophth).....152
KEVEYIS 53
KEVZARA 140
KEYTRUDA 33
KEYTRUDA INJ QLEX 395-4800 MG-UNIT/2.4ML.....33
KEYTRUDA INJ QLEX 790-9600 MG-UNIT/4.8ML.....34
KHAPZORY.....27
KHINDIVI.....114
KIMMTRAK.....34
KIMYRSA 10
KINERET 140
KINRIX INJ.....146
kionex 106
KIRSTY 103
KISQALI 200 DOSE 34
KISQALI 400 DOSE 34
KISQALI 600 DOSE 34
KITABIS PAK 10
KLARON.....165
klayesta 166
KLISYRI 172
KLONOPIN 72
klor-con 149
klor-con 10.....149
KLOR-CON 10 149
klor-con 8 149
KLOR-CON 8.....149
klor-con m10 149
klor-con m15 149
klor-con m20 149
KLOXXADO.....95
KOMZIFTI 34
KONVOMEP SUS 2-84/ML 128
KORLYM.....117
KOSELUGO.....34
kourzeq 174
KRAZATI.....34
KRINTAFEL.....13
kristalose 125
KRYSTEXXA 1
kurvelo 108
KUVAN.....117
KYPROLIS 34
KYXATA 23
KYZATREX.....96

L

labetalol hcl.....50
lacosamide.....72
lacosamide oral.....72
lactated ringer's solution 148
LACTATED RIN INJ 148
lactic acid (ammonium lactate) 172
lactulose 125, 126
lactulose (encephalopathy) 126
LAMICTAL 72
LAMICTAL CHEWABLE DISPERS 72
LAMICTAL ODT 72
LAMICTAL ODT KIT BLUE 72
LAMICTAL ODT KIT GREEN 72
LAMICTAL ODT KIT ORANGE.....72
LAMICTAL STARTER KIT (35 X 25MG TABS).....72
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB) 72
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS).....72
LAMICTAL XR 72
LAMICTAL XR KIT.....72
lamivudine 14
lamivudine (hbv).....17

lamivudine-zidovudine tab 150-300 mg 16
lamotrigine.....73
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit.....73
lamotrigine tab 35 x 25 mg starter kit 73
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 73
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit 73
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 73
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit.....73
LAMZEDE 117
LANOXIN 54, 55
LANOXIN PEDIATRIC 55
lanreotide acetate 117
LANREOTIDE ACETATE.....117
lansoprazole 129
LANTUS 103
LANTUS SOLOSTAR 103
lapatinib ditosylate 34
larin 1/20 108
larin 1.5/30 108
larin 24 fe 108
larin fe 1/20 108
larin fe 1.5/30.....108
LASIX.....53
LASIX ONYU 53
latanoprost.....153
LATUDA 67
LAZCLUZE.....34
leflunomide 143
LEMTRADA 91
lenalidomide.....26
LENVIMA 10 MG DAILY DOSE 34
LENVIMA 12MG DAILY DOSE 34
LENVIMA 20 MG DAILY DOSE 34
LENVIMA 4 MG DAILY DOSE 34
LENVIMA 8 MG DAILY DOSE 34
LENVIMA CAP 14 MG 34
LENVIMA CAP 18 MG 34
LENVIMA CAP 24 MG 35
LEQEMBI IQLIK.....59
LEQSELVI.....140
LESCOL XL 48
lessina 108
LETAIRIS 56
letrozole 25
leucovorin calcium.....27
LEUKERAN 23
LEUKINE 133
leuprolide acetate 25
levalbuterol hcl 158
levalbuterol tartrate.....158
LEVETIR/NACL INJ 10MG/ML 73
LEVETIR/NACL INJ 15MG/ML 73
LEVETIR/NACL INJ 5MG/ML 73
levetiracetam 73
levetiracetam in sodium chloride iv soln 1000 mg/100ml 73
levetiracetam in sodium chloride iv soln 1500 mg/100ml 73
levetiracetam in sodium chloride iv soln 500 mg/100ml 73
levobunolol hcl.....153
levocarnitine (metabolic modifiers) .117
levocetirizine dihydrochloride 157
levofloxacin 20
levofloxacin (ophth).....151
levofloxacin in d5w iv soln 250 mg/50ml 20
levofloxacin in d5w iv soln 500 mg/100ml 20
levofloxacin in d5w iv soln 750 mg/150ml 20
levoleucovorin calcium 27
levonest 108
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg 108
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 109
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 109
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg....109
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....109
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) 109

levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 109
levorphanol tartrate 4
levothyroxine sodium 120, 121
levoxyl 121
LEXAPRO 61
LEXETTE 170
l-glutamine (sickle cell) 136
LIALDA 125
LIBTAYO 35
lidocaine 171
lidocaine hcl 171
lidocaine hcl (local anesth.) 1
lidocaine hcl (mouth-throat) 174
lidocaine-prilocaine cream 2.5-2.5% 171
lidocan 171
LIFYORLI CAP 125MG DS 25
LIFYORLI CAP 150MG DS 25
LIKMEZ 10
LILETTA 109
linezolid 10
LINEZOLID INJ 2MG/ML 10
LINZESS 127
liomny 121
liothyronine sodium 121
LIPITOR 48
LIPOFEN 48
liraglutide 99
lisdexamfetamine dimesylate 80, 81
lisinopril 42
lisinopril & hydrochlorothiazide tab 10-12.5 mg 41
lisinopril & hydrochlorothiazide tab 20-12.5 mg 41
lisinopril & hydrochlorothiazide tab 20-25 mg 42
LITFULO 140
lithium 88
lithium carbonate 88
LITHOBID 88
LITHOSTAT 130
LIVALO 48
LIVDELZI 127
LIVMARLI 127
LIVTENCITY 17
LOARGYS 117
LODOCO 55
LODOSYN 64
loestrin 1/20-21 109
loestrin 1.5/30-21 109
loestrin fe 1/20 109
loestrin fe 1.5/30 109
lofena 2
lofexidine hcl 96
lojaimiess 109
LOKELMA 106
LO LOESTRIN TAB 1-10-10 109
LOMOTIL TAB 2.5MG 127
lomustine 23
LONSURF TAB 15-6.14 24
LONSURF TAB 20-8.19 24
loperamide hcl 127
LOPID 48
lopinavir-ritonavir tab 100-25 mg 16
lopinavir-ritonavir tab 200-50 mg 16
LOPRESSOR 50
LOQTORZI 35
lorazepam 58
lorazepam intensol 58
LORBRENA 35
LOREEV XR 58
loryna 109
losartan potassium 46
losartan potassium & hydrochlorothiazide tab 100-12.5 mg 45
*losartan potassium & hydrochlorothiazide tab 100-25 mg*45
losartan potassium & hydrochlorothiazide tab 50-12.5 mg 45
LOTEMAX 152
LOTEMAX SM 152
LOTENSIN 42
loteprednol etabonate 152
loteprednol etabonate-tobramycin ophth susp 0.5-0.3% 150
LOTRONEX 127
lovastatin 48
LOVAZA CAP 1GM 49
LOVENOX 133
loxapine succinate 67
lubiprostone 127

LUCENTIS 154
luizza 1/20 109
luizza 1.5/30 109
luliconazole 166
LUMAKRAS 35
LUMIGAN 153
LUMIZYME 117
LUMRYZ 94
LUMRYZ PAK STARTER 94
LUMVOA 117
LUNESTA 83
LUNSUMIO 35
LUNSUMIO VELO 35
LUPKYNIS 145
LUPRON DEPOT (1-MONTH) 25
LUPRON DEPOT (3-MONTH) 25
LUPRON DEPOT (4-MONTH) 25
LUPRON DEPOT (6-MONTH) 25
LUPRON DEPOT-PED (1-MONTH 117
LUPRON DEPOT-PED (3-MONTH 117
LUPRON DEPOT-PED (6-MONTH 117
lurasidone hcl 67
LURBIRO 2
lutera 109
LUTRATE DEPOT 25
LUZU 166
LYBALVI TAB 10-10MG 67
LYBALVI TAB 15-10MG 67
LYBALVI TAB 20-10MG 67
LYBALVI TAB 5-10MG 67
lyleq 109
lyllana 113
LYNAVOY 127
LYNKUET 117
LYNOZYFIC 35
LYNPARZA 35
LYRICA 73
LYRICA CR 88
LYSODREN 25
LYTGOBI (12 MG DAILY DOSE) 35
LYTGOBI (16 MG DAILY DOSE) 35
LYTGOBI (20 MG DAILY DOSE) 35
LYUMJEV 103
LYUMJEV KWIKPEN 103
lyza 109

M

macitentan 56
MACROBID 10
magnesium sulfate 148
MAGNESIUM SULFATE 148
magnesium sulfate in dextrose 5% iv soln 1 gm/100ml 148
MALARONE TAB 250-100 14
MALARONE TAB 62.5-25 13
malathion 174
maraviroc 14
MARGENZA 35
MARINOL 122
marlissa 109
MARPLAN 61
MATULANE 27
matzim la 51
MAVENCLAD (10 TABS) 91
MAVENCLAD (4 TABS) 91
MAVENCLAD (5 TABS) 91
MAVENCLAD (6 TABS) 91
MAVENCLAD (7 TABS) 91
MAVENCLAD (8 TABS) 91
MAVENCLAD (9 TABS) 91
MAVYRET PAK 50-20MG 17
MAVYRET TAB 100-40MG 17
MAXALT 86
MAXALT-MLT 86
MAXIDEX 152
MAXITROL SUS 0.1% OP 150
MAYZENT 91
MAYZENT STARTER PACK (12) 91
MAYZENT STARTER PACK (7) 91
meclizine hcl 122
meclofenamate sodium 2
MEDROL 114
MEDROL DOSEPAK 114
medroxyprogesterone acetate 120
medroxyprogesterone acetate (contraceptive) 109
mefenamic acid 3
mefloquine hcl 14
megestrol acetate 25, 120
megestrol acetate (appetite) 120
MEKINIST 35
MEKTOVI 35
meleya 109
meloxicam 3
MELOXICAM 3

memantine hcl.....59
memantine hcl-donepezil hcl cap er 24hr 14-10 mg 59
memantine hcl-donepezil hcl cap er 24hr 21-10 mg 59
memantine hcl-donepezil hcl cap er 24hr 28-10 mg 59
MENOSTAR.....113
MENQUADFI 146
MENVEO INJ 146
MENVEO SOL.....146
MEPRON 10
mercaptopurine 24
MERILOG 103
MERILOG SOLOSTAR 103
MEROP/NACL INJ 1GM/50ML.....10
MEROP/NACL INJ 500/50ML 10
meropenem.....10
mesalamine.....125
mesalamine w/ cleanser.....125
mesna 27
MESNEX.....27
MESTINON 88
MESTINON TIMESPAN.....88
METADATE CD 81
metaxalone 93
METAXALONE 93
metformin hcl.....99
methadone hcl 4
METHADONE HCL INJ 4
methadone hydrochloride i.....4
methazolamide 53
methenamine hippurate.....10
methergine.....117
methimazole.....121
methocarbamol 93, 94
methotrexate sodium 24, 143
methoxsalen rapid.....167
methscopolamine bromide.....124
methsuximide.....73
methyldopa.....55
methylergonovine maleate 117
METHYLIN.....81
methylphenidate.....81
METHYLPHENIDATE ER ODT 81
methylphenidate hcl 81
methylprednisolone 114
methylprednisolone acetate 114
methylprednisolone sod succ 114
metoclopramide hcl 123
metolazone 53
metoprolol & hydrochlorothiazide tab 100-25 mg 50
metoprolol & hydrochlorothiazide tab 100-50 mg 50
metoprolol & hydrochlorothiazide tab 50-25 mg.....50
metoprolol succinate 50
metoprolol tartrate.....50
metronidazole.....10
METRONIDAZOLE.....10
metronidazole (topical) 172
metronidazole vaginal.....131
metyrosine.....55
MG SO4/D5W INJ 1GM/100 148
MIACALCIN.....105
mibelas 24 fe.....109
MICAFUNGIN/NACL INJ 100MG/100ML 13
MICAFUNGIN/NACL INJ 150MG/150ML 13
MICAFUNGIN/NACL INJ 50MG/50ML .13
micafungin sodium 13
MICARDIS HCT TAB 40/12.5.....45
MICARDIS HCT TAB 80/12.5.....45
MICARDIS HCT TAB 80-25MG 45
miconazole 3 131
microgestin 1/20.....109
microgestin 1.5/30 109
microgestin fe 1/20 109
microgestin fe 1.5/30.....109
midodrine hcl 55
MIEBO 154
mifepristone (hyperglycemia).....117
MIGERGOT.....86
miglitol 99
miglustat 117
mili 109
milnacipran hcl 88
milnacipran hcl tab 12.5 mg (5) & 25 mg (8) & 50 mg (42) pak 88
mimvey 113
MINIVELLE 113
minocycline hcl 22

minoxidil 55
minzoya 109
MIPLYFFA 117
mirabegron 131
MIRCERA 134
mirtazapine 61
MIRVASO 172
misoprostol 127
MITIGARE 1
mitomycin 27
mitoxantrone hcl 27
M-M-R II INJ 146
M-NATAL PLUS TAB 149
modafinil 94
MODEYSO 28
moexipril hcl 42
molindone hcl 67
mometasone furoate 170
mometasone furoate (nasal) 161
MONJUVI 35
mono-linyah 109
montelukast sodium 158
morphine sulfate 4, 6
MORPHINE SULFATE 6
MORPHINE SULFATE/SODIUM C 7
morphine sulfate beads 5
MOTEGRITY 127
MOTPOLY XR 73
MOUNJARO 99
MOVANTIK 127
MOVIPREP SOL 126
moxifloxacin hcl 20
moxifloxacin hcl (ophth) 151
moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj 20
MOXIFLOXACIN HYDROCHLORID 20
MOZOBIL 134
MRESVIA 146
MS CONTIN 5
MULPLETA 136
MULTAQ 47
multiple electrolytes ph 5.5 148
mupirocin 165
mupirocin calcium (topical) 165
MVASI 35
MYALEPT 117
MYCAPSSA 117
mycophenolate mofetil 145
mycophenolate sodium 145
MYDAYIS CAP 12.5MG 81
MYDAYIS CAP 25MG 81
MYDAYIS CAP 37.5MG 81
MYDAYIS CAP 50MG 81
MYFEMBREE TAB 117
MYFORTIC 145
MYHIBBIN 145
MYLOTARG 35
MYOBLOC 94
MYQORZO 55
MYRBETRIQ 131
MYSOLINE 74

N

nabumetone 3
nadolol 50
NAFCILLIN INJ 2GM/100 21
nafcillin sodium 21
naftifine hcl 166
NAFTIN 166
NAGLAZYME 117
nalbuphine hcl 7
NALOCET TAB 2.5-300 7
naloxone hcl 96
naltrexone hcl 96
NAMZARIC CAP 14-10MG 59
NAMZARIC CAP 21-10MG 59
NAMZARIC CAP 28-10MG 59
NAMZARIC CAP 7-10MG 59
naproxen 3
naproxen dr 3
naproxen-esomeprazole magnesium tab dr 375-20 mg 3
naproxen-esomeprazole magnesium tab dr 500-20 mg 3
naproxen sodium 3
naratriptan hcl 86
NARDIL 61
NATACYN 151
NATAZIA TAB 109
nateglinide 99
NATROBA 174
NAVITRUX 123
NAYZILAM 74
nebivolol hcl 51
NEBUPENT 10

necon 0.5/35-28 109
nefazodone hcl 61
NEMLUVIO.....140
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin 151
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml.151
neomycin-polymyxin b gu irrigation soln 130
neomycin-polymyxin-dexamethasone ophth oint 0.1% 150
neomycin-polymyxin-dexamethasone ophth susp 0.1% 151
neomycin-polymyxin-hc ophth susp 151
neomycin-polymyxin-hc otic soln 1% 155
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....155
neomycin sulfate.....10
NEORAL 145
NEREUS 123
NERLYNX 35
neuac gel 1.2-5%.....165
NEULASTA.....134
NEULASTA ONPRO KIT 134
NEUPOGEN.....134
NEUPRO.....64
NEURONTIN 74
NEVANAC.....152
nevirapine.....14
NEXAVAR.....35
NEXICLON XR.....55
NEXIUM 129
NEXLETOL.....49
NEXLIZET TAB 180/10MG.....49
NEXPLANON 109
NEXTSTELLIS TAB 3-14.2MG.....109
NEXVIAZYME 117
NGENLA 117
niacin (antihyperlipidemic) 49
niacor.....49
nicardipine hcl 51
NICOTROL NS.....96
nifedipine.....51
nikki.....110
NIKTIMVO 145
NILOTINIB D-TARTRATE.....36
nilotinib hcl 36
nilutamide.....25
nimodipine 52
NINLARO 36
nintedanib esylate 159
NIPENT.....28
nisoldipine 52
nitazoxanide.....10
nitisinone 117
nitro-bid 55
NITRO-DUR.....55
nitrofurantoin 10
NITROFURANTOIN.....10
nitrofurantoin macrocrystal 10
nitrofurantoin monohyd macro.....10
nitroglycerin 55
nitroglycerin (intra-anal) 172
NITROLINGUAL.....55
NITROSTAT 55
NITYR.....117
NIVESTYM 134
nizatidine 124
nora-be.....110
NORDITROPIN FLEXPRO 117
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr.....110
norethindrone (contraceptive).....110
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 110
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg.....110
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24).....110
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 110
norethindrone acetate.....120
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg 113
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 113
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg 110
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 110
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 110

NORITATE 172
NORLIQVA 52
norlyroc 110
NORPACE 47
NORPRAMIN 61
NORTHERA 55
nortrel 0.5/35 (28) 110
nortrel 1/35 (21) 110
nortrel 1/35 (28) 110
nortrel 7/7/7 110
nortriptyline hcl 61
NORVASC 52
NORVIR 14
NOURIANZ 64
NOVAREL 118
NOVOLIN70/30 INJ RELION 103
NOVOLIN INJ 70/30 103
NOVOLIN INJ 70/30 FP 103
NOVOLIN INJ 70/30 FP RELION 103
NOVOLIN N 103
NOVOLIN N FLEXPEN 103
NOVOLIN N FLEXPEN RELION 103
NOVOLIN N RELION 103
NOVOLIN R 103
NOVOLIN R FLEXPEN 103
NOVOLIN R FLEXPEN RELION 103
NOVOLIN R RELION 103
NOVOLOG 103
NOVOLOG FLEXPEN 103
NOVOLOG FLEXPEN RELION 104
NOVOLOG MIX INJ 70/30 104
NOVOLOG MIX INJ FLEXPEN 104
NOVOLOG MIX INJ FLEX REL 104
NOVOLOG PENFILL 104
NOVOLOG RELI INJ 70/30 104
NOVOLOG RELION 104
NOXAFIL 13
NPLATE 134
NUBEQA 25
NUCALA 159
NUCYNTA 7
NUCYNTA ER 5
NUEDEXTA CAP 20-10MG 88
NULOJIX 145
NUPLAZID 67
NURTEC 86
NUTRILIPID 150
NUVARING MIS 110
NUVESSA 131
NUVIGIL 94, 95
NUZYRA 22
nyamyc 166
nylia 1/35 110
nylia 7/7/7 110
NYMALIZE 52
NYPOZI 134
nystatin 13
nystatin (mouth-throat) 174
nystatin (topical) 166
nystop 166
NYVEPRIA 134

O

OCREVUS 91
OCREVUS INJ ZUNOVO 91
OCTAGAM 144
octreotide acetate 118
OCUFLOX 151
ODACTRA SUB 144
ODEFSEY TAB 16
ODOMZO 36
OFEV 159
ofloxacin (ophth) 151
ofloxacin (otic) 155
OGIVRI 36
OGSIVEO 36
OHTUVAYRE 159
OJEMDA 36
OJJAARA 36
olanzapine 67
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg 45
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg 45
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg 45
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg 45
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 45

olmesartan medoxomil.....46
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 45
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 45
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg .45
olopatadine hcl (nasal).....157
OLPRUVA 118
OLUMIANT.....140
omega-3-acid ethyl esters cap 1 gm .49
omeprazole 129
omeprazole-sodium bicarbonate cap 20-1100 mg.....129
omeprazole-sodium bicarbonate cap 40-1100 mg.....129
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg 129
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg 129
OMNARIS 161
OMNIPOD 5 DX KIT INT G7G6.....104
OMNIPOD 5 DX MIS POD G7G6 104
OMNIPOD5 LIB KIT INTRO.....104
OMNIPOD5 LIB MIS PODS 104
OMNIPOD DASH KIT INTRO 104
OMNIPOD DASH MIS PODS.....104
OMNITROPE.....118
OMVOH.....140
OMVOH SOAJ 100/200 140
OMVOH SOSY 100/200 140
ONAPGO 65
ONCASPAR.....28
ondansetron 123
ondansetron hcl 123
ONEXTON GEL 1.2-3.75 165
ONFI 74
ONGENTYS.....65
ONIVYDE 28
ONTRALFY.....94
ONTRUZANT.....36
ONUREG 24
ONZETRA XSAIL 86
OPDIVO 36
OPDIVO INJ QVANTIG.....36
OPDUALAG INJ 36
OPFOLDA 118
OPIPZA 67, 68
OPSUMIT 56
OPSYNVI TAB 10-20MG.....56
OPSYNVI TAB 10-40MG.....56
OPVEE 96
OPZELURA.....173
ORACEA.....173
ORAPRED ODT 114
ORBACTIV.....10
ORENCIA.....140
ORENCIA CLICKJECT.....140
ORENITRAM 56
ORENITRAM TAB MONTH 1 56
ORENITRAM TAB MONTH 2 56
ORENITRAM TAB MONTH 3 56
ORFADIN 118
ORGOVYX 25
ORIAHNN CAP.....118
ORILISSA.....118
ORKAMBI GRA 100-125.....159
ORKAMBI GRA 150-188.....159
ORKAMBI GRA 75-94MG.....159
ORKAMBI TAB 100-125 160
ORKAMBI TAB 200-125 160
ORLADEYO 136
ORLYNVAH TAB 500-500 10
ormalvi 53
orquidea 110
ORSERDU 25
ORUDIS.....3
oseltamivir phosphate.....17
OSPHENA.....118
OSPOMYV.....105
OTEZLA 140
OTEZLA/XR TAB 28 DAY 140
OTEZLA TAB 10/20.....140
OTEZLA TAB 10/20/30 140
OTEZLA XR.....140
OVIDE 174
OXACILLIN INJ 2GM 21
oxacillin sodium 21
oxaliplatin 23
oxaprozin 3
oxazepam 58
oxcarbazepine 74

OXERVATE 154
oxiconazole nitrate 166
OXLUMO 130
OXTELLAR XR 74
OXY-ACETAMIN TAB 7.5-300 7
oxybutynin chloride 131
OXYCOD/ACETA SOL 10/300MG 7
OXYCOD/APAP TAB 10-300MG 7
OXYCOD/APAP TAB 5-300MG 7
OXYCOD-APAP TAB 2.5-300 7
oxycodone hcl 7
OXYCODONE HYDROCHLORIDE 7
oxycodone w/ acetaminophen soln 5-325 mg/5ml 7
oxycodone w/ acetaminophen tab 10-325 mg 7
oxycodone w/ acetaminophen tab 2.5-325 mg 7
oxycodone w/ acetaminophen tab 5-325 mg 7
oxycodone w/ acetaminophen tab 7.5-325 mg 7
OXYCONTIN 5
oxymetazoline hcl (topical) 173
oxymorphone hcl 5, 7
OXYTROL 131
OZEMPIC 99
OZEMPIC (0.25 OR 0.5MG/DOSE) 99
OZEMPIC (1MG/DOSE) 99
OZEMPIC (2MG/DOSE) 99
OZOBAX DS 94

P

pacerone 47
paclitaxel 28
PACLITAXEL INJ 100MG 29
paclitaxel protein-bound particles for iv susp 100 mg 29
PADCEV 36
paliperidone 68
palonosetron hcl 123
PALSONIFY 118
PALYNZIQ 118
pamidronate disodium 105
PAMIDRONATE DISODIUM 105
PANCREAZE CAP 10500UNT 127
PANCREAZE CAP 16800UNT 127
PANCREAZE CAP 21000UNT 127
PANCREAZE CAP 2600UNIT 127
PANCREAZE CAP 37000 127
PANCREAZE CAP 4200UNIT 127
PANRETIN 173
PANTOPR/NACL SOL 40MG/100 129
PANTOPR/NACL SOL 80MG/100 129
pantoprazole sodium 129
PANTOPRAZOLE SODIUM 129
PANTOPRAZOLE SOL 40/50ML 129
PANZYGA 144
paricalcitol 121
PARLODEL 65
PARNATE 61
paroxetine hcl 61
paroxetine mesylate (vasomotor) 89
PAVBLU 154
PAXIL 62
PAXIL CR 62
PAXLOVID PAK 17
PAXLOVID TAB 150-100 17
PAXLOVID TAB 300-100 17
pazopanib hcl 36
PEDIARIX INJ 0.5ML 146
PEDVAXHIB 146
peg-3350/electrolytes/asc 126
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 126
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 126
PEGASYS 17
PELLIX 167
PEMAZYRE 36
PEMETREXED 24
pemetrexed disodium 24
PEMRYDI RTU 24
PENBRAYA INJ 147
penciclovir 173
PEN GK/DEXTR INJ 40000/ML 21
PEN GK/DEXTR INJ 60000/ML 21
penicillamine 106
penicillin g potassium 21
penicillin g sodium 21
penicillin v potassium 21
PENMENVY INJ 147
PENTACEL INJ 147
PENTAM 300 10
pentamidine isethionate inh 11

pentamidine isethionate inj 11
PENTASA.....125
pentoxifylline.....136
PEPCID 124
perampanel.....74
PERCOCET TAB 10-325MG 7
PERCOCET TAB 5-325MG.....7
PERCOCET TAB 7.5-325.....7
PERFOROMIST 158
perindopril erbumine 42
periogard 174
PERJETA 36
permethrin 174
perphenazine.....68
perphenazine-amitriptyline tab 2-10 mg 62
perphenazine-amitriptyline tab 2-25 mg 62
perphenazine-amitriptyline tab 4-10 mg 62
perphenazine-amitriptyline tab 4-25 mg 62
perphenazine-amitriptyline tab 4-50 mg 62
PERSERIS 68
PERTZYE CAP 16000U.....127
PERTZYE CAP 24000U.....127
PERTZYE CAP 4000UNIT.....127
PERTZYE CAP 8000UNIT.....127
pfizerpen 21
PHEBURANE 118
phenelzine sulfate 62
PHENERGAN 123
phenobarbital 74
phenobarbital sodium 74
phenoxybenzamine hcl 55
phenytek 74
phenytoin 74
phenytoin sodium 74
phenytoin sodium extended.....74
PHESGO SOL.....36
PHEXX GEL.....110
philith.....110
PHOSPHOLINE IODIDE.....153
PHYRAGO.....36
PIASKY 136
PIFELTRO.....14
pilocarpine hcl 153
pilocarpine hcl (oral).....174
pimecrolimus 173
pimozide.....68
pimtrea.....110
pindolol 51
pioglitazone hcl.....100
pioglitazone hcl-glimepiride tab 30-2 mg 100
pioglitazone hcl-glimepiride tab 30-4 mg 100
pioglitazone hcl-metformin hcl tab 15-500 mg 100
pioglitazone hcl-metformin hcl tab 15-850 mg 100
PIP/TAZ/NACL INJ 2-0.25GM 21
PIP/TAZ/NACL INJ 3-0.375G.....21
PIP/TAZ/NACL INJ 4-0.5GM 21
piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm) 21
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm).....21
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm).....21
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm) 21
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm).....21
PIQRAY 200MG DAILY DOSE.....36
PIQRAY 250MG TAB DOSE.....36
PIQRAY 300MG DAILY DOSE.....37
pirfenidone.....160
piroxicam 3
pitavastatin calcium 48
PLAQUENIL.....143
PLASMA-LYTE INJ -A.....148
PLAVIX 137
PLEGRIDY 91
PLEGRIDY INJ STARTER 91
PLEGRIDY PEN INJ STARTER.....91
plenamine 150
plerixafor 134
podofilox.....173
POKONZA.....149
POLIVY 37
polymyxin b sulfate 11

polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 151
pomalidomide.....26
POMALYST 26
POMBILITI.....118
PONVORY.....91
PONVORY TAB STARTER 91
portia-28.....110
posaconazole.....13
POSFREA.....123
potassium chloride 149
POTASSIUM CHLORIDE 149
potassium chloride 20 meq/l (0.15%) in dextrose 5% inj 149
potassium chloride microencapsulated crystals er 149
potassium citrate (alkalinizer) 130
POT CHL/D5W INJ 20MEQ/L.....149
POT CHL 20MEQ/L IN NACL 0.45% INJ 149
POT CHL 20MEQ/L IN NACL 0.9% INJ 149
POT CHL 40MEQ/L IN NACL 0.9% INJ 149
POTELIGEO 37
PRADAXA 133
pralatrexate 24
pramipexole dihydrochloride.....65
PRAMOSONE CRE 1-1% 170
PRAMOSONE LOT 1-1%.....170
PRAMOSONE LOT 2.5%.....170
prasugrel hcl 137
pravastatin sodium.....48
praziquantel 11
prazosin hcl.....43
PRED MILD.....152
prednisolone.....114
prednisolone acetate (ophth) 152
PREDNISOLONE SODIUM PHOSP 152
prednisolone sodium phosphate 114
prednisone 114
PREDNISONE INTENSOL.....114
pregabalin 74, 75
pregabalin (once-daily) 89
PREGNYL.....118
PREMARIN.....113
PREMASOL SOL 10% 150
PREMPHASE TAB 113
PREMPRO TAB 0.3-1.5 113
PREMPRO TAB 0.45-1.5.....113
PREMPRO TAB 0.625-2.5 113
PREMPRO TAB 0.625-5.....113
PRENATAL TAB 27-1MG.....149
PRENATAL TAB PLUS.....149
PRETOMANID 16
PREVACID 129
PREVACID SOLUTAB 129
PREVYMIS 17
PREZCOBIX TAB 675/150.....16
PREZCOBIX TAB 800-150.....16
PREZISTA 14
PRIFTIN.....16
PRILOSEC 129
primaquine phosphate 14
PRIMAQUINE PHOSPHATE 14
primidone 75
PRIORIX INJ 147
PRISTIQ 62
PRIVIGEN.....144
PROAIR RESPICLICK 158
probenecid.....1
PROCARDIA XL 52
prochlorperazine 123
prochlorperazine edisylate 123
prochlorperazine maleate 123
PROCRIT.....134
proctocort 173
PROCTOFOAM AER HC 1%.....173
procto-med hc 173
proctosol hc.....173
proctozone-hc.....173
PROCYSBI 118
progesterone 120
PROGLYCEM 115
PROGRAF 145
PROLASTIN-C 160
PROLATE SOL 10/300MG 7
PROLATE TAB 10-300MG 8
PROLATE TAB 5-300MG 8
PROLATE TAB 7.5-300 8
PROLENSA.....152
PROLIA 105
PROMACTA 136

promethazine & phenylephrine syrup 6.25-5 mg/5ml.....156
promethazine hcl.....123
promethegan.....123
PROMETRIUM.....120
propafenone hcl.....47
proparacaine hcl.....154
propranolol hcl.....51
propylthiouracil.....121
PROQUAD INJ.....147
PROSCAR.....130
PROSOL INJ 20%.....150
PROTONIX.....129
protriptyline hcl.....62
PROVERA.....120
PROVIGIL.....95
prucalopride succinate.....127
PRUDOXIN.....173
pruradik.....174
PULMICORT.....162
PULMICORT FLEXHALER.....162
PULMOZYME.....160
PURIXAN.....24
PYLERA CAP.....127
pyrazinamide.....16
pyridostigmine bromide.....89
pyrimethamine.....11
PYRUKYND.....136
PYRUKYND TAB 20MGX5MG.....136
PYRUKYND TAB 50MGX20M.....136
PYRUKYND TAPER PACK.....136
PYZCHIVA.....140, 141
Q
QBRELIS.....42
QBREXZA.....173
QELBREE.....81, 82
QINLOCK.....37
QIVIGY.....144
QNASL.....161
QNASL CHILDRENS.....161
QUADRACEL INJ 0.5ML.....147
QUESTRAN.....49
QUESTRAN LIGHT.....49
quetiapine fumarate.....68
QUILLICHEW ER.....82
QUILLIVANT XR.....82
quinapril hcl.....42
quinapril-hydrochlorothiazide tab 10-12.5 mg.....42
quinapril-hydrochlorothiazide tab 20-12.5 mg.....42
quinapril-hydrochlorothiazide tab 20-25 mg.....42
quinidine sulfate.....47
quinine sulfate.....14
QULIPTA.....86
QUTENZA KIT 8% 1-PCH.....171
QUTENZA KIT 8% 2-PCH.....171
QUTENZA KIT 8% 4-PCH.....171
QUVIVIQ.....83
QUZYTTIR.....157
QVAR REDIHALER.....162
R
RABAVERT INJ.....147
rabeprazole sodium.....129
RADICAVA ORS.....89
RADICAVA ORS STARTER KIT.....89
RAGWITEK.....144
RALDESY.....62
raloxifene hcl.....118
ramelteon.....83
ramipril.....42
ranitidine hcl.....124
ranolazine.....55
RAPIVAB.....17
rasagiline mesylate.....65
RASUVO.....143
RAVICTI.....118
RAYALDEE.....121
REBIF.....91
REBIF REBIDO INJ TITRATN.....91
REBIF REBIDOSE.....91
REBIF TITRTN INJ PACK.....92
REBLOZYL.....137
REBYOTA.....127
RECARBRIO INJ 1.25GM.....11
RECLAST.....105
reclipsen.....110
RECOMBIVAX HB.....147
RECORLEV.....118
REDEMPLO.....49
REGLAN.....123
RELAFEN DS.....3
RELENZA DISKHALER.....17

RELEUKO 134
RELEXXII 82
relgaabi 75
RELISTOR 127
RELPAX.....86
RELTONE.....127
REMERON 62
REMERON SOLTAB 62
REMICADE.....141
REMODULIN 56
RENFLEXIS 141
repaglinide 100
REPATHA 49
REPATHA SURECLICK 49
RESTASIS 154
RESTASIS MULTIDOSE.....154
RESTORIL 83
RETACRIT 134
RETEVMO.....37
RETIN-A.....165
RETIN-A MICRO 165
RETIN-A MICRO PUMP.....165
RETROVIR.....14
REVATIO.....56
REVCOVI.....118
REVLIMID 26
REVUFORJ.....37
REXULTI 68
REYATAZ 15
REYVOW 86
REZDIFFRA.....118
REZENOPY 96
REZLIDHIA.....37
REZUROCK.....145
REZVOGLAR KWIKPEN 104
REZZAYO 13
RHAPSIDO.....141
RHOFADE.....173
RHOPRESSA 153
RIABNI 37
ribavirin (hepatitis c) 17
rifabutin.....16
rifampin.....16
rifapentine 16
rilpivirine hcl 15
riluzole 89
rimantadine hydrochloride.....18
RIMSO-50 130
RINVOQ 141
RINVOQ LQ 141
risedronate sodium.....105
RISPERDAL 68
RISPERDAL CONSTA.....68
risperidone.....68
risperidone microspheres 68
RITALIN.....82
ritonavir 15
RITUXAN.....37
RITUXAN INJ HYCELA 37
rivaroxaban 133
rivastigmine 59
rivastigmine tartrate.....59
rivelsa 110
RIVFLOZA 130
RIZAFILM.....86
rizatriptan benzoate 86
ROCALTROL.....121
ROCKLATAN DRO 153
roflumilast.....160
ROLVEDON.....134
ROMVIMZA.....37
ropinirole hydrochloride 65
rosuvastatin calcium.....48
rosyrah 110
ROTARIX SUS 147
ROTATEQ SOL.....147
ROWASA.....125
roweepra 75
ROXICODONE.....8
ROXYBOND 8
ROZEREM 83
ROZLYTREK.....37
RUBRACA.....37
RUCONEST 137
rufinamide 75
RUKOBIA 15
RUXIENCE.....37
RYALTRIS SPR 665-25 156
RYBREVANT 37
RYBREVANT INJ FASPRO 37
ryclora 157
RYDAPT 37
RYKINDO 68
RYLAZE 28

RYSTIGGO.....144
RYTARY CAP 145MG 65
RYTARY CAP 195MG 65
RYTARY CAP 245MG 65
RYTARY CAP 95MG 65
RYTELO.....137
ryvent 157
RYZNEUTA 134
S
SABRIL.....75
sacubitril-valsartan tab 24-26 mg.....45
sacubitril-valsartan tab 49-51 mg.....45
sacubitril-valsartan tab 97-103 mg...45
SAFYRAL TAB.....110
sajazir 137
SALAGEN 174
SAMSCA.....118
SANCUSO.....123
SANDIMMUNE.....146
SANDOSTATIN.....118
SANDOSTATIN LAR DEPOT 118
SANTYL.....174
SAPHNELO 146
SAPHNELO PEN 146
SAPHRIS.....68
sapropterin dihydrochloride 118
SARCLISA 37
SARCLISA ESCENA.....37
SAVELLA.....89
saxagliptin hcl.....100
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg.....100
saxagliptin-metformin hcl tab er 24hr 5-1000 mg 100
saxagliptin-metformin hcl tab er 24hr 5-500 mg 100
SCEMBLIX 37, 38
scopolamine 123
SDAMLO 52
SECUADO 68
SEGLUROMET TAB 2.5-1000 100
SEGLUROMET TAB 2.5-500.....100
SEGLUROMET TAB 7.5-1000 100
SEGLUROMET TAB 7.5-500.....100
selegiline hcl 65
selenium sulfide 166
SELZENTRY 15
SEPHIENCE 119
SEREVENT DISKUS.....158
SEROQUEL.....68, 69
SEROQUEL XR 69
SEROSTIM.....119
sertraline hcl 62
SERTRALINE HYDROCHLORIDE 62
setlakin.....110
sevelamer carbonate 120
SEYSARA 22
sharobel.....110
SHINGRIX 147
SIGNIFOR 119
SIGNIFOR LAR 119
SIKLOS.....137
sildenafil citrate (pulmonary hypertension) 56
SILENOR.....83
SILIQ 141
silodosin 130
SILVADENE 165
silver sulfadiazine.....165
SIMBRINZA SUS 1-0.2% 153
simliya.....110
simpesse.....110
SIMPONI 141
SIMPONI ARIA 141
simvastatin 48
SINEMET TAB 10-100MG.....65
SINEMET TAB 25-100MG.....65
SINGULAIR.....158
sirolimus 146
SIRTURO 16
sitagliptin 100
sitagliptin free base-metformin hcl tab 50-1000 mg.....100
sitagliptin free base-metformin hcl tab 50-500 mg 100
sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg.....100
sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg 100
sitagliptin free base-metformin hcl tab er 24hr 50-500 mg 100
sitagliptin phosphate.....100
sitagliptin phosphate-metformin hcl tab 50-1000 mg.....100

sitagliptin phosphate-metformin hcl tab 50-500 mg 100
sitagliptin phosphate-metformin hcl tab er 24hr 100-1000 mg.....100
sitagliptin phosphate-metformin hcl tab er 24hr 50-1000 mg 100
sitagliptin phosphate-metformin hcl tab er 24hr 50-500 mg 100
SIVEXTRO.....11
SKYCLARYS.....89
SKYRIZI.....141
SKYRIZI PEN 141
SKYTROFA.....119
SLYND 110
SMOFLIPID EMU.....150
SOAANZ 53
sodium chloride.....149
sodium chloride (gu irrigant).....174
sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln 149
sodium oxybate 95
sodium phenylbutyrate.....119
sodium polystyrene sulfonate.....106
sodium polystyrene sulfonate powder 106
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml 126
SOFDRA.....173
SOGROYA.....119
solifenacin succinate 131
SOLIQUA INJ 100/33 104
SOLIRIS.....137
SOLOSEC.....11
SOLTAMOX.....26
SOLU-CORTEF.....114
SOLU-MEDROL.....114
SOMA.....94
SOMATULINE DEPOT.....119
SOMAVERT.....119
SOOLANTRA 173
sorafenib tosylate 38
SORILUX.....167
sotalol hcl 47
sotalol hcl (afib/afl) 47
SOTYKTU 141
SOTYLIZE 47
SOVUNA 143
spinosad 174
SPIRIVA HANDIHALER 156
SPIRIVA RESPIMAT.....156
spironolactone 43
spironolactone & hydrochlorothiazide tab 25-25 mg 53
SPRAVATO 56MG DOSE 62
SPRAVATO 84MG DOSE 62
sprintec 28 111
SPRITAM.....75
SPRIX 3
SPRYCEL.....38
sps.....106
sps rectal 106
ssd.....165
STEGLATRO.....101
STEGLUJAN TAB 15-100MG 101
STEGLUJAN TAB 5-100MG 101
STELARA.....141
STIMUFEND.....134
STIOLTO AER 2.5-2.5 155
STIVARGA.....38
STRENSIQ.....119
streptomycin sulfate 11
STRIBILD TAB 16
STRIVERDI RESPIMAT.....158
STROMECTOL 11
SUBLOCADE 96
SUBOXONE MIS 12-3MG 96
SUBOXONE MIS 2-0.5MG 96
SUBOXONE MIS 4-1MG.....96
SUBOXONE MIS 8-2MG.....96
subvenite.....75
SUBVENITE 75
subvenite starter kit/blu.....75
subvenite starter kit/gre 75
subvenite starter kit/ora 75
SUCRAID 128
sucralfate.....128
SUFLAVE SOL 126
SULAR.....52
sulfacetamide sodium (acne) 165
sulfacetamide sodium (ophth).....151
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 151
sulfadiazine.....11

sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml.....11
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....11
sulfamethoxazole-trimethoprim tab 400-80 mg 11
sulfamethoxazole-trimethoprim tab 800-160 mg 11
SULFAMYLON.....166
sulfasalazine.....125
sulindac.....3
sumatriptan 86
sumatriptan-naproxen sodium tab 85-500 mg.....86
sumatriptan succinate.....86
sunitinib malate 38
SUNLENCA 15
SUNOSI 95
SUPREP BOWEL SOL PREP KIT 126
SUSVIMO 154
SUTAB TAB.....126
SUTENT 38
syeda 111
SYFOVRE.....154
SYLVANT.....28
SYMBICORT AER 160-4.5 163
SYMBICORT AER 80-4.5 163
SYMBRAVO TAB 20-10MG 86
SYMDEKO TAB 100-150 160
SYMDEKO TAB 50-75MG 160
SYMFI TAB 16
SYMPAZAN.....75
SYMPROIC.....128
SYMTUZA TAB 16
SYNALAR.....170
SYNAREL.....119
SYNJARDY TAB 12.5-1000MG.....101
SYNJARDY TAB 12.5-500.....101
SYNJARDY TAB 5-1000MG 101
SYNJARDY TAB 5-500MG.....101
SYNJARDY XR TAB 10-1000 101
SYNJARDY XR TAB 12.5-1000 101
SYNJARDY XR TAB 25-1000 101
SYNJARDY XR TAB 5-1000MG 101
SYNTHROID.....121
SYPRINE 106

T

TABLOID.....24
TABRECTA.....38
TACLONEX SUS.....167
tacrolimus 146
tacrolimus (topical) 173
tadalafil 130
tadalafil (pulmonary hypertension) ...57
TADLIQ.....57
TAFINLAR 38
tafluprost 153
TAGRISSO 38
TAKHZYRO 137
TALICIA CAP.....128
TALTZ.....141
TALZENNA 38
TAMIFLU 18
tamoxifen citrate.....26
tamsulosin hcl.....130
tanlor 94
tapentadol hcl 8
TAPENTADOL HYDROCHLORIDE 5, 8
taperdex 12-day 114
taperdex 6-day 114
taperdex 7-day 114
targadox.....22
TARGRETIN.....28, 173
tarina 24 fe 111
tarina fe 1/20 eq 111
TARPEYO.....130
TASCENSO ODT 92
TASIGNA 38
tasimelteon 84
TAVALISSE.....137
TAVNEOS 137
TAYTULLA CAP 1MG/20MC.....111
tazarotene.....167
TAZAROTENE.....165
tazicef 19
TAZORAC 167
TECENTRIQ 38
TECENTRIQ INJ HYBREZA.....38
TECFIDERA 92
TECFIDERA CAP STARTER 92
TECVAYLI.....38
TEFLARO.....19
TEGRETOL.....75

TEGRETOL-XR 75
TEKTURNA 55
telmisartan 46
telmisartan-amlodipine tab 40-10 mg 45
telmisartan-amlodipine tab 40-5 mg .45
telmisartan-amlodipine tab 80-10 mg 45
telmisartan-amlodipine tab 80-5 mg .45
telmisartan-hydrochlorothiazide tab 40-12.5 mg 45
telmisartan-hydrochlorothiazide tab 80-12.5 mg 45
telmisartan-hydrochlorothiazide tab 80-25 mg 45
temazepam 84
temsirolimus 38
TENIVAC INJ 5-2LF 147
tenofovir disoproxil fumarate 15
TENORMIN 51
TEPEZZA 119
TEPMETKO 38
terazosin hcl 43
terbinafine hcl 13
terbutaline sulfate 158
terconazole vaginal 131
teriflunomide 92
teriparatide 105
TERIPARATIDE 105
TESTIM 96
testosterone 97
testosterone cypionate 97
testosterone enanthate 97
testosterone pump 97
tetrabenazine 89
tetracycline hcl 22
TETRACYCLINE HYDROCHLORID 22
TEVIMBRA 38
texacort 170
TEZRULY 43
TEZSPIRE 160
THALITONE 53
THALOMID 26
THEO-24 160
theophylline 160
THIOLA 130
THIOLA EC 130
thioridazine hcl 69
thiothixene 69
THYQUIDITY 121
tiadylt er 52
tiagabine hcl 75
TIAZAC 52
TIBSOVO 38
ticagrelor 137
TICOVAC 147
tigecycline 22
TIGECYCLINE 22
TIGLUTIK 89
TIKOSYN 47
tilia fe 111
timolol hemihydrate (ophth) 153
timolol maleate 51
timolol maleate (ophth) 153
timolol maleate (ophth) once-daily .153
timolol maleate (ophth) pf 153
TIMOPTIC OCUDOSE 153
tinidazole 11
tiopronin 130
tiotropium bromide 156
TIROSINT 121
TIROSINT-SOL 121
TIVDAK 39
TIVICAY 15
TIVICAY PD 15
tizanidine hcl 94
TLANDO 97
TOBI 11
TOBI PODHALER 11
TOBRADEX OIN 0.3-0.1% 151
TOBRADEX ST SUS 0.3-0.05 151
tobramycin 11
tobramycin (ophth) 151
tobramycin-dexamethasone ophth susp 0.3-0.1% 151
tobramycin sulfate 11
TOBREX 151
tofacitinib citrate 141, 142
TOFIDENCE 142
tolectin 600 3
TOLECTIN DS 3
tolmetin sodium 3
TOLSURA 13
tolterodine tartrate 131

tolvaptan 119
tolvaptan (hyponatremia) 119
tolvaptan tab therapy pack 30 & 15 mg 119
tolvaptan tab therapy pack 45 & 15 mg 119
tolvaptan tab therapy pack 60 & 30 mg 119
tolvaptan tab therapy pack 90 & 30 mg 119
TONMYA 89
TOPAMAX 75
TOPAMAX SPRINKLE 75
TOPICORT 170
topiramate 75, 76
topotecan hcl 28
TOPOTECAN HCL 28
TOPROL XL 51
toremifene citrate 26
TORISEL 39
torpenz 39
torsemide 53
TOSYMRA 86
TOUJEO MAX SOLOSTAR 104
TOUJEO SOLOSTAR 104
tovet 170
TOVIAZ 131
TPN ELECTROL INJ 149
TRACLEER 57
TRADJENTA 101
tramadol-acetaminophen tab 37.5-325 mg 8
tramadol hcl 5, 8
TRAMADOL HYDROCHLORIDE 8
trandolapril 42
trandolapril-verapamil hcl tab er 1-240 mg 42
trandolapril-verapamil hcl tab er 2-180 mg 42
trandolapril-verapamil hcl tab er 2-240 mg 42
trandolapril-verapamil hcl tab er 4-240 mg 42
tranexamic acid 137
tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7% 137
TRANSDERM SCOP 123
tranylcypromine sulfate 62
TRAVASOL INJ 10% 150
TRAVATAN Z 153
travoprost 153
TRAZIMERA 39
trazodone hcl 62
TREANDA 23
TRELEGY AER ELLIPTA 100-62.5-25 MCG 155
TRELEGY AER ELLIPTA 200-62.5-25 MCG 155
TRELSTAR MIXJECT 26
TREMFYA 142
TREMFYA INDUCTION PACK FO 142
TREMFYA PEN 142
treprostinil 57
TRESIBA 104
TRESIBA FLEXTOUCH 104
tretinoin 165
tretinoin (chemotherapy) 28
tretinoin microsphere 165
TREXALL 143
TREXIMET TAB 85-500MG 86
trezix 8
triamcinolone acetonide 115
triamcinolone acetonide (mouth) 174
triamcinolone acetonide (topical) 170
triamterene 53
triamterene & hydrochlorothiazide cap 37.5-25 mg 53
triamterene & hydrochlorothiazide tab 37.5-25 mg 53
triamterene & hydrochlorothiazide tab 75-50 mg 53
triazolam 84
TRIBENZOR TAB 20-5-12.5MG 45
TRIBENZOR TAB 40-10-12.5MG 46
TRIBENZOR TAB 40-10-25MG 46
TRIBENZOR TAB 40-5-12.5MG 46
TRIBENZOR TAB 40-5-25MG 46
tridacaine iii 171
triderm 170
trientine hcl 106
TRIESENCE 152
tri-estarylla 111
trifluoperazine hcl 69
trifluridine 151

trihexyphenidyl hcl 65
TRIJARDY XR TAB ER 24HR 10-5-1000MG 101
TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG 101
TRIJARDY XR TAB ER 24HR 25-5-1000MG 101
TRIJARDY XR TAB ER 24HR 5-2.5-1000MG 101
TRIKAFTA PAK 59.5MG.....160
TRIKAFTA PAK 75MG 160
TRIKAFTA TAB 100-50-75MG & 150MG 160
TRIKAFTA TAB 50-25-37.5MG & 75MG 160
tri-legest fe 111
TRILEPTAL 76
tri-linyah 111
trilitas.....167
tri-lo-estarylla.....111
tri-lo-marzia 111
tri-lo-mili 111
tri-lo-sprintec 111
trimethobenzamide hcl.....123
trimethoprim 11
tri-mili 111
trimipramine maleate 62
TRINTELLIX.....63
tri-sprintec 111
TRIUMEQ PD TAB.....16
TRIUMEQ TAB.....16
tri-vylibra.....111
tri-vylibra lo 111
TRODELVY 39
TROGARZO 15
TROKENDI XR.....76
TROPHAMINE INJ 10%.....150
trospium chloride 131
TRUDHESA.....87
TRULANCE.....128
TRULICITY.....101
TRUMENBA.....147
TRUQAP.....39
TRUTAKNA 130
TRUVADA TAB 100-150.....16
TRUVADA TAB 133-200.....16
TRUVADA TAB 167-250.....16
TRUVADA TAB 200-300.....16
TRUXIMA 39
TRYNGOLZA 49
TRYPTYR 154
TRYVIO.....55
TUDORZA PRESSAIR.....156
TUDORZA PRESSAIR (INSTITUTIONAL PACK) 156
TUKYSA 39
TURALIO.....39
turqoz.....111
twice-daily clindamycin phosphate (topical) 165
TWINRIX INJ 147
TWIRLA DIS 120-30 111
TWYNEO CRE 0.1-3% 165
TYBLUME CHW 0.1-0.02.....111
tydemy 111
TYENNE 142
TYGACIL.....22
TYKERB 39
TYMLOS 105
TYPHIM VI.....147
TYRUKO.....92
TYRVAYA.....154
TYSABRI 92
TYVASO 57
TYVASO DPI INSTITUTIONAL.....57
TYVASO DPI MAINTENANCE KI.....57
TYVASO DPI POW 16-32-48.....57
TYVASO DPI POW 48-80MCG 57
TYVASO DPI POW MAIN KIT 32-64MCG 57
TYVASO DPI POW MAIN KIT 48-64MCG 57
TYVASO REFILL KIT 57
TYVASO STARTER KIT.....57
TYZAVAN 11
TZIELD 101

U

UBRELVY 87
UCERIS.....125
UDENYCA.....134
UDENYCA ONBODY.....135
ULORIC 1
ULTOMIRIS.....137
ULTRAVATE 170

UNASYN INJ 1.5GM 21
UNASYN INJ 15GM 21
UNASYN INJ 3GM 21
unithroid 121
UNLOXCYT 39
UPLIZNA 89
UPTRAVI 57
UPTRAVI PACK TAB 200/800 57
UROCIT-K 10 130
UROCIT-K 15 131
UROXATRAL.....130
ursodiol 128
URSODIOL 128
URSOLIGN.....128
USTEKINUMAB.....142
UZEDY.....69

V

VABOMERE INJ 2GM(1-1).....11
VABRINTY 26
VABYSMO.....154
VAGIFEM.....113
valacyclovir hcl 18
VALCHLOR 173
VALCYTE.....18
valganciclovir hcl 18
VALIUM 76
valproate sodium 76
valproic acid 76
valrubicin 28
valsartan 47
valsartan-hydrochlorothiazide tab 160-12.5 mg 46
valsartan-hydrochlorothiazide tab 160-25 mg.....46
valsartan-hydrochlorothiazide tab 320-12.5 mg 46
valsartan-hydrochlorothiazide tab 320-25 mg.....46
valsartan-hydrochlorothiazide tab 80-12.5 mg 46
VALSTAR 28
VALTOCO 10 MG DOSE 76
VALTOCO 15 MG DOSE 76
VALTOCO 20 MG DOSE 76
VALTOCO 5 MG DOSE.....76
VALTREX.....18
valtya 1/35.....111
valtya 1/50.....111
VANCOCIN 11
VANCOMYC/D5W INJ 1.25/250 11
VANCOMYC/D5W INJ 1.5/300 11
vancomycin hcl 11, 12
VANCOMYCIN HYDROCHLORIDE.....12
VANCOMYCIN INJ 1 GM.....12
VANCOMYCIN INJ 500MG 12
VANCOMYCIN INJ 750MG 12
VANFLYTA 39
VANRAFIA 131
VAQTA 147
varenicline tartrate.....96
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack 96
VARIVAX 147
VARUBI.....123
VASCEPA 49
VASERETIC TAB 10-25MG 42
VASOTEC 42
VAXCHORA SUS 147
VECTIBIX.....39
VECTICAL.....167
VEGZELMA 39
VELCADE 39
VELETRI 57
velivet 111
VELSIPITY 142
VELTASSA 106
VEMLIDY.....18
VENCLEXTA.....39
VENCLEXTA TAB START PK.....39
VENLAFAXINE BESYLATE ER 63
venlafaxine hcl 63
VENTOLIN HFA.....158
VENTOLIN HFA (INSTITUTIONAL PACK) 158
venxxiva 131
VEOZAH.....119
VEPPANU 26
verapamil hcl.....52
VERKAZIA 154
VERQUVO 55
VERSACLOZ 69
VERZENIO.....39
vestura 111
VEVYE 154

VFEND....13
VFEND IV....13
V-GO 20 KIT....104
V-GO 30 KIT....104
V-GO 40 KIT....104
VIBATIV....12
VIBERZI....128
VICTOZA....101
VIDAZA....24
vienva....111
vigabatrin....76
vigadrone....76, 77
VIGAFYDE....77
VIGAMOX....151
VIIBRYD....63
VIJOICE....119
VIJOICE TAB 250MG....119
vilazodone hcl....63
VIMIZIM....119
VIMKUNYA....147
VIMPAT....77
vinblastine sulfate....29
vincristine sulfate....29
vinorelbine tartrate....29
VIOKACE TAB 10440....128
VIOKACE TAB 20880....128
viorele....111
VIRACEPT....15
VIREAD....15
VITRAKVI....39
VIVELLE-DOT....113
VIVIMUSTA....23
VIVITROL....96
VIVJOA....13
VIVOTIF CAP EC....147
VOGELXO....97
VOGELXO PUMP....97
VONJO....39
VOQUEZNA....129
VOQUEZNA PAK DUAL PAK....128
VOQUEZNA PAK TRIP PK....128
VORANIGO....39, 40
voriconazole....13
VORICONAZOLE....13
VOSEVI TAB....18
VOTRIENT....40
VOWST CAP....128
VOXZOGO....119
VOYDEYA....137
VOYDEYA TAB 50-100MG....137
VOYXACT....131
VPRIV....119
VRAYLAR....69
VTAMA....167
VUMERITY....92
VYALEV INJ 12-240MG....65
VYEPTI....87
vyfemla....111
VYKAT XR....120
VYKOURA....28
vylibra....111
VYLOY....40
VYNDAMAX....55
VYSCOXA....3
VYTORIN TAB 10-10MG....49
VYTORIN TAB 10-20MG....49
VYTORIN TAB 10-40MG....49
VYTORIN TAB 10-80MG....49
VYVANSE....82
VYVGART....144
VYVGART INJ HYTRULO....144
VYZULTA....153

W

WAINUA....89
WAKIX....95
warfarin sodium....133
water for irrigation, sterile irrigation soln....174
WAYRILZ....137
WEGOVY....120
WELCHOL....49
WELIREG....28
WELLBUTRIN SR....63
WELLBUTRIN XL....63
wera....111
WESTAB PLUS TAB 27-1MG....149
WIDAPLIK TAB 1.25-10-0.625 MG....46
WIDAPLIK TAB 2.5-20-1.25 MG....46
WIDAPLIK TAB 40-5-2.5....46
WINLEVI....165
WINREVAIR....57
WINREVAIR INJ 45MG....57
WINREVAIR INJ 60MG....57
wixela inhub....163

wymzya fe.....111
WYOST 105
X
XACDURO INJ 1-1GM.....12
XACIATO.....131
XADAGO 65
XALATAN.....154
XALKORI.....40
XANAX.....59
xarah fe 111
XARELTO.....133
XARELTO STAR TAB 15/20MG 133
XATMEP 143
XCOPRI 77
XCOPRI PAK 100-150 77
XCOPRI PAK 12.5-25 77
XCOPRI PAK 150-200MG (MAINTENANCE) 77
XCOPRI PAK 150-200MG (TITRATION) 77
XCOPRI PAK 50-100MG.....77
XDEMVY.....151
XELJANZ 142
XELJANZ XR 142
XELPROS.....154
xelria fe 111
XELSTRYM 82
XEMBIFY 144
XENAZINE.....89
XENPOZYME 120
XEOMIN.....94
XERAVA 22
XERESE CRE 5-1% 173
XERMELO 128
XGEVA.....105
XHANCE.....161
XIFAXAN.....12, 128
XIFYRM 4
XIGDUO XR TAB 10-1000 101
XIGDUO XR TAB 10-500MG 101
XIGDUO XR TAB 2.5-1000 101
XIGDUO XR TAB 5-1000MG 101
XIGDUO XR TAB 5-500MG 101
XIIDRA 154
XIPERE 152
XOCOVA 18
XOFLUZA 18
XOLAIR.....160, 161
XOLREMDI.....135
XOPENEX HFA.....158
XOSPATA 40
XPOVIO PAK (100 MG ONCE WEEKLY) 40
XPOVIO PAK (40 MG ONCE WEEKLY) 40
XPOVIO PAK (40 MG TWICE WEEKLY) 40
XPOVIO PAK (60 MG ONCE WEEKLY) 40
XPOVIO PAK (60 MG TWICE WEEKLY) 40
XPOVIO PAK (80 MG ONCE WEEKLY) 40
XPOVIO PAK (80 MG TWICE WEEKLY) 40
XROMI 137
XTAMPZA ER 5
XTANDI 26
XTORO.....155
XTRENBO 105
xulane 111
XULTOPHY INJ 100/3.6 104
XYLOCAINE.....1
XYLOCAINE-MPF 1
XYOSTED 97
XYREM.....95
XYWAV SOL 0.5GM/ML.....95
Y
yargesa 120
YASMIN 28 TAB 3-0.03MG.....111
YAZ TAB 3-0.02MG.....111
YCANTH 173
YERVOY 40
YESAFILI.....154
YESINTEK.....142
YF-VAX INJ.....147
YIMMUGO.....144
YONSA 26
YORVIPATH 105
yulithira 40
YUPELRI.....156
YUTIQ.....152
YUTREPIA 58
yuvafem 113
YUVIWEL.....120
Z
zafemy 111

zafirlukast 158
zaleplon 84
ZALTRAP 40
ZANAFLEX 94
ZARONTIN 77
ZARXIO 135
ZAVESCA 120
ZAVZPRET 87
ZEJULA 40
ZELAPAR 65
ZELBORAF 40
ZELSUVMI 173
zelvysia 120
ZEMAIRA 161
ZEMBRACE SYMTOUCH 87
zenatane 165
ZENBEXUS 26
ZENPEP CAP 10000UNT 128
ZENPEP CAP 15000UNT 128
ZENPEP CAP 20000UNT 128
ZENPEP CAP 25000UNT 128
ZENPEP CAP 3000UNIT 128
ZENPEP CAP 40000UNT 128
ZENPEP CAP 5000UNIT 128
ZENPEP CAP 60000UNT 128
zenzedi 82
ZEPOSIA 92
ZEPOSIA 7DAY CAP STR PACK 92
ZEPOSIA CAP STR KIT 92
ZEPZELCA 23
ZERBAXA INJ 1.5GM 19
ZERVIATE 152
ZESTORETIC TAB 10-12.5 42
ZESTORETIC TAB 20-12.5 42
ZESTORETIC TAB 20-25MG 42
ZESTRIL 42
ZETIA 49
ZEVTERA 19
ZIAGEN 15
ZIANA GEL 165
zidovudine 15
ZIEXTENZO 135
ZIIHERA 40
ZILBRYSQ 144
zileuton 158
ZILRETTA 115
ZILXI 173
ZIOPTAN 154
ziprasidone hcl 69
ziprasidone mesylate 69
ZIPSOR 4
ZIRABEV 40
ZIRGAN 151
ZITHROMAX 19
ZITHROMAX TRI-PAK 19
ZITHROMAX Z-PAK 19
ZITUVIMET TAB 50-1000 101
ZITUVIMET TAB 50-500MG 101
ZITUVIMET XR TAB 100-1000 101
ZITUVIMET XR TAB 50-1000 101
ZITUVIMET XR TAB 50-500MG 101
ZITUVIO 101
ZOCOR 48
ZOLADEX 26
zoledronic acid 105
ZOLEDRONIC ACID 105
ZOLINZA 40
zolmitriptan 87
ZOLOFT 63
zolpidem tartrate 84, 85
ZOLPIDEM TARTRATE 84
ZOLYMBUS 154
ZOMACTON 120
zomig 87
ZOMIG 87
ZONALON 173
ZONEGRAN 77
ZONISADE 77
zonisamide 77
ZORTRESS 146
ZORYVE 167, 173
ZOSYN SOL 2-0.25GM 21
ZOSYN SOL 3-0.375G 21
ZOSYN SOL 4-0.5GM 21
zovia 1/35 111
ZOVIRAX 173
ZTALMY 77
ZTLIDO 171
ZUBSOLV SUB 0.7-0.18 96
ZUBSOLV SUB 1.4-0.36 96
ZUBSOLV SUB 11.4-2.9 96
ZUBSOLV SUB 2.9-0.71 96
ZUBSOLV SUB 5.7-1.4 96
ZUBSOLV SUB 8.6-2.1 96

zumandimine 111
ZUNVEYL 59
ZURNAI 96
ZURZUVAE 63
ZYBIC 4
ZYCLARA PUMP 173
ZYKADIA.....40
ZYLET SUS 0.5-0.3% 151
ZYMFENTRA 2-PEN 142
ZYMFENTRA 2-SYRINGE 143
ZYNLONTA 40
ZYNYZ 40
ZYPITAMAG 48
ZYPREXA 69
ZYPREXA RELPREVV 69
ZYPREXA ZYDIS 69
ZYTIGA.....26
ZYVOX.....12

Esta página se dejó en blanco intencionalmente.

Este formulario se actualizó el 09/29/2026. Para obtener información más reciente o si tiene otras preguntas, comuníquese con nosotros, Atención al cliente del Programa de Medicamentos con Receta FEP Medicare al 888-338-7737 (los usuarios de TTY deben llamar al 711) los 7 días de la semana, durante las 24 horas, o visite www.fepblue.org/medicarerx.

El Programa de Medicamentos con Receta FEP Medicare (MPDP) es un plan de medicamentos con receta con un contrato con Medicare. La inscripción en el programa depende de la renovación del contrato. Blue Cross and Blue Shield Federal Employee Program® y FEP® son marcas comerciales de propiedad de Blue Cross Blue Shield Association.

FEP Blue Basic Medicare Prescription Drug Program (MPDP)

Formulario Ampliado 2027

Este formulario fue actualizado el 09/30/2026. Para obtener información más reciente o por otras preguntas, comuníquese con nosotros, Cuidado al Cliente del Programa de Medicamentos Recetados de Medicare FEP, al 888-338-7737 (los usuarios de teléfono de texto (TTY) deben llamar al 711) o visite www.fepblue.org/medicarerx.

Cuando esta Lista de Medicamentos (Formulario) haga referencia a "nosotros", "nos" o "nuestro", significa el Programa de Medicamentos Recetados de Medicare FEP. Cuando haga referencia a "plan" o "nuestro plan", significa FEP Blue Basic Medicare Prescription Drug Program (MPDP).

Introducción: El Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP) es una referencia útil para la selección de un medicamento. El Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP) ha sido revisado por el Comité de Política Farmacéutica y Médica del FEP así como por médicos y farmacéuticos del FEP, quienes determinaron que el estatus preferente es el apropiado.

El Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP) se proporciona como referencia para la selección de un tratamiento farmacológico. La selección específica del medicamento para un paciente en particular queda exclusivamente a criterio del profesional que emite la receta.

Prefacio: El formulario está organizado por secciones, que se refieren a una clase de medicamento o a un estadio de una enfermedad. Salvo que se indiquen excepciones, todas las formas farmacéuticas y concentraciones del medicamento citado están incluidas en el formulario.

El Programa de Medicamentos Recetados de Medicare FEP puede imponer restricciones o no reembolsar determinados medicamentos o tipos de productos. Por ejemplo, determinados medicamentos y suministros para la depilación y el crecimiento del vello están excluidos del beneficio farmacéutico. Además, los productos de venta libre (OTC, por sus siglas en inglés), a excepción de los productos de

control de la diabetes, no suelen estar incluidos en el beneficio farmacéutico. Algunos productos de venta libre figuran en el formulario únicamente a título informativo.

El formulario está separado por Niveles de la siguiente manera:

Nivel 1	Medicamento genérico
Nivel 2	Medicamento de marca preferente
Nivel 3	Medicamento no preferente
Nivel 4	Nivel de especialidad

Todos los medicamentos preferentes figuran en sus respectivos niveles de las listas de medicamentos a lo largo de este formulario. Los medicamentos pueden ser revisados por el Comité de Política Farmacéutica y Médica del FEP y designados como no preferentes. El Programa de Medicamentos Recetados de Medicare FEP puede clasificar determinados medicamentos como no preferentes, normalmente si la relación costo-efectividad es inferior que la de otros medicamentos similares.

Restricciones de cobertura: Algunos medicamentos cubiertos podrían tener requisitos adicionales o límites de cobertura. Estos requisitos y límites podrían incluir:

- **Autorización previa:** FEP Blue Basic Medicare Prescription Drug Program (MPDP) requiere que usted o el profesional que emite la receta obtengan autorización previa para ciertos medicamentos. Esto significa que usted deberá obtener la aprobación de FEP Blue Basic Medicare Prescription Drug Program (MPDP) antes de surtir su receta. Si no recibe la aprobación, es posible que el plan no cubra el medicamento.
- **Límites de cantidad:** Para ciertos medicamentos, FEP Blue Basic Medicare Prescription Drug Program (MPDP) limita la cantidad de medicamentos que cubrirá.
- **Terapia escalonada:** En algunos casos, FEP Blue Basic Medicare Prescription Drug Program (MPDP) requiere que pruebe primero ciertos medicamentos para tratar su afección médica antes que cubramos otro medicamento para esta afección. Por ejemplo, si un Medicamento A y un Medicamento B tratan su afección médica por igual, FEP Blue Basic Medicare Prescription Drug Program (MPDP) podría no cubrir el Medicamento B a menos que usted pruebe primero el Medicamento A. Si el Medicamento A no le sirve, entonces el plan cubrirá el Medicamento B.

Comité de Política Farmacéutica y Médica: La función del Comité de Política Farmacéutica y Médica de FEP incluye la evaluación de nuevos medicamentos y hacer recomendaciones para la designación de medicamentos preferentes o no preferentes en el Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP). El Comité de Política Farmacéutica y Médica de FEP está compuesto por médicos y farmacéuticos que no son empleados ni agentes del FEP, ni tienen intereses financieros en este.

Criterios de selección de productos: El Comité de Política Farmacéutica y Médica del FEP considerará los medicamentos aprobados por la Administración de Alimentos y Medicamentos (FDA) de EE.UU. para su designación como preferentes. La evaluación incluye una revisión de la literatura;

también puede buscarse la opinión de expertos. Se preparan revisiones formales que generalmente abordan la siguiente información:

- Seguridad
- Eficacia
- Estudios comparativos
- Interacciones medicamentosas
- Indicaciones aprobadas
- Formulación y administración
- Efectos adversos
- Contraindicaciones
- Farmacocinética
- Consideraciones de cumplimiento del paciente
- Resultados médicos y estudios fármaco-económicos

Cuando se considere la posibilidad de dar preferencia a un nuevo medicamento, se intentará examinarlo en relación con otros medicamentos similares actualmente preferidos. Además, se revisan periódicamente clases terapéuticas enteras. El proceso de revisión de clase puede resultar en una designación de estado no preferente para el o los medicamentos en una clase terapéutica particular, en un esfuerzo por promover continuamente los agentes clínicamente más útiles y rentables.

Los medicamentos evaluados por el Comité de Política Farmacéutica y Médica y no clasificados como preferentes reciben la designación de no preferentes en el Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP). Esta designación indica la convicción del Comité de Política Farmacéutica y Médica de que el medicamento no ofrece ninguna ventaja clínica ni de costo ventajosa sobre medicamentos preferentes comparables, o que actualmente no hay información suficiente para determinar su papel clínico apropiado, o que persistan preguntas con respecto a la seguridad y la eficacia. Los medicamentos no preferentes pueden estar cubiertos por el Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP). Sin embargo, puede haber costos adicionales incurridos por el paciente para recibir un medicamento no preferente. Se alienta a los médicos a recetar los medicamentos preferentes.

Toda la información contenida en el Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP) se proporciona como referencia para la selección de un tratamiento farmacológico. La elección final de una selección específica de medicamentos para un paciente individual queda exclusivamente a criterio del profesional que emite la receta.

Sustitución por genéricos: Una forma de reducir los gastos de bolsillo es solicitando un medicamento genérico. Los medicamentos genéricos generalmente tienen un precio más bajo que sus equivalentes de marca. Los medicamentos genéricos recetados:

- Están aprobados por la FDA en cuanto a seguridad y eficacia, y se fabrican bajo los mismos estrictos estándares que se aplican a los medicamentos de marca.
- Han sido probados en humanos para garantizar que el genérico se absorbe en el torrente sanguíneo a un ritmo similar y en la misma medida que el medicamento de marca. Los genéricos pueden ser diferentes de la marca en tamaño, color e ingredientes inactivos, pero esto no altera su eficacia o capacidad de ser absorbidos al igual que el medicamento de marca.
- Se fabrican en la misma concentración y forma de dosificación que los medicamentos de marca.

Cuando un medicamento genérico se sustituye por un medicamento de marca, puede esperar que el genérico produzca el mismo efecto clínico y perfil de seguridad que el medicamento de marca.

Editor: Lo animamos a hacer comentarios y sugerencias con respecto este Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP). Su aporte es vital para el éxito continuado de este formulario. Todas las respuestas serán revisadas y tenidas en cuenta. Envíe sus comentarios a:

Service Benefit Plan
P.O. Box 52080 Phoenix, AZ 85072-2080

Aviso: La información contenida en este Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP), así como todo apéndice asociado, es proporcionada por el Programa de Medicamentos Recetados de Medicare FEP exclusivamente para la comodidad de los proveedores médicos. No garantizamos ni aseguramos la exactitud de dicha información, ni pretendemos que sea exhaustiva por naturaleza. El Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP) no es una lista completa de todos los medicamentos cubiertos. Este Formulario no pretende sustituir los conocimientos, la experiencia, la habilidad ni el criterio del proveedor médico en la elección de medicamentos recetados. El FEP no asume ninguna responsabilidad por las acciones u omisiones de ningún proveedor médico basadas en la confianza, total o parcial, en la información contenida en este documento. El proveedor médico debe consultar la literatura del producto del fabricante del medicamento o las referencias estándar para obtener información más detallada.

La información contenida en este documento es de propiedad exclusiva. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito del FEP. Todos los derechos reservados.

Este documento contiene referencias a medicamentos recetados de marca que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos no afiliados al FEP.

Si consulta este formulario a través de Internet, tenga en cuenta que este se actualiza periódicamente y que los cambios pueden aparecer antes de su fecha de entrada en vigor.

El Programa de Medicamentos Recetados de Medicare (MPDP) del formulario FEP es un plan de medicamentos recetados con un contrato de Medicare. La inscripción en el MPDP depende de la renovación del contrato. The Blue Cross and Blue Shield Federal Employee Program® y FEP® son marcas registradas pertenecientes a Blue Cross Blue Shield Association.

Leyenda: La información en la columna Requisitos/Límites le indica si el Formulario Ampliado de FEP Blue Basic Medicare Prescription Drug Program (MPDP) tiene algún requisito especial de cobertura para su medicamento. La siguiente tabla describe los símbolos y las abreviaturas utilizados en la columna Requisitos/Límites.

OTC	Siglas en inglés que significa medicamento de venta libre.

PA	Autorización (Aprobación) previa: usted debe tener la aprobación previa del plan antes de que se le pueda entregar este medicamento.
QL	Límite de cantidad: hay un límite sobre cuánto medicamento cubriremos.
ST	Terapia escalonada: debe probar primero otro medicamento antes de que pueda recibir este otro.

FEP MPDP BBSC ENH PSHB Effective 01/01/2027

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ANALEPTICS		
caffeine citrate soln 20mg/ml, 60mg/3ml	1	
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine hcl tabs 50mg	1	PA
diethylpropion hcl tabs 25mg; tb24 75mg	1	PA
lomaira tabs 8mg	1	PA
PHENDIMETRAZINE TARTRATE CP24 105MG	3	PA
phendimetrazine tartrate tabs 35mg	1	PA
phentermine hcl caps 15mg, 30mg, 37.5mg; tabs 8mg, 37.5mg	1	PA
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	1	PA
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	1	PA
phentermine hcl-topiramate cap er 24hr 11.25-69 mg	1	PA
phentermine hcl-topiramate cap er 24hr 15-92 mg	1	PA
QSYMIA CAP 3.75-23	3	PA
QSYMIA CAP 7.5-46MG	3	PA
QSYMIA CAP 11.25-69	3	PA
QSYMIA CAP 15-92MG	3	PA
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	PA
liraglutide (weight management) sopn 18mg/3ml	1	PA
orlistat caps 120mg	1	PA
SAXENDA SOPN 18MG/3ML	3	PA
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML; TABS 1.5MG, 4MG, 9MG, 25MG	2	PA
WEGOVY HD SOAJ 7.2MG/0.75ML	2	PA
XENICAL CAPS 120MG	3	PA
ANORECTAL AND RELATED PRODUCTS		
RECTAL COMBINATIONS		
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
LIDOCAINE/HC GEL 2.8-0.55	3	
PROCORT CRE	3	
RECTAL STEROIDS		
ANUCORT-HC SUPP 25MG	3	
ANUSOL-HC SUPP 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
HEMMOREX-HC SUPP 25MG	3	
hydrocortisone acetate (rectal) supp 25mg, 30mg	1	
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE MISC. - COMBINATIONS		
URELLE TAB	3	
URETRON D/S TAB	3	
VILAMIT MB CAP 118MG	3	
VILEVEV MB TAB 81MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
MYLERAN TABS 2MG	2	
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	4	
ANTIMETABOLITES		
capecitabine tabs 150mg, 500mg	4	
MITOTIC INHIBITORS		
etoposide caps 50mg	4	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAPS .25MG, 1MG	4	
ANTISEPTICS & DISINFECTANTS		
IODINE ANTISEPTICS		
IODOSORB GEL .9%	3	OTC
ANTIVIRALS		
ANTIRETROVIRALS		
APRETUDE SUER 600MG/3ML	2	
YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG	3	PA
CONTRACEPTIVES		
EMERGENCY CONTRACEPTIVES		
ELLA TABS 30MG	2	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate caps 100mg, 150mg, 200mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL

Drug Name	Drug Tier	Requirements/Limits
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
TUXARIN ER TAB 54.3-8MG	3	QL
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEBU 3.5%, 7%	3	
sodium chloride (inhalant) nebu .9%, 3%, 7%, 10%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
AVAR CLEANSE LIQ 10-5%	3	
AVAR LS LIQ 10-2%	3	
AVAR-E EMOLL CRE 10-5%	3	
PLEXION CRE 9.8-4.8%	3	
PLEXION LIQ 9.8-4.8%	3	
PLEXION LOT 9.8-4.8%	3	
SOD SUL/SULF EMU 10-5%	3	
SSS CRE 10%-5%	3	
sulfacetamide sodium w/ sulfur cleanser 9-4%	1	
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	1	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
SULFACLEANSE SUS 8-4%	3	
ANTIFUNGALS - TOPICAL		
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
ANTISEBORRHEIC PRODUCTS		
selenium sulfide sham 2.3%	1	
selenium sulfide shampoo 2.3%	1	
sulfacetamide sodium gel 10%; liqd 10%; sham 9.8%, 10%	1	

Drug Name	Drug Tier	Requirements/Limits
EMOLLIENT/KERATOLYTIC AGENTS		
URAMAXIN GEL 45%	3	
urea crea 39%, 40%; lotn 40%	1	
XUREA CREA 39%	3	
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
KERALYT SHAM 6%	3	
LOCAL ANESTHETICS - TOPICAL		
LIDOPIN CREA 3%	3	
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
BLOOD GLUCOSE TEST STRIPS: ACCU-CHEK	2	QL, OTC
BLOOD GLUCOSE TEST STRIPS: FREESTYLE	2	QL, OTC
URINE KETONE TEST STRIPS: CHEMSTRIP	2	OTC
ENDOCRINE AND METABOLIC AGENTS - MISC.		
FERTILITY REGULATORS		
clomid tabs 50mg	1	
clomiphene citrate tabs 50mg	1	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	4	
MENOPUR SOLR 75UNIT	4	
milophene tabs 50mg	1	
OVIDREL SOSY 250MCG/0.5ML	4	
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate kit .25mg	4	
CETROTIDE KIT .25MG	4	
fyremadel sosy 250mcg/0.5ml	4	
ganirelix acetate sosy 250mcg/0.5ml	4	
GANIRELIX ACETATE SOSY 250MCG/0.5ML	4	
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SUPPRELIN LA KIT 50MG	4	
ESTROGENS		
ESTROGEN COMBINATIONS		
COVARYX HS TAB	3	
COVARYX TAB 1.25-2.5	3	
EEMT HS TAB	3	
EEMT TAB 1.25-2.5	3	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
ESTRATEST HS TAB	3	

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
TRICITRATES SOL	3	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	4	
ALHEMO SOPN 60MG/1.5ML, 150MG/1.5ML, 300MG/3ML	4	PA
ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT	4	
ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT	4	
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	
ALTUVIIIO SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
COAGADEX SOLR 250UNIT, 500UNIT	4	
CORIFACT KIT 1000-1600UNIT	4	
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	4	
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	
FEIBA SOLR 500UNIT, 1000UNIT, 2500UNIT	4	
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	4	
HEMOFIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT	4	

Drug Name	Drug Tier	Requirements/Limits
HUMATE-P SOL 250-600	4	
HUMATE-P SOL 500-1200	4	
HUMATE-P SOL 2400UNIT	4	
HYMPAVZI SOAJ 150MG/ML	4	PA
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT	4	
IXINITY SOLR 500UNIT, 1000UNIT, 1500UNIT, 3000UNIT	4	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	4	
KOATE SOLR 250UNIT, 500UNIT, 1000UNIT	4	
KOATE-DVI SOLR 1000UNIT	4	
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	4	
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	4	
OBIZUR SOLR 500UNIT	4	
PROFILNINE SOLR 500UNIT, 1000UNIT, 1500UNIT	4	
QFITLIA SOAJ 50MG/0.5ML; SOLN 20MG/0.2ML	4	PA
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
RECOMBINATE SOLR 220-400UNIT, 401-800UNIT, 801-1240UNIT, 1241-1800UNIT, 1801-2400UNIT	4	
RIASTAP SOL 1GM	4	
RIXUBIS SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
SEVENFACT SOLR 1MG, 2MG, 5MG	4	
TRETTEN SOLR 2500UNIT	4	
VONVENDI SOLR 650UNIT, 1300UNIT	4	
WILATE INJ	4	
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	4	
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
PLATELET AGGREGATION INHIBITORS		
ZONTIVITY TABS 2.08MG	3	

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC AGENTS		
COBALAMINS		
cyanocobalamin soln 1000mcg/ml	1	
FOLIC ACID/FOLATES		
folic acid tabs 1mg	1	
IRON		
ACCRUFER CAPS 30MG	3	
FERAHEME SOLN 510MG/17ML	3	
ferric carboxymaltose soln 750mg/15ml	1	
FERRLECIT SOLN 12.5MG/ML	3	
ferumoxytol soln 510mg/17ml	1	
INFED SOLN 50MG/ML	3	
INJECTAFER SOLN 100MG/2ML, 750MG/15ML, 1000MG/20ML	3	
iron sucrose soln 20mg/ml	1	
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq)	1	
sodium ferric gluconate complex in sucrose soln 12.5mg/ml	1	
MEDICAL DEVICES AND SUPPLIES		
DIABETIC SUPPLIES		
BLOOD GLUCOSE METERS: ACCU-CHEK	2	OTC
BLOOD GLUCOSE METERS: FREESTYLE	2	OTC
DEXCOM G6 MIS RECEIVER	3	PA
DEXCOM G6 MIS SENSOR	3	PA
DEXCOM G6 MIS TRANSMIT	3	PA
DEXCOM G7 MIS RECEIVER	3	PA
DEXCOM G7 MIS SENSOR	3	PA
DEXCOM G7 MIS SNSR 15D	3	PA
FREESTYLE LB KIT 2/SENSOR	2	PA
FREESTYLE LB KIT 2PLS/SEN	2	PA
FREESTYLE LB KIT 3/SENSOR	2	PA
FREESTYLE LB KIT 3PLS/SEN	2	PA
FREESTYLE LB KIT 14D/SEN	2	PA
FREESTYLE LB MIS 2/READER	2	PA
FREESTYLE LB MIS 3/READER	2	PA
FREESTYLE LB MIS 14D/RDR	2	PA
LANCETS/LANCING DEVICES: ACCU-CHEK	2	OTC
LANCETS/LANCING DEVICES: FREESTYLE	2	OTC
MINERALS & ELECTROLYTES		
PHOSPHATE		
K-PHOS TABS 500MG	3	
K-PHOS TAB NEUTRAL	3	
PHOSPHA 250 TAB NEUTRAL	3	

Drug Name	Drug Tier	Requirements/Limits
phospho-trin k500 tabs 500mg	1	
phospho-trin tab 250 neut	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	
ZINC		
GALZIN CAPS 50MG	2	
MOUTH/THROAT/DENTAL AGENTS		
THROAT PRODUCTS - MISC.		
AQUORAL SPR	3	
BOCASAL POW	3	
MUCOSITISRX POW	3	
MUGARD LIQ	3	
NUMOISYN LIQ	3	
SALIVAMAX POW	3	
OPHTHALMIC AGENTS		
CYCLOPLEGIC MYDRIATICS		
CYCLOMYDRIL SOL OP	3	
tropicamide soln .5%, 1%	1	
THYROID AGENTS		
THYROID HORMONES		
ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG, 180MG, 240MG, 300MG	3	
THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	3	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
DERMACINRX DIGENYX TABS .125MG	3	
hyoscyamine sulfate subl .125mg	3	
hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg	1	
hyosyne elix .125mg/5ml; soln .125mg/ml	1	
LEVBID TB12 .375MG	3	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	1	
VAGINAL AND RELATED PRODUCTS		
VAGINAL PROGESTINS		
ENDOMETRIN INST 100MG	3	
progesterone (vaginal) inst 100mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
ergocalciferol caps 1.25mg, 50000unit	1	
phytonadione soln 10mg/ml; tabs 5mg	1	

Drug Name	Drug Tier	Requirements/Limits
WATER SOLUBLE VITAMINS		
pyridoxine hcl soln 100mg/ml	1	
thiamine hcl soln 100mg/ml, 200mg/2ml	1	

Index

A

ACCRUFER 7
ADVATE 5
ADYNOVATE 5
AFSTYLA 5
ALHEMO 5
ALPHANATE 5
ALPHANINE SD 5
ALPROLIX 5
ALTUVIIIO 5
ANUCORT-HC 1
ANUSOL-HC 1
APRETUDE 2
AQUORAL SPR 8
ARMOUR THYROID 8
AVAR CLEANSE LIQ 10-5% 3
AVAR-E EMOLL CRE 10-5% 3
AVAR LS LIQ 10-2% 3

B

BENEFIX 5
benzonatate 2
benzphetamine hcl 1
BLOOD GLUCOSE METERS: ACCU-CHEK ..7
BLOOD GLUCOSE METERS: FREESTYLE 7
BLOOD GLUCOSE TEST STRIPS: ACCU-CHEK 4
BLOOD GLUCOSE TEST STRIPS: FREESTYLE 4
BOCASAL POW 8

C

caffeine citrate 1
capecitabine 2
cetrorelix acetate 4
CETROTIDE 4
clomid 4
clomiphene citrate 4
COAGADEX 5
CONTRAVE TAB 8-90MG 1
CORIFACT 5
COVARYX HS TAB 4
COVARYX TAB 1.25-2.5 4
cyanocobalamin 7
CYCLOMYDRIL SOL OP 8

D

DERMACINRX DIGENYX 8
DEXCOM G6 MIS RECEIVER 7
DEXCOM G6 MIS SENSOR 7
DEXCOM G6 MIS TRANSMIT 7
DEXCOM G7 MIS RECEIVER 7
DEXCOM G7 MIS SENSOR 7
DEXCOM G7 MIS SNSR 15D 7
diethylpropion hcl 1

E

EEMT HS TAB 4
EEMT TAB 1.25-2.5 4
ELLA 2
ELOCTATE 5
ENDOMETRIN 8
ergocalciferol 8
ESPEROCT 5
esterified estrogens & methyltestosterone tab 0.625-1.25 mg 4
esterified estrogens & methyltestosterone tab 1.25-2.5 mg 4
ESTRATEST HS TAB 4
etoposide 2

F

FEIBA 5
FERAHEME 7
ferric carboxymaltose 7
FERRLECIT 7
ferumoxytol 7
folic acid 7
FOLLISTIM AQ 4
FREESTYLE LB KIT 14D/SEN 7
FREESTYLE LB KIT 2/SENSOR 7
FREESTYLE LB KIT 2PLS/SEN 7
FREESTYLE LB KIT 3/SENSOR 7
FREESTYLE LB KIT 3PLS/SEN 7
FREESTYLE LB MIS 14D/RDR 7
FREESTYLE LB MIS 2/READER 7
FREESTYLE LB MIS 3/READER 7
fyremadel 4

G

GALZIN 8
ganirelix acetate 4

GANIRELIX ACETATE 4
H
HEMLIBRA....5
HEMMOREX-HC....2
HEMOFIL M....5
HUMATE-P SOL 2400UNIT....6
HUMATE-P SOL 250-600....6
HUMATE-P SOL 500-1200....6
HYCAMTIN....2
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg....2
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml....2
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml....2
hydrocortisone acetate (rectal)....2
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%....1
HYMPAVZI....6
hyoscyamine sulfate....8
hyosyne....8
HYPERSAL....3
I
IDELVION....6
INFED....7
INJECTAFER....7
iodoquinol-hc cream 1-1%....3
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%....3
IODOSORB....2
iron sucrose....7
IXINITY....6
J
JIVI....6
K
KERALYT....4
KOATE....6
KOATE-DVI....6
KOVALTRY....6
K-PHOS....7
K-PHOS TAB NEUTRAL....7
K-PHOS TAB NO 2....5
L
LANCETS/LANCING DEVICES: ACCU-CHEK....7
LANCETS/LANCING DEVICES: FREESTYLE....7
LEVBID....8
LIDOCAINE/HC GEL 2.8-0.55....1
LIDOPIN....4
liraglutide (weight management)....1
lomaira....1
M
MENOPUR....4
milophene....4
MUCOSITISRX POW....8
MUGARD LIQ....8
MYLERAN....2
N
NOVOEIGHT....6
NOVOSEVEN RT....6
NUMOISYN LIQ....8
NUWIQ....6
O
OBIZUR....6
orlistat....1
OVIDREL....4
P
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml....8
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg....8
phendimetrazine tartrate....1
PHENDIMETRAZINE TARTRATE....1
phentermine hcl....1
phentermine hcl-topiramate cap er 24hr 11.25-69 mg....1
phentermine hcl-topiramate cap er 24hr 15-92 mg....1
phentermine hcl-topiramate cap er 24hr 3.75-23 mg....1
phentermine hcl-topiramate cap er 24hr 7.5-46 mg....1
PHOSPHA 250 TAB NEUTRAL....7
phospho-trin k500....8
phospho-trin tab 250 neut....8

phytonadione 8
PLEXION CRE 9.8-4.8% 3
PLEXION LIQ 9.8-4.8%....3
PLEXION LOT 9.8-4.8% 3
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml....5
potassium citrate & citric acid soln 1100-334 mg/5ml....5
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg....8
PROCORT CRE 1
PROFILNINE....6
progesterone (vaginal) 8
promethazine-dm syrup 6.25-15 mg/5ml...3
promethazine w/ codeine syrup 6.25-10 mg/5ml 2
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml 3
pyridoxine hcl....9
Q
QFITLIA 6
QSYMIA CAP 11.25-69....1
QSYMIA CAP 15-92MG 1
QSYMIA CAP 3.75-23....1
QSYMIA CAP 7.5-46MG....1
R
REBINYN....6
RECOMBINATE....6
RIASTAP SOL 1GM 6
RIXUBIS....6
S
SALIVAMAX POW 8
SAXENDA 1
selenium sulfide....3
selenium sulfide shampoo 2.3% 3
SEVENFACT 6
sod ferric gluc cmplx in sucrose iv soln 12.5 mg/ml (fe eq) 7
sodium chloride (inhalant) 3
sodium citrate & citric acid soln 500-334 mg/5ml 5
sodium ferric gluconate complex in sucrose 7
SOD SUL/SULF EMU 10-5%....3
SSS CRE 10%-5% 3
sulfacetamide sodium 3
sulfacetamide sodium w/ sulfur cleanser 10-2% 3
sulfacetamide sodium w/ sulfur cleanser 10-5% 3
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% 3
sulfacetamide sodium w/ sulfur cleanser 9-4.5% 3
sulfacetamide sodium w/ sulfur cleanser 9-4% 3
sulfacetamide sodium w/ sulfur cream 10-2%....3
sulfacetamide sodium w/ sulfur cream 10-5% 3
sulfacetamide sodium w/ sulfur cream 9.8-4.8% 3
sulfacetamide sodium w/ sulfur lotion 10-5% 3
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% 3
sulfacetamide sodium w/ sulfur susp 10-5% 3
sulfacetamide sodium w/ sulfur susp 8-4% 3
SULFACLEANSE SUS 8-4% 3
SUPPRELIN LA....4
T
temozolomide 2
thiamine hcl....9
THYROID 8
TRETTEN 6
TRICITRATES SOL....5
tropicamide 8
TUXARIN ER TAB 54.3-8MG....3
U
URAMAXIN....4
urea 4
URELLE TAB 2
URETRON D/S TAB 2
URINE KETONE TEST STRIPS: CHEMSTRIP 4

V
VILAMIT MB CAP 118MG.....2
VILEVEV MB TAB 81MG.....2
VONVENDI 6
W
WEGOVY 1
WEGOVY HD.....1
WILATE INJ 6
X
XENICAL.....1
XUREA.....4
XYNTHA.....6
XYNTHA SOLOFUSE.....6
Y
YEZTUGO.....2
Z
ZONTIVITY.....6